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Boston’s Comprehensive Behavioral Health Model: Organizational Structures

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Communication Disorders

By Elena Lilles Diamond

Communication disorders include language disorder, speech sound disorder, social (pragmatic) communication disorder, childhood-onset fluency disorder (stuttering), and other specified and unspecified communication disorders (American Psychiatric Association [APA], 2013a). This group of neurodevelopmental disorders is characterized by deficits in language, speech, and communication. The degree of impairment from these disorders can range from mild to severe. Language delays are quite common, occurring in approximately 10% to 15% of children under the age of 3, and 3% to 7% of school-age children (APA, 2000). Communication disorders in children can negatively impact academic achievement (Lindsay, 2011) and social development (Murphy, Faulkner, & Farley, 2014). Therefore, communication disorders are of particular interest to school psychologists and mental health practitioners in school settings.

CHANGES FROM DSM-IV-TR AND RATIONALE FOR THE CHANGES

Several changes were made during the revision of the DSM-IV-TR to the DSM-5 regarding communication disorders (See Table 1 for brief overview). First, with the restructuring of the DSM, the category of Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence was eliminated, and communication disorders can now be found in the Neurodevelopmental Disorders section. Of note, a criterion for onset during the early developmental period was added to each of the communication disorders now found in the DSM-5.

A second notable change involves the combination of DSM-IV-TR expressive and mixed receptive–expressive language disorders that form the new language disorder. The DSM-5 language disorder is identified by “persistent difficulties in the acquisition and use of language across modalities (i.e., spoken, written, sign language, or other) due to deficits in comprehension or production” (APA, 2013a, p. 42). Expressive ability refers to the production of verbal or nonverbal communication, and receptive ability refers to the capacity.

Professional Practice

Self-Care: The Missing Link in Best Practice – Part I

By Paula Gill Lopez

“Self-care is not selfish. You cannot serve from an empty vessel.”
— Eleanor Brown

Several years ago, something happened that changed the way I think about school psychology and how I train school psychologists. During a break at a PREPARE workshop, a school psychologist working at a middle school approached me. He shared that while I was defining trauma and crisis, he realized that his entire school staff was currently traumatized and in crisis as a result of all the recent emphases on the Common Core, standardized testing, and personnel evaluations. His words touched a chord in me and I reflected deeply on what he said.

Similarly, I have more than once heard from former students who lament the fact that they did not know that their lives as school psychologists would be so stressful. The defeat in their voices made me wonder if there was more I could do to prepare them.

This work describes a journey I have undertaken that has revealed a detrimental omission in the way we train and practice as school psychologists. The good news is that steps can be taken to remediate the omission and a whole new generation of school psychologists can learn how to protect themselves against burnout and, more fundamentally, care for themselves in proactive, healthy ways.

THE ETHICAL MANDATE FOR SELF-CARE

Self-care is an ethical imperative of the utmost importance. For the purpose of this discussion, this claim is supported from three perspectives: (a) ethical codes, (b) burnout literature, and (c) neuroscience.

NASP Position Statement

Guidance for Post-graduate Mentorship and Professional Support

School psychologists entering the workforce in any setting (e.g., schools, academia, clinics, or agencies) must quickly learn to navigate increased responsibilities and expectations, typically without the supports previously provided by field-based and university supervisors. Many new school psychologists may have limited opportunities to communicate, consult, or interact with other school psychologists. Others may avoid asking for regular support to avoid being viewed as burden-some or less competent. Having an identified, established, and collegial mentorship or supervision relationship after completing formal graduate preparation may help alleviate such barriers to accessing support and improve the transition from student to professional (Silva, Newman, & Guiney, 2014). Ideally, early career school psychologists have access to a professional support relationship that supplements and is distinct from an administrative supervisory relationship (this guidance document uses the term mentorship interchangeably with postgraduate professional support). Such mentoring relationships involve guidance, coaching, or counseling provided by a more experienced person to a less experienced person (Leonard & Hilgert, 2004).

School psychologists, regardless of employment setting, can benefit from professional support and mentorship. Such rela-
PRESDENT’S MESSAGE

Exciting but Sad Report Released

BY MELISSA REEVES

I was excited and saddened by the Center for American Progress’ recent report, “Counsel or Criminalize: Why Students of Color Need Supports, Not Suspensions.” Excited because this report is one of the best I have seen that highlights the need for increased mental health services in schools and, in particular, an increase in hiring more school psychologists. Saddened because it showcases the high prevalence of trauma and other severe mental and behavioral health issues faced by our students. Too many school systems are set up to be reactive, not proactive, when it comes to addressing these issues. This contributes to schools using harsh discipline instead of interventions and supports, particularly with students of color. This report contains powerful information, some of which is summarized below:

- 35 million children are dealing with trauma, yet only 8 million have access to a school psychologist.
- 38% of African American children, 32% of Hispanic children, and 35% of Native American children live in poverty.
- In 2013–2014, nearly 3 million students were suspended out of school with little attention being paid to trauma and long-term violence exposure as a contributing factor to the development of severe emotional and behavioral difficulties.
- Black children are nearly three times as likely as White children to be victims of abuse or neglect, nearly three times less likely to receive mental health care, and nearly four times as likely to be suspended for minor classroom misconduct.
- Native American youth are twice as likely to commit suicide.
- Those with an emotional or behavioral disability; or who identify as lesbian, gay, bisexual, transgender, or queer; or who are non-English native speakers; and who are also of color, often have multiple forms and incidences of trauma simultaneously.
- Over 90% of youth in juvenile detention facilities exhibit symptoms of either posttraumatic stress disorder or another mental health condition.
- Only 16% of children who need mental health services receive them, and roughly 80% who do receive services get them in a school setting.

The report also highlights the shortage of school mental health providers due to shrinking budgets and misplaced priorities. In public schools, only 63% have a full-time counselor; 22% a full-time psychologist; and 18% an in-house social worker.


Editor’s Note

Caring for Our Clients ... and Ourselves

December is the height of the holiday season. As we move from Thanksgiving through to New Year’s Day, there will be parties, shopping, and festivity. Most of us enjoy this time of year, even as we cope with the stress that goes with all this additional activity. For some, however, the season will bring increased family conflict, sadness, and the keenly felt pain of those left out of the merrymaking. As school psychologists, we are aware of all this and are not immune to feeling additional stress ourselves as a result. Our jobs become more stressful around this time, too, with most of us seeing an increase in student anxiety and an uptick in referrals. How do we handle all of this stress—the excitement of the season and the suffering of our clients—at the same time?

I think it’s important to remember what the holiday season is all about: making an intentional effort to love and express both material and spiritual generosity to family, friends, and those in need. This includes our clients. It also includes ourselves.

I am delighted this month to publish two articles that I think relate directly to these ideas. On the front page, you will find Part I of an important article by Paula Gil Lopez about the ethical imperative for self-care among school psychologists. It will be followed up next month with the second part, which will talk about how her graduate program works to actively teach self-care to its students. I have known Paula for years and have taught in her program, and I can tell you that she is someone who walks the walk on these issues.

The other article that addresses some of these ideas is William Bentley’s “How Is Your Bedside Manner?” found on page 4. Bill reminds us of the power of genuine concern, warmth, and compassion that is needed in order to care for our clients. I can add that, in my experience, to the extent that we are able to genuinely care for our clients, we seem to also somehow take care of ourselves. I always feel best about my work when I am able to make genuine contact with a student or parent, even if we are still struggling with their problems.

The rest of this issue features two articles on legal issues, an article on strategies for building capacity for behavior supports, and additional installments in several of our ongoing series: Early Career Spotlight, BCBA, Boston’s Comprehensive Behavioral Health Model, DSM-5 and School Psychology, and the upcoming convention in San Antonio. Of course, we also have our regular lineup of columns and much more.

As we get ready to enter the new year, let’s resolve to care for our clients, ourselves, and our world. And have a very happy holiday season, everyone!

—John E. Desrochers
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COMMUNIQUÉ

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How Is Your Bedside Manner?

William S. Bentley

I

n the field of healthcare, reference is often made to a doctor’s “bedside manner.” In layman’s terms, this is all about a physician’s style of interacting with a patient. Possessing good bedside manner means that a doctor shows genuine concern for the patient in their care by exuding such qualities as warmth and compassion, actively listening to the patient’s questions and concerns, using physical touch to make a human connection, and using words that convey respect and honesty.

References to bedside manner in one form or another harken back to the ancient Greeks, where the physician’s Hippocratic Oath originated. Fundamental to the Hippocratic corpus are numerous allusions to appropriate conduct and medical etiquette, particularly regarding physician behavior. Yet a review of medical history reveals almost a regression of doctor/patient relationships over time in favor of science and research, which has currently taken a preeminent position at the expense of such qualities as compassion and empathy. Moreover, the field of healthcare has moved away from a time when “physicians had the time to develop strong interpersonal bonds with their patients to a more sterile, business-like model where patients are ‘customers’ or ‘clients’ and physicians are ‘providers’” (Jobst, 2012). Atul Gawande, popular surgeon and author, has observed this trend as well in his book, Better: A Surgeon’s Notes on Performance:

It is unsettling how little it takes to defeat success in medicine. You come as a professional equipped with expertise and technology. You do not imagine that a mere matter of etiquette could foil you. But the social dimension turns out to be as essential as the scientific matter of how casual you should be, how formal, how reticent, how forthright. Also how apologetic, how self-confident, how money-minded. In this work against sickness, we create the mindset that all participants who are vested in the student’s well-being have often referred to teachers and parents as “coaches.” Just as the coach of a team works together to promote the success of the plan, so can teachers and parents be viewed as coaches.

As stated on the NASP website, the purpose of the principles is “to protect the public and those who receive school psychological services by sensitizing school psychologists to the ethical aspects of their work, educating them about appropriate conduct, helping them monitor their own behavior, and providing standards to be used in the resolution of complaints of unethical conduct.” NASP has outlined four core principles to dictate ethical practice:

- Respecting the dignity and rights of all persons
- Practicing within the boundaries of individual competence and demonstrating responsible caring
- Demonstrating honesty and integrity in professional relationships
- Promoting responsible and healthy school, family, and community environments and advancing excellence and public trust in the profession

The practice of school psychology

Just as the field of medicine upholds the Hippocratic Oath and related codes of ethics, NASP also adheres to a similar code: The NASP Principles for Professional Ethics (NASP, 2010b), which describe the proper conduct for professional school psychologists. As stated on the NASP website, the purpose of the principles is to “protect the public and those who receive school psychological services by sensitizing school psychologists to the ethical aspects of their work, educating them about appropriate conduct, helping them monitor their own behavior, and providing standards to be used in the resolution of complaints of unethical conduct.” NASP has outlined four core principles to dictate ethical practice:

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- Promoting responsible and healthy school, family, and community environments and advancing excellence and public trust in the profession

NASP has also developed a Model for Comprehensive and Integrated School Psychological Services (NASP, 2010a) to be used in conjunction with the Principles for Professional Ethics. The model represents the official policy for the delivery of comprehensive school psychological services. In essence, “the model provides direction ... regarding excellence in professional school psychology.”

Of course, having such guiding principles is part and parcel to any professional practice. But what does that mean in practical terms? Certainly the large majority of practitioners in our field adhere to legal and ethical guidelines. Yet as a profession, have we become so bound by “doing things by the book” and less pejorative spin on school conversations. Stating that a student is hyper, agitated, or lazy often gets thrown around at meetings and when that happens, I often ask “Tell me what that (lazy) looks like.” It may mean that the student is not completing assigned work, does not appear motivated or interested in a given task, or is not managing his time well. Re-framing behavioral descriptors is also another tactic that puts a more positive and less pejorative spin on school conversations. Stating that a student is hyper, out of control, or unfocused could be rephrased as being high energy, curious, or creative. Re-framing concerns into more positive, less deprecatory terms helps stakeholders understand student issues within a range of normalcy.

Utilize the power of a metaphor

Speaking of a team, the use of metaphors can be helpful in attempting to elicit change in a student’s life. The word “team,” for example, usually conjures up images of athletic competitions, players, and coaches. Often students see adults in their lives as people who exist merely to nag and harangue them into submission (one student referred to his parents as the “homework police”). Instead, I have often referred to teachers and parents as “coaches.” Just as the coach of a sports team encourages and trains his team in the fundamentals of their sport and prepares them for the big game, so can teachers and parents be viewed as coaches in the sense that they provide support and instruction for playing the game of school. Likewise, I have referred to homework as being akin to practicing skills or plays in order to do well or succeed in the big game (i.e., test or exam).
KEEP YOUR
SCHOOL SAFE

When your school turns to you in a crisis, will you be ready?

Based on the PREPaRE training curriculum, this new edition of the book combines the latest research with specific skill building techniques and practical tools to:

- Align safety and crisis planning with current federal guidance on comprehensive school emergency operations plans.
- Integrate school safety and crisis prevention and response efforts within a multitiered system of support.
- Respond effectively to promote crisis recovery and a return to learning.
- Collaborate with community-based emergency response services.
- Complement PREPaRE workshop participation and provide access to the curriculum for individuals who have not yet taken training.

View the table of contents at www.nasponline.org/publications.

Learn more about the curriculum at www.nasponline.org/prepare.
Just as repetition on the sports field yields success, so does repeated practice of skills enhance the chances of doing well on an exam or given subject. And of course, what decent athlete would wait until the day before the game to begin practicing, yet procrastinating until or cramming the evening before a test or paper is basically doing the same thing.

An additional metaphor that works well within the school setting is to borrow from the world of work. There are very few students who do not have their sights on working or being gainfully employed someday. I have emphasized to students that while they may not be currently employed, their responsibilities at school are mirroring, and in many respects preparing them for, future employment. School is essentially their workplace, and they are evaluated on their work skills (such as being punctual, completing assigned tasks in timely fashion, treating others with respect) in order to earn a payoff of some kind (in this case grades on a report card).

Their “employers” are their teachers and respective staff who provide the training and the evaluative feedback necessary in order to perform well.

**USE HUMOR**

Meetings between parents and school staff can often be stressful affairs, especially for families. Sometimes, I use light humor in order to cut through the tension. A well-timed expression or comment that reflects the lighter side of human experience can do much to alleviate such situations. More than once when a parent commented that their child seemed to have selective listening, I replied that my wife describes me the same way. Or when a teacher has had difficulty acknowledging a student’s strengths or positive attributes, I have suggested that the student be complimented for having a “million dollar smile.” Obviously, I have had moments where attempts at humor went over like a lead balloon or worse, was not appreciated, so it is important to know your audience and avoid the temptation to launch into a mini stand-up routine.

