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It is almost inconceivable to me that 2013 is nearly over and that my year as president of the division will end as well. I suppose there is at least some truth to the cliché that time seems to move faster and faster as we age! In this, my last president’s column, I want to thank the membership for their support during the year. Corresponding with various members via e-mail, in person, or on the phone has been very valuable and much appreciated. In addition, I want to recognize the Executive Committee (EC) members of the division for their tireless work in realizing our goals in 2013. Anyone who is an officer in a volunteer organization knows how much time, energy, and commitment is involved in serving. Please join me in recognizing and thanking the following individuals who served on the EC this past year: Amanda Clinton, Jim DiPerna, Beth Doll, Cathy Fiorello, Jessica Hoffman, Shane Jimerson, Stacy Overstreet, Linda Reddy, David Shriberg, Amanda Sullivan, Amanda VanderHayden, and Frank Worrell. I also recognize and thank Rosemary Flanagan and Greg Macheck, editor and associate editor of The School Psychologist (TSP), respectively for their tenacious efforts in maintaining TSP as one of the best newsletters in APA as well as Jennifer Cooper president of the Student Affiliates of School Psychology (SASP) for her hard work, dedication, and positive demeanor.

In the paragraphs that follow I provide a brief outcome of each goal that was set at the division mid-winter meeting that took place in Washington, DC on January 24-25, 2013 at APA headquarters. I hope that you find the outcomes informative and valuable.

Continue the strategic plan that was developed several years ago to advance science, practice, and policy for school psychology.

One of the major initiatives of the division with respect to advancing science, practice, and policy was the creation of working groups. There are four working groups, namely, Globalization of School Psychology, Social Justice and Child Rights, Translation of Science to Practice and Policy, and Mental Health in the Schools. At the 2013 APA convention, members of each group presented an update on their work as part of the
Increase membership.

In 2013 we engaged in a membership campaign under the leadership of Vice President for Membership, Jessica Hoffman, and Membership Chairperson of SASP, Cait Hynes. The division reached out to past members to encourage them to consider rejoining the division and taking advantage of all that the division has to offer. In addition, we continued to offer free membership for first-time members. As of May 2013, there were 2,148 members in the division representing a 40% increase since 2012. In addition, the division formed an Early Career Psychologists working group to assist in making the division relevant to new psychologists and to ensure that SASP affiliates become full members after they graduate.

Increase communication within the EC and within the division.

The mantra of the division in 2013 was communication! During the year, the Presidents’ Committee comprised of the president, past-president, and president-elect engaged in regular conference calls to discuss issues, concerns, initiatives, and strategies. In addition, we began regular announce-only e-mail blasts to inform all division members of the good work that is happening in the division.

Continue to involve and integrate students in the division via SASP.

SASP has become more involved in the division’s activities and we have integrated students in the division more so than ever before as several students volunteered to become members of the division’s working groups. I believe that we have one of the best student affiliate groups in APA thanks to the dedication, motivation, and competence of our student leaders. I expect SASP to be more involved in the division in the future.

Maintain presence on the School Psychology Leadership Roundtable (SPLR).

I attended meetings or participated in conference calls of the SPLR on a regular basis. As you may recall, this “roundtable” includes several other school psychology groups whose primary focus at this time is the Affordable Care Act. We continue to
be eager to see and hear how this act will affect school psychologists and of course the children and adolescents we serve.

Communicate with future leaders of the division the strategic plan and initiatives that have been in place for the past 5-7 years and plan for the future.

The EC made concerted efforts to ensure that future leaders are aware of the initiatives that have been in place for several years. The past presidents of the division have communicated the strategic plan with members via e-mails, the Web site, and TSP. Several current and former EC members ran for different elected positions in the division and in APA for continuity and consistency. Our Governance Committee communicated regularly with interested individuals about the direction of the division.

Additional Highlights

1) We invested division funds with Ameriprise so that we could increase our assets to realize future goals. As of this writing, our investment is paying off!

2) After two attempts, our specialty definition was approved by APA Council!

In closing, it has been an honor and pleasure to serve you as president this past year. I look forward to serving you as past-president in 2014 by supporting incoming president Linda Reddy and incoming president-elect Jim DiPerna. I hope to see many of you at the 2014 APA annual convention in Washington, DC and wish you all the best in your personal and professional endeavors!

APA Division 16 Highlights of 2013 Annual Convention in Honolulu, Hawaii

Clockwise from top left: President Vincent Alfonso and Randy Kamphaus, the Senior Scientist Award winner; Amanda Sullivan, the Lightner Witmer Award winner, & Shannon Suldo; President Alfonso & William Reynolds, the Senior Scientist Award winner; and Cathy Fiorello, Jim DiPerna, Amanda Clinton, President Vincent Alfonso and Frank Worrell, the Jack Bardon Award winner. Not pictured is Angie Pohl, the Outstanding Dissertation Award winner;
The Personal Readiness Evaluation for Postsecondary (PREP): A Development and Validation Study

Angie J. Pohl
University of Minnesota

Problem

Despite the pressing need for high schools to prepare all students for college, a gap exists between what it takes to graduate from high school and what it takes to be ready to succeed in college (Conley, 2007). Researchers attempting to identify the skills and knowledge necessary to close this gap and ensure high school graduates are college-ready have determined that academic readiness is not enough to ensure success in college and that personal readiness, such as students’ ability to manage their own learning, is also necessary (e.g., Robbins et al., 2004). Although measures of academic readiness for college such as the ACT and SAT are readily available for use in the secondary level, few such instruments exist to measure personal readiness for college.

Purpose

The purpose of this study was to develop and establish validity evidence for the Personal Readiness Evaluation for Postsecondary (PREP; Pohl & Christenson, 2011). The PREP was designed to measure readiness for college of high school students at a stage early enough to inform interventions to increase the students’ readiness for post-secondary success. Personal readiness for college was defined as students’ self-regulated learning ability including their self-efficacy and ability to engage in academic behaviors such as planning, setting goals, managing time, using study skills, putting forth effort, and persisting in the face of challenges.

Methods

This study was conducted in three phases: Phase I – instrument development, Phase II - pilot study and instrument refinement, and Phase III – testing of the refined instrument. The Phase III study consisted of one sample of 7th-12th graders (n = 451) and three separate samples of 9-12th grade students (sample 1: n = 1643, sample 2: n = 497, and sample 3: n = 385), all in a Midwestern state. Analyses utilized included confirmatory factor analysis, correlation analysis, reliability analysis, and chi-square tests.

Findings

Evidence of content, construct, factorial, convergent, and discriminant validity combined to establish the following validity arguments. First,
The Personal Readiness Evaluation for Postsecondary (PREP): A Development and Validation Study

the PREP measures what it intends to measure - the three factors of Self-Efficacy and Expectations (e.g., I will achieve my academic goals), Effort and Persistence (e.g., If I fail at something, I try again.), and Self-Regulated Learning (e.g., I plan things out before I begin my schoolwork) are interrelated and yet distinct constructs. Second, the PREP demonstrates internal consistency within scales. Third, the PREP is somewhat related to measures of academic readiness for college including the PLAN, ACT, and GPA, but measures a construct distinct from academic readiness. Fourth, the PREP is able to discriminate between high and low achievers based on their GPA.

Findings suggest that the PREP can be used appropriately with high school students to measure their self-efficacy and expectations, effort and persistence, and self-regulated learning, all indicators of personal readiness for college. Validity evidence also suggests that the PREP can be used to provide students, parents, and teachers with an indicator of whether the students are on-track or off-track to personal readiness for college, as well as identify students in need of intervention for any of the three indicators of personal readiness for college. This tool has the potential to inform interventions to promote students’ personal readiness for college early in their high school career, ensuring that they graduate from high school with the habits, skills, and knowledge needed to succeed in college.

References
Eight years ago, I entered the school psychology program at Arizona State University intent on gaining the knowledge and skills necessary to engage effectively with culturally diverse learners in urban schools. As I dove into my coursework and field training, I was intrigued by apparent variations in the treatment of diverse students with school problems and special needs. I was quickly seduced by the lure of research and the potential for tackling some of the many unresolved questions about differential educational access, participation, and outcomes spurred by my studies and fieldwork observations. Luckily, there were senior scholars interested in these issues in the college, so I had the good fortune to learn from and work with special education scholars Alfredo Artiles and Elizabeth Kozleski in the National Center for Culturally Responsive Educational Systems, and later, the Equity Alliance.

These experiences, coupled with my school psychology training, cemented my commitment studying educational disparities affecting students with and at-risk for disabilities. In my research, I describe the educational and health experiences of children with disabilities and to explore the ways in which various ecological factors, including characteristics of the school systems, contribute to labeling and access to services, and ultimately promote or hinder educational success. My research agenda reflects the three-stage conceptual model for health disparities research: (1) definition and detection of disparities, (2) identification of individual, practitioner, and systemic determinants, and (3) development and evaluation of interventions and policies to reduce disparities (Kilbourne, Switzer, Hyman, Crowley-Matoka, & Fine, 2006). I apply this model to the exploration of differential identification and treatment of students with disabilities, and to the examination of educational outcomes of individuals with disabilities from early childhood through early adulthood, with an emphasis on expanding the ways in which we conceptualize educational disparities affecting students with disabilities. My interest in special education risk underpins a related concern for the capacity of school psychologists and other education professionals to provide appropriate services to diverse learners, particularly those at risk for or with disabilities. Thus, my second area of research addresses professional training and practice issues related to...
multi-tiered academic and behavioral supports and psychoeducational assessment.

