16

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TABLE OF CONTENTS

PRESIDENT'S UPDATE

By Dr. Lea A. Theodore
The College of William & Mary

I am grateful for the opportunity to work with and serve the members of Division 16 of the American Psychological Association. It is a privilege to collaborate with so many talented professionals who bring a broad and rich array of expertise to the division. I would like to use this column to update our members on highlights from the 2016 APA Convention this past August, in Denver, Colorado.

Convention Highlights

The Division 16 Convention Planning Committee, which included David Hulac, Ph.D. (Convention Chair), Julia Ogg (Convention Co-Chair), Michelle Perfect, Ph.D. (Past-Convention Chair), Lea Theodore, Ph.D. (President-Elect 2015 and President 2016), Robin Codding, Ph.D. (VP-CAPR February 2015 – Present), Jessica Reinhardt (Early Career Liaison), and Maribeth Wicoff (Student Affiliates in School Psychology Liaison), did an outstanding job of putting together a strong scientific program. In lieu of invited speakers, we hosted a memorial for Dr. Edward S. Shapiro, with several colleagues and former students speaking on his legacy and impact on the field of school psychology as well as the professional and personal support that he engendered which lasted years.

President Lea A. Theodore

Sponsorships

The Division finalized a three-level system of sponsorship for generating new partnerships. Both Houghton Mifflin Harcourt (HMH) and Pearson advertised through *The School Psychologist* (*TSP*). These efforts were coordinated by Robin Codding (VP-CAPR), Wade George, and Michelle Perfect (VP-Publications and Communication).

Advertising

Beginning in the spring of 2015, advertising of division and collaborative programming was facilitated through Wade George and resulted in more frequent and visible marketing of divisional programming. Responsibility for advertising through LISTSERV and *TSP* is maintained primarily by the convention chair. Information regarding the convention program and award winners was conducted via Facebook, Twitter, and the Division website.

We are excited to announce a new sponsorship initiative offering opportunities to support Division 16 School Psychology Programming at the Annual American Psychological Association Convention, which include the following:

- Graduate student research scholarships, professional development activities, and relationship building events
- Early career school psychologists professional development activities and relationship building events
- Primary social event bringing together junior and senior scholars, practitioners of all levels, and graduate students
- Hospitality suite programming (includes a variety of school psychology scholars and practitioners coming together around like-minded topics)

Contributions at the following levels of support will be greatly appreciated:

- **Gold Level ($2000):** Advertising space in *The School Psychologist*, a Division 16 publication circulated electronically. Company logos will be printed and distributed on event-related advertising materials and companies will be verbally acknowledged at events. Signage and other materials may also be displayed at Division events.
- **Silver Level ($1500):** Company logos will be printed and distributed on event-related advertising materials and companies will be verbally acknowledged Division events. Signage and materials may also be displayed.
- **Bronze Level ($1000):** Company logos will be printed and distributed on event-related advertising materials and verbally acknowledged at Division events.

Membership

1. *Introduction of New Member Sponsorship Campaign.* The Member Sponsorship Campaign was rolled out in November 2015. The campaign targets existing members, encouraging them to purchase a gift membership for a colleague, early career professional, supervisee, etc. who is not currently a member of Division 16. Beginning in February 2016, Sponsor Members can purchase as many gift memberships as they wish at a discounted $20 rate.
2. *Targeted Emails to School Psychology Program Directors.* Targeted emails were sent to the program directors of school psychology doctoral programs in Spring 2016 to encourage the membership of program faculty, as well as to promote the New Member Sponsorship Campaign.
3. *APA International Affiliate Campaign:* APA implemented a membership drive in 2016

focused on generating new APA International Affiliates and division members. Eligible psychologists who join will be offered a free one-year membership in up to two of the divisions participating in the membership drive.

Paul Henkin Student Travel Award

The 2016 APF-Paul Henkin Student Travel Grant Committee was chaired by Amy Briesch. The three additional members included: Dr. Celeste Malone (assistant professor at Howard University), Dr. Jacqueline Brown (assistant professor at University of Montana), and Dr. Stacy-Ann January (postdoctoral research fellow at University of Nebraska-Lincoln). Applicants' materials were reviewed using a format provided by the APF. Awardees were Stephanie Schwartz from St. John's University and Chi-Ching Chuang from the University of Missouri.

Communication with Division 16 Membership

Communications with the Division 16 membership expanded in 2015 through the efforts of Wade George, Director of Communications. Division 16 news can now be accessed via multiple social media outlets (i.e. Facebook, Twitter, and LinkedIn), as well as a new Division 16 announcement website.

APA and Division 16 Book Series

Three new books were released in 2015, and the following books were published in 2016:

1. *Psychoeducational Assessment and Interventions for Children: Evidence-Based Practice*: Scott Graves (Duquesne) and Jamilia Blake (Texas A&M) - February 2016
2. *Empowered Learning in Secondary Schools: Promoting Positive Youth Development Through a Multi-Tiered System of Supports*: Cynthia Hazel (Denver) - April 2016

3. *Psychological Consultation: A Positive Psychology Perspective*: Jane Close Conoley, Collie W. Conoley (University of California Santa Barbara) & Connie Fournier (Texas A&M University)

Committee for Ethnic Minority Affairs

Division 16 was awarded a CODAPAR Interdivisional Grant with Division 40 (Clinical Neuropsychology) to develop a presentation on minority related chronic stress in adolescents and its impact on student learning and mental health outcomes.

Early Career Psychologists (ECP's)

The ECP Workgroup seeks to provide Division 16 members with content of interest to ECPs. Accordingly, the Workgroup has submitted an ECP focused piece to every issue of the Division's newsletter, *The School Psychologist* (*TSP*), since the Winter 2013 Issue. Topics published in 2016 have included reviewing manuscripts for publication, setting up a private practice, and school psychology work in different countries. Future topics will include benefits of school-based internships and school psychology and integrated health. Furthermore, the ECP workgroup will collaborate in submitting three additional articles for the Fall 2016, Winter 2017, and Spring 2017 issue on setting up a private practice.

ECP APA Convention Planning Involvement

ECP APA Convention Waivers: Division 16 provided the funds to support two ECPs in obtaining a registration waiver for the 2016 APA Convention. Convention Affairs provided a third waiver. A call for application was sent out via D16 channels and other relevant school psychology LISTSERVs in February. Three winners were identified in March and then notified. The winners were: *Anisa Goforth, Daniel Newman*, and *Ryan McGill*.

Collaboration with other Organizations

In collaboration with Wade George, the ECP workgroup created an infographic directed at high school teachers and students, highlighting what school psychology is, what school psychologists do, and how to become a school psychologist.

As we endeavor to enhance Division 16's mission of science, practice, and policy, I welcome your thoughts and feedback. Please feel free to contact me with any comments and/or suggestions that you may have (LTheodore@wm.edu). I am honored to be serving you as President this year!

AWARD RECIPIENTS

Division 16 congratulates our 2016 cohort of school psychology award recipients. Each individual was selected from among a competitive field of well-qualified scholars, which only further serves as a testament to their accomplishments.

Those interested in learning more about each award and how to apply in 2017 may visit the Division 16 website.

JACK BARDON DISTINGUISHED SERVICE AWARD
RIK CARL D'AMATO, PH.D.

TOM OAKLAND MID-CAREER SCIENCE AWARD
SHANE R. JIMERSON, PH.D.

TOM OAKLAND MID-CAREER SCIENCE AWARD
SANDRA M. CHAFOULEAS, PH.D.

JEAN BAKER MID-CAREER SERVICE AWARD
TAMMY L. HUGHES, PH.D

LIGHTNER WITMER AWARD
STEPHEN P. KILGUS, PH.D.

LIGHTNER WITMER AWARD
S. ANDREW GARBACZ, PH.D.

OUTSTANDING DISSERTATION AWARD
CHUNYAN YANG, PH.D.

INCREASING INCLUSIONARY PRACTICES: INSTRUCTIONAL STRATEGIES FOR STUDENTS WITH INTELLECTUAL DISABILITIES

By Devadrita Talapatra and Peter Z. Gladstone
University of Denver

As people with intellectual and developmental disabilities (IDD) leave high school, opportunities to contribute to and interact with the world around them greatly and rapidly attenuate. While supports exist to learn and interact with peers in the structured school setting, the freeform adult world results in diminished participation in activities that can help individuals with IDD continue their social and educational growth. To increase participation in post-school opportunities, it is critical to identify and implement inclusionary practices that are accommodating to specialized populations early and often.

In the schools, the Individuals with Disabilities Education Act (IDEA; 2004) mandates that students with disabilities should have the opportunity to be educated with peers without disabilities to the greatest extent appropriate. The authors believe that school psychologists can play an important role in increasing inclusive practices for persons with IDD. This paper proposes four general practices educators can implement, and school psychologists can recommend, to increase inclusion of students with IDD in the general education environment. The practices proposed in this paper come from initial findings from a pilot study exploring phenotypic curricular modifications in the Down syndrome (DS) population. The study aims to identify instructional modifications that can be used to increase participation of individuals with DS in general population classrooms. Participants (N=20) included individuals ranging in age from late-teens to mid-forties and intellectual ability from mildly impaired to severely impaired. For the purposes of this paper, and in deference to the pilot study, IDD refers to a disability originating during the developmental period and characterized by limitations both in intellectual functioning and in adaptive behavior that adversely affect an individual's daily functioning (American Psychiatric Association, 2013; IDEA, 2004; Schalock, et al., 2010). Those with IDD may include, but are not limited to, individuals with Autism Spectrum Disorder, cerebral palsy, DS, Fragile X, and Fetal Alcohol Spectrum Disorder. Although this paper refers to individuals with IDD, the considerations proposed can be applied to any student on the ability spectrum.

In keeping with the goal of helping all students, school psychologists should, in addition to implementing targeted interventions addressing specific challenges, explore interventions that maximize access to educational and social activities for students with disabilities in a more inclusive manner than has traditionally been thought possible. Particularly, we can engage in research that explores instructional strategies that are effective in teaching skills to specialized populations. As we increase our knowledge of the usefulness of such instructional strategies, we can use them to implement interventions within a Universal Design for Learning (UDL) framework. A UDL framework provides multiple ways to access and engage with information (Rose & Meyer, 2002). Because it propagates the belief that designing for all learners results in better learning outcomes for everyone, UDL allows for students with disabilities to re-enter general education settings in a manner that is beneficial to both a specialized and generalized population. This article discusses instructional strategies that might be considered within classrooms to increase access, engagement, and participation for students with IDD and the potential impact inclusion has on post-school outcomes.

Instructional Strategies: Theoretical and Applied

In order to implement practices that will increase post-school participation for individuals with IDD, first these practices must be identified. Preliminary findings from a pilot study being conducted by the authors indicate that instructional strategies such as multi-modal learning, small group instruction, hands-on activities, and tangible reinforcements have increased success for participants with IDD. The following section will address these specific modifications and how they can be used by school psychologists to encourage inclusionary practices that will benefit students with IDD immediately in school, and from there, across the lifespan.

Multimodal Instruction

Multimodal instruction, in which more than one medium is incorporated into the learning environment, is a key component of UDL. Multimodal instruction endorses the three principles of UDL: multiple means of representation,

expression, and engagement (Rose & Meyer, 2002). In addition, multimodal instruction has consistently proven to facilitate learning more effectively than unimodal instruction; general education students who are instructed in multimodal environments consistently outperform their peers in unimodal environments (Canazza & Foresti, 2013). Students with IDD can also benefit from this research-based instructional approach that has benefitted typical learners. Indeed, using a multimodal/UDL approach to reading comprehension, students with IDD made more significant gains on the *Woodcock–Johnson Test of Achievement III* (Woodcock, Mather, & McGrew, 2001) Passage Comprehension subtest than those who received traditional instruction (Coyne, Pisha, Dalton, Zeph, & Smith, 2012).