On a related note, humor when working with or counseling students can be the perfect ice-breaker when attempting to establish and maintain rapport. Students can be intimidated or resistant enough about having to see the school psychologist, so a well-placed joke or aside can go far in building a connection with a student. I am not suggesting that you have to be funny or have students rolling on the floor, but a little humor can go a long way.

**BE USER FRIENDLY**

Imagine saying the following to a parent of a student:

At the ETR meeting we will discuss the student’s eligibility for either SLD or OHI. Following this we will have 30 days to develop an IEP in order to provide FAPE. We are also required to provide you with a copy of IDEA and a PR-01 to document our intentions. If your child does not qualify for special services, we may also consider developing a 504 plan. Do you have any questions?

Perhaps this is an exaggeration (slightly) of what is discussed with a parent during the process of evaluating their child for a suspected disability. But even seemingly common terms such as cooperative learning, classroom accommodations, inclusion, and benchmarks can cause a parent to scramble in search of a dictionary in order to grasp the meaning of our nomenclature (I mean vocabulary). Do not assume that your audience has a working knowledge of educational terms; rather, take the time to spell out acronyms and to break down professional verbiage into more concrete, familiar terms. When explaining test results, use examples from a test (changing wording to prevent invalidating its integrity) and provide visual feedback through charts, graphs, and comparative data. Just like a doctor makes his rounds to “check the vitals” of his patients, make a habit of stopping during periods of information sharing to see if the participants have any questions or to register their feedback and concerns. Taking a few additional minutes to do this is time well spent in building positive rapport with your clients.

**CHECK FOR UNDERSTANDING**

At the same time we are checking to see if we are being understood, we likewise need to check for understanding of what our audience is saying to us. Using the technique of active listening, we can reflect back to our clients what we think we have heard to ensure that they have been heard well and heard accurately. Phrases such as “What I hear you saying is ...” “I was wondering ...” and “Help me understand ...” demonstrate a sincere desire on our part to understand the speaker and to express genuine concern and respect for the parent’s feelings, thoughts, and wishes.

**BE ACCOMMODATING**

If you have ever visited or viewed videos of the famous Pike Place Fish Market in Seattle, Washington, you know there is something special about this place whether you are a customer or an employee. The work ethic there embodies a spirit of playful exuberance and of customer as family. One of their philosophies is, “Make Their Day.” It is about doing something special for their customers and their co-workers.

In the same vein, it is important for us as school psychologists to be accommodating and to make people feel welcome and important, especially parents. Scheduling a meeting that is convenient for parents and starting the meeting on time are good first steps in being accommodating. Additionally, the practice of being welcoming to guests (or of showing hospitality) in your own home can just as easily be transferred in the school setting. Courtesy goes a long way, so welcoming parents or others at the front office with a friendly greeting and hand-shake and exchanging a few pleasantries often sets the tone for the rest of the meeting. In the room where the meeting is to occur, make sure the setting is comfortable and the room’s atmosphere is conducive to sharing. I have sat in many meetings where the participants were seated as if in a courtroom—parents on one side or end of the table and school staff at the other. If a circular table is not available, make sure that I sit near the parents as an expression of support or conciliation. Finally, make sure to check your body language and whether it conveys genuine interest or indifference. Remembering those Counseling 101 lessons that stressed the importance of posture, eye contact, and the occasional but oh-so-important nod speak volumes to our clients about our interest in helping them and working toward solutions. Likewise, the use of human physical touch when used appropriately can express care and empathy to those we serve. In our litigious society, hugs or embraces may be off limits, but a two-handed handshake, a hand on a shoulder, or pat on the back express something more than words alone.

**BE A PRESENCE (NOT A RECLUSE)**

Pike Place Fish Market promotes the belief of being there. It is about being totally focused on the moment and on the person or task with which you are engaged. Moreover, when fully present with customers and with coworkers, we are listening deeply, and important opportunities do not escape us.

There is a temptation (especially for us introverts) to bunker down in our respective offices in order to avoid the negativity that seems to lurk around every corner of a school building. The teacher or staff lounge is probably most notorious for cultivating the rumor mill and breeding pessimism. Some of us may legitimize our need for solitude by making the claim that we are just too busy or that we are expecting an important phone call or that we have to draw boundaries somewhere. But becoming a social hermit really does not bode well for promoting our profession. Instead, taking an active role in associating with teachers and staff is essential in conveying that we as school psychologists are approachable, and that while we may not have all of life’s answers, we can use our training in active listening, consultation, and problem solving to perhaps make some small difference in the lives of those we serve. As for negativity in the lunchroom, why not create opportunities to have brown bag lunch discussion groups on a particular topic. That way you can steer the conversation around a relevant issue to teachers while controlling the ground rules for what is discussed. As the saying goes, “Be the change you want to see in the world.”

**ADOPT AN ATTITUDE OF GRATITUDE**

I do not know anyone who does not appreciate being recognized for a job well done. In this vein, practicing an attitude of gratitude goes far to establish and maintain connections with our colleagues and clientele. Much has been written lately of this concept—namely, that when we take the time to express gratitude toward others, the recipients feel appreciated and are more likely to extend gratitude themselves. It is a “Pay it Forward” type of proposition that rarely fails to yield good results. Similarly, the Pike Place Fish Market observes the practice of Choosing Your Attitude—about accepting full responsibility for all of your choices, including your attitude at work. A positive attitude is a decision you make, moment to moment, including expressing appreciativeness to your employer, colleagues, parents, and students. For example, with multiple opportunities to speak in various classrooms, I try to give teachers positive feedback in the form of “I like the way you ...” or “You do a great job ...” Additionally, creating a student “Brag Board” or monthly staff recognition can also promote the gratitude theme in your school.

**FOLLOW THROUGH**

Earlier in my career, I felt that I needed to be the go-to person, a problem solver extraordinaire. This mindset came naturally to me but also from others’ sometimes misguided sense of school psychologists’ role and function. As such, I often
made promises to do things or to follow-up with teachers or parents as a ges-
ture of concern and goodwill. Needless to say, I dropped the ball on many occa-
sions simply because I overcommitted myself beyond my capacity to fulfill my
undertakings.

Now older and wiser, I have come to realize that I cannot be all things to all
people. The one mantra that has kept me both sane and reasonable in my en-
deavors is that I cannot “save” every student but rather, I am “one link in the
chain” of individuals who are making a difference in a child’s life. In that vein,
we need to avoid committing to what we cannot deliver ourselves. Additionally,
it is important to “mean what we say and say what we mean” in terms of pro-
viding comprehensive school psychology services to our clients. It is better to
commit to a few important tasks than to give lip service to a multitude of provi-
sions that cannot be carried out with integrity and sincerity. Following through
also means that you respond to phone messages and e-mails in a timely manner
and that you inform others of your progress or status within an evaluation or
intervention timeline.

BE FLEXIBLE
How many of us have had our tightly scheduled days go amiss due to an urgent
matter or crisis? Adopting the credo “Be Flexible” has served me well and main-
tained my sanity when my well-planned days have been shot down. Just as emer-
gency rooms triage, so are school psychologists called to manage and adjust their
schedules in order to tackle the most pressing needs first. It also conveys to oth-
ers that we are willing to adapt to the needs of the students or building that we
serve and that we are committed to being a team player.

BE A TEAM PLAYER
The very nature of our jobs requires that we participate in teams or committees
of various kinds. And the success of those meetings often hinges on the interper-
sional dynamics of the group and the ability to function as a cohesive unit. Within
the framework of a problem-solving model, groups work best when certain roles
are delegated ahead of time (e.g., facilitator, note taker, timekeeper). Exercising
mutual respect and sharing the motto of “agreeing to disagree agreeably” are also
essential elements in maintaining group stability.

Being a team player means being there for your school psychology colleagues.
At times, caseloads may appear to be unbalanced, and stepping in to assist a team-
mate with a case here and there is always welcomed. As a male psychologist,
there have been times when working with a female student that I have needed
to call upon a female colleague to handle a sensitive issue. More than anything,
having time to bounce questions and concerns off each other, seek feedback, and
simply to commiserate provides the esprit de corps necessary for strengthening
the collegial bond.

Finally, working for a school district is more than just earning a paycheck. Do not hesitate to show your support for the home team by getting involved in
various school or district committees or extracurricular activities. As school psy-
chologists, we possess unique knowledge and skill sets that can contribute to the
advancement of a school’s vision and improvement plans. In addition, partici-
pating in activities outside of a typical school day (e.g., facilitating a homework
club, coaching a team sport, or even attending a high school graduation) says a
lot about your commitment to the school community.

Reflecting on the past 30-plus years, some of my most memorable and grati-
lying experiences have not been the result of an exceptionally written report,
being an excellent evaluator, or facilitating an evaluation or intervention meeting
well. Rather, many of my most unforgettable memories are about when parents
thanked me for taking an interest in their child, expressing genuine concern, or
simply taking the time to listen. Demonstrating these qualities and more go far
to convey a “bedside manner” that is “human and compassionate, empathetic,
and supportive.” As the NASP Principles of Professional Ethics (NASP, 2010b) puts
it, it is all about “responsible caring.” At the end of the day, I do not care to have
my career defined by the number of WISC’s completed, reports written, or stu-
dents served, but rather by whether I truly valued the worth of the individuals
with whom I encountered at any given moment. So, ask yourself, how is your
bedside manner?

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Legal Cases That Shape School Psychology Practice

By Daniel A. Osher

School psychologists have a close, often uncomfortable relationship with the law, as much of what they do from day to day is defined by the Individuals with Disabilities Education Improvement Act (IDEA, 2004) and related state law. However, judges deciding cases often do not have a detailed understanding of how education and schools work, and school psychologists sometimes do not have a deep understanding of the law. As a result, school psychologists must comply with many legal obligations with which they may lack complete familiarity, and the requirements themselves are sometimes unsuited to actual practice. This article describes 11 key special education court decisions and explains how those cases affect the daily practice of school psychologists. School psychologists who are familiar with these cases will be better able to serve their students while complying with the law.

Please note that some of these cases were decided by the United States Supreme Court and some were decided by court of appeals. Supreme Court decisions are binding throughout the United States, but circuit courts are bound only upon states located within that circuit. When circuit court cases are cited here, they either describe legal principles that have largely been adopted by the other circuits, or are compelling appeals that I believe are likely to be adopted by other circuits. I do not cite any cases that have been directly contradicted by other circuit courts.

ROWLEY DEFINED FAPE

Case summary. Hendrick Hudson Dist. Bd. of Educ. v. Rowley (1982) is the single most important case in special education law. In this case, the Supreme Court defined what constitutes a free, appropriate public education (FAPE). According to Rowley, local education agencies (schools, districts, charter schools, or other responsible agencies, collectively referred to as “schools” in this article) are not required to provide services sufficient to maximize a student’s potential. Instead, schools must only provide a “basic floor of opportunity” that confers “some educational benefit” upon a child. The Court provided some hints of what “some educational benefit” means, stating that a school can provide a FAPE by:

- Providing personalized instruction with sufficient support services to permit the child to benefit educationally from that instruction.
- Providing the instruction and services at public expense.
- Meeting the state’s educational standards and approximating the grade levels used in the state’s regular education.
- Complying with the requirements of the IDEA.
- Comporting with the child’s Individualized Education Program (IEP).

Additionally, if the child is being educated in regular classrooms, the program should be reasonably calculated to enable the child to achieve passing marks and advance from grade to grade. Finally, the Court held that procedural violations of the law can constitute a denial of FAPE.

Practice implications. First, it is crucial to meet the procedural requirements of the IDEA. A hearing officer may completely invalidate an otherwise perfect offer if the school did not comply with all of the IDEA’s procedures, if that lack of compliance impedes the parent’s participation in the IEP process or impacted the student’s ability to receive an education. Be sure to comply with relevant timelines, complete necessary documentation, and ensure parent participation.

Second, Rowley provides guidance on how to decide what program constitutes a FAPE for a student. School psychologists should consider what services, supports, and placement are needed for this specific child to progress on goals and, if in general education classes, to pass the classes and advance from grade to grade. If the program is reasonably calculated to meet these objectives in the least restrictive environment (LRE), it is likely to be appropriate under Rowley.

GREGORY K. EXPLAINED THAT IEPs MUST BE JUDGED ON THEIR OWN MERITS, NOT BY COMPARISON

Case summary. Gregory K. v. Longview School Dist. (1987) is a Ninth Circuit Court of Appeals case that held that the appropriateness of an IEP must be judged on its own merits, not by comparison to other placements or services that might be preferred by the parents. According to Gregory K., it does not matter if an alternative is better than that proposed by the school if the school’s IEP meets the Rowley FAPE standard, it will be deemed appropriate.

Practice implications. Parents are often of the opinion that private services are better than those provided by public schools. This case logically extrapolates from Rowley that it does not matter if a placement or services preferred by parents is better than that offered by the public school so long as the school offered a FAPE. Therefore, when parents request a particular placement or services, carefully consider what they are proposing. If their request is necessary for the student to receive a FAPE, then it should be incorporated into the student’s IEP. If the placement or services are not required for the student to receive some educational benefit, then the school is not required to offer or provide them.

UNION AND ALEXANDRIA ESTABLISHED THE NEED FOR A CLEAR WRITTEN PLACEMENT OFFER

Case summary. Two federal appellate decisions underscore the need for schools to make a clear, written offer of placement to students with disabilities, even if they do not think the offer will be accepted. In Union Sch. Dist. v. Smith (1994), the school had what it believed to be an appropriate placement for the student, but did not formally offer it because the parents had indicated that they were not interested. The Ninth Circuit held that the school should have offered the placement regardless of whether it thought the offer would have been accepted, because it would have alerted the parents of the need to take the proposed placement seriously and would have eliminated potential factual disputes about what specifically had been offered.

In A.K. ex rel J.K. v. Alexandria City Sch. Bd. (2007), the school offered placement in a “private day school,” but did not specify which one. Instead, the parents were left on their own to find an appropriate private day school among five in the area. The Fourth Circuit held that this was an insufficiently precise offer of placement because schools are obligated to offer a complete placement and cannot require the parents to figure out how to implement the offer. In this case, the offer was found insufficient because it did not identify a specific school. Whether a specific school site must always be included in an IEP is unsettled law, and the answer can vary between jurisdictions. However, the case’s fundamental point—that placement offers must be specific enough to be fully implemented—is uncontroversial and applicable throughout the United States.