Being cognizant of the need to avoid merely admiring the problem, I endeavor to shine light on neglected or understudied education and health disparities following a belief that with better knowledge of inequities, we can conceptualize policies and practices that serve diverse learners more equitably. My goal is to broaden our understanding of disparities in the diagnosis and treatment of educational disabilities in order to identify potential levers for policy and practice change. Within school psychology specifically, I hope to contribute to our understanding of the contexts in which schools operate so that we can better serve students, families, and communities. I view these disability-related disparities as one facet of the “big problems,” or systemic issues, school psychology should work to address in order to foster students’ educational attainment and well-being on a large-scale (Shapiro, 2000). I hope to contribute to our understanding of the nature of, contributors to, and consequences of systemic disparities to inform future research applicable directly to training, practice, and policy development.

My work has been and continues to be shaped by the scholarship and mentoring of my esteemed colleagues at ASU and the University of Minnesota: Marley Watkins, David Wodrich, Jim Ysseldyke, Sandy Christensen, Matt Burns, and Ted Christ. As a student, I was heavily influenced by their respective works, and now I have been privileged to benefit from their mentoring and support. In one way or another, each of these amazing scholars has shaped how I think about school psychology, my scholarship, and my role as a trainer of future school psychologists. I have also been fortunate to have wonderful collaborators among my ASU peers and UM students. In sum, I am deeply appreciative of the recognition bestowed with this award, humbled to join the illustrious roster of recipients, and look forward to doing this honor justice in the years to come.

References
The many routes taken by great scientists have been well documented because their discoveries are so, well, great. DaVinci’s perfectionism is legendary, preferring to spend most of his time making insightful observations and incredible drawings in his notebook. Edison, on the other hand, was an atheoretical “grinder” who was willing to fail about 1,200 times in his efforts to find a working filament for his light bulb. But, what about the research approaches of the rest of us? Those university professors who have 20%, 30%, or more of our “budgeted” time devoted to research? How do we fill this time and produce results that if not society-changing, are at least credible enough to get us promoted through the faculty ranks? Of course, there are many answers to these questions depending on our work styles, and the research training and paradigms chosen, to name a few considerations. Hence, I will focus on my own experience filling my budgeted research time; not because it should be followed, but because it may provide some comfort to those who are beginning their progression through the ranks, and wondering if they will ever get promoted, obtain a federal research grant, or earn any manner of special professorship.

The road is loooooooooooong, if you get my emphasis. There is no need to hurry or feel intense pressure to make quicker progress. I’ll give one example from our efforts to create behavioral and emotional (aka mental health) risk screening measures. I wish to begin by saying that Cecil Reynolds deserves all manner of credit for coming up with the idea for the Behavioral Assessment System for Children, soon to be in its third edition. We began intense discussions about its development in 1985. As part of the seven-year test development effort that led to its eventual publication in 1992, we worked through the dizzying number of details with five different project directors at the publishing house. Consequently, early in my career I developed incredible patience, because of becoming accustomed to long-term complex development projects that involved large research teams.

But this seven-year effort is not the longest one by far. In 1986 we proposed the idea of creating 50-item teacher, parent, and student self-informant screeners, and began to work on the idea. We got too busy to finish these projects, thus they were not pursued with vigor until about 2003 when we began work on the Behavioral and Emotional Screening System, which was published in 2007. We did not know at the time that screening would not be greeted with widespread acceptance for...
many reasons including, lack of significant societal desire for such measures in 2007, unavailable direct links to prevention/intervention evidence-based practices, and absence of training in the use of such measures and implementation of secondary prevention programs among most disciplines working in schools. We followed this work with an instrument refinement grant awarded by the Institute of Education Sciences, and collected four years of data in the Los Angeles Unified School District, with all of the attendant issues of working with the second largest urban district in the U.S., one with a census of over 700,000 students and about 600 school psychologists. To this day, we continue amassing data, refining our secondary prevention group-based delivery approaches, and working with schools to figure out how we can instantiate these practices in urban schools with limited resources. We carry on, about 28 years after we started the work.

The blind alleys, missed turns, and obstacles along the road were many. Clearly, 50 items was too long for a screening measure, and the idea was before its time in 1985. It has only been within the last few years that this sort of screening has become broadly desired by American society. We also discovered that we were taking the wrong approach to making this work practical and cost-efficient for application in U.S. schools, especially the large urban school districts with hundreds of thousands of children and hundreds of school psychologists employed. Our essential error was that we thought that screening could be used to benefit children if only there were enough staff and professional development for those staff to carry out secondary prevention (or, intervention) strategies. We eventually concluded what now seems obvious; we simply could not provide enough professional development to the hundreds of personnel that needed it and, when the “new normal” began to emerge in 2008 it became clear that adding large numbers of school psychologists to the schools was unlikely. We are only making progress now because we are creating evidence-based secondary prevention programs that can be easily incorporated into the current practices of school counselors and school psychologists without adding to their workload, and ones that obviate the need for intensive professional development. This blind alley is only one of the innumerable.

These long and complex research and development programs can only be accomplished by large groups of well-meaning and hard working people. And, the more people you work with, the more new ones you get to meet. Even in my first project with AGS in the late 1970s I had the pleasure of working with test authors, editors, designers, statisticians, consultants, field testers that totaled a few hundred people on any given project. This work begets opportunities to find new collaborators such as the genial and generous late Vineland author Sara Sparrow. I would never have had the opportunity to meet and get to know her had I not been so fortunate as to be introduced to AGS by Alan Kaufman in the first place. These experiences lead me to the present day and new opportunities to encounter and work with Elena Perez Hernandez, and numerous other colleagues, alumni and post-doctoral fellows. Based on these experiences, I have this (probably) illusory sense of a high positive correlation between research project length and complexity, and the likelihood of meeting wonderful new collaborators and friends. This interpersonal aspect of the long road to discovery is ultimately the most rewarding.

Indeed, the road the discovery has numerous other characteristics, although these are the most prescient to me at this moment. The good news is that regardless of the length of the journey, or whether or when the end point is reached, it portends to bring immense rewards along the way.
I am deeply honored by the APA Division 16 award committee in their consideration of my scholarly contributions to the field of school psychology, and to those individuals who nominated and wrote letters of support. In response to this award I would like to share some insights into one of my research areas as well as how school psychology impacted my educational experience.

For the past 32 years, one of my research interests and programmatic lines of scientific inquiry has been the development of methods and procedures to assist school psychologists in catching students before they fall in life-threatening ways. When I started work in this area in 1980 there was very little published empirical psychological research on depression in children and adolescents, and even less on suicidality. I should note that my doctoral degree was in school psychology, but I also took minors in clinical psychology and in special education at the University of Oregon – Eugene. My minor advisor was Norman Sundberg, with whom I shared a particular interest in assessment (e.g. Reynolds & Sundberg, 1976). As a graduate student, Norm invited me to become a coauthor on a chapter for the prestigious Annual Review of Psychology. The topic was to be the assessment of psychopathology, but after much discussion, we modified the chapter to focus on the assessment of competence and incompetence of persons (Sundberg, Snowden, & Reynolds, 1978). Writing this chapter stimulated my interest in the affective competence of children and adolescents, and led to my study of depression in young people. The early evolution of my work in this area follows.

In 1982 several students and I presented a research paper at the American Educational Research Association on a multimethod study of depression in elementary school children (Reynolds, Anderson, & Bartell, 1982), which was published several years later (Reynolds, Anderson, & Bartell, 1985). This study found low relationships between child, parent, and teacher reports of children's depression and highlighted the problem inherent in the multi-informant assessment of internalizing disorders and the issue of informant variance (Kazdin, 1996). In July 1982, Kevin Coats and I presented a paper at the International Congress of the International Association for Child and Adolescent Psychiatry and Allied
Professions in Dublin, Ireland. The study reported on a sample of over 700 adolescents, examining prevalence and correlates of depression. The conference was illuminating, with a number of papers on depression in children and adolescents presented by emerging scholars in the field such as Kim Puig-Antich, Maria Kovacs, Michael Strober, Javad Kashani, and others. There was also an interesting presentation by an older individual by the name of John Bowlby. At this conference I first heard depression in children characterized as one of “subjective misery”, reinforcing the notion that, because of the subjective nature of symptom severity, the best reporter of depression (and internalizing disorders in general) is typically the child. Subsequently we have found that children are reliable reporters of their depressive symptomatology (Reynolds & Graves, 1989).

To introduce school psychologists to this topic, I wrote a review paper on the nature, evaluation, and treatment of depression in children and adolescents in a school psychology journal (Reynolds, 1984) which I updated in 1990 (Reynolds, 1990a, 1990b) in a special issue on internalizing disorders in general. During the 1980's I typically had eight to ten depression and suicidality studies going on at the same time, with a substantial effort directed at training graduate students in clinical interview procedures, traveling to schools to collect data, interviewing hundreds of children and adolescents, managing extensive data bases that were collected, and presenting research at national and international conferences, as well as writing manuscripts for publication. Luckily, I had excellent graduate students who collaborated with me on many of these studies. I was also fortunate to receive grant support from various granting agencies, including several Wisconsin Alumni Research Foundation Grants and NIH Biomedical Research Support Grants, and a Spencer Foundation Grant.