School psychologists can encourage multimodal instruction in the classroom in several ways: visual media can accompany verbal lectures, audiobooks can supplement assigned readings, and graphic organizers can be used to facilitate understanding (Connell, 2012). Teachers can consider accepting responses via oral expression, written expression, or augmentative and alternative communication devices (Connell, 2012). These relatively simple instructional strategies are especially advantageous because they increase educational attainment for students with IDD as well as the general population (Reschly, Appleton, & Pohl, 2014).

Small Group Instruction

Small group instruction, in which a specific group of individuals receives targeted lessons outside of the whole-class setting, has been reported by classroom teachers to be the most effective method for teaching students *with and without* disabilities (Wolpert, 2001). Arranging students into small mixed groups based on ability provides academic and social benefits. Academically, it allows for active engagement of students and enactment of critical thinking skills. Student engagement is a key component to academic achievement. Engagement, additionally, results in decreased problem behaviors for both general and special education students. Socially, small group work provides students with IDD appropriate peer models for behavior in group academic settings (Ledford & Wehby, 2015) and their neuro-typical peers with purposeful interaction through structured group contact (Pollock, Hamann, & Wilson, 2011).

Moreover, dividing students into small groups is a strategy that can be used for any lesson in any subject. Dividing the class into small groups for reading lessons allows classroom teachers to effectively differentiate instruction so that each group can focus on the specific content that they must master (Kosanovich, Ladinsky, Nelson, & Torgesen, 2007). Math lessons can feature *Peer-Assisted Learning Strategies* (Delquadri, Greenwood, Whorton, Carta, & Hall, 1986), in which groups of two work together to solve problems and allow the students to help each other clarify understanding (Wendling & Mather, 2009). Writing lessons can feature groups for brainstorming, organizing, revising, and editing papers (Wendling & Mather, 2009). Regardless of the method, the use of small group instruction is further evidence of the potential effectiveness and benefit of UDL frameworks.

Experiential Activities

Experiential activities, in which students are able to learn through active engagement in a task, have proven to be effective modifications when teaching students with IDD (Lieberman, Lytle, & Clarcq, 2008). Experiential opportunities allow students to practice ideas and solutions concretely. Instead of simply conceptualizing ideas in their minds, students can safely learn via trial and error before they are asked to apply their solution under graded pressure. Additionally, the "hands-on" practice can be more engaging and enjoyable than passive seatwork activities due to movement and experimentation. Students that may have difficulty maintaining attention during traditional instruction can access the lessons more effectively in an applied setting. Applied practice has been found to be one of the most effective methods of including students of all abilities into general education classrooms (Wolpert, 2001). Also, it is an effective method of engaging students and increasing retention of information (Ramming & Phillips, 2014).

School psychologists can encourage classroom teachers to implement hands-on activities in many areas. In reading, students can role play characters from their books, allowing them to actively take part in the narrative. In math, students can use formulas to manipulate cooking recipes in order to understand fractions, percentages, and ratios. In science, students can conduct lab experiments that will help allow them to replicate the findings from their textbooks. Prior to testing in any subject, teachers can make studying more experiential by playing review games such as bingo, word lightning, or twenty questions (Maguire, 1990). At the risk of sounding repetitive, integrating an experiential component to a curriculum is an effective method for developing a UDL framework, and should be used as an approach to include students with IDD in general education settings.

Tangible Reinforcement

A token economy system, historically, is an effective method of goal setting and motivation for the general and special education population. Goal setting and reward systems are effective for a wide range of ages and education/ability levels (Locke &

Latham, 2002). Reward systems are particularly effective when there are opportunities for visual representation and self-monitoring. They promote academic success, reinforce positive behaviors, and increase students' motivation and expectations of success (Morisano & Shore, 2010).

Tangible reinforcement can easily be implemented in the classroom as a form of classroom management, student reward, and skill representation. Sticker charts, both group and individualized, are extremely easy to implement and yield great results in promoting positive student behavior. School psychologists can confidently suggest positive behavior supports and self-monitoring as recommendations with the belief they will be implemented with fidelity. Even better, pairing the use of tangible rewards with praise is a strategy that facilitates inclusion in a UDL framework and can further the mission of improving outcomes for students with IDD.

Inclusion and Post-School Outcomes

Inclusive practices in the least restrictive environment serve as a gateway for people with IDD to participate in greater opportunities across the lifespan. In a school setting, they allow for increased access to general education. Outside of the school, inclusive practices allow for increased engagement in the community. However, exclusionary practices begin at an early age, as traditional school structures have resulted in less than 10% of core content instruction being provided in inclusive settings (Bouck, 2012). This breakdown in the provision of educational access is seen immediately upon graduation; students in the general population attend four-year colleges twice as often as their peers with disabilities (Newman et al., 2011). In fact, only 28% of people with IDD participate in any post-secondary education within eight years of high school graduation (Newman et al., 2011).

These statistics are especially concerning given the link between post-secondary education and an individual's chances of attaining employment (9 in 10 people with IDD are unemployed) and financial freedom (over 700,000 people with IDD live with parents over the age of 60; Will, 2010). Even when people with IDD are able to obtain employment, it is generally through a program that is designed specifically for them, and often does not pay well (Mirenda, 2014). This reality means that of those with IDD who do live independently, 86% have incomes below the poverty line and 25% report that they are somewhat or very dissatisfied with their lives (in contrast with 11% of people without disabilities; Mirenda, 2014).

Although post-school social, employment, and education opportunities are an important key to shaping a new reality for people with IDD, we cannot expect individuals with IDD and the general population to immediately embrace inclusion without experience and modeling. Experiences with people with disabilities and positive attitudes toward people with disabilities in childhood are critical for building bridges for inclusive opportunities in adulthood (Siperstein, Parker, Norins, & Widaman, 2011). Thus, inclusion in the school setting is an ideal mechanism for students with and without disabilities to engage in social mingling and shared learning. Social mingling and shared learning opportunities can target five (communication, community use, functional academics, social, and work) of the ten more important adaptive skills identified by the American Association on Intellectual and Developmental Disabilities (AAIDD; Schalock, et al., 2010; Woolf, Woolf, & Oakland, 2010). This is crucial; development of adaptive skills accounts for 42% of the variance in vocational independence and 46% of the variance in residential independence for people with IDD (Woolf, Woolf, & Oakland, 2010).

"This reality means that of those with IDD who do live independently, 86% have incomes below the poverty line and 25% report that they are somewhat or very dissatisfied with their lives (in contrast with 11% of people without disabilities)."

The educational system, as currently designed, denies students with IDD the opportunity to reach their full potential by separating them from their general population peers, restraining natural adaptive skill development opportunities, and not considering a variety of post-school goals in transition planning. School psychologists have the ability to influence their specific educational settings by encouraging instructional strategies that will help highlight the strengths of students with disabilities.

Final Considerations

School psychologists, along with all school personnel, are charged with promoting learning environments that encourage regular interactions between students with disabilities and their typically developing peers. School psychologists are uniquely positioned within schools to encourage UDL frameworks that allow for students with IDD to be included in the general education classroom. The benefits of including students with IDD in general education classrooms have been noted too numerously to recount. Studies have shown that no significant differences have been found in academic attainment or teacher time and attention in an inclusionary classroom as compared to a general education classroom (Dessemontet & Bless, 2013). Rather, general population students in inclusion classrooms experience increased levels

of altruism and acceptance of their peers with disabilities (Rider, 2013). The effects of these increases in social skills should not be discounted. School psychologists in charge of promoting positive school climate must consider the benefits of exposing the general education population to their peers with disabilities. The formation of a more connected community, and by proxy a positive school climate, is associated with increased achievement, increased graduation rates, and a higher rate of teacher retention (Thapa, Cohen, Guffey, & Higgins-D'Alessanro, 2013). While the effects of inclusion may not necessarily be seen directly in the classroom, the positive school climate that results from inclusion *does* positively affect academic outcomes.

The impact of inclusion extends beyond academics. Working with their peers with disabilities provides neuro-typical individuals with exceptional experiences that challenge stereotypes, create connections, increase social awareness, and raise expectations and acceptance for those with disabilities (Thurber, Scanlin, Scheuler, & Henderson, 2007). The opportunities for interaction between students with and without disabilities lead to subtle changes that are essential for expanding independence and promoting quality of life.

The instructional strategies discussed above are examples of accommodations that school psychologists could suggest to teachers to promote inclusive classrooms. These classrooms could decrease barriers to learning while increasing opportunities to learn for the entire student population. By asking teachers to focus on multimodal instruction techniques, small group activities, applied learning, and tangible as well as non-tangible reward systems, school psychologists can expect to see benefits for the general population as well as populations with a variety of disabilities. Indeed, by promoting

inclusion, school psychologists encourage less restrictive learning environments for students with disabilities while also enhancing school climate and the resulting academic benefits. Although the success of such inclusionary practices requires the work of many people, school psychologists are uniquely positioned to oversee the implementation of inclusion because they straddle the fence between general education and special education.

As advocates for all students, it is our duty to work to enhance the acceptance of those with disabilities into general populations and give them the opportunity to prove that they are capable of much more than they have traditionally been given credit for. As educators who focus on whole school outcomes, we should strongly consider how instructional strategies and UDL can be used to promote inclusion and how that inclusion can benefit the social and academic outcomes of our schools. Finally, as researchers, we must energize our efforts to discover effective and efficacious interventions that will advance all students as they traverse the path to adulthood. As school psychologists, now is the time to be reminded to work towards best practices that ensure success and growth of *all* students.

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STUDENT REINTEGRATION FROM HOSPITAL TO SCHOOL FOLLOWING CANCER DIAGNOSIS AND TREATMENT

By Rachel K. Peterson & Rochelle B. Schatz

Indiana University Bloomington

Introduction

Students with chronic health conditions, including cancer, are at the intersection of health and education systems, which have typically operated independently of one another despite the overlap in population. As a reflection of this estrangement, students' health and education needs often are not well-integrated and the transition back to school from the hospital is not smooth. As such, children with cancer diagnoses and/or those

undergoing treatment are at increased risk for retention, poor social outcomes, and negative emotional consequences due to poor re-integration to school from a hospital setting (Madan-Swain, Katz, & LaGory, 2004). As more than 80% of children with cancer are 5-year survivors, educators and physicians need to work together to ease the transition from hospital to school (American Cancer Society, 2016). The purpose of this paper is to highlight the importance of better integration between medical institutions and educational systems. Furthermore, we will provide examples and recommendations for school personnel on how to best accommodate the unique needs of students with chronic health conditions, specifically cancer.

A continuum of care is essential for children with cancer to transition back into the school environment. Unfortunately, there is little evidence of communication between educators, physicians, and school nurses regarding the effect of a child's diagnosis and treatment on their social, emotional, and academic functioning (Aziz et al., 2006). When children are ill, academic performance is not perceived as a primary area of focus; when these same children appear well, their health is not perceived as relevant to their educational success (Irwin & Elam, 2011). By establishing a formal and explicit continuum of care, children with cancer can transition to school from a hospital setting with relative ease.