Practice implications. Every student’s IEP must include a clear, written offer of placement and services. The IEP’s written placement offer must be specific enough that someone who was not part of the IEP team would be able to understand and implement the offer. The offer must include the frequency, location, and duration of all services offered to the student. A parent’s lack of cooperation or interest in a placement or service does not excuse schools from making a clear, written offer of the placement and services that the school believes the student needs to receive a FAPE. In such circumstances, schools should be especially careful to clearly and precisely define the offer, because in the event of future litigation, courts will base their judgment of the appropriateness of the services and placement on what is written in the offer. As the court said in Union, it does not matter if the school has an appropriate placement for a student if it did not formally offer the placement.

DEAL REMIND US OF THE DANGER OF PREDETERMINATION

Case summary. Many special education lawsuits allege that the school “predetermined” the student’s placement. Often, this just means that the parent is upset that the school did not agree to provide what the parent wanted, but sometimes, as in Deal v. Hamilton County Bd. of Educ. (2004), predetermination can be very
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The school must listen to parent input if the parents raise a request, the parents sued, claiming predetermination. The school argued that it was the school’s prerogative to offer a different program that it deemed appropriate. If the school ultimately stands by its behavioral analysis (ABA) program for their child. When the school denied the parents’ request, the school made up for holding the meeting without the parent by having a subsequent meeting with the parent in attendance. The Ninth Circuit rejected each of these arguments.

First and most important, the court considered what to do when faced with conflicting obligations. The court held that, when having to choose between such procedural requirement to comply with, schools must decide which course of action “promotes the purpose of the IDEA and is least likely to result in the denial of a FAPE.” In this case, ensuring parental participation was much more important than missing the annual IEP deadline by a week or two, and so the school should have rescheduled the meeting for a time when the parent could attend. The Court noted that there may be rare situations when it would better promote the purpose of the IDEA to hold the meeting without accommodating the parent’s request, such as in a case in which the student was new to the school and had no IEP, and the parent sought to delay the meeting for another month. However, the court cautioned that such permissible exceptions would be rare.

Second, the court was unconcerned that the parent was noncommittal about scheduling, or that the school staff was inconvenienced. The court observed that the IDEA only allows schools to hold IEPs without parents if the school “is unable to convince the parents” to attend. Here, the parent actively wanted to attend the meeting, so it cannot be said that the school was unable to convince him to attend. Similarly, the court did not care about inconvenience to the school’s staff, but rather chastised the school for prioritizing its staff’s schedules over the parent’s.

Finally, the court held that it was not sufficient to later hold a meeting with the parent present. The damage had already been done because the IEP had been created in the parent’s absence; the subsequent meeting did not undo the school’s violation of the IDEA.

Practice implications. The most important lesson to be drawn from Doug C. is that, when faced with conflicting obligations under the law, think about the purpose of the law, and take the action most likely to further that purpose. Provision of an educational benefit in the least restrictive environment, parent participation, and complete and accurate evaluation results are core features of the IDEA; timelines and paperwork are less important. Of course, one must always try to comply with all aspects of the IDEA, and this value judgment should only be made when it is literally impossible to reconcile two conflicting legal requirements due to circumstances beyond the school’s control.

Another key aspect of this decision is that parent participation in the IEP process is crucial. Schools should almost never hold IEP meetings without parents, unless the parents expressly refuse to participate after the school has made several efforts to convince them to come to the meeting. For example, if a parent does not show up for a scheduled IEP meeting, the team should cancel the meeting and contact the parent to reschedule, despite the inconvenience to school staff. In some rare circumstances, it may be necessary to hold the meeting without a parent present, but I strongly recommend first consulting with district administration and perhaps legal counsel before doing so.

GARRET F. AND TATRO CLARIFIED THE MEDICAL SERVICES EXCEPTION

Case summary. The IDEA requires school districts to provide or pay for “school health services,” but not “medical services.” The Supreme Court explained the difference between these concepts in Cedar Rapids Community Sch. Dist. v. Garret F. (1999), and Irving Independent Sch. Dist. v. Tatro (1984). In these cases, the Court held that “medical services” are services that can only be provided by a licensed physician. “School health services” are any other health-related services that can be provided by other professionals, such as registered nurses.

Practice implications. Schools must provide health-related services that can be provided by anyone other than a licensed physician. These include services that can be provided by a registered nurse, such as catheterization, ventilator service, and assisting with the administration of medicine. (Please note that many states have specific laws governing how these services must be provided.) However, the medical services exception does not apply to services provided by a physician for diagnostic or evaluation purposes. There may be situations where a school will need to contract with a physician to conduct a medical evaluation of a student.

MARK H. ALLOWED LAWSUITS FOR DAMAGES UNDER SECTION 504

Case summary. Section 504 of the Rehabilitation Act of 1973 (Section 504) is an often overlooked and misunderstood area of law. School psychologists often know a great deal about the IDEA, but very little about Section 504. Unfortunately, a growing body of law is establishing that while money damages are not allowed for violations of the IDEA, students and their families may sue school districts and staff for money damages under Section 504. The best example is two related cases from the Ninth Circuit, Mark H. v. Lenahmathrm (2008),
An administrative hearing officer held that the school should have found him eligible, but the school did not develop an IEP. The parents placed the student in a private school and filed a due process complaint. That complaint resulted in a hearing where an administrative hearing officer held that the school should have found him eligible, and ordered the school to reimburse the cost of the private school. The case eventually went to the Supreme Court, which held that the school could not evade responsibility simply because the student had never received special education services. According to the Court, such an interpretation of the law would be inconsistent with the purpose of the IDEA: “A reading of the [IDEA] that left parents without an adequate remedy when a school district unreasonably failed to identify a child with disabilities would not comport with Congress’ acknowledgement of the paramount importance of properly identifying each child eligible for services.”

Practice implications. This case offers two important lessons for practitioners. First, it is very important to get the eligibility determination right. If a student is eligible, but the school does not qualify the student, then the district could be required to pay for the child’s private education.

Second, when a school fails to substantively serve a student, it is unwise to rely on technical legal defenses. Judges are human beings, and they want case outcomes to be based on justice, not legal technicalities. Therefore, if a legalistic defense is employed to get a school off the hook, judges will do their best to interpret the law in a way that still holds the school accountable for its actions.

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Becoming a BACB-Approved Course Sequence School Psychology Program

By Kasee K. Stratton & Daniel L. Gadke

There are approximately 205 Behavior Analyst Certification Board (BACB) Approved Course Sequences (ACS) across universities throughout the world (BACB, 2016). A program with ACS status from the BACB indicates that there is a collection of courses contained in that program meeting the BACB’s minimum coursework requirements. While graduation from an ACS program is not required to obtain the Board Certified Behavior Analyst (BCBA) credential, it does make the process easier. Students who graduate from ACS programs are not required to go through a syllabi review with the BACB; they simply need to complete their supervision hours and submit evidence that they graduated from an ACS program.

ACS are scattered across various degree programs, including applied behavior analysis, special education, and psychology. With approximately 230 school psychology programs across 180 institutions (Gadke, Valley-Gray, & Rossen, 2016), some have already sought out the BACB approval, and other school psychology programs are well poised to do so, as many teach the required content across their current coursework. Obtaining the ACS status from the BACB requires the consideration of your available instructors, coursework, and interest in providing fieldwork experience opportunities.

APPROVED COURSE INSTRUCTORS

Arguably, the cornerstone of any good program is the qualifications of the instructors and faculty teaching the coursework. That being said, regardless of the course content, a program can only become an ACS if the instructors teaching those courses meet a minimum level of qualification. While many are under the impression that approved instructors must be BCBA or BCBA-D (Board Certified Behavior Analyst-Doctoral Level), that is not the case. Currently, there are four separate ways by which an instructor can be approved to teach in an ACS.

The first possible criterion is that the instructor is a BCBA or BCBA-D. If so, there is no additional demonstration of competency necessary. The second option is for the instructor to have a doctorate in a related field (e.g., applied behavior analysis, education, or psychology) and demonstrate that he or she has met the required coursework (BCBA, 2016b; Gadke, Stratton, Kasmerski, & Rossen, 2016). The third option is that the instructor has a doctorate in a related field and meets the requirements for the college teaching option. In short, this involves demonstrating that the instructor has taught classes in behavior analysis and has published behavior analytic research. The final qualification option is if the instructor is currently enrolled in a behavior-analytic doctoral program at the university applying for ACS or at a university that has obtained ACS and has met all the programs requirements, except for completion of the dissertation.

These options allow flexibility in the selection of instructors. While under the current model, this means that none of the faculty has to have their BCBA or BCBA-D, in January 2017 any individuals listed as the ACS coordinator will have to have their BCBA or BCBA-D (L. Valley-Gray, personal communication).

Under the current model, programs must offer 270 classroom hours across five primary content areas: ethical and professional conduct (45 hours), concepts and principles of behavior analysis (45 hours), research methods in behavior analysis (45 hours), applied behavior analysis (105 hours), and discretionary hours (30 hours; RACB, 2012). The hours in ethics need to be taught across one or more courses devoted to ethical and professional conduct. The 45 hours of research methods are broken down across 25 hours of measurement, which should include data analysis, and 20 hours in experimental design. The applied behavior analysis content hours need to be broken down across 45 hours of fundamental elements of behavior change and specific behavior change procedures; 30 hours of problem identification and assessment; 10 hours of intervention and behavior change conditions; 10 hours of behavior change systems; and 10 hours of implementation, management, and supervision. Finally, the 30 discretionary hours can consist of additional content across any of the domains.

Considering that an individual three-credit hour graduate course typically consists of 45 classroom hours, it would take a minimum of six courses to cover the necessary content. Each course submitted for consideration as part of the ACS must demonstrate how it meets each of the domain hours by including the 4th-edition Task List (BACB, 2012b) items within the syllabus. The Task List includes each of the subtopics within each of the domains. All topic areas should be covered across the 270 classroom hours.

EXPERIENCE STANDARDS

Typically, all those interested in obtaining their BCBA through the coursework option must also complete 1,500 hours of supervised fieldwork experiences under an approved supervisor. ACS do not have to offer these 1,500 hours to their students, but students are allowed to start accruing these hours as soon as they begin their coursework. Many seek out supervision from an approved supervisor outside their program or during their internship experiences, as they are not allowed to sit for the certification exam until they complete both their coursework and supervision hours.

While ACS are not required to offer experience standards to obtain approval, they do have the opportunity to have their student experience approved in three different ways. ACS can have their experiences approved by the BACB as supervised independent field work, a practicum, or an intensive practicum. The independent field work approval requires 1,500 hours. Under the practical options, students need 1,000 hours, and under the intensive practicum model, students need 750. Each requires supervision by an approved supervisor, but the amount of supervision required per supervision period varies. These particular options are only available to programs with ACS status. Supervisors under this model do not need to have their BCBA; they only must be approved course sequence instructors and complete the necessary supervision training. Only students enrolled in the experience at the ACS can receive supervision under this model.

CONCLUSION

With the growing demand and interest for BCBA, school psychologists are well poised to work with these professionals or seek out the credential themselves. With many school psychologists receiving at least some training in behavior analysis, many programs are well situated to seek out the ACS status from the BACB and offer this opportunity to their students. School psychology programs that do have the ACS status either offer it 100% within their school psychology curriculum course work or offer it through elective options for their students interested in the credential. Either way, having the option will likely increase recruitment at both the specialist and doctoral level.

References


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Q&A WITH DANIEL GADKE, MICHAEL HIXSON, AND GEORGE NOELL

Incorporating Board Certified Behavior Analyst Training Into School Psychology Graduate Training

Interview by Kasee K. Stratton

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iven the need for high quality behavior-analytic training, some school psychology programs have begun offering opportunities that prepare students to obtain their Board Certified Behavior Analyst (BCBA) credential. One way to be eligible for the BCBA exam is to complete 270 hours of approved coursework and supervised fieldwork experience (see Gadke, Stratton, Kazmerski, & Rossen, 2016; BACB, 2016). While anyone with appropriate graduate training in behavior analysis, education, or psychology is able to submit coursework for individual review with the Behavior Analyst Certification Board (BACB), students who complete BACB-approved course sequences (ACS) automatically meet the coursework criteria to take the BCBA exam. In order to become an ACS, programs must submit their coursework for review by the BACB and demonstrate that the coursework sufficiently covers the required behavior-analytic criteria (i.e., BACB, 2012). While offering an ACS does require a program to adhere to another set of requirements in addition to those of NASP, and possibly APA, doing so may attract applicants and offers additional opportunities for students postgraduation in and out of the school setting.

Drs. Daniel Gadke, Michael Hixson, and George Noell, ACS coordinators at Michigan State University, represent the ASPA, and APA), and possibly APA, doing so may attract applicants and offers additional opportunities for students postgraduation in and out of the school setting.

Is your ACS fully contained within your school psychology course sequence or offered through additional electives?

Gadke: Mississippi State University's ACS consists of six courses fully embedded both behavior-analytic training programs. All students in either program take the necessary coursework as part of the standard course sequence.

Hixson: Our approved course sequence (ACS) consists of six classes, two of which are required for the school psychology degree. School psychology specialists and doctoral students must also take two electives, which may be taken from the ACS, leaving two additional courses to take. This is not too difficult for our doctoral students to complete; however, it is more challenging for specialist students. Presently, about half of our doctoral students are pursuing BCBA certification.

Noell: The ACS is completely integrated into our APA- and NASP-approved school psychology program. All program graduates, whether specialist or doctoral, complete the BACB ACS and do not need to take any additional courses.

How did you obtain ACS approval? Complete course overhaul or adjust course to existing courses? How long ago did you obtain approval?

Gadke: We obtained our ACS from the BACB in the spring of 2015. Fortunately, our program has a long history of being a behaviorally oriented school psychology program. That being said, we were able to seek approval simply by submitting existing coursework.

Hixson: Our psychology department has always offered a number of behavior-analytic courses, and we have three tenured faculty with extensive training in behavior analysis. To meet the educational requirements, we added two new courses (Research Methods in Behavior Analysis and Behavioral Assessment and Treatment Planning). We have also hired two fixed-term faculty who are behavior analysts who supervise practicum experiences and direct our autism treatment center. We really could not do this without them. We received approval for the BCBA course sequence in 2014.

Noell: Our program’s training model is strongly behavior analytic. For us, integrating the ACS into our program primarily involved adjusting existing courses to assure coverage of the BACB ACS standards. We have been approved since 2004.

What benefits and costs have you seen for your program and students as a result?