As is the unfortunate case for many researchers, a large number of studies that my students and I conducted were never submitted for publication. Of note has been research conducted with many hard working graduate students, including Dr. Jean Baker’s MA thesis (1986) on the efficacy of training teachers to identify depressed students (no difference between trained and untrained teachers – a finding replicated by Kalista Hickman’s MA thesis in 2002). Dr. Karla Downey's dissertation (1984) focused on loneliness and depression in a large sample of adolescent using a three month retest period to examine stability. Dr. Gail Anderson (1986) did a substantial investigation of multiple causal models of stress, coping, social support and depression using path analysis with a large sample of adolescents. Dr. Nancy Lopez (1985) conducted the first cross-cultural study of depression in children. Dr. Thomas Evert (1987) evaluated the efficacy of the three stage depression screening model with a large sample of adolescents, which included structured diagnostic clinical interviews at the later stage of the model. Dr. Karen Ott-VandeKamp (2001) conducted a comparison study of depression, stress, and social support in adolescents with and without intellectual disabilities for her MA thesis. Erin Moors’ (1999) MA thesis examined gender differences in social problem-solving in depressed and non-depressed adolescents. Diana Misic (1999) examined the relationship of adolescents’ violence exposure and their ratings of depression, PTSD, and suicidal ideation. Jolene M. Rothrauff (2004) examined social support as a moderator
of stress and depression in alternative school students. A number of master’s students conducted research on self-harm in children and adolescents, including Jessica Pickens (2005) and Patricia Sorci (2003). All of these studies, as well as others not listed, I consider noteworthy in their scope and impact. My regret is the relatively large number of research studies I have completed individually as well as those with students, were not submitted for publication due to time and other considerations. This is not to say that my students did not substantially add to the literature on this topic (e.g., Bartell & Reynolds, 1986; Mazza & Reynolds, 1998, 1999, 2001, 2007; Reynolds & Coats, 1986; Reynolds & Mazza, 1994; 1998, 1999; Reynolds & Miller, 1985; Reynolds & Stark, 1987; Stark, Reynolds, & Kaslow, 1987).

Measures for the Assessment of Depression in Children and Adolescents

At the start of my research on depression in school children and adolescents, there was a need for reliable and valid age appropriate measures. My initial efforts focused on the development of a measure for children, which after it proved effective, was revised for use with adolescents. By 1981, both the Child Depression Scale (later named the Reynolds Child Depression Scale, Reynolds, 1989a) and the Reynolds Adolescent Depression Scale (1987) were being used in my research studies, and soon by other researchers.

My primary motivation for developing measures of depression for children and adolescents was for the identification of students who manifested clinically significant depressive symptomatology. In this manner schools could quickly screen students (you can screen 2,000 students in 10 minutes of class time) and identify student who require targeted interventions and/or referral. A paper describing the logic and procedure for this multi-gate school-based screening for depression was published in the APA Division 16 journal (Professional Psychology, later renamed School Psychology Quarterly) (Reynolds, 1986), as well as in other publications (Reynolds, 1991a; 1994; 1998). Much of the research for the development, testing, and efficacy of this screening procedure was conducted over a six-year period at the Beloit, WI school district and facilitated by one of my students who at the time was director of student services (Evert & Reynolds, 1987). Much of this initial research with the RADS and RCDS was published in the manuals for these measures, as well as in several book chapters (Reynolds, 1989b; 1992, 1994). Since their publication, the RADS and RCDS have been used by hundreds of researchers and practitioners in this and other countries. Unfortunately, it is my impression that few schools are using these measures for proactive identification of depressed children and adolescents, i.e., screening students. This is not to say that these measures are not used for individual cases, they are used extensively in schools and clinical settings. However, the lack of screening of children and adolescents means that many students go unidentified and suffer the subjective misery of depression, with accompanying low quality of life and other perturbations.

Screening for Suicidality

After conducting research on screening for depression with several thousand adolescents, including hundreds of follow-up clinical interviews with depressed and nondepressed students, it became clear that a substantial number of nondepressed students reported significant suicidality. Of students who reported such suicidality, approximately 25% were not depressed (Reynolds, 1989b). Based on clinical interviews, these students present a range of problems and psychopathology, from extreme anger to thought disorders. I considered this very problematic as the screening procedure, although designed for depression, was also meant to identify...
students at risk for suicidal behaviors. It was apparent that the screen (as in a net) was not sufficient refined to catch at-risk students. Toward this goal, I developed the Suicidal Ideation Questionnaire (SIQ) to assess suicidal cognitions of adolescents, with a 30-item for high school students, and a 15-item version (SIQ-JR) for junior high and middle school students.

The screening procedure for suicidal ideation with the SIQ works quite well and typically identifies 10 to 12% of students as above the cutoff who require additional evaluation and possible intervention. There have been hundreds of published research studies using the SIQ in clinical as well as regular education settings. Gould and her colleagues (2005) examined the use of the SIQ for screening in a large sample of adolescents and reported in the Journal of the American Medical Association, that “No evidence of iatrogenic effects of suicide screening emerged. Screening in high schools is a safe component of youth suicide prevention efforts”. Other researcher also found screening with the SIQ to have substantial predictive validity in adolescents who subsequently attempted suicide (Keane, Dick, Bechtold, & Manson, 1996). To increase the increase the application of screening for suicidality in schools, a semi-structured clinical interview, the Suicidal Behaviors Interview (Reynolds, 1990b, 1991b) was developed. Similar to the use of the depression scales, there is little evidence that schools are actively screening for the identification of suicidal students, even with evidence that this is a viable and safe procedure.

My Debt to the Field of School Psychology

My connection with school psychology started at an early age. I am the oldest of four children and grew up with English as a second language. My parents, both of whom had eighth-grade education levels, immigrated to the United States from Vienna, Austria several years before I was born. Their lives had been substantially impacted during the War by years in concentration camps including Auschwitz and Dachau and the loss of their families. In my early elementary school classes I was considered a slow learner, a general label in California (Moskowitz, 1948) similar to the “borderline mental retardation” classification of that time. As a child I spoke with an accent and used odd words in school and did not understand others. For a while, the school had a speech pathologist work with me, although this did not last long. At a teacher-parent meeting, the teacher told my mother that she should try to speak English with me at home. Subsequently, in the third grade I was tested by a school psychologist. I did not know it at the time – but I still recall that a man with a bow tie and a brief case took me to the school library and had me do some tasks. In hindsight, it is probable that the evaluation was for special class placement. Several months after the assessment, my parents received a letter from the State Department of Education informing them that the State of California had classified me as a “mentally gifted minor.” This was in the days of active tracking of students, and beginning in the fourth grade I was placed in the upper ability track, moving with a cohort of students in grades four through eight. In fourth grade they allowed me to work in math at my own pace and I was soon working at the sixth grade level. I still brought a note from my mother the first day of school asking the teacher to seat me at the front of the class so I could see the black board – my eyesight was not that great. I finally received my first pair of glasses when I was in the seventh grade. It was not until I was 24 years old, had completed my Ph.D. in school psychology and accepted my first academic position as an assistant professor at SUNY Albany, did I fully recognized the impact that the school psychologist who tested me in third grade (without expectancy effects) had made in my life.
CONTINUED FROM PAGE 16

Catching Students Before They Fall

As is the case for many academic school psychologists, a major impetus for my research is to help children and adolescents. I started graduate school with the goal of becoming a master's level school psychologist. As research and methods courses stimulated my scientific interests, and a half-time research appointment in Research and Training Center in Mental Retardation at the University of Oregon allowed me to continue my graduate education, a career as a university professor emerged as a goal. My work on the development of measures to identify students at-risk is, in large part, based on the combination of my desire to help children and adolescents and my interest in research in mental health domains.

For over 30 years, the study of depression and suicidality has been one of the most meaningful areas of my research. From the early research briefly described above, I have continued to work in this area, including updates of depression measures (Reynolds, 2002, 2008, 2010), collaborative research with scholars in other countries (e.g., Hyun, Nam, Kang, & Reynolds, 2009), and the study of suicidality in adolescents with developmental disabilities (Ludi, Ballard, Greenbaum, Pao, Bridge, Reynolds, & Horowitz, 2012). My research in this area has been assisted by many colleagues, including graduate students, researchers at other universities, school teachers, school psychologists, school administrators and fellow faculty members. The latter is especially true of my colleagues in the Educational Psychology Department at the University of Wisconsin-Madison, and in particular Maribeth Gettinger and Tom Kratochwill, who provided support and put up with my professorial moods. The memories of the frequent freezing journeys walking from my office at night through the ice and snow to the UW Computing Center with one or more large box of computer cards to conduct data analyses continue to linger, yet reinforce the sense of a program of research that has been worth the effort.

References

Catching Students Before They Fall


2013 DIVISION 16 AWARDS

Growing Up In a Family With a Culture of Service

Frank C. Worrell
University of California, Berkeley

Abstract

Publish or perish continues to be the mantra in many research universities. In this context, many academics wonder why they should engage in service. For me, that is a question that I have never had to ask. As I highlight in this brief biography of my education career from education to graduate school, the question for me would be how could I not engage in service.

Growing Up In a Family With a Culture of Service

It is a great honor to win Division 16’s Jack Bardon Distinguished Service Award. I know that there are many individuals who give a tremendous amount of time and service to Division 16 and to school psychology, and I am grateful to the selection committee for deciding that I was a worthy recipient. The honor is magnified given the person whose name graces this award. I never met Jack Bardon, but I have been familiar with his name since I began studying school psychology. Dr. Bardon made substantial contributions to the school psychology specialty, including working hard to keep doctoral and non-doctoral school psychology unified, and this goal is one that is also important to me.

Many students and colleagues have asked me why I spend so much time in providing service to the profession. There are many ways to answer this question, including the importance of giving back generally, and the maxim, “to whom much is given, much is expected.” Although both of these are answers that I can also give, in this brief piece, I provide the context in which my commitment to service developed.

Pre-University

Both of my parents were born in small fishing villages on the north coast of Trinidad and although they lived in or near Trinidad and Tobago’s capital from shortly before my birth, they never forgot the villages that they came from. Dad’s village was called Toco, and it was the largest village in that region of the country, and when I was in elementary school, my parents became founding members of an organization called the Toco Old Boys and Girls Association (TOBGA). TOBGA raised funds to provide scholarships for students from Toco and the neighboring villages, so that they could attend secondary schools outside the region—there were no secondary schools in the Toco region at the time—and to provide support to needy families. When a secondary school was built in Toco, TOBGA’s fundraising provided additional financial support to the school in addition. I learned to type in order to support TOBGA, as my aunt was the association’s secretary and could not type. My two older sisters served as TOBGA’s typists before I did.