The goals of a public school education are to develop children's fluency in the academic domains of reading, writing, and mathematics and to build strong social and emotional functioning. The goals of a hospital are to cure or alleviate the symptoms of a condition or the condition itself. Chronic illness can compromise each of these goals. By working together, the transition from one setting to another can be more effective and result in fewer problems for

the child. Today with more than 80% of children diagnosed with cancer effectively cured by surgery, chemotherapy, radiation, or a combination of these treatments, childhood cancer has evolved from an inevitably fatal illness to a life-threatening chronic disease (Sands et al., 2012; Conklin et al., 2012; Waber et al., 2012). As the number of children making the transition from hospital to school increases with better treatment options and improved technology, professionals in schools and hospitals must work together to alleviate transition-related problems.

Importance of School Attendance

Consistent school attendance is critical for students' emotional, social, and academic development (Havik, Bru, & Ertesvåg, 2015). Some of the social and emotional consequences of chronic absenteeism include impaired social functioning, development of mental health problems, and the need for welfare services (Havik, Bru, & Ertesvåg, 2015). Further, academic progress and skill acquisition are impeded by school absenteeism (French et al., 2013). Research has shown a high correlation between school attendance and academic performance and success, and absence from school is perhaps the greatest single cause of poor performance and achievement (Fredricks, Blumenfield, & Paris, 2004; Sheldon, 2007; Roby, 2004). Good school attendance is one of the most reliable predictors of graduation from high school, as students who are chronically absent have a lower likelihood of graduating high school (Bridgeland, DiIulio Jr, & Morison, 2006; Sheldon & Epstein, 2004). The implications of failing to graduate carry significant repercussions and professional limitations for future employment. Specifically, high school dropouts are at high risk for being unemployed or under-employed (French et al., 2013). Thus, children with cancer are at high risk of suffering long-term

consequences due to their chronic absenteeism. These consequences may extend to their future occupations as well as to their overall social and emotional well-being.

Relationship Between Cancer and Absenteeism

Poor school attendance by children with cancer throughout all stages of their illness is concerning. Attendance records show that children undergoing cancer therapy miss more school than the year prior to their diagnosis (Cairns et al., 1982; French et al., 2013). Further, the percentage of days absent during the year of diagnosis (17%) is more than double than that of children with other chronic illnesses (8%; Charlton et al., 1991). In the general population, >80% of children miss no more than 5 days of school (Bloom, Cohen, & Freeman, 2012); however, 33% of cancer survivors miss >13 days of school, equivalent to >7% of the school year (French et al., 2013). Moreover, a cohort of survivors almost 10 years from diagnosis missed twice as many days as did the general population of school children, indicating that absenteeism was not related to time from diagnosis and that attendance does not improve over time (French et al., 2013).

While absences can be related to the time spent receiving treatment, they are often related to the physical effects of medical treatment and cancer therapy. Fatigue is one major side effect of many diseases and treatments. Chronic fatigue makes it difficult for students with cancer to keep up with schoolwork and, as such, 10% of them develop school phobia (Thies, 1999; Wu et al., 2013). Pain and many pain medications have also been shown to impair concentration and undermine stamina (Wagner & Cella, 2004). Leukemia patients receiving prophylactic central nervous system therapy either intrathecally, via radiation or a combination, demonstrated lower scores on tests of reading, spelling, and mathematics three years post-diagnosis, most noticeably in the domains of verbal coding, memory, and attention (Sands et al., 2012; Conklin et al., 2012; Waber et al., 2012). Even 14 years post-treatment, deficiencies in academic achievement were still noticeable (Hill et al., 1998). With successful school reintegration, students are better able to resume typical development across the areas of intellectual growth, social skills, development of peer relationships, and preparation for career and family (Hay et al., 2015).

Concerns related to school reintegration are not solely those of the student. Teachers have noted that they were afraid of questions they could not answer related to their illness, medical issues that might arise,

students' insensitivity, and going beyond the limits of what might tactfully be discussed (Harris, 2009). Furthermore, a study conducted by the California Division of the American Cancer Society (Feldman, 1980) found that student absenteeism was correlated with the negative attitudes of school personnel and peers concerning the diagnosis as well as the physical side effects of treatment. She concluded, "that the roles of teachers and counselors and the support of fellow students were more important determinants of whether a school-age patient would continue with school than was the patient's state of health and the effects of treatment." Such findings highlight the critical role that teachers, counselors, school psychologists, and administrators play in assisting children and adolescents as they transition from hospital to school. Therefore, teachers and school personnel need to be informed of potential effects of diagnosis and treatment.

Academic Implications

Research on long-term effects of cancer has shown that cancer treatment can impact overall cognitive functioning. An abundance of literature to date has examined how cancer treatment results in poor cognitive functioning, decreased academic achievement, and learning disabilities (Aarsen et al., 2009; Winick, 2011). Specifically, children who undergo cancer treatment often experience declines in overall IQ, attention and concentration, working memory, planning and organization, visual motor integration, processing speed, fine motor speed, and academic skills (Armstrong, Blumberg, & Toledano, 1999; Harris, 2009). In an estimated 17-35% of oncology patients, the effects of chemotherapy are severe and long-lasting, with significant impacts on executive function, processing speed, language, motor function, spatial skills, learning, and memory that impact academic and social success (Jansen et al., 2005). Academic

weakness and potential failure are a consequence of the deficits in cognitive functioning including processing speed, working memory, and attention (Maddrey et al., 2005, Mulhern and Palmer, 2003, Nagel et al., 2006, Palmer et al., 2007, Reeves et al., 2007 and Schatz et al., 2000).

A large number of youth eventually require some form of special education service (Dennis et al., 1996; Mitby et al., 2003). A study by Mitby et al (2003) examined the special education services among 11,425 pediatric cancer survivors. It was found that over 70% of those diagnosed between 0 and 5 years of age reported requiring special education services, over 55% for those diagnosed between 6 and 10 years of age, over 32% for those diagnosed between 11 and 15 years of age, and over 23% for those diagnosed between 16 and 20 years of age. In addition, earlier diagnosis and treatment were correlated with increased length of special education (Mitby et al., 2003).

Type of treatment also has an impact on cognitive functioning. Research suggests that children with brain tumors who receive high-dose cranial radiation therapy before the age of 4 are at the greatest risk for severe global neurocognitive deficits. While the majority of affected survivors will have less global cognitive difficulties, these individuals are still at a greater likelihood of discrete areas of cognitive weaknesses and dysfunction. Long-term, these deficits can produce limitations in education attainment, employment goals, and independent living as the patient ages into adulthood (Maddrey et al., 2005; Moore, 2005).

Social-Emotional Implications

Cancer diagnoses also have far-reaching effects on social relationships. Schultz and colleagues (2007) found that childhood cancer survivors

were 1.5 times more likely than their otherwise healthy siblings to have symptoms of depression and/or anxiety and 1.7 times more likely to have antisocial behaviors including withdrawal and isolation. In addition, scores across the domains of depression, anxiety, attention problems, and social dysfunction were significantly elevated in adolescents treated for leukemia, neuroblastoma, or central nervous system tumors when compared to their siblings. Furthermore, youth who are diagnosed with cancer are at an increased risk for a variety of psychosocial adjustment problems including, but not limited to, poor self-esteem, poor self-satisfaction, less ambitious ideals, anxiety regarding death, depression, poor social skills, school reintegration problems, and school phobia (Bessell, 2001). Aside from worrying about catching up academically, children and adolescents diagnosed with and/or receiving treatment for cancer face general psychological distress including social anxiety, poor peer acceptance, and self-perception issues (Barrera et al., 2005).

School phobia is a common psychological side effect of cancer treatment. In fact, researchers have found the incidence of school phobia to be 10% among oncology patients compared with less than 1% in the general population (Eiser, 2004; Kreitler, Ben-Arush, & Martin, 2012; Lansky et al., 1975). Negative outcomes associated with school phobia include but are not limited to poor academic performance and achievement, peer and family relationship difficulties, and delayed academic, social, and emotional development (Owens et al., 2012). Long-term effects of school phobia result in students lagging behind same-age peers in terms of development, as well as becoming more at risk for school failure and involuntary school dropout (Thompson et al., 2013).

A common temporary solution to the number of absences by children with cancer is retention. This is because in addition to missing a significant number of school days where vital instruction occurs, research on long-term effects has shown that cancer treatments may result in difficulties in cognitive functioning, poor academic achievement, and learning disabilities (Myers, 2009). Given the overwhelming evidence that does not support retention as a cure-all for students catching up academically (Jimerson et al., 2006), better services need to be provided to children and parents from time of diagnosis, through treatment, and the school reintegration process.

Grade retention has a number of academic and mental health implications and the literature does not support it as an effective evidence-based intervention (Cham, Hughes, West, & Im, 2015). Academically retained students have lower levels of academic adjustment than similar under-achieving yet socially promoted peers and are 2-11 times more likely to drop out of high school. Furthermore, retained students are less likely to

earn a high school diploma, tend to receive poorer ratings on educational competency measures, and are less likely to be enrolled in post-secondary education (Jimerson, Whipple, & Anderson, 2002). Moreover, these students receive lower educational and employment status ratings and are paid less per hour at age 20 (Jimerson, 1999). Socio-emotionally, retained students experience lower self-esteem and have increased rates of school absenteeism (Jimerson, 2001; Chohan & Qadir, 2013). In the long-term, low self-esteem and poor school attendance are correlated with school drop-out and studies have found that students who do not earn a high school diploma have great difficulty finding and maintaining employment, experience higher rates of mental health related problems, and engage in more chemical abuse and criminal activities compared to high school graduates (Bye et al., 2010).

Along with retention, homebound instruction has also proved to be unsuccessful. In addition to inadequate instruction, many of the logistical issues related to homebound instruction have not been formalized, such as who qualifies for homebound, how it works, and when it starts and ends. Specifically, parents and students have reported concerns regarding the quality of this schooling given the limited amount of time per week of homebound instruction and heavy reliance on textbooks and worksheets rather than one-on-one or group instruction (Searle et al., 2003). Other problems include scheduling, curriculum consistency, and regular, adequate communication with teachers (Patterson & Tullis, 2007; Shaw & McCabe, 2008). Furthermore, children report feelings of isolation during homebound instruction and they perceive to lack adequate academic preparation to return to school following homebound instruction. Homebound instruction has been reported as the least meaningful option when compared to

community- or hospital-based education (Suzuki & Kato, 2003). The need for a continuum of care from hospital to school to home is therefore essential and a child's social, emotional, and academic needs should be considered during this process.

Conclusion

The school reintegration process for a child with cancer is essential. In order to create an effective continuum of care, teachers and school administrators need to work with medical professionals to learn how to best help a child re-enter the classroom following the diagnosis and treatment of his or her illness. Given that teachers and school personnel are not trained to work with children with chronic illnesses such as cancer, working with medical professionals will provide them greater insight into the condition, cognitive-induced treatment effects, and the social, emotional, and psychological consequences of cancer from time of diagnosis to the remission stage. In-service programs can also be advantageous as they give confidence to teachers who instruct these children as well as emphasize potential issues that may arise, such as teasing and difficulties pertaining to academic progress.

Implications for Schools

The chronic absenteeism typically prevalent among children with cancer has a variety of implications for the schools themselves as well as for the children who are trying to re-acclimate to the school setting. When students are readjusting to the school setting following treatment, there are specific and unique needs these students require to achieve academic and emotional well-being and success.

In order for these young patients to maintain their pre-illness levels of academic achievement, intensive academic intervention services are warranted. Teachers, as well as physicians and nurses, often attribute academic difficulties to emotional distress, and they do not address poor academic performance out of concern for over-taxing the child. The child is then deprived of academic, and possibly, emotional support. It is important to therefore use a multidisciplinary approach when attempting to create a support plan for children with cancer reintegrating into the school system by collaborating with school health nurses, school teachers, administrators, and students' families to ensure that the student is receiving appropriate academic and emotional supports. Children with cancer need the normal peer contacts and social life that occur in school to help them become socially mature. Therefore, proper supports must be put into place to provide these students adequate social outlets. One method for doing so is assigning a "buddy" system to re-acclimate children with cancer into the new environment by providing them each with peer support to reintroduce them to the social culture at the school. Finally, participation in normal intellectual and social activities in school effectively counters the anxiety and depression children experience when diagnosed with a life-threatening illness (Rodriguez, 2009).