Gadke: While our ACS approval is relatively new, we have found a number of benefits to having the approval. In just the first year, we have had a number of individual contact and apply to the program because of their interest in the BCBA credential. This includes individuals who found our school psychology program because of their interest in the BCBA, but are now exploring the field of school psychology. Hopefully we will see this trend continue to increase in the years to come. We are in the process of having our practicum experience approved by the BACB as well, which we hope will further attract applicants. Additionally, there are the obvious benefits to our students. First and foremost, we know our students are well trained behavior analysts. Additionally, doctoral students have the potential to obtain internships in psychology, and our therapy specialist students are able to pursue their NCSP and BCBA. The greatest benefit of students having their BCBA is their practicum power. In many states, the BCBA credential allows practitioners to receive insurance reimbursement for behavior analytic services at both the masters and doctoral level. That being said, specialist students and doctoral students who do not pursue their license still have the opportunity to have their own practice and work in hospitals or other settings providing behavior analytic services. This is huge in terms of job opportunities and marketability of our students postgraduation. For our program, the association of our peers is minimal; making sure our courses meet the criteria of three approving/accrediting bodies (BABC, NASP, and APA), and making sure all of our school psychology faculty are approved instructors. Fortunately, there are no direct monetary costs to maintain the approval. In the end, I see the benefit of having an ACS continuing to grow and I am happy our program is on the front end of school psychology programs with the approval so it would suggest and encourage other programs to seek out the ACS from the BACB instead of directly through their existing course sequence or through partnering with other programs on campus (e.g., special education or applied behavior analysis) and offering it through elective options.

Hixson: There are obviously more employment opportunities for students and many internship sites value the behavioral training our students receive, but the primary benefit from my perspective is that the additional training will make them better school psychologists. The cost for the students is the additional two courses they need to take. School psychology is obviously a very large field of study, and it is always a difficult decision to add more to it. In addition to completing an ACS, students need 1,500 fieldwork hours before they can sit for the BCBA exam. We are able to help them get a start on those hours through the autism treatment center and some other practicum experiences, but we do not expect them to complete all of the hours while taking courses at Central Michigan University. Overall, it has been a very exciting opportunity for our faculty and students and we are continuing to develop the program with initial financial support provided by the state of Michigan.

Noell: I don’t see any costs to our students, only benefits. The behavior analytic training gives our students an empirically derived theoretical framework to solve novel problems and makes them more effective clinicians and researchers. Additionally, since it is fully integrated into our training model for psychologists, it is a seamless experience from the student perspective. On a more practical level, having the behavior analytic training has allowed our graduates to obtain internships and employment positions that would not have been available to them otherwise.

References


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Research-Based Practice

Boston’s Comprehensive Behavioral Health Model: Organizational Structures

By Melissa M. Pearrow, Andria Amador, Shella Dennery, Mary Zortman Cohen, Jill Snyder, & Laura Shachmut

The Comprehensive Behavioral Health Model (CBHM), now reaching 50 schools in the Boston Public Schools (BPS), was designed to more effectively address the range of behavioral health needs of students using a multitiered system of support for behavior (MTSS-B) to teach, assess, and monitor all students in learning and behavior. In 2010, the school psychologists and pupil adjustment counselors in BPS created CBHM, informed by the domains outlined in the NASP Practice Model, to organize a system-wide approach to promote positive behavioral health and reduce barriers to learning for optimal academic success for all students. CBHM integrates behavioral health services into schools and outlines strategies for high-quality services that can be equitably accessed by all students. This systematic, data-driven approach of screening, targeting interventions, and partnering with community agencies has built an infrastructure for the district as it strives to meet the social, emotional, and behavioral needs of students. The coordinated efforts through meaningful partnerships have resulted in targeted implementation, improved communications, and program evaluation, which have bolstered this project, with significant results for students and schools.

The coordination and development of CBHM has been organized in an executive work group (EWG) consisting of selected community partners that provide ongoing leadership and advocacy (see Pearrow, Amador, & Dennery, 2016). EWG comprises representatives from BPS, Boston Children's Hospital, and UMass Boston. The group is responsible for continuing to steer the work of CBHM, including addressing issues of funding, sustainability, program evaluation, and communication. As the complexity of the work and the number of participating schools has increased (adding 10 schools each year and now reaching 50 schools serving 22,000 students), the structure of EWG has morphed into targeted committees that organize tasks and priorities. Composition of these committees includes members internal to BPS and external community partners. These committees focus on the areas of partnerships, implementation, communications, and research, each of which are briefly reviewed in this article.

Partnerships

In addition to the aforementioned coordinated partnerships, school-based behavioral health providers play a critical role in the success of students, schools, and CBHM, as they provide services to the most at-risk students. BPS has a rich history of community-based partnerships. Historically, partnerships were developed at a school level with limited leadership and oversight at a district level. This led to a fragmented system of behavioral health services resulting in issues of quality, equity, and access. Additionally, there was a lack of standard operating procedures that included a dearth of data about services, students, and outcomes, and there was inconsistent or nonexistent use of research-based interventions. The funding mechanisms for programs also contributed to the disparities and fragmentation of services as there is no central or state funding for behavioral health partners in Massachusetts. The Boston School-Based Behavioral Health Collaborative, led by the director of the Boston Metro Department of Mental Health, had been in existence for more than 10 years, yet it lacked coordination with BPS district staff until recent years. The collaborative comprises representatives from more than 20 behavioral health partners, including hospitals, community behavioral health agencies, Boston Public Health Commission, emergency behavioral health services, Department of Children and Families, and the District Attorney’s office.

In 2007, BPS committed to being an active member of the collaborative and began to colead with a redesign of the work. Initial steps focused on organizing information on operational tasks such as resource mapping of behavioral health service providers and memoranda of understanding (MOUs) for services. Through the collaborative, partners codeveloped standards of practice to ensure that all behavioral health providers conformed to best practices and research-based interventions, as well as to district regulations and mandates. Another aspect of the partnership has been working to share resources as well as strategize together about how to provide the highest quality care to students in BPS. In the fall of 2012, the collaborative held the first annual training for all community behavioral health providers working in the district. More than 250 attendees learned about the CBHM, topics specifically related to school behavioral health, and district expectations for working in schools. As the collaborative has grown and evolved, there is a new initiative to provide training on the use of evidence-based practices for trauma treatment as well as efforts to obtain grant funding to support therapeutic services. The collaborative is also committed to advocacy for the behavioral health services and funding in schools, and the highlights of the work of the district and collaborative are celebrated at a showcase each year.

Implementation

As the first 10 cohort schools were piloting this comprehensive model, there was a clear need to focus on implementation procedures; thus, a committee was convened to support these first cohort schools. Four practices are integrated into the work of the implementation team: (a) supporting individual school psychologists via coaches, (b) increasing skills and capacity through professional development, (c) expanding professional activities to reflect the domains of practice, and (d) school psychologists embracing a leadership role. Even though the BHS department organized extensive professional development based on the NASP Practice Model, there was a need to address the unique needs of each building and to support new problem-solving skills with each school psychologist.

In order to build this advanced capacity, two targeted strategies were implemented: professional learning communities (PLC) and coaching. An infrastructure of PLCs was created to transform practice by applying knowledge from monthly professional development sessions as well as to offer an opportunity to discuss strategies to overcome barriers. In addition, school psychologists participated in monthly coaching sessions that targeted supports to address the unique experiences in each of their schools. The coaches also serve as district consultants to CBHM schools and are members of the EWG. Reflective of this mentorship model, there was a train the trainer model to help build school psychologists’ leadership and skills that focused on the targeted needs of each BHS staff member and their schools. Areas for skill development ranged from public speaking to conducting presentations, facilitating meetings, and data analysis. By modeling and rehearsing new skills, there were opportunities to increase confidence in leadership. As the number of schools participating in CBHM has increased, there has been a focus on how to scale up. Strategies have included peer mentorship, creation of materials and resources, and bringing in technical assistance and consultation as needed.

An additional targeted area of implementation has been in-building support with school leaders and community partners. To support the development of

This systematic, data-driven approach of screening, targeting interventions, and partnering with community agencies has built an infrastructure for the district as it strives to meet the social, emotional, and behavioral needs of students.
strong working relationships, breakfast meetings and trainings have been conducted with principals and community partners. These trainings focus on identifying effective research-based strategies and sharing examples and outcomes from CBHM schools across the district. These meetings have enhanced the partnerships between these professionals, created a community of practice, and improved coordinated efforts to support students.

COMMUNICATIONS
In order to highlight the program and apprise school staff, families, external professionals, funders, and community partners of CBHM, there was a need for communication materials. One uniquely talented school psychologist shared her visual and graphic design skills with the team and supported the development of several promotional materials. These materials are accessible in print, but also online (www.cbhm.boston.com). By creating a prospectus, fact sheets, look book, and website, the important work of CBHM can be shared with internal and external stakeholders, including parents, teachers, administrators, educational professionals, potential funders, school committee members, and community partners. A wide variety of communication materials continue to be developed, including blogs for the website, television interviews, newspaper articles, scholarly articles, book chapters, and conference presentations. The CBHM staff and EWG members are committed to raising awareness of the behavioral health needs of students and the impact of CBHM on students and schools. These resources also support the dissemination of research by organizing templates for professional conference presentations.

RESEARCH
From the inception of CBHM, a research committee was formed to collect and analyze data related to implementation, outputs, and outcomes. In the beginning stages, much of the committee’s work focused on identifying appropriate indicators of change and building a database to monitor the impact on student, school, and district levels. The committee drafted authorship agreements that describe the intellectual rights and responsibilities of individuals and organizations working together on this project, with an articulated effort to emphasize the work of school psychology practitioners. Initially, access to data was limited to publicly accessible data available on websites through the school, district, and state department of education. This limitation did not initially allow for access to student-level data, which presented a significant barrier to examining student-level outcomes. Through advocacy with BCH, additional funding was provided to create a data and evaluation coordinator to specifically focus on CBHM. A school psychologist who had a strong research background and interest in data and program evaluation was transferred into this position. Through her leadership, this committee has flourished with monthly meetings, enhanced research partnerships, supervision of doctoral students, development of a data system, and enhanced evaluation capacity. This has allowed the system to identify outcome indicators for students and schools, as well as to capture information on the provided services. Of particular interest is time sampling data, which demonstrates changes in the school psychologists’ daily activities across the district and allows for a comparison of the time allocation for an array of services from school psychologists working in CBHM schools compared to those in non-CBHM schools. There is now significant potential for research opportunities on student outcomes and professional practices of school psychologists.

SUMMARY
As CBHM has developed, each of the aforementioned committees has targeted a unique area of work to address the overall goals. The role of the partnering groups has advanced CBHM to build a sustainable system while enhancing the capacity of the district. Through these intertwined partnerships, there are mutually beneficial gains. For Boston Children’s Hospital, the children in the community who seek their medical and emergency supports have access to prevention and early intervention services that systematically target behavioral health needs. They also are serving the same youth as BPS, which only allows for better and enhanced coordination of care for student and their families. For UMass Boston, many of the students from BPS advance their education by attending the university; furthermore, many of the university students build careers in the school district. These internal organizational structures build capacity and they also clearly delineate tasks that are then reported back to the larger EWG. This allows the EWG to focus on the goals of strategic direction, oversight, and advocacy for long-term sustainability. As the work continues to build, the EWG revisits these goals and renews its efforts to integrate the work of their respective agencies. With these efforts, we hope for continued benefits for children and families in Boston.

Reference

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or this 10th article in the series reviewing recent court decisions concerning appropriate school psychology practice from both professional and legal perspectives, the focus is eligibility under the Individuals with Disabilities Education Act (IDEA). For this purpose, the courts have generally agreed that, based on the definitions in the IDEA’s regulations, the essential elements amount to two “prongs”: (a) meeting the criteria of at least one of the designated classifications, such as emotional disturbance or specific learning disability, and (b) a resulting need for special education, which in turn is defined as “specially designed instruction,” or “adapting ... the content, methodology, or delivery of instruction”—(i) To address the unique needs of the child that result from the child’s disability; and (ii) To ensure access of the child to the general curriculum ...” (34 C.F.R. § 300.39). With careful consideration of the IDEA meaning of special, as compared with general education, thoughtfully review the summary of the eligibility case below and the questions-and-answers after it.

THE CASE

L.J. is in general education in an elementary school in California. He has a history of behavioral issues in school and at home, where he lives with his mother and stepfather. For general education students, the school uses a variety of tools, including behavior intervention plans (BIPs) and behavioral support staff.

In Grade 2 (2010–2011), L.J. had 14 instances of discipline, resulting in a 3-day suspension. Near the end of the year, in response to an oral reprimand from his teacher for bullying other students, L.J. told her that he wanted to die. School staff called L.J.’s mother, and mental health staff prepared an emergency suicide evaluation that resulted in referral to the district’s counseling center, where mental health providers issued diagnoses of ADHD, oppositional defiant disorder (ODD), and bipolar disorder. A physician prescribed Adderall. The center provided him with counseling services approximately once per week. His end-of-year report card showed satisfactory academic grades but the need for behavioral improvement.

In Grade 3 (2011–2012), his behavioral problems persisted. As the result of a student study team meeting in September, Dr. C., who was the head of the district’s behavioral support services and also the coordinator for psychological and special education services, developed a behavior intervention plan (BIP) for him. However, after a few months of monitoring the situation, she concluded that the teacher was not implementing the BIP with fidelity. In early March, Dr. C. developed a second BIP for L.J., which targeted his daily impulsive behaviors, such as calling out, tipping over his desk, throwing the contents of the desk on the floor, getting out of his seat, making noises, leaving the classroom without permission, and pushing and grabbing other students. These behaviors had resulted in four suspensions totaling 10 school days. Later in March, the district recommended transferring L.J. to a general education behavior class of six other African American students with severe behavior problems. However, L.J.’s mother objected and retained legal counsel. Upon mediation, the parties agreed to a general education non-behavior class at a different elementary school and a 1:1 aide. The agreement also provided for an independent educational evaluation (IEE), including a functional behavioral assessment (FBA), followed by multidisciplinary team meeting to determine special education eligibility. Dr. C promptly fine-tuned the BIP for L.J.’s new classroom and trained both the teacher and aide on its implementation. They implemented the BIP with fidelity, and the rest of Grade 3 went well, with a dramatic improvement in L.J.’s school behavior. Although the aide remained, he was able to “fade” his behavioral coaching role. L.J.’s final report card showed mostly satisfactory grades in academics and citizenship. However, his problematic behavior continued at home, including a visit to the emergency room in April for another suicide-oriented incident.

At the end of May 2012, the school psychologist completed and submitted her IEE report. It included average-range scores for the Test for Auditory Perception Skills III, the Developmental Visual Test of Visual Motor Integration V, the NEPSY, and the Wechsler Individual Achievement Tests III. Her FBA did not recommend a BIP, because she did not find learning-impeding behaviors; however, her recommendations included further fudging back the 1:1 behavioral coaching. Although recognizing his problems at home, she concluded that L.J. was not eligible for special education under the only IDEA category she considered—emotional disturbance (ED).