Although we were not wealthy, my mother had a strong belief in “service in support of community.” Thus, in addition to the work that was done for TOBGA,
Growing Up In a Family With a Culture of Service

my parents were actively involved in service activities in organizations (e.g., the church) and in neighborhood programs (e.g., providing meals for the needy), and my siblings and I grew up engaged in these activities. In my sixth year of elementary school—Trinidad and Tobago has seven years of elementary schooling—I asked the Principal for access to books that were contained in several locked glass cases at the school. The school had no library or librarian, and the Principal indicated that I could have the key to the book cases in exchange for coordinating student access to the books, so became the de facto librarian for my elementary school. I served in several other roles during my adolescent years at church, the YMCA, and the school that my mother worked at. In my secondary school, in addition to participating in several clubs, I also served as Choir Secretary and Editor of the school magazine, The Saint. In my household, service was as routine as homework and chores.

In the University Setting

When completing my undergraduate degree at the University of Western Ontario, as many students do, I was also involved in several organizations, but I was most engaged in the Mustang Marching Band in which I held several offices, including the office of President. As President of the marching band, I was a member of the advisory committee for the Vice President for Student Affairs in the student government, which introduced me to the concept of professional service. My doctoral program at UC Berkeley continued this trend. Each student in the school psychology program at UC Berkeley has to serve on one of the four standing committees—Admissions, All Program, Program Advisory, or Social—and the second year cohort also serves as the Conference Committee responsible for putting on the program’s annual conference. My advisor and mentor, Nadine Lambert, also encouraged students to serve on Graduate School of Education (GSE) Committees, and I served on the GSE’s Committee on Teaching Effectiveness and Improvement and on the Dean’s Council of Student Advisors. I also started and coordinated a school psychology program newsletter, which I served as Editor for, a schoolwide colloquium series, and a GSE Chorus.

Service as an Academic

Both institutions in which I have held faculty positions—Penn State and UC Berkeley—indicate that service is a part of the expectations for promotion and tenure, but UC Berkeley also highlights service as an important contribution of the university to the local community and the professional communities that staff and faculty belong to. Throughout my time as a student at UC Berkeley, Dr. Lambert was actively involved in service to the GSE, UC Berkeley, the UC system, the American Psychological Association, and school psychology, more generally. Indeed, one of the reasons that the division started giving out an award in Nadine Lambert’s name was to recognize her contributions across a wide range of domains, including service. Thus, my graduate experiences mirrored and reinforced my experiences as a child and adolescent with regard to the importance of service. I became engaged in service to the Division in my third year as an Assistant Professor, and am proud that I have been able to contribute to the Division in this way.

School psychologists constitute less than 2% of the membership of the American Psychological Association, but our interests cut across all of the four directorates that make up APA—Education, Practice, Public Interest, and Science. It is critically important the school psychology’s perspective be included in APA and I have been delighted to be able to contribute to Division 16 and to school psychology in this way. Although receiving this award is gratifying, the greatest benefit accrues from being able to give back to school psychology, a specialty that has given me vocation and the ability to help others while also indulging my passion for teaching and research.
Abstract

The doctoral internship process is an arduous and emotional undertaking for many psychology students. While the historical founding of the internship process is rooted in order and simplicity, the current practice can be filled with heartbreak and hardship due to a mismatch between the number of qualified students and internship placements available in a given year. Furthermore, this process has become increasingly difficult for school psychology students, who have limited access to the number of accredited internship positions in comparison to clinical and counseling psychology students. Current trends in the field are increasing the value of these internships, and school psychology students need to start thinking about internship early in their academic careers given the important implications it will have in one’s professional career.

History of the APPIC Match Process

In 1972, shortly after being established in 1968, the Association of Psychology Postdoctoral and Internship Centers (APPIC) created a selection process familiar to many today as an effort to establish order and provide guidelines for the practice of both internship sites and applicants (Keilin, 1998). The APPIC Internship Matching Program (the “Match”) places students into psychology internship positions throughout the United States and Canada (NASP, 2011). These internship sites include a mix of positions accredited by either the American Psychological Association (APA) or the Canadian Psychological Association (CPA), as well as APPIC-approved positions, which meet the standards set by APPIC but do not meet the standards set by APA or CPA. While both APPIC and APA attempt to improve the quality of training offered by psychology internships, one should keep in mind that in the United States, state licensing boards tend to follow APA standards and training procedures, and not necessarily APPIC, in their decisions regarding licensure (NASP, 2011). Accredited positions currently account for nearly 75% of the internship positions in the APPIC Match system (Hatcher, 2013).

Overview of the Match

The APPIC Internship Matching Program is a similar process used by other health professions, including medicine, dentistry, pharmacy, among others (Keilin, 1998). The National Matching Services Inc. (NMS) administers the Match on behalf of APPIC. Applicants first apply to internship programs they are interested in. Internship sites then choose which applicants to invite for interviews. Applicants and program sites evaluate each other and both submit a Rank Order List, in numerical order of preference. The Match then utilizes these Rank Order Lists in a matching algorithm in order to place individuals into positions. Phase II of the Match offers remaining programs with available positions an opportunity to offer openings to remaining applicants after the Phase I process has been completed. Following the completion of both phases of the Match, APPIC operates a Post-Match Vacancy Service for unplaced...
applicants and programs with unfilled positions. The Match is idealized as an orderly and equitable method of matching internship sites and applicants, taking into account the preferences of both parties to increase the likelihood of a good placement fit (Keilin, 1998).

**Controversy with the Match**

As the number of students entering the Match process continues to rise, the rate of growth for internship positions is outnumbered by the adjacent growth in student applicants (Hatcher, 2013). Researchers have quantified the growing imbalance over the last six years and estimate that one can find an average of 105 more unmatched students than the year prior (Hatcher, 2013). This has obvious implications for future match rates, which can jeopardize individual student aspirations (e.g. licensing prospects within some states; see below), as well as the field of school psychology as a whole.

Despite the existing imbalance for accredited internship positions, a recent movement in the United States has pushed for doctoral-level training in psychology to only occur in APA accredited programs and internships (Hatcher, 2013). Organizations such as the APA Board of Educational Affairs (BEA), APA Commission on Accreditation (CoA), Council of Chairs of Training Councils (CCTC), and the APA Council of Representatives (CoR) have been involved in the movement to require accredited internships in order to earn licensure and qualify as a health service provider. For example, both the CCTC and BEA have released statements expressing their position that health service psychologists (HSPs) be trained in APA/CPA accredited training and internship programs. It is important to know that each state and provincial licensing board has its own rules. Students can review jurisdictional licensing requirements through the Association of State and Provincial Psychology Boards (ASPPB) website or by contacting their respective board of psychology directly.

In an effort to support unaccredited internship sites to become accredited, the CoR designed a $3 million “Internship Stimulus Package” in August of 2012. This package was designed to assist unaccredited internship programs with financial awards to meet the substantial costs associated with the accreditation process. While steps are being taken to require accredited internships, practical steps, such as the CoR’s Internship Stimulus Package, are clearly necessary in order to rectify the match imbalance and make these requirements possible.

**The Match Process Today**

The statistics over the past two years indicate a modest improvement in the Phase I outcome data (APPIC, 2013). Table 1 provides a summary of these statistics from 2012 and 2013. Table 2 displays the match rates for school psychology students. Table 3 provides the dates for the 2014 Match process.

**Recommendations for School Psychology Students**

While the majority of research and statistics regarding the APPIC Match process are focused on clinical and counseling programs, many school psychology programs house students who participate in the Match as well. Despite listing over 200 internship sites that accept applications from school psychology students, the number of training sites that are school-based is much smaller than that, with 31 programs resulting from a keyword search of “school based” and only 5 with the phrase “school district” in their title. Be sure to review the “Accepted/Not-Accepted Program Types” category and factor in whether school psychology is “preferred” versus “acceptable.” To address the specific needs of school psychology students in identifying potential internship sites, Division 16, in partnership with the Council of Directors of School Psychology Programs (CDSPP) and NASP, developed the Directory of Internships for Doctoral Students in School Psychology, which
details over 280 sites that meet CDSPP internship guidelines, which align with the internship requirement for HSPs. The 2013-14 directory can be accessed online and is included in the Resources section of this article.

 Needless to say, with the imbalance of APA/CPA accredited internship positions being even greater for school psychology students, a good deal of time and effort must be placed into the Match application process to prepare a competitive application. APA and APAGS continue to put forth effort in order to address the match imbalance and related issues for all psychology students, and Division 16 (School Psychology) and Student Affiliates in School Psychology (SASP) continue to advocate in the best interest of school psychology students. In an effort to help students through the match process, APAGS has compiled a host of resources aimed at each of the stages of the Match process, including preparation, selection, application, interview and matching processes. Students may also find the following timeline, provided in Table 4 and created by the National Association of School Psychologists (NASP), to be a helpful guide as they navigate the Match process.

**Where do we go from here?**

For those interested in the Match process, the historical context of APPIC may not be as important to you, whereas practical guidelines and tips may be of much more value. The following tips and resources may be helpful in preparing a competitive application.