Children and adolescents with chronic conditions experience more anxiety and depression than their peers. Their stress arises not from the illness per se, but from dealing with other people whose expectations of them are addressed by common attitudes about illness. Some of their distress relates to the poor fit between their needs and school environments in which social and academic successes are predicated on good health. In fact, in one study (Vance & Easier, 2002) teachers rated children with cancer most significantly different from others on items from the sociability-leadership and the sensitive-isolation dimensions. The implications are that teachers perceive children with cancer as differing from healthy children in key areas of social functioning, and having restricted leadership and social skills.

Recommendations

Given the importance of school attendance and reintegration following a cancer diagnosis and/or treatment, the following recommendations are provided:

1. School personnel, including teachers and administrators, should work in cooperation with medical and hospital staff. Even before students re-enter their previous academic environment, children's teachers should be in contact with the hospital school that each child will be attending during oncology treatment.

2. While homebound instruction is often suggested for children unable to go to school, it should not be recommended as a substitute academic environment for the experience of attending school with other children.

3. For students who cannot attend class physically, school staff may want to consider technology accommodations such as videoconferencing and asynchronous learning.

4. To best help students, school personnel should keep in mind that the pediatric oncology population is growing and, therefore, it is important that they identify students with chronic illness. School nurses, guidance counselors, teachers, psychologists, and administrators should work in conjunction to develop a systematic approach to identify and work with children with chronic illness.

5. Rather than using preexisting programs, school faculty should develop and implement programs that are individually tailored to meet each child's needs. Children with cancer will require assistance to reach typical cognitive, academic, emotional, and social development. Successful school reentry is critical to achieving these goals.

6. The school nurse should be aware of any medicines the child will need to take and how to give them; symptoms and problems to watch for and report to you; special precautions that need to be taken; emergency management of possible problems; medicines, treatments, or activities that the child cannot have or do; and whom to call with questions and emergency contact information.

7. Schools should encourage parents to establish relationships and ongoing communication with their child's school by talking regularly with the principal, counselor, school psychologist, and teachers. Examples of topics of continued communication include, absences, homework, strengths and weaknesses, minor illnesses, and other problems that might arise.

8. Peer support is extremely important to the child with cancer during school reintegration. Consider social skills groups or opportunities to interact with peers in a safe manner.

9. Few parents are adequately aware of existing resources and how to utilize them. School personnel should advise parents and families on resources and services within the community once children exit the hospital.

10. As mentioned previously, support for children with cancer requires coordination of care. Specifically, a multi-disciplinary approach should be established that includes school and hospital teaching staff, educational psychologists, nursing and medical staff, and school and community nurses.

11. Given the vast amount of psycho-social stressors that the child with cancer and his or her family may experience, the school psychologist should either provide counseling or refer the child and family to counseling. This counseling may consist of support groups, individual counseling, or social skills training. In addition to providing support to the child and family, the school psychologist may need to offer support to school staff as well.

12. Initial and continued monitoring of children's functioning should be assessed on a regular basis. This includes but is not limited to, academic, cognitive, and emotional skills to design an individualized education plan.

13. Many teachers have no formal training in working with children diagnosed with or in remission for cancer. To ensure minimal qualifications, teachers and school administrators should consider workshops and trainings to learn how to best work with students with chronic illnesses. Examples of books include, *Educating the Child with Cancer* and *Back to School: A Handbook for Teachers of Children with Cancer.*

14. When preparing for the patient to return to school, the school reintegration package should include a conference with school personnel to clarify issues about the illness and treatment, presentations to the patient's classmates to help them understand his or her illness and needs, and follow-up after the patient has returned to school to strengthen communication between the family, the medical team, and the school.

15. As mentioned above, informing peers of the student's illness and treatment may be useful. In opposition to popular opinion, classroom presentations do not increase classmates' fears about cancer and illness but rather increase their understanding. Providing information and support can help reduce societal ignorance about and misconceptions of children with cancer.

16. Changes in physical appearance can be difficult for children and adolescents to come to terms with. School personnel should allow students to wear hats to school if they feel more comfortable and eliminate the potential for teasing due to hair loss.

17. Physical problems after cancer treatment can affect a child's ability to ambulate independently. Schools may need to accommodate a child's physical needs after cancer treatment. For example, if fatigue and/or weakness make it too hard for them to carry books, the child may need two sets of books, one for home and one for school. Some children may need to be excused from certain physical education activities to avoid severe fatigue during later classes. Brief rest periods or shorter school days may be needed. Teens may need locker assignments closer to classrooms to get to class on time.

18. School interventions should be available not only to students with cancer at the moment, but also to those individuals in remission or recovery who may still experience psychological and academic sequelae years later.

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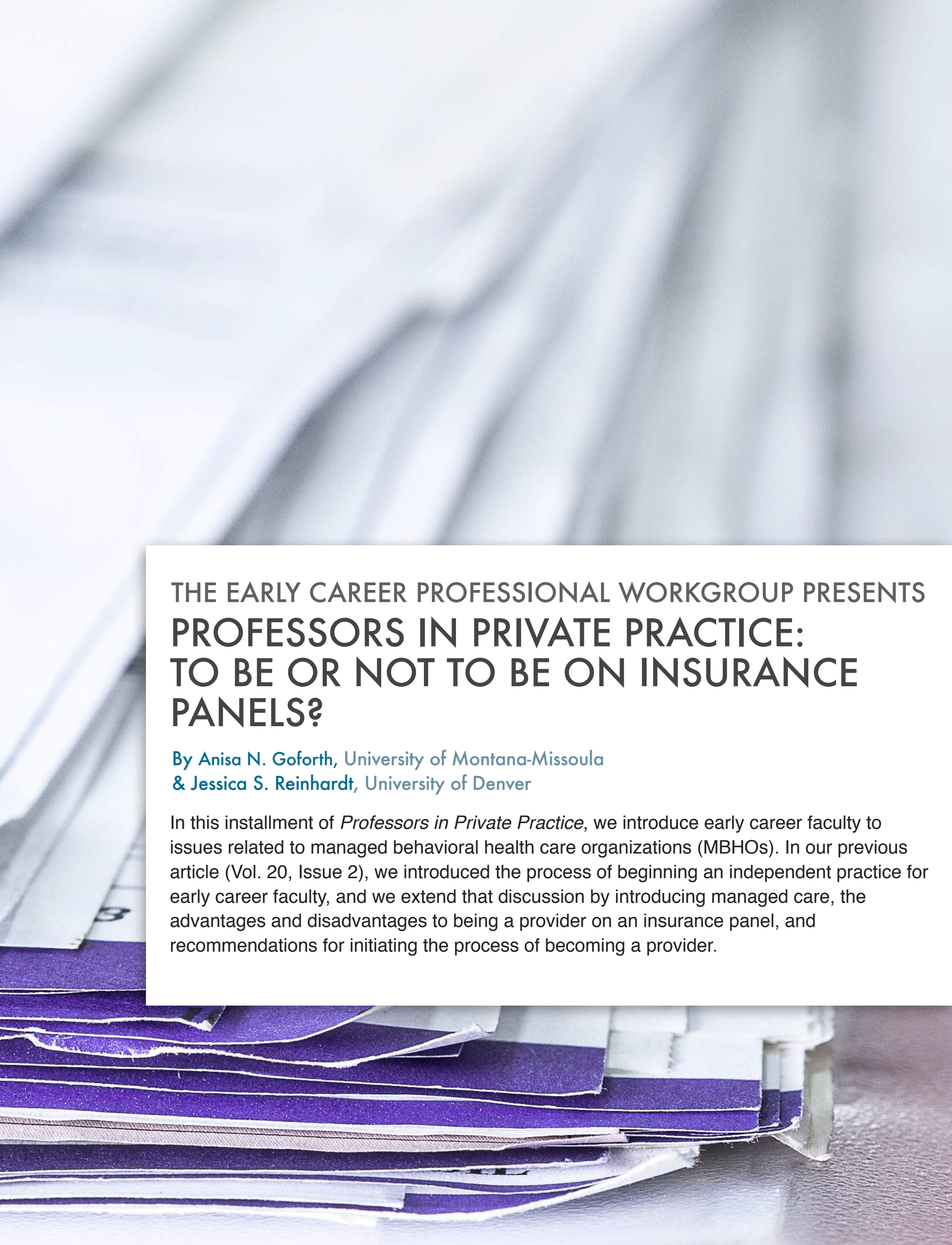
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PROFESSORS IN PRIVATE PRACTICE: TO BE OR NOT TO BE ON INSURANCE PANELS?

By Anisa N. Goforth, University of Montana-Missoula
& Jessica S. Reinhardt, University of Denver

In this installment of *Professors in Private Practice*, we introduce early career faculty to issues related to managed behavioral health care organizations (MBHOs). In our previous article (Vol. 20, Issue 2), we introduced the process of beginning an independent practice for early career faculty, and we extend that discussion by introducing managed care, the advantages and disadvantages to being a provider on an insurance panel, and recommendations for initiating the process of becoming a provider.

Managed Behavioral Healthcare Organizations and Independent Practice

Managed behavioral healthcare organizations (MBHO) are accredited behavioral/ mental health care providers. Although managed care has been around for quite a while, the recent Patient Protection and Affordable Care Act (ACA, 2010) has shifted practice because of its emphasis on integrating behavioral health care into primary care facilities. Nordal (2012) suggests that the ACA has a significant effect on practice because it not only increases accountability, but also incorporates provisions that mandate mental health and substance abuse treatment services be included and have parity with physical health services.

Psychologists in independent practice have an important decision to make in whether to participate in MBHO insurance panels or to simply have a fee-for-service (or even a hybrid model—see Walfish & Barnett, 2009). Being on an insurance panel means that a psychologist is able to see clients covered by that particular health insurance and get reimbursed for those services. Fee-for-service, on the other hand, is characterized when the psychologist sets the fees and the client pays that full amount.

MBHOs have had a significant impact on the practice of psychology, and there are advantages and disadvantages associated with being on insurance panels. Most psychologists choose to be a provider within an insurance panel and early career faculty who are considering having an independent practice (either solo or in a group) may want to consider being on insurance panel. Walfish, Zimmerman, and Nordal (2016) suggest that psychologists consider geography and the market conditions in which they practice when making the decision to be on an insurance panel. In particular, they suggest that if the practice is located in a highly-populated area, psychologists are likely to have clients who want their insurance provider to pay for their services. Early career faculty may be living in cities or college towns, and should consider that universities often are one of the highest employers in the area.

Kent and Hersen (2000) suggest that there are three primary challenges that psychologists experience as a result of managed care: clinical, administrative and professional. In the clinical realm, psychologists are challenged because they have less freedom in choosing when to conduct assessments, which tests or measures to administer, and how many hours are authorized for testing. In fact, MBHOs have had a significant effect on how psychologists conduct psychological testing because managed care organizations have emphasized the use of the least intensive means of providing health care (Maruish, 2002). That is, psychologists had a great deal of flexibility in choosing which batteries of psychological tests to administer, particularly with children and adolescents, but MBHOs have put additional pressure and require justification and documentation for why a particular test is necessary (Kent & Hersen, 2000). Furthermore, reimbursement rates for psychotherapy and the number of authorized sessions per client have been reduced (Gasquoine, 2010). These changes subsequently affect practice because it may require psychologists to conduct brief psychotherapy, rather than long-term treatment.