Promptly upon receiving the report, the team scheduled the meeting for May 30. On the day before the meeting, L.J.’s parents had admitted him to a psychiatric hospital due to his persisting behaviors at home, which included wild tantrums, throwing and breaking things, and saying that he hated people and wished he would die. He remained at the hospital for approximately 1 week. Just before the meeting, his parents informed the principal that he was in the hospital, but the team did not know at the meeting that the hospitalization was for psychiatric reasons. Their conclusion was that L.J. was not eligible under the IDEA under the classifications of ED, other health impairment (OHI), or specific learning disability (SLD). On July 27, 2012, the parents filed for a due process hearing, which resulted in another mediation. During that summer, L.J. was hospitalized two more times for threats of harm to himself or others. The hospital issued a diagnosis of mood disorder, not otherwise specified, following these hospitalizations, and L.J. began taking several new medications. In late August, as a result of the mediation, the parties agreed to place L.J. at yet another elementary school, pending the district’s review of L.J.’s psychiatric hospitalization records and the school psychologist’s updating of her report.

In Grade 4 (2012–2013), the principal of the designated elementary school assigned him to a general education teacher experienced with working with behaviorally problematic students. L.J. did not have an aide or BIP; although the teacher put in place his own individualized intervention plan, which included short breaks from the classroom when he felt himself starting to lose control. He also provided a variety of classroom accommodations, including the previous ones for homework and tests. In late September, L.J. received a 2-day suspension for throwing rocks at, and saying he was going to kill, the principal. His behavior was otherwise without major incident. During the same month, the outside psychologist conducted a second assessment of L.J., including a class observation and an interview with the social worker who had been intermittently seeing him and his family on an as needed basis after his hospitalizations. Her report, issued in early October, concluded that L.J. still did not qualify as ED. She found that (a) L.J. had limited insight into his past behavior problems and showed a tendency to minimize his actions; (b) he “has not yet mastered strategies for dealing with his anger, nor is he able to self-soothe or deescalate when angry”; and (c) his behavior problems were more prevalent at home than at school. She attributed these problems to ADHD and ODD.

On October 9, 2012, the multidisciplinary team met again. The fourth-grade teacher reported that L.J. was on grade level for all academic subjects and working as hard, behaving slightly less well, and appearing to be as happy as his peers. The team again determined that L.J. did not qualify for an IEP, although they recommended weekly counseling sessions for self-soothing strategies at the district’s mental health services center.

Soon thereafter, the parents filed an amended complaint for a due process hearing challenging both the May and October 2012 eligibility determinations. On May 23, 2013, the hearing officer issued a decision in the district’s favor. She concluded that L.J. was not eligible under the IDEA because (a) he did not meet the criteria for ED, OHI, or SLD and (b) even if he did, the parents had not shown an adverse effect on educational performance that would require special education. Extending the “snapshot” approach for IEP appropriateness cases, she refused to allow admission of e-mails allegedly showing that L.J.’s behavior had escalated 6 months after the October 2012 meeting, reasoning that the multidisciplinary team did not know or have reason to know of this information at the time of their eligibility determination.

The parents filed an appeal with the federal district court. On May 14, 2014, in an unpublished decision, the court ruled in favor of the district. As a threshold matter, the court upheld the hearing officer’s snapshot approach to the eligibility evaluation. However, disagreeing with the hearing officer with regard to the first prong for IDEA eligibility, the court concluded that L.J. qualified for the criteria of SLD, OHI, and ED upon subtracting the ameliorating effect of the various services and interventions the district had provided to L.J. Finally, for the second prong, the court deferred to the hearing officer’s conclusion because L.J. was succeeding in general education upon discounting the only intervention the court considered probably to constitute special education—the 1:1 aide. Additionally, the court did not find determinative for the second prong L.J.’s psychiatric hospitalizations because L.J. was succeeding in school even if struggling with his behavior at home.

The parents filed for review with the Ninth Circuit Court of Appeals. For the appeal, the parties’ focus was on prong 2, with the parties stipulating that L.J. qualified on prong 1.
The questions: Professional perspectives

Based on the information recounted above, three members of the profession—Dr. Mark Resnick, school psychologist coordinator for the Prince George’s County (MD) school district; Amanda Gitkind, doctoral student at Fairleigh Dickinson University; and Donna DeVaughn Kreskey, assistant professor at California State University, Chico—provided their responses to the following series of questions. Immediately after their answers for each subpart of the first question is a summary of the relevant ruling in the court’s decision for this case (L.J. v. Pittsburgh Unified School District, 2016). The “court” answer for the questions after the first one, due to the extended scope of their “what if” nature, extends to other case law.

Question 1. What do you think was the Ninth Circuit’s ruling for the eligibility issue specifically with regard to:

(a) the importation of the “snapshot” approach for eligibility evaluations?

Resnick: The courts use the “snapshot” approach to judge the appropriateness of the IEP based on the information reasonably available to the parents and school system at the time of the IEP meeting. It seems equally sensible for courts to review the appropriateness of the IEP team’s eligibility decision on the basis of whether the team took all the relevant information into account. In this case, nothing suggests that the period of time on which the school district based its eligibility decisions was incorrect. I think the Ninth Circuit would agree with the lower court in this one area.

Gitkind: I would assume that the Ninth Circuit would follow the snapshot approach. However, even if the appeal allowed the e-mails reporting subsequent escalating behavioral problems, the evidence was still lacking as to adverse educational impact necessitating special education.

Kreskey: While the “snapshot” approach for eligibility evaluations may be appropriate, its application seems problematic in this case. The e-mails were likely to or from school personnel. Thus, did they not know or have reason to know of this information at the time of their eligibility determination?

Court: The Ninth Circuit found the snapshot approach to extend to eligibility decisions, concluding that ruling that the applicable reference point is “the time of the child’s evaluation and not from the perspective of a later time with the benefit of hindsight” (p. 1175).

(b) the prong 2 determination as to L.J.’s hospitalizations and home behavior?

Resnick: In this case, the hearing officer and the lower court seem to have suggested that L.J.’s hospitalizations and home behavior did not constitute an “educational impact” and, thus, were not relevant in terms of consideration for L.J.’s hospitalizations and home behavior are problematic, the overriding facts are that the period of time on which the school district based its eligibility decisions was incorrect. I think the Ninth Circuit would agree with the lower court in this one area.

Gitkind: I would assume that the Ninth Circuit would follow the snapshot approach. However, even if the appeal allowed the e-mails reporting subsequent escalating behavioral problems, the evidence was still lacking as to adverse educational impact necessitating special education.

Kreskey: While the “snapshot” approach for eligibility evaluations may be appropriate, its application seems problematic in this case. The e-mails were likely to or from school personnel. Thus, did they not know or have reason to know of this information at the time of their eligibility determination?

Court: The Ninth Circuit found the snapshot approach to extend to eligibility decisions, concluding that ruling that the applicable reference point is “the time of the child’s evaluation and not from the perspective of a later time with the benefit of hindsight” (p. 1175).

Question 2. Do you think that courts generally regard classroom interventions and accommodations, especially if formalized in a 504 plan, as signaling the need for special education in child find and eligibility cases?

Resnick: Yes, if what the child received goes beyond merely access issues. If a student only needs accommodations for access, but does not need special education and related services, a 504 plan is appropriate. If the student’s educational progress or behavior does not improve under a 504 plan, schools need to explore services under IDEA. Whether courts see classroom interventions and accommodations as a signal for the need to progress a case to the IDEA child find or eligibility process may vary depending on the jurisdiction.

Gitkind: I don’t know whether a 504 plan would or should signal the need for special education. However, it would provide a more official, formal, and objective way to measure and address a child’s needs. In the case of L.J., perhaps a 504 plan could have documented the interventions and accommodations he received.

Kreskey: I would not expect courts generally to regard such formalized classroom interventions and accommodations as signaling the need for special education, unless it is clear that the interventions have not been effective.

Court: A systematic review of court decisions concerning child find, which overlaps but is not the same as eligibility, reveals that a 504 plan is an indicator for or against the reasonable suspicion of the need for special education depending on whether it works (Zirkel, 2013b). Although the case law concerning eligibility is not as clear-cut, this Ninth Circuit decision may contribute to a shift toward increasingly blurring the line between systematic or formalized interventions, including RTI, in general education and special education.

Question 3. For the separate issue of eligibility for a 504 plan, is the determination with or without the ameliorating effect of general education accommodations and interventions?

Resnick: For section 504 eligibility, the determination is without these effects. Rather than relying on academic success, the 2008 amendments make clear that substantial limitation to a major life activity must be interpreted “without regard to the ameliorative effects of mitigating measures” other than ordinary eyeglasses or contact lenses. Mitigating measures extend beyond medications to learned behavioral modifications and reasonable accommodations that an individual may use to eliminate or reduce the effects of impairment.

Gitkind: Under Section 504, the eligibility determination is without considering the ameliorating effects of any mitigating measures.

Kreskey: The ameliorating effects of general education accommodations and interventions may influence the decision to provide a 504 plan.

Court: The 2008 amendments of the Americans with Disabilities, which apply equally to Section 504, make clear that if the child has a physical or mental impairment limiting a major life activity, the issue of whether the limitation is substantial is without mitigating measures, including reasonable accommodations. The problem is distinguishing responsive and differentiated education from reasonable accommodations. Thus far, neither the administering agency policy interpretations nor the courts have addressed this issue clearly.

Question 4. Finally, what other legal issues in this case scenario could the par...
The blurring of the boundary for special education specific to the interrelated IDEA obligations of FAPE and the least restrictive environment has been a rather long-standing controversy (e.g., McLaughlin, 1995; Zigmond, 1995). However, the separate and threshold issue is eligibility. For this issue, the Ninth Circuit’s decision blurs the boundary between general and special education to a troublesome extent. The decision does not make clear the determinative criteria for prong 2, the need for special education, which overlaps but is separable from the issues of prong 1 and the bridging adverse-impact factor. Moreover, although the court identified four significant fact-based factors, how much of each factor is the crossing point to special education and whether one, two, three, or all four factors were necessary to its decision?

Reflecting this blurry boundary and the diversity of eligibility interpretations, the three role respondents differed significantly in their guesstimates of the Ninth Circuit prong 2 ruling. Similarly, as one might well expect, they differed in the responses to question 2, which concerned the role of a 504 plan for IDEA child find or eligibility, and question 4, which concerned potential other legal claims concerning L.J.

Yet, the respondents all agreed as to the applicability of the so-called “snapshot” approach for evaluations and the role of mitigating measures in determining eligibility under the separate statutory framework of Section 504, which has similarities with and differences from the IDEA (e.g., Zirkel, 2012).

In sum, the law warrants constant updating and evaluating. For such difficult issues as IDEA and Section 504 eligibility determinations, school psychologists can effectively serve to not only translate and implement case law but also—as prudent practitioners and expert witnesses—inform and contribute to the courts’ decisions.

References:
What was one experience you can share as an “early career problem?”

My early career problem moment was being called into the principal’s office for behavior problems. My issue was as simple as not knowing when to be quiet; I had a behavioral excess. During meetings I ranted about how everybody in the room was doing things I thought were either wrong, or simply incorrect.

Being a young professional with the best intentions and book smarts (without much experience), I neglected to recognize the importance of fostering and maintaining office culture.

I had to change the way I delivered my message, especially being a “new guy” and being from a different part of the country. I had to value my collegial relationships to the same degree that I valued helping students.

Who did you turn to for support?

Initially, my boss had to inform me about my behavior and how it was impacting others. Being from a different ethnic culture, I realized my reaction to problems was not necessarily shared by all of my colleagues. I had to integrate different points of view and respect the dynamics of how my peers, professionals who had been working together for many years, contributed to positive outcomes.

Additionally, I called my professors to get their feedback. Working as a school psychologist in Hawai’i was the first time in my life where I was a minority. I grew up around people who were similar ethnically, and it wasn’t until I moved out of my comfort zone that my professor’s lectures about cultural competence really connected with me.

Finally, I contacted my McNair program director from my undergraduate studies. I grew up Latino and my program director understood my culture well. She was very helpful in helping me understand how my cultural norms could impact others from different cultures such as local Hawaiian and Asian.

What did you learn?

I learned the importance of school culture and to reach out to others for help when I did not have all the answers. I needed my boss and my graduate school professors to help me hone my professionalism. Knowing how to work with everyone on my team was just as important as directly supporting students. I was out to save the world by myself, but did not realize that everyone had a part, and that I needed to respect the various types of cultures and ideals of everyone else trying to improve the lives of kids.

What words of advice would you give a new school psychologist? You are not effective if others do not understand your value. It is important to remember that you are an advocate for children and students, but if you spend too much energy bumping up against other professionals’ values and beliefs while not accomplishing this goal, you are not doing your job as well as you could. Entering a new work setting means stepping into a place with an established culture and history, so you want to be careful to use bridges to help children instead of burning them. Finally, finding the balance between work and life can be a serious challenge for early career school psychologists, but it is necessary to prevent burnout. We have to put our own oxygen masks on first, right?

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What would you do differently based on this experience?

I would be more conscious of my ethnic and work culture ideals and recognize how this might impact my colleagues who differ in this regard. We are all in this together, and we all want students to thrive. We just might have different communication styles and ideas about how to accomplish this important goal.

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COMMUNICATION MATTERS

Strategies for Building Capacity for Behavior Supports

By Eric Elias

The wasted human potential is tragic. In so many schools, kids with social, emotional, and behavioral challenges are still poorly understood and treated in a way that is completely at odds with what is now known about how they came to be challenging in the first place. The frustration and desperation felt by teachers and parents is palpable.

—Ross Greene, Lost at School

ILL educators, including school psychologists, feel the pressure of dealing with an increase in diagnosed mental illness and significant behavioral concerns among students. Supporting behavioral needs can be frustrating and time consuming. School psychologists are familiar with multitiered systems of support and myriad strategies for managing students’ behavioral needs. Why, then, have we not solved the problem of managing behavior in the classroom? Why are negative outcomes such as suspensions on the rise? Why are so many students still struggling to settle, connect with peers, engage learning? While the answers are not simple, I discovered that collaborating with staff to bring a more empathic, trauma-informed approach to our supports makes a difference.

IDENTIFYING AND TACKLING THE PRIMARY PROBLEM

In past years, our elementary school faced a significant problem with elopement, where students, when stressed or frustrated, would run out of the classroom. This appeared to be the stereotypical fight or flight response, where a student’s anxiety is raised and the amygdala, the emotional reaction part of the brain, takes over. The student stops thinking rationally and just reacts. The child is often acting out of a need to feel safe rather than displaying purposeful, disruptive behavior. Some children have been traumatized and do not have a base of security to allow them to cope. Others have not been taught appropriate coping skills. Others simply have not put their skills into practice successfully. Regardless, these children require ample, genuine support when they are stressed, scared, or frustrated. Coping skills must be taught, modeled, and reinforced.