- Start early and revise often
  - Utilize faculty and peer support in preparing an effective CV and

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**Table 1.**

**APPIC Match Statistics 2012 and 2013**

<table>
<thead>
<tr>
<th></th>
<th>2012 Match</th>
<th>2013 Match</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered for the Match</td>
<td>4,435</td>
<td>4,481</td>
</tr>
<tr>
<td>Withdrew or did not submit ranks</td>
<td>426 (9.6%)</td>
<td>430 (9.6%)</td>
</tr>
<tr>
<td>Matched</td>
<td>2,968 (66.9%)</td>
<td>3,094 (69.0%)</td>
</tr>
<tr>
<td>Unmatched</td>
<td>1,041 (23.5%)</td>
<td>957 (21.4%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Positions</th>
<th>2012 Match</th>
<th>2013 Match</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offered in the Match</td>
<td>3,190</td>
<td>3,376</td>
</tr>
<tr>
<td>Filled</td>
<td>2,968 (93.0%)</td>
<td>3,094 (91.6%)</td>
</tr>
<tr>
<td>Unfilled</td>
<td>222 (7.0%)</td>
<td>282 (8.4%)</td>
</tr>
</tbody>
</table>

**Table 2.**

**Match Rates for School Psychology Students by Degree in 2013**

<table>
<thead>
<tr>
<th></th>
<th>Ph.D. / Ed.D.</th>
<th>Psy.D.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered by Degree</td>
<td>195 (88.2%)</td>
<td>26 (11.8%)</td>
<td>221</td>
</tr>
<tr>
<td>Withdrew or did not submit ranks</td>
<td>19 (9.7%)</td>
<td>10 (38.5%)</td>
<td>29 (13.1%)</td>
</tr>
<tr>
<td>Matched</td>
<td>135 (69.2%)</td>
<td>8 (30.8%)</td>
<td>143 (64.7%)</td>
</tr>
<tr>
<td>Unmatched</td>
<td>41 (21.0%)</td>
<td>8 (30.8%)</td>
<td>49 (22.2%)</td>
</tr>
</tbody>
</table>
SASP - The Student Corner

Table 3.
Match Dates for 2014

<table>
<thead>
<tr>
<th>Phase I</th>
<th>02/05/2014 – 11:59PM EST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase I Rank Order List Deadline</td>
<td>02/05/2014 – 11:59PM EST</td>
</tr>
<tr>
<td>APPIC Phase I Match Day</td>
<td>02/21/2014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phase II</th>
<th>02/21/2014 – 11:00AM EST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available Positions Posted on NMS website</td>
<td>02/21/2014 – 11:00AM EST</td>
</tr>
<tr>
<td>Phase II Rank Order List Deadline</td>
<td>03/17/2014 – 11:59PM EST</td>
</tr>
<tr>
<td>APPIC Phase II Match Day</td>
<td>03/24/2014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Post-Match Vacancy Service</th>
<th>03/24/2014 – 11:00AM EST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begins Operating</td>
<td>03/24/2014 – 11:00AM EST</td>
</tr>
<tr>
<td>Remains Open Until</td>
<td>10/31/2014</td>
</tr>
</tbody>
</table>

- Make yourself stand out
  - Build your extracurricular activities and leadership experience to set yourself apart
  - Seek out varied experiences through training seminars, volunteer work, or extra practicum/training opportunities

- Participate in mock interviewing in order to assess your strengths and weaknesses in the interview process

- Attend conferences and seek out sessions focused on internship preparation

- Search for programs that involve previous or current internship directors in order to gain more insight into what they look for in applicants

Helpful Resources

- www.natmatch.com/psychint/applanding.html
- www.apa.org/apagss/resources/internships.aspx

References


Table 4.
Checklist of Duties and Tentative Deadlines for Application Tasks
Continued...
In an effort to better address the needs of early career members in the field of School Psychology, Division 16 has recently formed the Early Career Workgroup. The workgroup has identified two primary areas of focus: (1) recruitment of early career psychologists into the Division; and (2) expansion of Division services to meet the interests and needs of this important group. Over the past 6 months, workgroup members have met to brainstorm how the Division can achieve these goals.

With regard to the recruitment of early career members, the Workgroup seeks to use current School Psychology listservs to regularly promote division membership and activities. Information about the Workgroup’s mission, latest projects, and achievements will be disseminated via these listservs throughout the year. The Workgroup has also begun a collaborative recruitment campaign with the Student Affiliates of School Psychology (SASP) in order to reach out to former student affiliates as they complete their graduate programs.

The Workgroup is preparing to launch two efforts to direct new programming toward early career members. First, members of the Workgroup are developing programming to occur at the upcoming APA Convention. This programming will build on previous efforts of the Division and include traditional symposia, as well as “conversation hours,” the latter of which will entail less structured, audience-driven discussion of an early career topic. The goal is to offer two to three sessions per year targeting the career development of early career members. Example topics include developing a research agenda, publishing theses/dissertations, locating research funding (for graduate students or for postdoctoral scholars), preparing job applications, preparing for licensure, making the most of manuscript reviews, planning an academic job search, and teaching and advising.

Second, the Workgroup is in the planning stages of developing an Early Career page on the Division 16 website. The primary goal of the page is to provide early career members with easy access to relevant resources. The webpage will serve as an important resource for Division 16 early career members. Anticipated content will include information related to career planning, financial opportunities (e.g., grants, awards, and scholarships), research, an early career discussion forum, networking opportunities, and other resources specifically relevant to Division 16 members who are in the beginning stages of their careers. The website would also serve as a place to provide updates on convention activities, social networking, listservs, and other activities being hosted by Division 16 that are specifically relevant to early career members.

We appreciate the opportunity to introduce the Early Career Workgroup and present the workgroup’s planned activities. Please contact Prerna Arora at parora@psych.umaryland.edu or any of the...
other Workgroup members listed below if you have any questions or suggestions for future activities geared towards the development of early career members.

**Workgroup members**
Prema Arora, Ph.D.; Jennifer Cooper, M.A.; Bryn Harris, Ph.D.; Jessica Hoffman, Ph.D.; Cait Hynes, M.A.; Natascha Santos, Psy.D.; Amanda Sullivan, Ph.D.; Kristin Thompson, Ph.D.

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**CONTINUED FROM PAGE 24**

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Table 4. *Checklist of Duties and Tentative Deadlines for Application Tasks*

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Tentative Timelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigate Internship Sites</td>
<td>At least 1 year prior</td>
</tr>
<tr>
<td>Identify Potential Sites</td>
<td>August</td>
</tr>
<tr>
<td>Begin Organizing Application Materials</td>
<td>August</td>
</tr>
<tr>
<td>Finalize an Aggregate of Total Practicum Hours</td>
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<td>Update Curriculum Vita</td>
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Family Therapy In The Schools: Considerations, Concerns, and Credentialing

Tony D. Crespi and Alexandra Uscilla
The University of Hartford

Abstract

In contemporary society families have experienced profound changes, from shared custody arrangements where children move between two households, to children raised by single sex couples; today’s families often do not structurally resemble images of times past. In addition, problems such as familial alcoholism to child abuse have placed additional stressors on families. In this climate schools are faced with an increased need to offer assistance, including family therapy. In fact, marriage and family therapists are increasingly looking to schools as a viable outlet for employment. This paper explores stresses on the family, explores home-school connections, and considers contributions school psychologists can offer with appropriate training in family therapy.

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The changes and challenges within families are creating a daunting arena for children, families, and schools. Goldenberg and Goldenberg (2013) have observed that in today’s rapidly changing world, families are occurring in increasingly diverse forms, and, in fact, we can no longer speak of a typical American family. Ryan and Claessens (2013) observed that most children in the U.S. will experience one or more changes in family structure.

The changing nature of the family is not entirely new. In truth, more than two decades have passed since Carlson and Sperry (1993) noted that families were changing dramatically, with stepfamilies, single-parent families, and gay families representing a sample of family configurations which were becoming more common. More recently, Liu, Elliott, and Umberson (2009) observed that the average age at which people marry has increased from the early to late twenties.

Issues, such as alcoholism impacting 1 in 6 families, repeated violence occurring within 1 to 14 marriages, and sexual abuse of young women (with 1 in 5 experiencing this in families) loom as illustrations of key concerns impacting children and families that impact the student’s ability to concentrate on academic tasks (Crespi, 1997).

Most clearly, families are continuing to experience both structural change and troubling challenges. In modern families, divorce alone presently impacts more than 1 million families annually (Centers for Disease Control & Prevention, 2009). Data suggest that 13.7 million single parents are raising 21.8 million children. Almost two decades have passed since Booth and Dunn (1994) noted that 1 in 3 Americans is a stepparent, stepchild, stepsibling, or generally part of a stepfamily and Nicoll (1992) reported a critical link between family dynamics and academic and behavioral adjustment.

The challenges facing children, families, and schools are truly all encompassing. Cooper, Osborne, Beck,
and McLanahan (2011) suggested, in a critical summary, that increases in divorce, cohabitation, and nonmarital childbearing alone have increased the exposure of children to greater parental relational instability, impacting school performance.

Given such dynamics, it is not surprising that schools and families are seeking resources to offer assistance. Vennum and Vennum (2012) noted that with a virtual national health crisis facing children and families Licensed Marriage and Family Therapists [LMFT’s] are in a critical position to offer assistance.

Unknown to many school psychologists, marriage and family therapists are actively working in schools and increasingly working to secure State Department of Education credentialing. Smith (2013) has noted (personal communication, American Association of Marriage and Family Therapy, October 28, 2013) that while Connecticut is presently the sole state to offer a State Department of Education credential for school marriage and family therapy, four other states have laws that allow LMFT’s to work in the schools (New Mexico, Maine, Texas, and Illinois) and a sixth state, Massachusetts, allows MFT’s to work under a general mental health designation, which means that MFT’s are expected to have met educational licensure requirements as a social worker, adjustment counselor, guidance counselor, or school psychologist.

Such movement of marriage and family therapists to work in schools can be seen as an effort to help children and highlight a growing awareness of how family issues impact school performance. Not all school psychologists are familiar with the issues directly impacting families or with the training requirements of MFT’s. An overview of the key issues impacting families is explored as well as brief examinations of training requirements specific to marriage and family therapy, and pathways school psychologists might consider to provide families with enhanced services.

Families in Crisis

Children are highly dependent and impacted by changes in family structure, with changes impacting such components as well-being and behavioral trajectories (Ryan & Claessens, 2013). Oxford and Lee (2011) noted that family process can also impact academic achievement.

In a broader scope, a wide spectrum of problems has created an enormous strain on families (Crespi & Howe, 2001). Among these are the financial burdens of raising children alone, loss of time, loss of autonomy, and concerns about world overpopulation all have created additional pressures on families (Bulcroft & Teachman, 2004). Belsky (2009) found that children can be simply draining!