On the administrative and professional realm, there is a number of challenges psychologists experience. For example, psychologists may need to obtain pre-authorization to determine whether a particular procedure is medically necessary. Kent and Hersen highlight the number of administrative burdens that are put on psychologists, including the various procedures, rules and paperwork required by managed care.

These burdens are then compounded because of decreased reimbursement rates, and loss of time available to bill for services. These administrative burdens may be particularly important for early career faculty who may have a solo practice and no administrative support.

Steps to Becoming A Provider on an Insurance Panel

The process of becoming credentialed by managed care panels is confusing and overwhelming for many psychologists. Indeed, the process varies from panel to panel and state to state. What follows, are some general tips toward seeking out panels and beginning the journey. We recommend that early career faculty contact local psychologists in the area (perhaps students' supervisors) to ask about the process of getting on a local insurance panel, as they may be able to provide some advice or mentor you through this process.

Pre-application process

Before you can apply to be credentialed with insurance panels you will need several pieces of information in preparation for your application. You will need your tax identification number (or social security number if you do not have one), your state license number as a psychologist and its expiration date, your practice or mailing address (sometimes these can be different), business phone number and business email address.

You will also need documentation of professional liability coverage prior to submitting to insurance panels. Malpractice or professional liability insurance is available through both the American Psychological Association and the National Association of School Psychologists (see Table 1 for websites).

Tip: Find complete coverage. Some professional liability insurance plans allow you to obtain

coverage for the practice, research and teaching of psychology, look for a plan that covers all your professional pursuits.

Additionally, you will need your National Provider Identifier (NPI). The Centers for Medicare & Medicaid Services developed the National Plan and Provider Enumeration System to assign standard unique identifiers for health care providers. The NPI number will be associated with you and your individual information. Even if you are not applying to be a Medicaid provider, most insurance panels still require this identifier as it is a standard of the Health Insurance Portability and Accountability Act (HIPAA).

Tip: Create a handy sheet with all of your information. As you obtain the necessary application information, create a document with all of the necessary information (e.g., tax identification, addresses, NPI, Medicaid number) to ease the application process.

Picking panels

Once you have obtained your malpractice insurance and NPI, the next step is to consider to which insurance panels to apply. Begin by researching the insurance companies and determine the market in your area. For example, is your area saturated with mental health providers? How much do you need to be reimbursed to break even on your provider expenses? Which companies offer the best reimbursement rates? Also consider that many companies are not credentialing new psychologists and some companies intentionally limit panels due to administrative cost associated with credentialing (Walfish & Barnett, 2009).

Tip: Think outside the box. If you are struggling to find an insurance panel, consider looking beyond the national insurance companies. Smaller insurance providers are often seeking local

providers. Additionally, research which companies are the primary employers in your area and determine which insurance companies they use for their employees as part of the benefit package.

Tip: Market your area of specialty. Many panels are closed to generalists or to practitioners who provide behavioral health care to adults. As a psychologist with specialty in school psychology, you likely specialize providing treatment, assessment and consultation to children and families. When communicating with insurance panels, let them know about all your areas of expertise when inquiring about openings. If you are fluent in more than one language, highlight this in your application as well.

Tip: Inquire and then re-inquire. If insurance panels are currently full, Walfish and Barnett recommend checking in with panels every three to six months to inquire about new openings.

CAQH and insurance applications

Many insurance companies require both the Council for Affordable Quality Healthcare (CAQH) application as well as its own application. The CAQH is a non-profit initiative for many of the nation's leading health plans and networks whose purpose is to ease the administrative burden of healthcare. If you are required to apply to the CAQH for a particular insurance panel, you will be invited to complete the CQAH ProView, an online platform that requires you to complete a lengthy application, including providing documentation of your state license and professional liability, among other things. You need to be invited to the CAQH, thus you should contact the provider relations department of the insurance company to both ask them to initiate a CAQH number for you and obtain the panel's own credentialing application.

Tip: Be diligent and follow-up. Contact the insurance company frequently to confirm the company initiated the CAQH application.

Tip: Submit the CAQH online and re-attest. Things get lost, especially paper applications, so make copies of all important documents that you submit. Further, four times a year, the CAQH requires "re-attestation" of the information in your profile, which entails resubmitting all of your information to confirm that it is up-to-date. Good news—this process is quite simple and quick.

Time and details

Once you have submitted the applications, you may find yourself overwhelmed with the detail and scrutiny needed to undergo this process effectively. Review the contract multiple times before signing, making sure you fully understand documentation requirements, pre-authorization, and reimbursement rates.

Tip: Locations are important. Make sure that all of your practice locations are credentialed, especially if you are practicing both on and off campus.

Looking Ahead

In this article, we provided a brief overview of the process of being on managed behavioral healthcare insurance panels. We did not, however, specifically address the process of being a Medicaid healthcare provider. As such, in the next installment of *Professors in Private Practice*, we will address the advantages and disadvantages of being a Medicaid provider, processes toward credentialing and other considerations relevant to early career faculty.

Table 1

Resources Related to Being on Insurance Panels

Professional Liability Insurance

American Psychological Association	http://apa.org/membership/insurance.aspx
National Association of School Psychologists	http://www.nasponline.org/membership-and-community/professional-liability-insurance

Relevant Links

Largest MBHOs in the U.S.	http://reportcard.ncqa.org/mbho/
National Provider Identifier	https://nppes.cms.hhs.gov/NPPES/Welcome.do
CAQH ProView	https://proview.caqh.org/

Relevant Books

Ackley, D. C. (1997). *Breaking free of managed care: A step-by-step guide to regaining control of your practice* Guilford Press, New York, NY.

Walfish, S. (2010). *Earning a living outside of managed mental health care: 50 ways to expand your practice*. Washington, DC: American Psychological Association. doi: 10.1037/12138-000

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DID YOU KNOW?

Division 16 has developed a Grant Program for School Psychology Internships (GPSPI) to assist in the predoctoral internship crisis in the U.S. The GPSPI is supported by Division 16, Council of Directors of School Psychology Programs (CDSPP), National Association of School Psychologists, and Trainers of School Psychologists.

GPSPI's primary aim is to provide funds and consultation for developing new APPIC School Psychology Internship Programs that will eventually obtain APA Accreditation. Internship programs that accept doctoral students from more than one doctoral program are preferred (non-captive programs). GPSPI also may provide funds and consultation for expanding existing APPIC School Psychology Internship Programs that will eventually obtain APA Accreditation.

Those interested in learning more—or submitting an application—will find details here.

GLOBALIZATION OF SCHOOL PSYCHOLOGY: INSIGHTS AND OPPORTUNITIES FOR EARLY CAREER PSYCHOLOGISTS

By Priscilla N. Kucer, Rachel Stein, Jacqueline A Brown, & Tara C. Raines
International School Psychology Association

Increased globalization has led to further interest and opportunities for cross-national work in school psychology. However, there are many barriers to making these transitions, including variations in infrastructure, training, and credential/licensure requirements between different countries (Jimerson, Skokut, Cardenas, Malone, & Stewart, 2008). As the workforce becomes more globalized, young professionals, including school psychologists, are increasingly seeking positions in countries other than their country of origin or training (Aluttis, Bishaw, & Frank, 2014). Jimerson and colleagues (2008) surveyed 192 countries

"...the globalization of school psychology may be viewed as the collaborative process between school psychologists of different countries and cultures, resulting in an exchange of information to promote the global development of the profession to improve students' achievement and well-being."

and found that 83 countries had evidence of school psychology practice, offering many opportunities for those seeking cross-national work. This article provides a definition of the globalization of school psychology, case examples of school psychology practice outside of the United States, and highlights considerations for school psychologists wanting to practice abroad.

The process where cultures influence each other and become more alike through the exchange of information, trade, and immigration is known as globalization (Arnett, 2000). School psychology is a specialty area within psychology, that shares some of the same goals. Global psychology has the mission of enhancing scientific knowledge and promoting professional collaboration among psychologists and psychology students with shared interests across countries and cultures (Stevens, 2007; Stevens & Wedding, 2004). Scholarship, advocacy, curriculum, and networking are important to the development of global psychology (Stevens, 2007). Therefore, the globalization of school psychology may be viewed as the collaborative process between school psychologists of different countries and cultures, resulting in an exchange of information to promote the global development of the profession to improve students' achievement and well-being.

Internationally, MacKay (2009) highlighted a distinction between school psychology and educational psychology by stating that *school psychology* focuses on the setting in which psychology is applied; whereas, *educational psychology* focuses on applying psychology to educational issues. Hence, it is important for early career psychologists (ECPs) to be aware of this distinction when they are considering seeking work in a country different than where they obtained their training. To assist ECPs, a question was posed in the closed International School Psychology Association's (ISPA's) Facebook group asking group members to indicate the country where they practice and their professional title (Kucer, 2016). Of those who responded, the results indicated that either title is actively used in 22 different countries (Kucer, 2016). Therefore, ECPs are encouraged to search for international jobs using both titles.

The International School Psychology Association (ISPA) was founded to facilitate the globalization of school psychology (ISPA, 2016). Each year, ISPA co-hosts an international conference with local school and educational psychology organizations to showcase practices around the world and emphasize topics that are of importance globally (ISPA, 2016). Additionally, ISPA publishes its own journal, entitled the

International Journal of School & Educational Psychology (IJSEP; ISPA, 2016). This journal highlights the similarities and differences in psychological practice as they apply to special education, learning, and school-related practices (ISPA, 2016). ECPs can submit abstracts for consideration for the annual conference and publication in the journal. Additionally, ECPs can become involved through volunteering with the conference organizing committee or at the ISPA registration and information booths.

Case Examples

One example of an immersion opportunity specifically geared toward school psychology graduate students and professionals is the Ecuador Professional Preparation Program (Ecuador PPP). Since its inception in 2008, the Ecuador PPP has provided school psychology focused opportunities with schools, clinics, and related organizations in Quito. This program, developed under the mentorship of Dr. Thomas Oakland, provides a unique international experience that combines practical and didactic training. The Ecuador PPP offers four-week, two-week, and one-week

immersion opportunities. All programs include a one-to-one Spanish language instruction, host family stay, clinical experiences and guest lectures. School psychology in Ecuador is emerging and the tasks vary widely. This immersion experiences offers a survey of perspectives and potential roles school psychologists can fulfill in Ecuador.

In addition to the above program, one of the authors of the article, Priscilla Kucer, was employed as an educational psychologist in the Cayman Islands, a British Territory. Ms. Kucer trained and worked as a school psychologist in Florida, USA, before working in the Cayman Islands. The current practice in the Cayman Islands is to use psychoeducational assessments that have been normed in the United States. There is also evidence of using a Response to Intervention approach combined with a discrepancy model (Ministry of Education, Training, and Employment, 2011). The benefits of working in the Cayman Islands included having opportunities to combine US-based knowledge and experiences with the receipt of knowledge about the indigenous culture and attitudes towards psychology and special education, while also learning about the country's curriculum standards, behavioral expectations, and special education model used within the public education system.

Considerations and Strategies for Early Career Psychologists (ECPs)

Early career psychologists considering international work can take a number of steps to prepare for the transition. Key considerations and strategies that can be beneficial include:

1. Find out if you will need to apply for a work visa to work as a practitioner or conduct research in the specific country.

2. Learn whether you will be expected to obtain a license or credential to practice or conduct research in the specific country. In some countries, a registration with the local licensing/credentialing body may be required. Reaching out to a school psychologist currently working in the country will help you navigate the licensure/credential requirement.