Fight or flight behaviors can be highly disruptive as well as unsafe. There is a delicate balance in addressing the behavior in a manner that supports the student emotionally as well as the teacher’s efforts to manage. Assisting staff members to see that positive, respectful relationships are the foundation for children’s success in learning and in life is key. I have found it particularly important to emphasize a trauma-informed approach that incorporates brain science and attachment theory. This approach places the quality of relationships between children, caregivers, and teachers central to the development of healthy social and academic development, fostering intrinsic motivation and connectedness.

CREATING TRUSTING RELATIONSHIPS TO ENGAGE STAFF

As school psychologists, encouraging others to recognize new behavioral support processes and buy into a more trauma-informed approach can be a challenge. Just as when we work with students, I have found that establishing rapport and trust with staff goes a long way. When teachers are stressed, they are looking for more than the pat answers that we can all find online. They need to know that they are not alone in their struggle to support and manage their most difficult students. I find that supporting rather than judging, and acknowledging how difficult managing behavior is, facilitates working together.

COLLABORATING TO FIND A STRATEGY THAT WORKS

Through this collaborative approach, I worked with staff to initiate a number of effective supports for struggling students. My first step was to appeal to our RTI and PBIS committees. We are fortunate to have well-established RTI and PBIS programs. We are required to use data for developing intervention plans and monitoring progress. Our regular meetings include reviewing school-wide data along with brainstorming additional supports to address any concerns present in the data. This is where we initially identified the problem of students running out of classrooms. We built on the concept that if students developed some better coping skills and felt safe, and if they had a safe place to go, they might stay in the room until someone was able to speak with them. With that in mind, my intern, Katie Grava, developed some coping strategies for students who were running. She put together some amazing “calm down kits” in plastic baskets. She found a number of calm-down strategies and created some glitter jars, and put kinetic sand, stress balls, and putty in the kits.

TAPPING INTO KEY ALLIES

Our next step was to identify teachers and support staff to be key allies to implement this strategy. This was based on the high needs of their students and their interest in the support. Together we introduced calm-down corners and calm-down kits in the classrooms that had students running most often. While this was not a research-based approach, the hypothesis was that the students were looking for a safe place to run. If that safe place were established within the classroom, the flight issue would be easier to manage. In addition, the students could develop and utilize more appropriate coping skills. My intern and I went into the identified classes, read books about coping skills, and then taught the students and teachers how to use the materials. Enthusiasm was contagious and teachers welcomed the process. The teachers designated a “safe zone” in their rooms for students, and special signals to show when someone needed to use the kit.

USING DATA TO SCALE UP

Many students utilized safe zones successfully. We saw a reduction in running from the room among initially identified students, measured by office referrals. Based on the positive data, our PBIS committee decided to provide this support for all classes. By February 2015, all classrooms in our building had a calm-down kit and a safe zone in the room for students. The safe zones accomplished two objectives: to facilitate support for the student (emotional first-aid), and to create less disruption in the teaching environment.

BUILDING ON AN EFFECTIVE IDEA

To make the skills building aspects more universal (aligning with our PBIS work), I developed a Social Skill of the Week (SSW) program, also implemented in February 2015. This program focused both on knowledge and activities to practice expected behavior. The SSW program is based specifically on virtues and tasks of emotional development outlined in Erickson’s stages of social and emotional development. I developed a calendar of skill themes. Each month had a different skill focus (e.g., friendship, self-confidence). During each week of the month, a different skill is discussed, taught, and reinforced as it relates to the focus for the month (e.g., apologizing, sharing, managing anger). The program consists of daily announcements which introduce and describe the skill. Weekly skill-related lessons, activities, worksheets, and posters are uploaded to the district’s SharePoint folder. Teachers are asked to recognize students demonstrating the skill and their names are read on the announcements. Initially, I uploaded weekly activities to the SharePoint folders for each skill, so there was more work up-front with developing and compiling the activities. My principal was excited about this process, asking that we implement the program as soon as possible. I presented the information to our PBIS committee and to staff at a faculty meeting, and they were also enthusiastic. While the use of the strategies and activities is voluntary, the material is made available to all staff. There is little work for the teachers to do other than discuss the skill of the week with their class and select activities that they think will be helpful (and implement as needed). Some teachers chose to use more of the lessons and activities than others. Some teachers have reported that a particular activity coincided nicely with their other lessons. Teachers sign up to do the brief announcements. All staff reinforce the skills through our PBIS reward system. Our PBIS committee, support staff and administrators review data monthly, revealing patterns that reflect the effectiveness of our supports. The information is then used to determine which students require further support and where it should be implemented. Through these approaches, what has become apparent is

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<td>Office referrals</td>
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<td>18.5 days</td>
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<tr>
<td>35.5 days</td>
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<tr>
<td>8 students</td>
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<td>13 students</td>
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<tr>
<td>9 days</td>
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<tr>
<td>33.5 days</td>
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ADVOCATE FOR
GENDER DIVERSE AND
SEXUAL MINORITY YOUTH

Bring district leaders together to support LGBTQI2-S* youth. You can use this compilation of articles, research, and position papers with administrators, educators, and parents.

- Advocate for a safe, supportive school environment for LGBTQ+ youth.
- Differentiate between biological sex and gender identity.
- Learn from the experiences of LGBTQ and intersex students.
- Identify and address potential mental health concerns.
- Assess suicide risk for sexual minority youth.
- Understand the prevalence of bullying and school victimization.

*N in the above acronym, 2-S refers to Two-Spirit, referencing the Indigenous American culture with regards to gender identity.
that behavior needs (like academics) often reflect skill performance and fluency deficits that need to be taught and reinforced. Understanding students’ emotional needs can go a long way to impact their behavior.

The results that were achieved since February 2015 are significant and displayed in Table 1 (see page 22).

These interventions have provided teachers with a primary level (Tier 1) of support for disruptive students that reinforces the use of coping skills and strategies. They also allowed the teacher to continue teaching with less disruption. Fewer office referrals indicate that students are out of the classroom less and are able to reengage in learning more quickly. Enthusiasm for these supports has been positive. While not all staff connect with all activities, by increasing the methods available to support behavior, more staff members are connecting and utilizing the supports.

Sharing responsibility in managing student behavior allows teachers to build skills for managing all students more effectively. Sometimes students can only express themselves through their behavior. It is our job to help give them voice and help them to connect when they cannot. Some examples of students connecting with coping supports are evidenced through their drawings and responses. The words of one of my former professors continue to ring clearly: “What is the student trying to tell you? What’s the therapeutic metaphor?” One student in foster care drew a balloon floating in the middle of the page and simply said, “That’s me!” All of those feelings: loneliness, abandonment, fear, feeling untethered and unsupported, came out in that picture. It opened the door for all involved with the student to put their feelings and behaviors in perspective. Similarly, a student who had been having behavioral difficulty and was in an adoptive family drew a robot. The student talked about robots not having parents and needing help to press themselves through their behavior. It is our job to help give them voice and utilize the supports.

Each year is different and continually requires us to review data and modify supports. Last year, our population increased by almost 100 additional students. We again had increases in behavior issues. Our staff responded by reviewing data, discussing needs, and developing proactive plans. As a staff, we must respond to (not react to) student needs. As a school psychologist, my role in managing and sharing data and current research is crucial to assisting and supporting teachers. This helps us all understand ourselves and our students better as we work together.

The NASP Principles for Professional Ethics (NASP, 2010) hold school psychologists to the highest standards. Yet, noticeably absent is any explicit mention of self-care in service of that high calling. The same omission is found in the American Psychological Association Ethics Code (APA, 2002). However, self-care is implied in both documents where they highlight the importance of psychologists, in their words and actions, demonstrating respect for and a commitment to just and fair treatment of all individuals with whom they work (APA, 2002; NASP, 2010).

Jacob, Decker, and Hartshorne (2011) criticize ethical codes “because they tend to be reactive” (p. 3). Take, for instance, Standard II.1.3:

School psychologists refrain from any activity in which their personal problems may interfere with professional effectiveness. They seek assistance when personal problems threaten to compromise their professional effectiveness. (NASP, 2010)

Although self-care is necessary to ameliorate one’s “personal problems,” in a field that has prevention as one of its 10 prioritized domains, proactive self-care should be one of the ethical standards in its own right. In the same way that mental health is much more than the absence of mental illness, nurturing positive research on the development of the prefrontal cortex; followed by a brief description of global self-care intervention.

The conversation begins in the field of ethics itself. Regardless of the field of practice, the universal ethical principle across all professions is do no harm. Specifically, “School psychologists have a legal as well as an ethical obligation to take steps to protect all students from reasonably foreseeable risk of harm” (NASP, 2010, p. 2).

Several authors writing in the area of clinical psychology have urged us to “[b]egin self-care at the top” (Norcross & Guy, 2013, p. 752) by petitioning professional associations to explicitly include self-care in their ethics, accreditation standards, and beyond (Barnett, Baker, Elman, & Schoener, 2007; Norcross & Guy, 2013; Wise, Hersh, & Gibson, 2012).

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PAULA GILL LOPEZ, PhD, is the director of the school psychology program and associate professor at Fairfield University, Connecticut.
emotional states through self-care is not the same as alleviating disruptive emotional states after the fact. There is precedent for including self-care proactively in ethical codes in an attempt to avoid personal problems. The American Counseling Association’s Code of Ethics (ACA, 2014) names self-care as an ethical requirement, as does the Feminist Therapy Code of Ethics. See the relevant excerpts below:

Section C. Professional Responsibility - Introduction

[C]ounselors engage in self-care activities to maintain and promote their own emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities. (ACA, 2014, p. 8)

IV. Therapist Accountability

E. A feminist therapist engages in self-care activities in an ongoing manner outside the work setting. She recognizes her own needs and vulnerabilities as well as the unique stresses inherent in this work. She demonstrates an ability to establish boundaries with the client that are healthy for both of them. She also is willing to self-nurture in appropriate and self-empowering ways. (Feminist Therapy Institute, Inc., 1999)

Additionally, the American School Counselor Association (ASCA, 2010) mandates that school counselors “practice wellness” for optimal ethical practice.

E. Responsibilities to Self

E.1 Professional Competence

Professional school counselors ... E.1.b. Monitor emotional and physical health and practice wellness to ensure optimal effectiveness. (ASCA, 2010).

Jacob et al. (2011) define ethics as a “system of principles of conduct that guide the behavior of an individual” (p. 1). We require school psychologists to employ best practice to accomplish this; they must do their absolute best. If this is true, it follows that one of the principles of conduct that guides behavior in the field must be to proactively practice self-care.

BURNT OUT

Is it really necessary to legislate self-care? The answer is a resounding yes. There is an epidemic of stress in our society today and working in schools can be the epitome of stressful, especially in the current climate. Stress that is not mitigated effectively can lead to burnout. Those who practice in the mental health field have very high burnout rates due to the stressful nature of the work (Barnett et al., 2007; Shapiro, Brown, & Biegel, 2007; Wise et al., 2012). Moreover, school psychologists may have the highest burnout rates among all helping professionals (Burden, 1988; Huebner, Gilligan, & Cobb, 2002; Wise, 1985). Perhaps, this is due in part to the fact that “psychologists employed by the schools may have less control over aspects of service delivery than practitioners in private practice” (NASP, 2010, p. 2).

According to Maslach, burnout is defined as “a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who work with people in some capacity” (Maslach, 1986, p. 61). Emotional exhaustion develops when work demands exceed personal resources, resulting in weariness to the point of no longer caring. Depersonalization happens as a consequence of not seeing people as people any longer but, instead, as problems to fix. Perceptions of reduced personal accomplishment foster a learned helplessness of sorts—the realization that no matter how hard one tries, nothing makes a difference. Maslach and Leiter (1997) cite work variables that can lead to burnout: work overload, lack of control, insufficient reward, unfair treatment, breakdown of community, values conflict, and lack of fit between the person and the job. There is a strong likelihood that anyone who works in schools has experienced at least one of these work variables at some point in their career.

To counteract the negative mental health effects of stress and burnout, practitioners must take care of themselves before they can care for others; otherwise, those with whom they work may be put at risk. “Poor therapist self-care is associated with increased personal vulnerability, reduced self-monitoring, poorer judgment, and, as a result, greater ethical breaches” (Keith-Spiegel & Koocher, 1985 as cited in Porter, 1995, p. 248). In contrast, characteristics of a healthy engaged worker are: energetic, involved, and efficacious (Maslach & Leiter, 2008).

These characteristics can be cultivated through self-care.

Witky (2005) maintains that “Self-care is one of the primary methods of preventing and treating therapist burnout” (p. 5). Furthermore, when discussing the sometimes seemingly insurmountable stressors psychologists face that can lead to burnout, Barnett pleads, “[W]e must engage in active efforts to effectively manage these challenges and demands through ongoing self-care efforts. Failure to do so may result in harm to our clients, our profession, ourselves, and others in our lives” (Barnett et al., 2007, p. 603).

In the literature on burnout prevention in mental health professionals, several authors address preservice interventions. The importance of emphasizing

We require school psychologists to employ best practice; to accomplish this they must be at their absolute best. It follows that one of the principles of conduct that guides behavior in the field must be to proactively practice self-care.

References


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Communication Disorders

[continued from page 1]

to receive and comprehend verbal or nonverbal communications. Notably, deficits in both receptive and expressive language are not required for this diagnosis (e.g., expressive language may be impaired while receptive language is within normal limits).

Childhood-onset fluency disorder (stuttering), formerly named stammering, and the speech sound disorder, formerly named phonological disorder, both gained new titles but remain largely unchanged in their diagnostic criteria. Again, a criterion for onset during the early developmental period was added to both of these disorders; however, later-onset cases of fluency disorder can be diagnosed, and receive a different diagnostic code (307.10 [F88.5]; APA, 2013a).

Much of the discussion regarding communication disorder changes in the DSM-5 surround the launch of a new clinical diagnosis: social (pragmatic) communication disorder. This diagnosis is intended for children who do not meet criteria for autism spectrum disorder, but who exhibit social communication and pragmatic language impairments (APA, 2013a). Diagnostic criteria include persistent difficulties in both verbal and nonverbal social communication, including challenges adjusting communication patterns to fit within the context of the listener, difficulties following conversational rules, and impairment in the ability to make inferences or understand nonliteral or ambiguous language (APA, 2013a). It is important to rule out autism spectrum disorder when diagnosing social (pragmatic) communication disorder, and a diagnosis of social communication disorder should only be made if a developmental history fails to reveal evidence of restricted/repetitive patterns of behavior, interests, or activities (APA, 2013a). Furthermore, some individuals previously diagnosed with pervasive developmental disorder (DSM-IV-TR) may meet the criteria for social communication disorder (APA, 2013b; Kim et al., 2014).