Tragically, then, the psychological and familial issues impacting children are quite profound. Tjaden and Thoennes (2000) reported that 25% of women and 7% of men have been physically assaulted at some point in time by someone within their house, and Johnson and Ferraro (2001) found that children who witness violence within the home can typically experience such problems as anxiety, depression, low self-esteem, as well as delinquency.

Sadly, too, males who were beaten as children or who witness battering are more likely to become batterers (Wareham, Boots, & Chavez, 2009). To understand families in crisis, then, is to understand the myriad stresses, strains, and dramatic challenges confronting contemporary families. The numerous references on familial alcoholism alone are daunting. Crespi (1990) noted approximately twenty years ago that more than 1 in 6 families is stained by alcoholism, producing numerous untoward consequences on family functioning. More recently, alcohol has been associated with child abuse, partner violence, and murder (Foran & O’Leary, 2008), as well as student aggression in older adolescents and young adults (Wechsler et al, 2002).

Moving away from these issues to more structural dynamics, Goldenberg...
and Goldenberg (2013) suggested that 12 to 15 million children in the United States may be living in homes with gay parents. While this in itself is not a stressor, the possibility of communities being less than welcoming exists. With the United States Census Bureau (2003) reporting more than a half million same sex households the statistic is not surprising. Still, this only paints a portion of a larger palate of issues.

Throughout the United States, families are facing issues that may be troubling. Sadly, as long as problems including drug abuse, addiction, family violence, depression, suicide, physical, sexual, and emotional abuse of children, as well as divorce impact families the need for mental health services will not diminish. Maag and Katsiyannis (1996) suggested that schools should carefully consider the ramifications of not providing services.

Family interventions can produce positive outcomes. Crespi and Howe (2001) suggested that while many children routinely witness violence within families, experiencing parental divorce, drug abuse, alcoholism, as well as changing family dynamics and structures, with less than 7% of families resembling traditional families, family interventions can produce profound changes. More recently Crane and Christenson (2012) reported that marriage and family interventions are both effective and cost-effective. Yet, too many school-based clinicians may not know that a national study on family therapy in the 1990’s found that both therapists and clients reported family treatment as helpful, and reported satisfaction with family-based mental health treatment (Doherty & Simmons, 1996). A thoughtful consideration of skill acquisition and training standards is prudent.

**Credentialing and Training In Marriage & Family Therapy**

The American Association for Marriage And Family Therapy (AAMFT) was founded in 1942 and serves as the premier organization for those trained in the profession of marriage and family therapy. AAMFT offers varying levels of membership, typically requiring specific standards for education and training.

Members noted as a “Clinical Fellow” have followed one of two tracks that will allow one to become a Clinical Fellow in the Association. The first path, the licensure track, is designed for individuals submitting proof of current licensing or certification as a marriage and family therapist. AAMFT offers varying levels of membership, typically requiring specific standards for education and training.

Members noted as a “Clinical Fellow” have followed one of two tracks that will allow one to become a Clinical Fellow in the Association. The first path, the licensure track, is designed for individuals submitting proof of current licensing or certification as a marriage and family therapist. AAMFT offers varying levels of membership, typically requiring specific standards for education and training.

The second path is an evaluative path for individuals with degrees and credentials in a profession other than MFT.

1) A qualifying graduate degree from a regionally accredited institution.
2) Completion of 11 specific courses in 5 topic areas:
   a. Marriage & Family Studies
   b. Marriage & family Therapy
   c. Human Development
   d. Research Methods
   e. Professional Ethics
3) Supervised client practicum hours.
4) Two years of Post degree experience involving 1000 client contact hours with 200 hours of concurrent supervision from an AAMFT Approved Supervisor or someone deemed equivalent. One hundred hours must be individual.

Clinicians trained to offer marriage and family therapy services can be trained in both the profession and/ or practice of marriage and family therapy. The distinction is quite notable as a Licensed Clinical Psychologist, for example, may offer marriage and family therapy services while not necessarily being trained in the profession of marriage and family therapy. For school psychologists this route may be appealing as a program of continuing education courses and clinical supervision may be a viable route for skill acquisition while others might pursue additional credentialing as a Licensed Marriage and Family Therapist. In either case, the AAMFT Standards, as outlined, offer
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School-Based Family Therapy

Mental health providers can make important contributions within the schools. This is not new: Lightner Witmer (1867-1956), who established the first psychological clinic at the University of Pennsylvania, took detailed individual and family histories as part of his work (Fagan, 1996) and the American Psychological Association has described schools as important settings for health care delivery (APA, 1995).

Still, training within family systems is not always a classical component to school psychology training programs. Yet, school psychologists have a long history working with children and parents, beginning with the first psychological clinic at the University of Pennsylvania. Providers and training programs might consider further developing training options. It is also clear that the American Association of Marriage and Family Therapy (AAMFT) has aggressively advocated for school-based credentialing for the Licensed Marriage and Family Therapist [L.M.F.T.], with the State of Connecticut Department of Education, in 2008, serving as the first state in the nation to enact school credentialing for MFT’s.

Laundy, Nelson, and Abucewicz (2011) noted a growing initiative for MFT's to join school teams. Similarly, Vennum and Vennum (2012) have spoken of the point that states are beginning to change legislation such that MFT's are increasingly becoming approved mental health providers in the schools. The authors note that the Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda in 1999 suggested that children and their families represent a national health crisis, and note that the various divisions of the American Association for Marriage and Family Therapy are working aggressively to implement credentialing initiatives for school practice.

Throughout the country marriage and family therapists are actively working within state associations to develop legislative initiatives to expand such opportunities, including work to change federal law to include marriage and family therapists in federal education law. Other issues of interest, such as addressing the logistics of providing such services within school buildings, is beyond the scope of this article.

Conclusions

In today's rapidly changing world families are presenting in increasingly diverse forms (Goldenberg and Goldenberg, 2013). Ryan and Claessens (2013) observed that most children in the U.S. will experience one or more changes in family structure. Sadly, the challenges are not new. For example, Crespi (1997) observed that alcoholism impacts 1 in 6 families, repeated violence occurs within 1 to 14 marriages, and 1 in 5 young women experience sexual abuse.

Families are continuing to experience both structural change and troubling challenges. Of particular note, more than two decades have passed since Nicoll (1992) reported a critical link between family dynamics and academic and behavioral adjustment. The scope of problems faced by children and families, then, and the linkage between family dynamics and school performance suggests that notable benefits can be derived through family intervention.
efforts. Because school psychologists have a long history of working with children and parents, beginning with the country’s first psychological clinic at the University of Pennsylvania, it is clear that school psychologists can be and should be leaders within these intervention efforts.

Children are experiencing a wide array of unprecedented problems within families. However, not all school psychologists possess training in family therapy, and not all training programs offer family therapy training and supervision initiatives. This may be one reason why marriage and family therapists have actively worked to pursue credentialing and practice opportunities within the schools. Yet school psychologists are in an ideal position to help and the opportunity exists to develop an array of continuing education options which can strengthen appropriate skill sets. Some options might simply lead to developing additional competencies as is appropriate. Other options might actually lead to additional credentials as a marriage and family therapist.

Families no longer can be characterized in any one structural form, and the problems facing children and families, from parental alcoholism to repeated intimate violence witnessed by children, is without precedent. Positive change requires that schools, communities, and universities develop and support initiatives to enhance family treatment and family treatment skills. Practitioners and trainers might consider different ways they can help. The opportunities for positive change are many. The positive possibilities for children are profound.

References


As any educator knows, classrooms are rarely made up of children who all possess the same traits and mannerisms. Each fall, students flood through the doors and within weeks, it is easy to identify and appreciate the many personalities that make up the class. Some students may be quite rowdy, others tend to be more outspoken, and there are a few who seem to be fairly reserved. While teachers and school professionals are trained to address any issues that might arise such as disruptive or inattentive students, it is possible to overlook certain problems in those who speak very little. A timid child during the beginning of the year is common, but if his/her silence persists and begins to significantly impact his/her academic performance, it may be time to take a deeper look. Such signs can be early indicators of selective mutism (SM), a childhood behavioral disorder in which the child fails to speak in various settings where communication is expected, despite having spoken in others (American Psychiatric Association, 2013). Because the classroom tends to be the environment where SM symptoms appear most often, it is increasingly important for teachers and school professionals to be aware of these signs and understand how to effectively intervene when they encounter a child with SM. Dr. R. Lindsey Bergman’s manual entitled Treatment for Children with Selective Mutism: An Integrative Behavioral Approach proposes an innovative method to SM treatment by involving therapists, parents and teachers in the process.

Although research suggests SM is a low-incidence disability with a prevalence rate of about 0.7% (Bergman, Piacentini, & McCracken, 2002), it can still have a detrimental impact on social development, academic achievement, and overall mental wellness. These outcomes depend on the severity of the disorder and the child’s level of communication across settings. In addition, since SM and social phobia show a particularly high co-occurrence, multiple diagnoses may exacerbate impairments even further (Steinhausen, Wachter, Laimböck, & Metzke, 2006). For example, some children with SM are particularly vocal at home, but cannot speak in front of peers and teachers at school or with people who are not their family. This evidence of normal speech in at least one setting is one of the diagnostic criteria for SM. Other diagnostic criteria from the DSM-5 include: failure to speak in certain settings for a month or more and significant impairment in social or academic situations due to these conditions.
behaviors. These symptoms cannot be better accounted for by other disorders such as hearing impairments, learning disorders, or preexisting developmental disorders (APA, 2013). The typical age of onset is 3 to 5 years old; however, there are documented cases of patients experiencing SM through adolescent and into adulthood. There has been some debate on whether SM stems from oppositional tendencies or is a result of underlying social anxiety. However, recent studies have focused on the close relation between SM and social anxiety and, accordingly, seek to treat it through this lens (Fisak, Oliveros, & Ehrenreich, 2006; Carbone et al., 2010). As a result, the DSM-5, released earlier this year, recategorized SM as an anxiety disorder.