3. When conducting research, ensure that you ask the necessary arm of the government or the correct person within an international school. In many countries, there may be just one school district, possibly under the leadership of a Minister of Education and/or Chief Education Officer. Be sure to link your research to a benefit for the country and be willing to work with professionals currently working in the country.

4. Learn about the indigenous culture, language, and the history of the country where you want to work. This should include learning the meaning of the most commonly used words and phrases, including acceptable greetings and respectful conversation. This knowledge will help when interacting with parents, teachers, and other school-based staff who are indigenous to the country.

5. Be self-aware and flexible. It is important to become aware of the variations in the practice of school psychology across countries, as your own experiences and beliefs may influence your work and interactions with other individuals.

6. Learn about the country's education system and the curriculum expectations for school-age students, both historically and in current practice. The scope and sequence for instruction, along with culture, will influence your choice of assessments, recommendations, interventions, and research questions.

7. Attend school psychology or psychology conferences held in other countries, to obtain

information about the key issues and establish collaborative relationships with international professionals.

Resources and Search Tips

● International Association for Cross-Cultural Psychology publishes a Journal of Cross-Cultural Psychology, hosts a biennial International Congress, publishes Online Readings in Psychology and Culture, and offers a Ph.D. Summer School program.

● ISPA's International Journal of School & Educational Psychology (IJSEP) publishes research from different countries.

● National Association of School Psychologists (NASP) Career Center lists school psychology jobs available in the United States and, sometimes, other countries.

● Psychoneuroxy is an academic career network that promotes positions for lecturers, professors, and researchers in a variety of areas in psychology and neuroscience around the world. http://www.psychoneuroxy.com

● Search for "school psychologist jobs" in countries such Armenia, Brazil, Estonia, Finland, France, Qatar, Sweden, and the United States of America (Kucer, 2016).

● Search for "educational psychologist jobs" in countries such as Australia, Bangladesh, Cayman Islands, Malta, Mexico, Israel, Jamaica, Spain, New Zealand, and the United Kingdom (Kucer, 2016).

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SPECIAL, UPCOMING ISSUE OF TSP
CALL FOR MANUSCRIPTS & REVIEWERS

An upcoming, special issue of *The School Psychologist* (entitled "The Role of the School Psychologist in Postsecondary Education: Issues and Best Practices") invites manuscripts that address the contemporary roles of school psychologists within postsecondary education.

With ever-increasing college enrollments for at-risk students and new innovations in dual enrollment options for very young students, school psychologists are well positioned to have a positive impact on postsecondary education outcomes. Submissions for this edition that review alignment of current challenges facing college students with best practices for school psychologists delivering services in these institutions are encouraged.

Topics may include:

- Transitioning and preparing high school students for entry into college
- Addressing support services delivery within dual enrollment paradigms
- Legal and procedural implications for delivery of disability services within secondary education
- Accommodation considerations for online learning platforms and students with disabilities (e.g., reading LD, adaptive technologies)
- Psychoeducational services to support students with academic concerns
- Mental health service delivery and tiered services on campuses
- Prevention and intervention to address campus climate and threats (e.g., racial tensions, sexual assaults, threat assessment)
- Improving retention and graduation rates of underrepresented college students (e.g., ethnic minority, first-generation)

Consistent with the mission of *The School Psychologist*, submission of original research, translational scholarship linking research to practice, and policy implications that improve outcomes for all students are encouraged.

This special issue will be guest-edited by Drs. Michael Sulkowski (University of Arizona) and Diana Joyce-Beaulieu (University of Florida). Submissions are limited to 15 pages, double-spaced, 12pt font. Please contact Drs. Diana Joyce-Beaulieu or Michael Sulkowski with any questions regarding submissions, or if you are interested in serving as a manuscript reviewer. The expected goal for publication of the special issue is the Fall of 2017.

Manuscripts should be submitted to tsp@apadivision16.org by March 15th, 2017.

WORKING TOGETHER TO CREATE OPPORTUNITIES FOR SCHOOL PSYCHOLOGY STUDENTS

By Rondy Yu, Fordham University
& Aaron D. Haddock, University of California, Santa Barbara

In the Winter 2016 issue of *The School Psychologist*, APA Division 16's Student Affiliates in School Psychology (SASP) President Aaron D. Haddock provided an update on recent SASP activities, accomplishments, and initiatives. SASP is a student-led organization that is dedicated to informing school psychology graduate students of relevant issues in the field and offers opportunities for its members to get involved with the organization and its initiatives. Forty-four SASP chapters have been established in school psychology programs across the nation. While this is promising, given that there are twenty-seven accredited

school psychology programs in California alone, there is incredible potential for growth for more SASP chapters. In this article, we would like to discuss the benefits of student membership and SASP's current efforts to expand and get more students involved.

For students who aspire to become practitioners or are on the road to careers in academia, SASP offers unique professional development opportunities not available elsewhere that can enhance one's skill set and résumé. For example, SASP offers members opportunities to develop and enhance leadership skills through various positions on the executive board as President, President-Elect, Past-President, Student Interest Liaison, Membership Chair, Convention Chair, Diversity Affairs Chair, Communications Liaison, and Editor and Editor-Elect of FSPP. For instance, as Editor of the quarterly newsletter *From Science to Practice and Policy* (FSPP), a graduate student has the unique opportunity of taking a professional publication from concept to

publication, including soliciting, reviewing and accepting articles, formatting, and dissemination. As President, a graduate student gets to learn about how to lead the executive board of a professional division by actually doing it. In all of the positions on the SASP Executive Board, members connect and collaborate with many of the current leaders in the field of school psychology. With these experiences, SASP leaders are well poised to go on to become the future leaders of APA Division 16.

In addition, SASP offers a variety of opportunities each year to showcase graduate students' scholarly work. Both the SASP Student Research Forum (SRF) held at the annual APA convention and the quarterly newsletter *From Science to Practice and Policy* (FSPP) provide outlets for student research and opportunities for students to strengthen their portfolios as active student scholars. There are also opportunities to earn awards through SASP membership. As part of the organization's efforts to increase diversity in

the field, SASP grants three annual diversity scholarship awards with funds provided by Division 16 and invite award winners to present their research on diversity-related topics at the annual SRF. For those who are interested in receiving additional guidance and support through their educational journey, SASP members can get involved in the mentorship program in collaboration with Division 16.

SASP has much to offer its members, but there is room for growth. In order to "foster the future of school psychology," it is important that we place a focus on expanding our presence and offer more graduate students the benefits that come along with membership. This means that we not only want to increase the number of members we have, but also the number of chapters formed in school psychology programs around the country.

SASP recognizes that there are university school psychology programs that have already formed their own student organizations (not affiliated with SASP) dedicated to promoting student involvement in their respective programs and the field of school psychology. However, SASP is an organization that can further enrich the social, cultural, and educational experiences of school psychology students while providing a variety of ways to influence a larger graduate student community. With that said, SASP welcomes collaboration with pre-existing student organizations committed to school psychology practice and scholarship.

Across the 44 SASP chapters established, a variety of leadership roles have been created to meet the needs of each individual chapter; for example, multiple university chapters have a President, President-Elect, Secretary, Treasurer, Social Chair, and Internship Representative. And there is much to celebrate with the contributions and accomplishments of chapters around the

country. For example, the Kent State University SASP chapter in Northeast Ohio connected its members with valuable training experiences such as conducting a depression screening on campus and raising resources to support the education of and research on students at risk for suicide. Some SASP chapters have provided localized learning opportunities as well to support its members. For example, the University of Southern Maine SASP chapter offered members support for creating a competitive curriculum vitae, effectively managing time, and using computer-based programs to track field experience.

Creating and maintaining a SASP chapter requires time and commitment, but the rewards can be great! It is important to note that the establishment of a SASP chapter within a university does not solely have to be a student-led endeavor. School psychology faculty can play an important role in encouraging and supporting students through the process of forming a chapter and provide continuity to the organization over time. Faculty involving their graduate students in divisional leadership activities is an important way to foster their students' growth and help them launch their careers.

If you are interested in getting involved with SASP or even starting a chapter of your own, please visit our website or contact our current Membership Chair, Aria Fiat, or one of our other SASP executive board members. SASP Executive Board members are available to provide guidance and support on the process. We invite interest in starting a departmental SASP chapter from both graduate students and faculty members! For important announcements, follow us on Facebook or Twitter. We hope to hear from you soon!

IN MEMORIAM
REMEMBERING ED SHAPIRO
1951–2016

By Tom Fagan
The University of Memphis

During the January, 2016 Council of Directors of School Psychology Programs (CDSPP) annual meeting, I learned of Ed Shapiro's lung cancer diagnosis and treatment problems of the previous year. Apparently, few people knew of this, and Ed had decided to make it more public during the CDSPP meeting. In a brief conversation there, he mentioned that I might be writing his obituary. He looked so healthy at the time that I didn't know how to respond, but I sensed he was at least half serious. Then, during the 2016 NASP convention in New Orleans, I briefly met Ed and his wife, Sally. He looked to be in good health and was in attendance to receive the Trainers of School Psychologists' (TSP) 2016 Outstanding Contributions to Training Award (for commentary see Alu, 2016; Cochrane, 2016). I sensed

not much had changed from January. A few weeks later, I wrote him about his earlier comment and what information would be helpful for him to provide me. I had never written a memorial article while the person was still alive and, of course, I was hoping his health would change for the better. Not hearing back from him, I called his office where his voicemail said he was on vacation and that he would get back to me. I never heard back. I soon learned that on his spring break trip to Florida, Ed suffered an inflammation in his lungs (perhaps a reaction to one of his treatments; e.g., chemotherapy, radiation, immunotherapy), failed to respond to another treatment, was placed in a hospital for a week, and then a week in the hospice where he died.

Online tributes appeared quickly after the announcement of Ed's death. Many persons were touched by a video tribute made by Rob Volpe that includes many photos of Ed with former students and colleagues. Rob was a 2003 Lehigh PhD graduate under George DuPaul but was one of Ed's graduate assistants. He planned to replay it at the 2016 APA Division 16 convention in Denver. That and other tributes seemed to follow a pattern I noticed in the deaths of other respected contributors: The tributes are very frequent for a few days, then less for the next few days, and trail off within a week of the original notice. Our former colleagues' accomplishments fade too soon.

Educational Background and Employment

Edward Steven Shapiro was born on November 3, 1951 in Philadelphia, Pennsylvania, and died at age 64 of lung cancer on March 23, 2016 in Boca Raton, Florida. His parents were Harry and Claire (née Sonis) Shapiro; his father was an engineer and his mother a preschool teacher, and both live in Fort Myers, Florida. Raised in Philadelphia, Ed attended Carnell Elementary School, Fels Junior High School, and graduated from Philadelphia's Northeast High School in 1969. He completed a BS degree in psychology at the University of Pittsburgh at Johnstown, Pennsylvania (1973), his MA degree in clinical and general psychology at Marshall University in Huntington, West Virginia (1975), and his PhD in educational and school psychology at the University of Pittsburgh (1978). His dissertation, *Self-Management in Educating Emotionally Disturbed, Mentally Retarded Children* was later published (Shapiro & Klein, 1980). Ed completed his predoctoral internship from January to December, 1976 with the Allegheny Intermediate Unit, Allegheny County (PA) Pupil Personnel Division, and worked part-time for the unit 1977–1978.