It should also be noted that unspecified communication disorder (previously communication disorder not otherwise specified) offers a broader definition compared to its DSM-IV-TR counterpart. This code applies to symptoms of communication disorder that cause clinically significant distress or impairment but do not meet full criteria for communication disorder or any other neurodevelopmental disorder. This category is used when clinicians choose not to specify the reason that the criteria are not met for communication disorder and includes presentations in which there is insufficient information to make a more specific diagnosis (APA, 2013a).

POSSIBLE CONSEQUENCES OF THE DSM-5 CHANGES

It is estimated that approximately 10% of children who previously held a diagnosis of specific language impairment will now meet diagnostic criteria for social (pragmatic) communication disorder (Kim et al., 2014). It would appear that social (pragmatic) communication disorder fills a void left in the restructuring of the autism spectrum diagnosis in the DSM-5; however, there is documented concern that a diagnosis of social (pragmatic) communication disorder would not yield the same intervention resources that a DSM-IV-TR diagnosis of autism did in the past (Norbury, 2013). Furthermore, the new diagnostic criteria lack well-established treatment guidelines, potentially muddling the waters further (Norbury, 2013). It is essential that mental health providers make intervention recommendations based on individual strengths and need for supports, rather than the diagnostic label.

A possible advantage of the new social (pragmatic) communication disorder is the promising focus toward evidence-based treatment or educational supports in the areas of social communication and pragmatic language impairments. There is limited research regarding high-quality interventions in this area to date, and the new diagnostic criteria

Table 1. Brief Description of Changes to Communication Disorders

<table>
<thead>
<tr>
<th>Language Disorder</th>
<th>Expression Language Disorder</th>
<th>Phonological Disorder</th>
<th>Childhood-Onset Fluency Disorder (Stuttering)</th>
<th>Social (Pragmatic) Communication Disorder (Now)</th>
<th>Unspecified Communication Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persistent difficulties in the acquisition and use of language across modalities due to deficits in comprehension or production.</td>
<td>Persistent difficulty with speech sound production that interferes with speech intelligibility or prevents verbal communication of messages.</td>
<td>Disturbances in the normal fluency and time patterning of speech characterized by frequent and marked occurrences of one (or more) of the following: sound and syllable repetitions, sound prolongations, broken words, audible or silent blocking, word substitutions to avoid problematic words, etc.</td>
<td>Not Applicable</td>
<td>Applies to symptoms of communication disorder that cause clinically significant distress or impairment but do not meet full criteria for communication disorder or any other neurodevelopmental disorder.</td>
<td></td>
</tr>
<tr>
<td>Combed expressive and receptive language disorders</td>
<td>Core features unchanged, except now criteria outline that onset of symptoms is in the early developmental period (Criterion C).</td>
<td>Core features unchanged, except now criteria outline that onset of symptoms is in the early developmental period (Criterion C).</td>
<td>Core features unchanged, except now criteria outline that onset of symptoms is in the early developmental period (Criterion C).</td>
<td>New to DSM-5. The symptoms of some patients diagnosed with DSM-IV-TR pervasive developmental disorders may meet the criteria for DSM-5 social communication disorder</td>
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</tbody>
</table>


Lindsay, G. (2011). The collection and analysis of data on children with speech, language and communication needs: The challenge to education and health services. Child Language Teaching and Therapy, 27, 135–150.


Elaine Lilles Diamond, PhD, NCSP, is an assistant professor and clinical coordinator for the school psychology program at Lewis & Clark College in Portland, Oregon.

Contributing Editors’ Note: This series of articles on DSM-5 reviews changes made to specific diagnostic criteria (including both modified criteria and new diagnostic labels) and emphasizes changes that may be relevant in the school context. If any Researcher is interested in contributing to this series, please contact Dr. Brock at brockj@csue.edu.

IMPLICATIONS FOR SCHOOL PSYCHOLOGY

Though DSM and IDEA are not one in the same, communication disorders as defined by DSM-5 (APA, 2013a) typically align with speech or language eligibility as identified by IDEA. As such, it is essential that school psychologists and mental health professionals working in schools as part of multidisciplinary teams understand the implications of a communication disorder and consider appropriate differential diagnoses. Communication disorders are typically evaluated by speech-language pathologists. Given the inclusion of social (pragmatic) communication disorder to the DSM-5, it is especially important that mental health professionals work collaboratively with speech and language pathologists to make accurate and restrictive interventions and behaviors to rule out autism spectrum disorder (Norbury, 2013). It is also imperative that assessments of speech, language, and communication abilities take into account the individual’s cultural and language context including regional, social, and cultural/ethnic variations of language (APA, 2013a). It is also helpful to consider social variables associated with communication disorders to assist with referrals or recommendations. Children with communication disorders may be exceptionally quiet, shy, or resistant to talk (APA, 2013a). Their conversation skills may be poor or inappropriate, and they may appear to not hear or be confused or not paying attention when spoken to (APA, 2000). As with any evaluation, it is important to rule out hearing impairment or deafness as well as side effects of medication (e.g., stuttering).
H E L P  T H E M  S U C C E E D

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Beyond Tragedy: Response and Recovery Following a School-Based Tragedy

Q&A WITH MICHÈLE GAY

Michele Gay is a mother, former teacher, and one of the founders of Safe and Sound: A Sandy Hook Initiative. After losing her daughter Josephine Grace at Sandy Hook Elementary School in 2012, Michele Gay chose to take action and founded Safe and Sound Schools to advocate for improved school security and safety in our nation’s schools.

In this Presenters in Focus Q&A, convention presenter Michele Gay shares the challenges, successes, and lessons learned in the aftermath of this tragedy and loss in order to better prepare other school communities to respond and recover from crises (NASP Practice Model Domains 4, 6, & 7). She will be describing these lessons in more depth during her Distinguished Lecture, Beyond Tragedy: Response and Recovery Following a School-Based Tragedy, at the 2017 national convention in San Antonio.

Please describe Safe and Sound Schools and how it was developed.

Alissa Parker and I founded Safe and Sound Schools about 6 months after our daughters were killed along with 18 classmates and 6 educators at Sandy Hook on December 14, 2012. In the months following the tragedy, we gathered with other affected families, responders, teachers, and neighbors to support one another. We were all very concerned about returning our surviving children and teachers to school following the tragedy. Our sense of safety had been shattered. Our community and our families were devastated by loss and trauma.

Those early conversations and interactions led us to develop a sense of purpose around school safety. We realized that our experiences could help school communities across the country work to ensure a safe and healthy learning environment. Alissa and I gathered a group of parents who had also lost their children to discover and address more issues more effectively than a traditional top-down model. Further, the collaborative model allows for natural education and leadership opportunities within the community, as well as the shared investment and responsibility of many stakeholders in the school community. Bringing many perspectives and disciplines together creates a powerful, shared knowledge base for driving effective improvement.

Second, as an educator, I believe that quality education is key to affecting change. If school communities aim to prepare students for safe and productive lives, teaching the life skills of safety should be top priority. Just as schools teach academic and athletic skills, these life skills must be taught as part of well-developed and professionally reviewed curricula and differentiated to meet the needs of individuals and groups.

Lastly, attention to both the physical and psychological safety of students, parents, and staff is essential to school safety planning and preparedness. That means attending to the physical plant as well as the people within it. Today, schools can have the best of both worlds. Schools are developing a mindful approach to safety, making meaningful changes to the physical environment without compromising the warm, welcoming atmosphere that supports student learning and growth, and staff productivity. And multidisciplinary safety teams are better at providing a balanced and developmentally appropriate approach to education and training.

What do you see as the most important components of school safety?

We view collaboration as the most important element of comprehensive school safety planning and preparedness. In working with school communities across the country, we have found that a multidisciplinary, multiperspective team of professionals and community members united around safety effects the most positive change and long-term participation. Teams that include administrators, mental health professionals, educators, local emergency and safety professionals, parents, staff, and students manage to discover and address more issues more effectively than a traditional top-down model. Further, the collaborative model allows for natural education and leadership opportunities within the community, as well as the shared investment and responsibility of many stakeholders in the school community.

Beyond T ragedy: Response and Recovery Following a School-Based Tragedy

What positive or negative trends have you seen regarding school safety in the last few years?

I see a definite pattern of repeating school safety trends and behaviors surrounding school tragedies. Following the immediate devastation and shock of such tragedy, there are many impassioned speeches, calls for action, demands for large-scale change, and innovative thinking. I believe this type of action is an important part of the healing process for some, but unfortunately, not all of these actions are productive or well thought out. All too often, emotionally based, quick fix, and one-size-fits-all decision making is the result. Experts from every discipline and background emerge with intentions of helping and solutions at the ready. Without long-term planning and research-based measures and practices though, most school communities become frustrated, overwhelmed, and financially drained, eventually returning to a lack of organized attention and action around school safety.

By contrast, some communities are able to rise above the rhetoric and push their sleeves up together. These communities seek to unify the community around a holistic, balanced, and informed approach to improvement with education and compassion at the center. These are often the communities that have built supportive infrastructure and multidisciplinary crisis teams ahead of tragedy. These communities are less likely to suffer from the conflicting and divisive agendas and trends that emerge in times of crisis.

It is natural to look for solutions and interventions to prevent future tragedies, to learn from our experiences in order to improve school safety. And it is important to recognize that each school community is unique and must make decisions based on its own resources, culture, and climate. We encourage school communities to make use of multidisciplinary teams, representative of the community, to avoid the consequences of emotionally based decision-making and trends.

Lots of ideas come forth following tragedy. Whether it’s installing AEDs or door-locking devices, implementing a social–emotional learning curriculum, hiring SROs or additional school psychologists, arming staff, or active-shooter training, each of these ideas can best be evaluated by a collaborative, multidisciplinary school safety team.

What are the most significant challenges for schools when addressing comprehensive school safety?

Although collaboration is essential to the success of a truly comprehensive school safety plan, it is not always easy to bring everyone together. Logistics, politics, turf, time, and budgets are the chief challenges of most.
What’s Hot in San Antonio: Student Haunts

By DeAnna Gattan

As graduate students, we know that our break time is something to be cherished and spent wisely. We know it’s vital to find ways to unwind after the daily grind of books, classes, and perpetual protocol grading. Luckily, even though San Antonio is the second largest city in the second largest state, the city has more than 31 institutions of higher learning serving in excess of 100,000 students. We are welcomed and cared for with open arms. Indeed, San Antonio contains a full spectrum of student-friendly environments. Aside from the quintessential River Walk and the infamous Alamo, there are many different areas to suit all of your historical, artistic, and gastronomic needs and provide a much-needed distraction from the daily workload.

DOWNTOWN

The 2017 convention location provides a seamless route to some of San Antonio’s most noteworthy student stops. All locations just off the Paseo del Rio (also known as the River Walk) ensure close proximity to the convention hotels and an up-close view of one of the most famous sites San Antonio has to offer.

The Esquire Tavern, a historic bar founded in 1933 to celebrate the end of prohibition, is the quintessential downtown bar. This dark cool bar, redolent with history, serves cold beer, swanky cocktails, and excellent food.

Located one block away from the Alamo, Howl at the Moon piano bar provides a rousing musical atmosphere, thanks to the musical talents of its dueling pianists. It is a perfect place to drink, dine, and scream “Sweet Caroline” at the top of your lungs and not feel embarrassed, because the stranger right next to you is doing the exact same thing.

A few minutes from downtown, Nectar Wine Bar presents a variety of wine choices in a laid back atmosphere. It offers multiple tastings of any wines you choose, provides multiple selections for charcuterie trays, and offers a variety of board games, in case you want to sink a fleet of battleships while sneaking a sip of sauvignon blanc.

Paramour is a soaring rooftop bar with swanky décor and features a unique panoramic view of San Antonio. It offers a sophisticated escape from the daily grind of scholarly endeavors, as well as a long list of cocktails, local beer, and a collection of Texas wines.

Nothing says Texas like good barbeque, and King’s Hwy Brew ‘n Q is a great place to go. Emilio Solis, an award winning pit master, cooks up some of the best Texas barbeque inside the city, melding traditional barbeque techniques with Mexican street food to create what he calls “Mexi Que” cuisine. This hot spot offers cool outdoor seating, live music, and a collection of Texas craft beers.

SOUTHTOWN ART DISTRICT

Known for its galleries, street art, and unique bars and eateries, Southtown Art District is located a few blocks south of the convention center and is the perfect place for a unique experience.

La Tuna is a relaxed, artsy mainstay with burgers, nachos, fish tacos, outdoor dining, and an adjacent beer garden. Nestled under giant light-strung trees, La Tuna is the ideal area for a laid back getaway from all the hectic demands of graduate life.

Bar 1919 is a swanky speakeasy-style spot where hipster bartenders mix classic cocktails and also serve charcuterie. While this bar has no signage on the outside, there is a vested prohibition era clad gentleman waiting to greet you on the outside and point you to the right direction.

Stella Public House is a hip, rustic spot for locally sourced pizza, house-made cheese, and a rotating selection of craft beer. The kind of neighborhood bar that will make you wonder why you haven’t tried its charcoal chicken. The bar also has a dog-friendly patio.

The Granary ‘Cue and Brew is a cozy, modern joint featuring BBQ staples, microbrews, and upscale global dining in a warm wood interior. The Granary is known not only for their

Although it sounds like an overly simplistic solution, I firmly believe that creating opportunities for safety team members to spend informal time together can be a great help in all of these areas. It takes relationships and rapport to overcome each of these challenges and enable the kind of creative problem solving needed to improve school safety.

What do you see as the role of families in ensuring a safe school environment?

Now more than ever, we need families to be involved as partners with other stakeholders to ensure the safety of individuals and the school community. Family involvement ensures a kind of accountability that no other group can bring to the table. Keeping families educated and in the loop allows learning and growth to continue outside of school and in real-world applications. Additionally, families can bring community-based issues, concerns, and perspectives to school personnel that may otherwise go unnoticed.

Families can be positive and powerful forces in the community. Providing channels for communication and inviting parent and student participation in school safety can make all the difference. We encourage school safety teams to allow for parent and student representation. We are excited to launch our first student-centered school safety leadership program this fall, called the Safe and Sound Student Council. We hope this program will help school communities across the nation tap into the resource of students for safer schools.

What advice do you have for school psychologists hoping to improve school security and safety efforts in their schools and districts?