Although SM has gained more attention in recent years, it is still difficult to find evidence-based interventions created specifically for this disorder. Therapies and pharmacological treatments for social phobia have been used and tailored to the needs of the individual. Though variations of cognitive behavioral therapy (CBT) have reduced symptoms of SM in some studies, these treatments may not be developmentally appropriate for children of a young age. Past attempts with CBT have proven to be quite beneficial (Reuther, Davis, Moree, & Matson, 2011), but as awareness of the disorder increases, so too does the need for a reliable SM treatment. Dr. R. Lindsey Bergman developed a manual for what she terms Integrative Behavioral Therapy for Selective Mutism (IBTSM) to address such gaps, and to hopefully create a formalized, school-based approach to intervention meant explicitly for children with SM.

With prevalence rates so low, it is likely many teachers and even school mental health professionals know very little about SM. The author provides a great deal of information of the disorder within the first chapter to help readers understand all aspects of SM before moving onto the intervention. This background knowledge is critical for all adults involved to ensure that each child receives the best possible care through IBTSM. The basic issues surrounding SM such as diagnostic criteria, typical symptomology, possible causes or theories of etiology, and potential comorbidity with other disorders are presented in a way that parents and teachers will be able to understand. The author also very clearly states her intentions for this manual and presents the evidence to support how and why IBTSM can benefit patients with SM.

Considering outcomes from previous treatments, Bergman created IBTSM to be a 24-week intervention consisting of 20 in-therapy sessions. It is designed for children age 4-8, and involves a therapist, at least one parent, and the teacher with whom the child spends the most time during the school day. Additionally, the child is given home and school assignments after each weekly session pertaining to their fear of speaking with others. The assignments are agreed upon by the therapist, parent and child during their session, reflect the child’s progress status, and encourage the child to utilize suggested strategies to overcome anxiety. In any case, it is necessary to recognize that what is effective for one child may not be for another; the author addresses this issue. She acknowledges that progress may not occur at the anticipated pace and encourages readers to use their best professional judgment when transferring these techniques from paper to practice.

The following chapters in the book focus on how to implement IBTSM using step-by-step instructions along the way. By separating chapters into sessions, it is easy to see the pace and structure of the overall intervention, while allowing some room for individual variation. At the beginning of each chapter, she provides an overview of the materials needed for that particular session, session goals and content, and homework assignments to be assigned that week. All of the handouts referenced can be found in the back of the book for use as needed. Within each of the chapters, techniques are described in
greater detail. Once again, it is important to note that although the therapy is meant to be tailored to the individual child, the author gives numerous suggestions to make the process as similar to the original design as possible.

The first sessions emphasize the importance of establishing rapport between the therapist and child, as well as between the parent and the therapist. Since school is often the setting where SM is most impairing, Bergman also strongly encourages teacher involvement and communication. Teachers take on a more significant role later in the intervention when children are ready to confront their fear of speaking in the classroom. Assessment of the child's level of impairment is critical as well early on in IBTSM. This allows the therapist to collect baseline data for the child's speaking behaviors and social anxiety. This will likely identify potential goals and obstacles for therapy. Based on the initial data, the following sessions are meant to address these using a variety of techniques. The three main tools used are: a fear ladder/hierarchy, graded exposure, and contingency management (i.e. reward system) both at home and at school. The author specifies when and how to properly implement these methods during the course of therapy.

Throughout the remaining chapters, the author provides sufficient examples of how to continue with treatment and refers back to basic concepts from earlier chapters. Though it may seem repetitive, this is intended to maintain consistency from one week to another. Towards the end of treatment, a shift in focus from in-therapy to real-world exercises is. Bergman describes this as “transfer of control” from the therapist to the parents and teachers. As these adults obtain more responsibility by initiating and moderating tasks for the child, they learn to properly address issues that may arise once treatment is complete. This transfer of control is yet another reason why both parent and teacher involvement are key features of IBTSM. After 24 weeks, the final session focuses on relapse prevention and confidence-building by showing the child and parent how much they have grown over the previous weeks through post-intervention data. Bergman notes here that many parents and children may not realize how significantly they have improved, as such, celebration over their accomplishments is encouraged.

The last chapter is another resource for educators and parents who may experience any challenges implementing IBTSM in their own environment. The author reiterates that IBTSM may not be suitable for all children with SM, as alternate circumstances may lead to different outcomes. Level of impairment, age, ethnicity, language barriers, parental involvement, comorbid disorders or disabilities, and various other factors all impact the effectiveness IBTSM. However, with the many suggestions given, it is possible to adapt this treatment to a wide range of individuals.

Overall, this manual is an excellent resource for parents, teachers, and school professionals looking to learn more about selective mutism and how to become actively involved in their child or student’s treatment. The organization of the book is fluid and makes Bergman's methodology easy to understand. Though transferring these methods to new conditions may yield different results, the author’s suggestions on how to adapt IBTSM to each individual child gives the reader some assurance that the integrity of the treatment can be maintained.

Bergman recently published pilot study using IBTSM; this further supports its value. She briefly explains this investigation throughout the manual. This study involved 21 children between the ages of 4 and 8 diagnosed with SM. Children who were treated using IBTSM were found to have significant improvements in verbal communication and decreased social anxiety compared to a waitlist group. These improvements were found at both at the end and midpoint of the 24-week session, and persisted through a 36-week follow-up (Bergman, Gonzalez, Piacentini & Keller,
CONTINUED FROM PAGE 34


Bergman does note that the limitations to this study should be addressed through future investigations. For example, since the study was designed specifically for children between 4 and 8 years old, some restructuring is suggested for those older or younger. The length of therapy is also a concern since full participation is challenging for such an extended amount of time. Because differences were seen even after 12 weeks, it may be possible to condense the study and still see significantly positive effects. Finally, the lack of an active control group makes comparison between IBTSM and alternative evidence-based treatments difficult. The author encourages caution while interpreting results since this treatment was only seen in contrast to a waitlist group. It is clear that further research is needed to determine the replicability of this treatment, but Bergman’s recent work with IBTSM establishes it as a promising intervention for future professionals to implement within their own schools and practices.

References
**OBITUARY**

**2011 & 2012 Obituary Listings**

* 9/04/13

**Tom Fagan, Division 16 Historian**

As a member of the advisory board that recommends who, among recently deceased psychologists, should be recognized by an article in the American Psychologist, I receive listings of such persons several times during the year. The following names have appeared in the 2011 listings or more recently and in some instances the date of death was earlier than 2012 due to late reporting to APA. The listings only include name, and some data about birth and death dates and degrees if known. From that information, I try to compile a brief statement for those found to be members of Division 16 from listings in earlier APA Directories or online resources. As available, I have added information to the list based on personal information and recent and early APA Membership Directory information.

**Bindman, Arthur Joseph:** DOB December 11, 1925; Died June 29, 2012. A.B. (1948) from Harvard U., M.A. (1949), Ph.D. (1955) from Boston U. Held numerous public agency and mental and public health positions in Massachusetts. Served as chief of psychological services for the Massachusetts Department of Mental Health in the Boston region for 25 years and was a member of the first board of registration in psychology in the state. Author of early articles on school psychology and mental health consultation in the 1960s (see Journal of Education, 1964, Vol. 146, pp. 3-60; includes a bibliography on school psychology and consultation). Associate member in 1952 and member since 1958. Last address in Lexington, MA.

**Candee, Benjamin Leroy, Jr.:** DOB May 24, 1921 in Syracuse, NY, Died on January 10, 2009 in Cleveland, OH. Retired from the Cleveland Board of Education in 1987 where he was a school psychologist since 1954, including a supervisor of school psychologists 1963-1987. Earned his AB degree in 1941 from Cornell U., MS in 1945 from Syracuse, U., and PhD in educational psychology from U. Nebraska in 1955. ABPP in school psychology. APA and Division 16 member since 1958.

**Cook-Morales, Valerie Joy:** DOB February 24, 1950; Died on February 11, 2012 in San Diego, CA. Undergraduate degree in elementary education from Valparaiso University (1972), then MA (1973) and PhD (1975) at Columbia U. Long-time school psychology academic career with University of Nebraska-Omaha (1975-1978), Peabody College (1978-1985), and San Diego State University. Program director at SDSU 1991-2010, and recently chaired the SDSU Department of Counseling and School Psychology. She made numerous contributions to multicultural training and services. A memorial session was

* Appreciation is expressed to Sabrina Jack and Isaac Woods, Research Assistants in the School Psychology Program at the University of Memphis for assistance gathering background information.

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held during the 2012 NASP Convention in Philadelphia. APA member since 1976.

**Dawley, Duane N.**  DOB February 11, 1930; Died January 24, 2012.,  B.S. Ed. (1952) and M.Ed in counseling psychology (1953) from Ohio U. Obituary says he was employed by The Newark City Schools (OH) as School Psychologist 1955-1990, serving also as high school guidance counselor the first two years; and was the first school psychologist and the first guidance counselor in that system. He retired in 1990 as Director of Special Education and Pupil Services. Last address was Newark, OH. Associate member since 1959.

**Fagan, Edna Marie:**  DOB April 12, 1931, Died on August 19, 2012 in Boulder, CO. Earned her BA in 1952 from Southern Methodist U., and MA in 1961 from the University of Colorado. Taught in the public schools of Dallas, TX and Littleton, CO, then served as a school psychologist in the Boulder and Boulder Valley school districts. APA associate member and Division 16 member since 1965.

**Freehill, Maurice F.**  DOB January 29, 1915 in Chicago, Died January 27, 2012 in Spokane, WA. University of Washington faculty member (1962-1985) with expertise in gifted education and a former director of the UW School Psychology Program. Previous appointments at Western Washington State College and University of Hawaii. Education included B. Ed. in political science and English at University of Alberta (1946), then AM (1947, student personnel) and EdD (1948, educational Psychology at Stanford. APA Fellow and ABPP. APA associate member, 1950 and member in 1958.