Before his almost 36-year career with Lehigh University, Ed taught introductory psychology as an adjunct professor for the Community College of Allegheny County and served as an instructor of psychiatry and

educational psychology (1978–1980) for the University of Pittsburgh's School of Medicine. There he supervised doctoral and master's students in practicum placements for the departments of educational psychology and clinical psychology. He started at Lehigh University (Bethlehem, PA) in September 1980 as an assistant professor and climbed the ranks to full professor in 1989. Ed served in several leadership roles, including coordinator of the school psychology program, executive director of the Lehigh Transition and Assessment Services (1997–2007), chairperson of the department of education and human services (1998–2004), and interim director and then director of the Center for Promoting Research to Practice (2002–2016). During his Lehigh career he taught for a semester at the University of Arizona (1983), and on a sabbatical visit to the University of Otago, Dunedin, New Zealand (2014).

Professional Contributions

His areas of research and professional interest included response to intervention, prevention of academic skills problems, behavioral assessment and intervention for academic problems, and pediatric school psychology. I believe his Lehigh program was among the first to have a pediatric school psychology emphasis (See Alu, 2016 for interesting commentary on his program emphases and the origins of pediatric school psychology).

Ed Shapiro had extraordinary success in securing Lehigh and U.S. Department of Education Office of Special Education Programs grants over a period of 30 years. One grant continues through 2019. The estimated value of these grants on which he served as principal or co-principal investigator is more than $15,000,000. Most were personnel preparation grants "that have supported specialist level

school psychologists to learn the theory and practice of response to instruction and innovation while funding their education and internship experiences" (Cochrane, 2016, p.1).

His vita lists more than 100 refereed journal articles in a wide array of psychology and education journals, including *Applied Research in Mental Retardation*, *Behavior Modification*, *Exceptional Children*, *Journal of Applied Behavior Analysis*, *Journal of Behavioral Education*, *Journal of Consulting and Clinical Psychology*, *Journal of Experimental Child Psychology*, *Journal of Learning Disabilities*, *Journal of Pediatric Psychology*, *Journal of Psychoeducational Assessment*, *Journal of School Psychology*, *Journal of Special Education*, *Professional School Psychology*, *Psychological Assessment*, *Psychology in the Schools*, *Reading Psychology*, *School Mental Health*, *School Psychology International*, *School Psychology Quarterly*, and *School Psychology Review*. In the 30 years I have been preparing these tributes, I don't recall a more impressive list of publications! Add to those at least 50 book chapters, 16 books as author or coauthor, two software programs for conducting behavioral observations in schools, encyclopedia entries, published reports, test reviews, and a few newsletter items, and you have one of the most distinguished publication records in our field. His academic skill problems book, first published in 1989, is now in its fourth edition (Shapiro, 2011).

His popularity as a presenter is observed in the many state, regional, and national presentations at conferences including the American Psychological Association, the National Association of School Psychologists, Council for Exceptional Children, and the International School Psychology meeting in Dublin, Ireland. He also served on numerous Lehigh search committees, departmental committees, and

Sally and Ed Shapiro in New Zealand, 2014. Photo courtesy of Sally Shapiro

college committees. According to his vita, through 2013 he chaired 43 dissertation committees, including those of Christopher Skinner, John Hintze, Tanya Eckert, and Kathy Bradley-Klug, and he served on 25 other committees.

His editorial contributions included associate editor for the *School Psychology Review (SPR;* 1984–1989), then editor (1989–1995), and at the time of his death Ed continued to serve on the scientific advisory panels for *SPR* and the *Journal of School Psychology*. He also served on the editorial boards of 13 journals, including all the major journals of our field. During his *SPR* editorship he introduced the "research to practice section that lies at the very heart of training efforts in our field" (Cochrane, 2016, p. 1).

Memberships and Credentials

Ed was an associate member of APA in 1978, regular member in 1979, and was a fellow of its Division of School Psychology since 1988; he

also belonged to the Divisions of Pediatric and Child Clinical Psychology. He was a NASP member since 1983. He belonged to the Association of School Psychologists in Pennsylvania, was a Fellow of the Pennsylvania Psychological Association, was elected to membership in the Society for the Study of School Psychology, and was a member of several educational associations. He served in several committee roles for these groups and participated in APA accreditation reviews. He held credentials as a certified school psychologist and a licensed psychologist in Pennsylvania, and was a Nationally Certified School Psychologist.

Awards

Shapiro received the Pennsylvania Psychological Association's award for Distinguished Contributions to School Psychology (2007). At Lehigh University he was awarded its Eleanor and Joseph Libsch Research Award (2007), named the Iacocca Professor of Education

(2001–2006), and earlier in his career he received the Alfred Noble Robinson Award for outstanding young scholar and service to Lehigh University. From the American Psychological Association Division of School Psychology, he was chosen for the Senior Scientist Award (2006) and its Lightner Witmer Award (1987). It is noteworthy that few persons have received two of the Division 16 distinguished awards.

Ed was recently nominated for Lehigh's Perry Zirkel Distinguished Teaching Award. He received recognition for this award posthumously at a Lehigh ceremony in May. "He was credited by those who knew him with exemplifying every criterion and standard of teaching that is valued in the College of Education" (Bettermann, 2016, p. 1). At that same ceremony, Ed also received the Lehigh University College of Education Distinguished Educator Award.

Others' Perceptions of His Contributions

Several administrators' and colleagues' reflections on Ed's career at Lehigh are cited in Harbrecht (2016). Gary Sasso, Lehigh's dean of education, described Ed as "a giant in the field of school psychology and special education," and George DuPaul referred to Ed as a "dear friend and colleague who represented all that is good about the field of school psychology" (p. 1; see also DuPaul [in press]). Many contributions were mentioned in Ed's recent Trainers of School Psychologists (TSP) award session at the 2016 NASP convention. Among those was a colleague's statement:

Having served alongside of Ed for two decades, I can tell you that he is a fierce student advocate who values his mentoring relationships with students above all other professional activities. He takes his job as a trainer extremely seriously to the point where he literally loses sleep if he is concerned about a training issue that requires

resolution. And I believe that his mentorship and training of students, regardless of career direction (practice vs. academia), is what he most valued about his career." (Cochrane, 2016, p. 2)

Here is a sampling of online comments (names withheld) after the March 24th announcement of his death:

"A thoughtful and generous person—always true to his beliefs about our field and not afraid to share them."

"Ed certainly left the world a better place and our lives the richer for knowing him."

"Ed was one of a kind and certainly a constant light of guidance. The field has lost a giant."

"He was a tremendous scholar whose work has, and will continue to have, a lasting impact in school psychology and the many lives of children who have benefitted from his expertise."

"In my first year as a graduate student, Ed's work had a tremendous and immediate impact on how I conceptualized academic problem solving. As a new trainer I've been energized by his direct call to me and my peers to take up his work in pushing innovation in the field, especially regarding diversity of training models and approaches."

"Ed's speech at TSP moved me and solidified my commitment to building a program responsive to the needs of our community."

"He was a catalyst and mentor of faculty members' research directed toward evidence-based practices in schools as well as innovative settings."

"He made huge contributions in the areas of behavioral assessment, direct behavioral observation, single-case research design and methodology, self-management intervention … and advancing the profession of school psychology."

"Ed was a loyal and supportive colleague who went out of his way to provide input and

resources to advance the career trajectories of those he worked with."

"I graduated in 2009 but he continued to support and guide me right up until February when I saw him at NASP."

"My last conversation with him was at the 2015 CDSPP Meeting in Florida when he and I had a conversation about when do you decide it's time to retire."

"Ed represented a vitality for life, a tenacious pursuit of scholarship, an amazing mentor, a person who invited others in and was always curious, and a damn fine golfer."

"Ed provided an incredible foundation on which future generations of school psychologists and educators will build."

"He was never shy to speak up and say what everyone else was thinking."

"In perhaps his last message to the field (TSP Award session), he warned us about accreditation. If we let standards become too strict, we may create hundreds of identical training programs across the country and lose the creative spark necessary for innovation— innovation such as pediatric school psychology."

During his last few days in hospice Ed received at least 160 personal e-mail letters from colleagues and students thanking him for his assistance; his wife said they read like love letters!

Family and Personal Information

Sally Shapiro (née Weinstein) met Ed at a gathering at the University of Pittsburgh in 1975. Ed was working on his PhD, and she had received a master's degree at Pitt. They were married in 1977 and raised two sons, Daniel (age 37, Laurie), employed in Pennsylvania with Merck Pharmaceutical Corporation, and Jay (age 34), an independent film maker of documentaries who lives in Brooklyn, New York. Ed is also survived by his brothers, David (Linda) and Alan

(Risa) who live in Florida. One of Ed's greatest joys was being "Pops" to his grandchildren, 4-year-old Milo and almost-1-year-old Nora. Sally Shapiro graduated from Allderdice High School in Pittsburgh and completed her undergraduate degree in physical anthropology in 1973 and her MEd in rehabilitation counseling in 1974 at the University of Pittsburgh. Sally completed courses at Lehigh University for certification as a secondary high school counselor. She was employed as a guidance counselor by the Colonial Intermediate Unit 20, Non-Public School Services, and assigned to the Bethlehem Catholic High School, which she served for 30 years before retiring in 2013. In 2008, Ed and Sally bought a home in southeast Florida and then moved to a home in Lake Worth, Florida. Sally considered it a personal gift from Ed and a respite from the wintry weather of Pennsylvania. They made trips there, often attended conventions together, and in 2014 Sally accompanied Ed on his sabbatical assignment to New Zealand (see photo).

Ed was passionate about baseball and golf. He coached youth baseball since he was age 16, and for many years with the South Parkland Youth Association, and was commissioner of that group for 10 years. He and Sally were season ticket holders for the Phillies. NASP used to compile leadership profiles. In the 1990–1991 edition, when Ed was asked, "What else should we know about you as a person?" Ed responded, "I'm a baseball fanatic!" He also belonged to two golf leagues in the Allentown area and in Florida. The Shapiros were big fans of Lehigh and Patriot League basketball as well.

How would Ed want to be remembered? Shortly before his death his wife asked him if he had a message for his students. He said that they should "take what they have learned and go beyond." Sally loved that he was always pushing them to be better and do more. She also said Ed

would want to be remembered for his love and caring for his family and his relationships with students and colleagues. He also wanted to be remembered for building one of the best doctoral and certification programs in the country, for making the study of academic behavior a part of what school psychology was about, and for influencing policy that made the lives of children better" (S. Shapiro, Personal Communication, June 23, 2016).

The family was at his bedside throughout the hospice stay.

He was never incoherent at the end—just deeply sleeping more and more. When he was awake he was always coherent, including the last day of his life…his final week was very beautiful—he wasn't in pain and he absolutely loved that we were all there with him. He shared stories, listened to music, and he really loved hearing from so many of his students and colleagues. If a death can be beautiful, his was." (S. Shapiro, personal communications, June 2 & 6, 2016)

His parents, who live in Fort Myers and have some difficulty travelling, communicated with Ed via Skype; later, they were able to travel to Pennsylvania for his funeral.

My wife and I travelled to Fort Myers in June to visit my brother and his wife. From Sally, I learned that Ed's parents lived just around the corner from my brother. During a short and cordial visit with Ed's parents, they showed me a copy of the first edition of Ed's *Academic Skills Problems* book, which he had signed for them, "For kids whom I deeply care about, which I learned to feel because of you both. I love you, Ed." A strong sense of pride could be seen on their wall of family pictures. Their loss of Ed is great but their pride in his accomplishments is greater!