**Hosford, Prentiss McIntyre:**  DOB January 1918 in Calhoun, GA; Died on August 29, 2012 at age 94 in Gainesville, GA. Earned her BS in social science at Georgia State U., and her MEd in 1956 and EdD in school psychology from the University of Georgia in 1961. Licensed and certified school psychologist in GA, ABPP in school psychology. Employed with the Atlanta Public Schools and the University of Georgia and Brenau College, but primarily in private practice. APA and Division 16 member since 1967.

**Jones, Herbert:**  DOB September 30, 1929. Died December 7, 2010. Ph.D. in school psychology from Yeshiva U. in 1960. Licensed in clinical psychology in NY; ABPP in school psychology. Employed with New Rochelle Public Schools, in private practice and with CUNY Queens College. Member since 1958. Last address appears to have been Mount Kisco, NY.


**Newton, Kenneth Ross:**  DOB March 13, 1923; Died February 10, 2012 in Tampa Bay, FL. BA degree in 1948 and MA 1960 at Tulsa University, then PhD at
University of Tennessee in 1953. Worked at UT 1953-1988 in the Psychological Service Center and at Oak Ridge Mental Health Ctr. He was Professor Emeritus at UT and held the ABPP and licensure in clinical psychology. Associate member of APA in 1955 and member in 1958.


Stewart, James A.: DOB not specified but born in Toronto, Canada. Died May 5, 2012 in Venice, FL at age 86. Raised in Canada he undergraduate degree from the University of British Columbia and his PhD from the University of Washington in Seattle in 1958. Taught at several Canadian universities before coming to Massachusetts where he taught at Boston U. and Salem State College. He was employed as Director of Pupil Services for Lawrence (MA) Public Schools and in private practice. With his wife, he served in several countries in retirement doing volunteer missionary and charitable work. APA and Division 16 members since 1965.

People & Places

- **Dr. Desireé Vega** has joined the School Psychology Program at Texas State University this Fall. Additionally, **Dr. Laurie Klose** has been promoted to Associate Clinical Professor and **Dr. Jon Lasser** has been promoted to the rank of Professor.

- **Vincent C. Alfonso, Ph.D.** became Dean of the School of Education at Gonzaga University in Spokane, Washington in August 2013 after spending 19 years in the Graduate School of Education at Fordham University.

- **Dr. Callen Fishman** has left the Alfred University School Psychology Program to take a practice position with the New York State Office of Mental Health. You can contact Callen at the Capital District Psychiatric Center in Albany. Alfred is very happy to welcome **Dr. Stacy Bender** as our new Assistant Professor of School Psychology. Stacy is a graduate of the Michigan State University School Psychology Doctoral Program. She recently completed a post-doctoral residency in Child and Adolescent Clinical Psychology at the University of Rochester Medical Center and is a New York State Licensed Psychologist. Stacy’s published research encompasses parenting stress as well as social-emotional risk and protective factors in early childhood. At Alfred, Stacy will be supervising practicum and internship, and teaching in the areas of developmental psychology, cultural diversity, and child psychopathology and interventions.

- **Chad Harrison, Ph.D.** is a new faculty member within the School Psychology Program at the University of Oregon and serves in the roles of practicum coordinator and lecturer. Dr. Harrison received his PhD in 2013 from the University of Oregon and has 6 years of experience as a school psychology practitioner. Additionally, Tiffany Kodak, PhD, BCBA-D is the new program director and Laura Lee McIntyre, PhD, BCBA-D has been promoted to the rank of full professor.

- **Devadrita (Tanya) Talapatra** has joined the faculty as an Assistant Professor of School Psychology at Indiana State University. Ms. Talapatra completed a pre-doctoral internship at The Watson Institute as part of her school psychology training at Georgia State University. She also has professional experience as a secondary special education teacher in the K-12 setting. Ms. Talapatra has research interests in the areas of transition, intellectual and developmental disorders, and the use of technology.

- The School Psychology Ph.D. Program at The University of Southern Mississippi (USM) welcomes **Dr. Evan Dart** who joined the program and department this past August as an Assistant Professor. Dr. Dart received his Ph.D. from the School Psychology Program at Louisiana State University (LSU). His research interests include peer-mediated behavioral interventions, integrating technology into School Psychology, and school-based behavioral consultation. Dr. Dart joins regular program faculty **Brad Dufrene** (Director, School Psychology Service Center), **Joe Olmi** (Psychology Department Chair), **Keith Radley**, and **Dan Tingstrom** (Interim Training Director). He was raised in Covington, Louisiana, is married to Kimberly Dart, and they have a 2 year-old son, Ethan.
Dear Division 16 Members,

Below you will find some updates and useful information about APA and the division. Thank you for your attention and support of Division 16.

Division 16 Executive Committee

1) Division 16 will have three Council Representatives in 2014, thanks to your votes in the apportionment ballot last year. We urge members to allocate as many of their 10 votes again this year to the Division so that we can continue to be a strong voice for school psychology in APA.

2) Recently, all APA members received an e-mail with a link to vote in the current Presidential election. We believe that every vote counts and thus strongly encourage you to vote in this APA Presidential election.

3) Division 16, along with several other school psychology organizations collectively known as the School Psychology Specialty Council, submitted a specialty definition to the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) of APA. We are delighted to report that our specialty definition was approved by APA Council this past August.

4) APA is launching a joint project with Microsoft to use Skype in the classroom platform to bring psychologists to classrooms to do presentations on mental health issues. If you are interested in taking part in this project, please contact Rhea Farberman, Executive Director for Public and Member Communications, at RFarberman@apa.org.

5) The division has four working groups, each of which is comprised of several members, and each of which has its own unique charge. The names of these working groups are Globalization of School Psychology, Social Justice and Child Rights, Translation of Science to Practice and Policy, and Mental Health in the Schools. If you are interested in one or more of these working groups, please visit: http://www.apadivisions.org/division-16/leadership/working-groups/index.aspx

6) Division 16 School Psychology Book Series - NEW Book to be Released

- Treatment Integrity (Sanetti & Kratochwill) – November 18, 2013

7) If you have not renewed your membership in Division 16, please consider doing so by visiting our Web site to learn about all that is happening and how you can become an active participant. Here is the link to membership: http://www.apadivisions.org/division-16/membership/index.aspx

- Assessing Bilingual Children in Context (Clinton) – December 16, 2013

- Universal Screening in Educational Settings (Kettler, Glover, Albers, & Feeney-Kettler) – December 16, 2013


- Book In PRINT - Healthy Eating in Schools: Evidence-Based Interventions to Help Kids Thrive (Cook-Cottone, Tribole, & Tylka) (April, 2013)

ANNOUNCEMENTS

Book Reviewers Wanted

Have you ever thought about reviewing a book? If so, Corwin books has recently published a number of books of interest to school psychologists; the list is below. If you are interested in preparing such a review, it need not be long (we prefer briefer pieces!), but it will be subject to editorial review prior to publication in The School Psychologist. Interested individuals should contact Rosemary Flanagan (rosemary.flanagan@touro.edu) for additional information about the book, and your information will be sent on to Corwin Press so that you may be sent the book directly, which is yours to keep.

101 Solutions for School Counselors and Leaders in Challenging Times
Stuart F. Chen-Hayes, Melissa S. Ockerman, E.C.M. Mason
School counseling is in the midst of a transformation. School counselors and educational leaders need solutions for ensuring academic, college and career, and interpersonal readiness for all students. 101 Solutions for School Counselors and Leaders in Challenging Times provides just that. In a succinct question and answer format, the authors provide affordable solutions to the increasingly complex systemic issues facing K-12 schools, students, and school counseling programs. ©2013, 344 pages, 7 x 10

Educating Young Children With Autism Spectrum Disorders
Erin E. Barton, Beth Harn
Drawing on current research and evidence-based practice, this authoritative guide helps practitioners develop and implement educational programs for young children on the autism spectrum. ©2012, 336 pages, 7 x 10

Transforming School Mental Health Services Population-Based Approaches to Promoting the Competency and Wellness of Children
Beth Doll, Jack A. Cummings
A Joint Publication With the National Association of School Psychologists
Provides a comprehensive ten-step sequence for implementing population-based services that improve wellness and academic success for individual students and entire schools, and offers suggestions for engaging parents. ©2008, 368 pages, 7 x 10

Here are some guidelines that should be helpful.

Length: Book reviews should be shorter than other articles. Please strive for about 1600 words in length.

Content: The review should cover what the reviewer considers the primary strengths and weaknesses/limitations of the book (though, perhaps avoid the use of the word “weakness” in your review. . .). Further, it should address the appropriateness and usefulness of the piece for its intended audience. Specifically, it could address for whom (researchers, students, seasoned professionals, etc.) the piece is best suited.

Reviews should contain enough of a summary of content to give the reader an idea of what the book covers, but should not simply give a chapter-by-chapter overview. However, reviewers may want to point out chapters or content areas that are distinctive and novel.

If the book is an updated edition of a text or edited piece, the author may want to focus on what has been changed and/or improved upon over the previous publication.

These are just some of the areas that could be covered. If you have further questions, don’t hesitate to contact Rosemary Flanagan (rosemary.flanagan@touro.edu) or Greg Machek (Greg.Machek@mso.umt.edu).
ANNOUNCEMENTS

2013 Division 16 Election Results

President-Elect:
James C. DiPerna, Ph.D.

V.P. for Education, Training, & Scientific Affairs:
Catherine Fiorello, Ph.D.

V.P. for Convention Affairs & Public Relations:
Scott A. Methe, Ph.D.

Treasurer:
Mark Terjesen, Ph.D.

School Psychology Representative to APA Council:
Tammy L. Hughes, Ph.D.