Final Thoughts

Having never been a smoker, nor having a family history of cancer, Ed was angry when diagnosed with lung cancer in 2015. Although he tried to stay positive, the "Why me?" had to be a frequent question during his last year. To that I would add, "Why now?" Serious illness and death at age 64 were never in his or Sally's future considerations. They had a great life together: great job, great family, Florida vacation home, enjoyable avocations in baseball and golf, and apparently good health! As I have often been reminded, life is what happens when you are on your way to doing something else. When I think of Ed I'll remember that deep voice, his mile-wide smile, and the pictures of his college days when he had a full head of hair!

His funeral, attended by 350 people, was held at Temple Beth El in South Whitehall, Pennsylvania, on March 29, 2016, and Ed was buried in its Whitehall cemetery. As requested in his obituary, "in lieu of flowers, contributions may be made to the Autism Research Institute or to a charity of one's choice."

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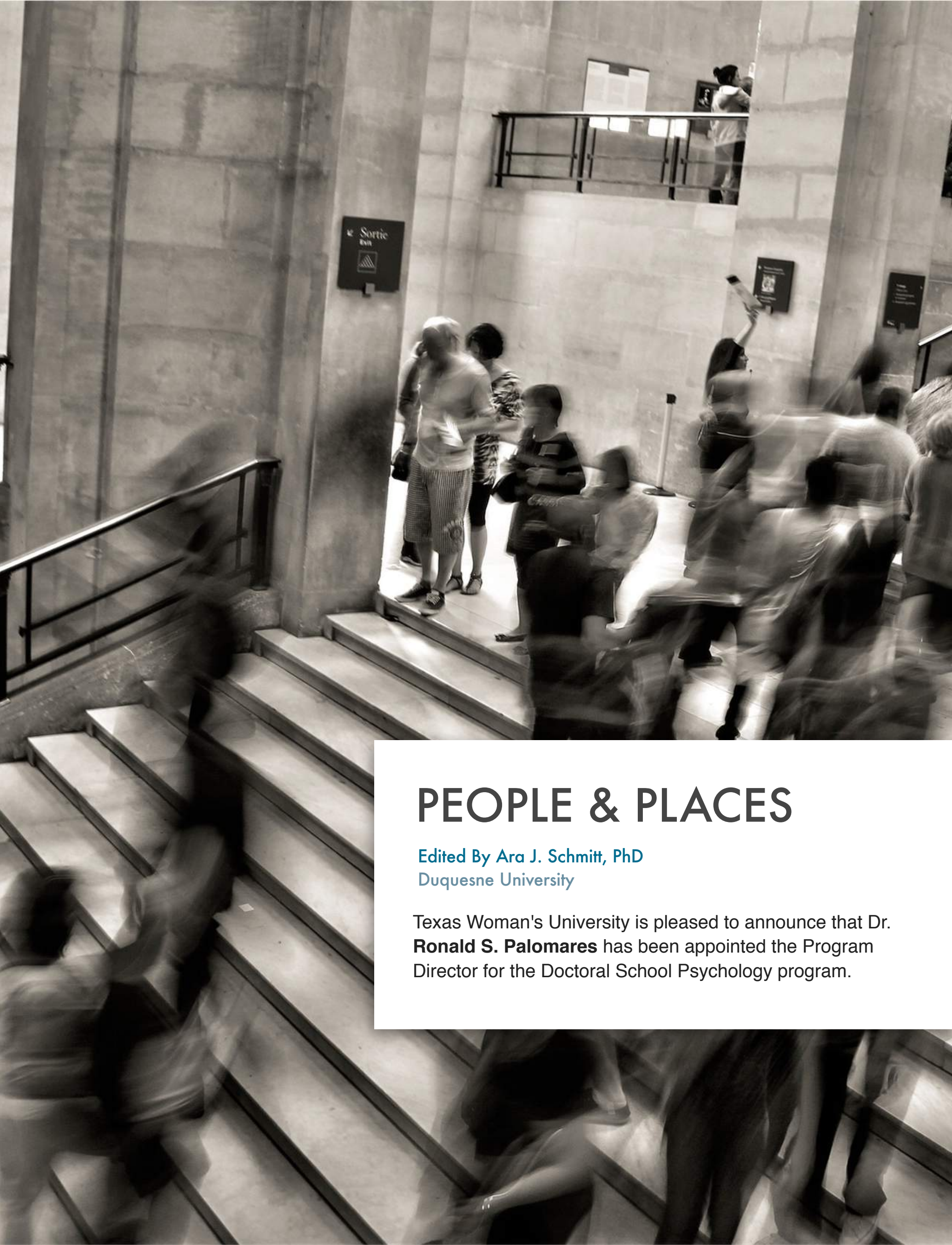
PEOPLE & PLACES

Edited By Ara J. Schmitt, PhD
Duquesne University

Texas Woman's University is pleased to announce that Dr. **Ronald S. Palomares** has been appointed the Program Director for the Doctoral School Psychology program.

The Texas A&M University School Psychology Program faculty are pleased to announce that Dr. **Sara Castro-Olivo** has joined the program as an Associate Professor in Fall 2016. Dr. Castro-Olivo received her doctorate from the University of Oregon. Her primary research focuses on culturally responsive social-emotional and behavioral interventions and issues in bilingual school psychology.

The Texas A&M University School Psychology Program faculty also are pleased to announce that Dr. **Shasta Ihorn** has joined the program as Visiting Assistant Professor for the next 2 years. Dr. Ihorn received her doctorate from the University of Texas. Her research focus is on mental health consultation and education, as well as culturally and economically diverse groups.
At Utah State University we are pleased to welcome Dr. **Maryellen McClain Verdoes** to our faculty. Maryellen graduated from Indiana University and completed a post-doc at the Boling Center for Developmental Disabilities at the University of Tennessee Health Science Center. We're excited to have her on faculty!

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The faculty and students of the University of Missouri School Psychology program are thrilled to welcome Dr. **Katie Eklund** to our faculty ranks. Dr. Eklund's research and expertise centers on school mental health, school safety and violence prevention, and early identification and intervention with behavioral and emotional concerns. Welcome to Mizzou!

The University of Missouri School Psychology Program would like to congratulate Dr. **Steve Kilgus** on his selection as the co-winner of the 2016 Division 16 Lightner Witmer Early Career Award. With numerous publications spanning evidence-based assessment and intervention in school mental health, we agree that you are most deserving! Congrats!

See Yourself & Colleagues Here!

Please send items for next issue's "People & Places" to Ara Schmitt.

Suitable information includes personal accomplishments within the field, such as hires, professional awards, and other recognitions. Similarly, let us know about the accomplishments of your program or institution (e.g., gaining accreditation status). Finally, please let us know about relevant program creations—such as training programs, internship sites, post-doctoral positions, and so forth.

Information that promotes products or services is not suited for "People & Places," but may be shared via Division 16's paid advertising options (please contact Greg Machek for more information).

DIVISION 16 EXECUTIVE COMMITTEE

The following elected officials have been selected by Division 16 membership to serve leadership roles for the specified terms.

Office	Term	Name	Contact Information
President	2015-17	Lea Theodore	College of William & Mary Email: ltheodore@wm.edu
Past-President	2014-16	James DiPerna	The Pennsylvania State University Email: jdiperna@psu.edu
Vice President for Convention Affairs & Public Relations (VP-CAPR)	2014-16	Robin Codding	University of Minnesota Email: rcodding@umn.edu
Vice President for Professional Affairs (VP-PA)	2015-17	Michelle Athanasiou	University of Northern Colorado Email: michelle.athanasiou@unco.edu
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AUTHOR'S INSTRUCTIONS & PUBLICATION SCHEDULE

Division 16 of the American Psychological Association publishes *The School Psychologist* as a service to the membership. Three PDF issues are published annually. The purpose of TSP is to provide a vehicle for the rapid dissemination of news and recent advances in practice, policy, and research in the field of school psychology.
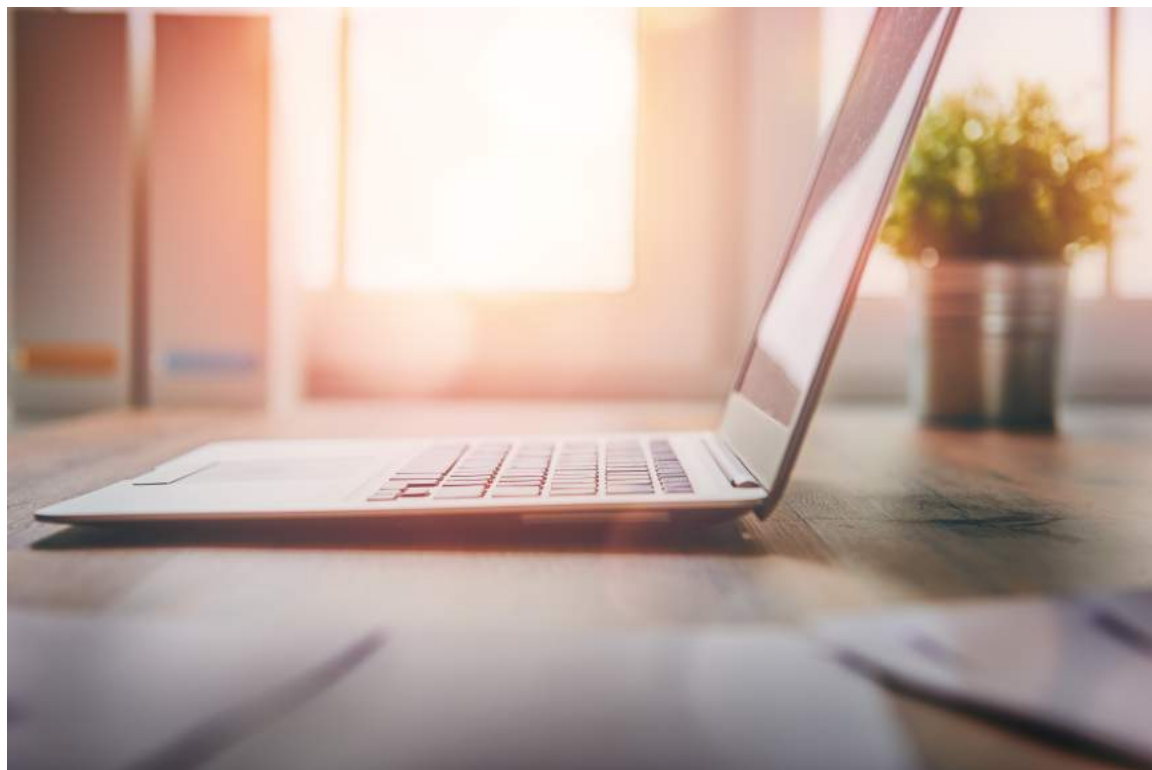
Article submissions of 12 double-spaced manuscript pages are preferred. Content of submissions should have a strong applied theme. Empirical pieces conducted in school settings and that highlight practical treatment effects will be prioritized. Other empirical pieces should have a strong research-to-practice linkage. Non-empirical pieces will also be reviewed for possible publication, but are expected to have a strong applied element to them as well. Briefer (up to 5 pages) applied articles, test reviews, and book reviews will also be considered. All submissions should be double-spaced in Times New Roman 12-point font and e-mailed to the Editor. Authors submitting materials to The School Psychologist do so with the understanding that the copyright of published materials shall be assigned exclusively to APA Division 16.

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

Greg R. Machek, PhD
Department of Psychology
The University of Montana
Missoula, MT 59812
greg.machek@umontana.edu

To be considered in an upcoming issue, please note the following deadlines:

Winter Issue: Approximate publication Date - January 15th; Submission Deadline - December 1st
Spring Issue: Approximate publication Date - June 1st; Submission Deadline - April 15th
Fall Issue: Approximate publication Date - September 15th; Submission Deadline - August 1st