I think it is an important time for school psychologists to redefine themselves as the mental health and safety leaders of our schools. It is far too easy for understaffed school communities to underutilize the expertise and experience of our school psychologists by relegating them to administrative tasks. Today’s school psychologists are certainly asked to wear many hats. Our school psychologists are uniquely qualified to serve many needs in the school community. I believe there is no greater need today than advocating for the mental health and safety needs of the students and families in the school community.
COMMUNIQUÉ
December 2016, Volume 45, Number 30

SUCCEED
IF THEY’RE NOT IN SCHOOL?

GET THE TOOLS YOU NEED
to provide meaningful interventions for different types of school refusal behavior.

• Define differences in school refusal behavior
• Address emotionally based school refusal
• Develop successful school-wide truancy prevention programs
• Learn to deal with school refusal at each RTI tier
• Manage contextual risk factors like homelessness
• Review legal requirements and best practices for intervention

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seasonal menu that uses meat and produce from the local farmers of San Antonio, but also for their knowledge in pairing different beer with their diverse menu items.

Supper Restaurant at Hotel Emma serves a contemporary Americana menu. All day long, they offer options specifically from an elevated farm-to-table American plate selection in bright surroundings. Tucked away next to the newly renovated Hotel Emma, Supper offers one of the most uniquely delicious breakfasts that the Pearl can offer.

When you are in need for some excitación clásico de San Antonio, (classic San Antonio excitement), there is always La Gloria. Here you will find an array of Mexican street foods, outdoor seating, and scenic views of the San Antonio River. Every evening, La Gloria will feature a different Latin artist in their outdoor patio area, with an open invitation to the dance floor. Once you’ve tasted their much-loved mangonada, that dance floor will start to look way friendlier.

BREWERS
San Antonio is home to many award winning microbreweries, most within a short cab ride from the convention center. These breweries offer weekly tappings and brewery tours—some with their own taste on American gastropub cuisine.

Just a quick taxi ride north, Freetail Brewing Company provides the north side of San Antonio with great views and great brews. This restaurant provides a pizza-focused menu with a ton of television screens to keep up with your favorite sports team. Named after the famous bats in the central Texas area, Freetail Brewing Company has a porch view of the hill country where these bats reside.

North of downtown is Ranger Creek Brewery & Distilling. This award-winning hybrid provides San Antonio citizens with a taste of some of Texas’s best beer and whiskey. The family run business will welcome you with a smile and lots of stories about how their beer gets its name.

Branchline Brewing Co. was the first craft brewery to open its doors in San Antonio. Located on the northeast side of town, Branchline offers a wide variety of in-house brews in a taproom that is open weekly.

Busted Sandal Brewing Company is nestled just northwest of the downtown area. Busted Sandal offers an array of brews that are crafted from hand picked, local, artisanal ingredients.

Blue Star Brewing Company, located within the Southtown Arts district, is a popular place for beer aficionados in San Antonio. Blue Star overlooks the south part of the San Antonio River and provides a scenic view of some of San Antonio’s best street art.

Alamo Beer Co. is one of San Antonio’s most famous breweries and is a huge student hot spot. Alamo Beer Co. provides a large indoor and outdoor seating area that overlooks the heart of downtown. This brewery has become a huge venue for upcoming musicians, making it an ideal spot for anyone who is interested in finding fresh sounds.

IN CASE YOU JUST NEED TO CHILL
There always is so much going on at the NASP convention and in the city itself, sometimes it can feel good to take a quiet breather. San Antonio has become a hub for coffee shops. Almost all of these shops roast their coffee beans in house or get them from local roasters in town. While each coffee shop has its own unique identity, they all have a common theme: great music, great people, and great Wi-Fi connections.

White Elephant Coffee Company welcomes all coffee nerds, novices, and everything in between. This dive provides in-house roasted coffee beans and fresh-out-of-the-oven pastries. If you need a place to chill and just happen to be in the Southtown Art District, look for the baby blue awning musicians, making it an ideal spot. Alamo Beer Co. provides a wide assortment of baked goods if coffee is not your thing, including a homemade pop tart.

DeAnna Gaytan is local student cochair for the NASP convention committee.
Postgraduate Mentoring
[continued from page 1]

tionships can help with time management, establishing professional boundaries, identifying a career trajectory, managing relationships, fostering professional skills and competencies, and creating a foundation to become supervisors or mentors in the future (Harvey & Struzziaro, 2008). Mentorship relationships benefit the mentors as well through career enhancement, professional growth, and a sense of giving back to the field (Cantor, Kessler, Odar, Aylward, & Roberts, 2012). Such efforts may also qualify for continuing professional development credits toward renewal of a credential such as the Nationally Certified School Psychologist (NCSP) credential. It is important to note that postgraduate professional support differs substantially from practicum and internship supervision (see Table 1).

School psychologists at all levels should seek professional supervision which ensures that practices are “observed, monitored, and evaluated to ensure implementation of appropriate and up-to-date services.” (NASP, 2011). Notably, professional support and mentoring relationships do not include a monitoring or evaluative component, and the mentor does not assume any responsibility or liability for the work of the mentee. For more on professional supervision, see the NASP Position statement on Supervision in School Psychology (NASP, 2011).

The following guidance is intended to help structure effective professional support and mentorship relationships. None of the guidance provided should be construed as requirements or enforceable regulations. Additionally, all school psychologists, regardless of setting, stage in career, or NCSP status, are encouraged to participate in professional support activities and use this guidance accordingly.

1. Effective school psychology mentors possess the appropriate qualifications and characteristics for effective mentorship.
   1.1 Mentors have at least 3 years of professional experience in school psychology, ideally within a similar employment setting or role as the mentee.
   1.2 Mentors should maintain the credentials and/or qualifications necessary to practice or work in the setting in which they are employed.
   1.3 Mentors demonstrate a commitment to providing professional support.
   1.4 Mentors display and encourage exemplary professional work characteristics, consistent with NASP standards, by engaging in and promoting ethical, culturally responsive, and evidence-based practice.
   1.5 Mentors engage in self-reflection and self-care, and they practice only within the boundaries of their competence.
   1.6 Ideally, mentors work or practice within the same district, employment setting, or state as the mentee, although this is not necessary for effective mentorship.
   1.7 Ideally, a mentor is not a direct supervisor and does not have formal administrative or evaluative authority over the mentee.

2. Effective and high-quality school psychology mentorship relationships are organized around a mentorship agreement.
   2.1 Together, mentors and mentees develop a written agreement prior to the onset of mentorship that clarifies expectations, outlines responsibilities, and identifies methods of support and feedback.
   2.2 Components of effective mentorship agreements may include:
      ■ Planned timelines and methods of communication, including use of technology, if applicable;
      ■ Strategies for managing canceled meetings;
      ■ Goals and progress monitoring strategies;
      ■ Boundaries and limitations of the professional support relationship; and
      ■ Identification of a primary mentor in cases where multiple mentors will provide professional support.

3. Effective and high-quality school psychology mentorship relationships include clearly delineated roles, responsibilities, and expectations of both the mentor and mentee.

   Mentee roles and responsibilities
   3.1 Mentees recognize the supportive, as opposed to authoritative and evaluative, nature of the arrangement.
   3.2 Mentees maintain responsibility for their own actions; they seek professional support and feedback from the mentor, yet remain autonomous in their professional functions and decision making.
   3.3 Mentees engage in self-reflection, actively seeking understanding of their professional needs and seeking out appropriate resources to meet those needs.
   3.4 Mentees act as critical consumers during the course of the mentorship experience; they seek questions and seek clarification, pursue professional development, and ultimately work to promote a mutually beneficial relationship.

   Mentor roles and responsibilities
   3.5 Mentors agree to provide professional support to the mentee and recognize the supportive, as opposed to authoritative and evaluative, nature of the relationship.
   3.6 Mentors encourage adherence to ethical principles in complex situations, promote ethical development of the mentee, and ensure the relationship remains non-exploitative.
   3.7 Mentors promote a strong relationship with the mentee by demonstrating a commitment to professional growth and emotional support of the mentee, engaging in collaborative problem-solving, and working to establish mutual trust.
   3.8 Mentors promote a safe environment for discussion by using nonjudgmental and supportive feedback.
   3.9 Mentors solicit feedback from mentees on their performance as mentors.

4. Effective and high-quality school psychology mentorship relationships are guided by clearly articulated goals.
   4.1 Mentors and mentees work collaboratively to set both short- and long-term goals for the development of the mentee’s knowledge and skills.
   4.2 Mentors and mentees document goals in writing at the start of the mentorship agreement.
   4.3 Term goals for the development of the mentee's knowledge and skills.
   4.4 Mentors and mentees periodically review progress toward goals throughout the mentorship experience, and they revise goals as needed to reflect mentee development.

5. Effective and high-quality school psychology mentorship relationships include documentation of the content of meetings and progress toward goals.
   5.1 Mentors regularly provide constructive feedback to the mentee.
   5.2 Mentors and mentees maintain appropriate notes regarding the content of mentoring sessions and the mentoring process to facilitate the assessment of mentee growth over time.
   5.3 Summative feedback (i.e., mid- and end-of-year feedback) is provided to the mentee to allow for self-reflection and ongoing assessment of progress and professional development.
   5.4 Summative feedback should be separate and exclusive from any performance evaluation of the mentee from direct supervisors or administrators.

6. Effective and high-quality school psychology mentorship relationships are maintained through regularly, yet flexibly, scheduled contact.
   6.1 At the outset of the relationship, mentors and mentees jointly determine a mutually acceptable schedule for mentoring meetings and address the extent to which contact between scheduled meetings is expected.
   6.2 Technology (e.g., phone, e-mail, videoconference) is used ethically and appropriately to facilitate regular contact between mentors and mentees (see Sections 9 and 10).

7. Effective and high-quality school psychology mentorship relationships can occur individually or in a group setting.
   7.1 At the outset of the relationship, mentors and mentees agree on whether an individual or group format, or a combination of the two, will

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Table 1. Comparison of Pregraduate Supervision and Postgraduate Mentorship/Professional Support

<table>
<thead>
<tr>
<th>Practicum or Internship Supervision</th>
<th>Postgraduate Professional Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor assumes direct responsibility and liability for the supervisee’s work.</td>
<td>Mentor holds a credential and assumes responsibility and liability. Mentor does not assume any responsibility or liability.</td>
</tr>
<tr>
<td>Supervision is evaluative and is typically structured as a requirement by the graduate preparation program and/or the field site.</td>
<td>The mentor does not hold evaluative authority over the mentee.</td>
</tr>
<tr>
<td>Required average of at least 2 hours per full-time week of field-based supervision.</td>
<td>Recommended minimum average of 1 hour per week.</td>
</tr>
<tr>
<td>Must receive a preponderance of individual, face-to-face supervision (NASP, 2010).</td>
<td>May receive mentorship entirely in a group and/or through virtual technologies.</td>
</tr>
</tbody>
</table>
provide the best setting for professional support.
7.2 When mentoring multiple mentees in a group setting, mentors take steps to ensure they have the available time and resources to provide sufficient professional support and constructive feedback to all mentees.
7.3 When participating in professional support within a group setting, mentors and mentees attend to all ethical obligations, including respect for clients’ and mentees’ rights to privacy and confidentiality (see Section VIII).

8. Effective and high-quality school psychology mentorship relationships respect both ethical principles and legal regulations.

8.1 Mentors and mentees are familiar with legal and ethical obligations regarding confidentiality, and mentors take steps to support mentees’ ongoing development and understanding of challenges with respect to the protection of confidentiality rights.
8.2 Mentors and mentees are familiar with relevant privacy laws applicable in the jurisdiction in which the mentor is practicing, and to the best of their ability, mentors support mentees in developing their understanding and application of such laws.
8.3 When using technology to facilitate professional support, both mentors and mentees engage in best practices to ensure the protection of the confidentiality and privacy rights of all parties involved (see Section X).
8.4 Mentees maintain client confidentiality unless the mentee or mentor can establish a legitimate need to know within the context of the mentorship relationship.
8.5 Mentors provide professional support and feedback, yet remain free from any liability for the mentee’s actions. Signing of case documentation or reports does not occur during mentorship, as mentees remain autonomous in and responsible for their professional functions.

9. Remote or virtual postgraduate mentorship considers both familiarity with and effectiveness of various technologies.

9.1 A mentorship agreement should address whether technology will be used for remote mentorship and how the mentor can be reliably contacted by the mentee.
9.2 Any telecommunications software and/or hardware used should be up to date and current.
9.3 Audio-visual communications, such as in videoconferencing, is preferred over audio or written communication, because it can more accurately convey nonverbal communication.
9.4 Written communication, such as e-mail and texting, should only be used as a supplement to audio-visual communication.

10. Remote or virtual postgraduate mentorship considers relevant legal and ethical principles when using technology.

10.1 All remote communication methods used to discuss individual students or families should comply with state and national laws. Particular focus should be on the federal laws of FERPA and HIPAA.
10.2 Any confidential or personally identifiable information, including notes and summative evaluations of the mentorship, is properly encrypted when stored, sent, or received.
10.3 Mentors and mentees meet from locations where any communication cannot be seen or overhead by people outside of the mentorship arrangement.

References


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NETWORK WITH PEERS
IN ONE PLACE
The NASP Leadership Assembly met in September and voted to adopt revisions to four existing position statements. In general, NASP’s position statements are revised every 7 years, unless there are circumstances that warrant an earlier update. The position statements carry the weight of official association policy and are based on the latest research and best practice information. They are helpful authoritative tools that school psychologists and others can utilize in advocacy efforts to establish or reform district or state education policies (Hobbs, Klotz, Fenning, & Harris, 2016). Highlights and key recommendations from the 2016 revised position statements are summarized below.

In the revised position statement, Recruitment and Retention of Culturally and Linguistically Diverse School Psychologists in Graduate Education Programs, school psychologists and graduate education programs are encouraged to engage in activities to improve the recruitment and retention of graduate students from culturally and linguistically diverse (CLD) backgrounds as an essential precursor to diversification in the field. Although there has been some growth in recent years in the percentage of school psychologists from CLD backgrounds, the vast majority of the profession identifies as White and provides monolingual services in English. Research-based strategies to increase recruitment of CLD graduate students include: highlighting program features related to diversity and multicultural competence in program websites, social media, and print materials; adopting flexible admissions criteria (e.g., letters of recommendation, prior work experience, video essays rather than written statements, and accepting GRE subject scores); and encouraging school psychologists from diverse backgrounds to become graduate educators. It is also equally important for graduate programs to foster engagement and support CLD students in completing their graduate programs and entering practice. Recommended retention strategies include providing opportunities to develop multicultural knowledge and skills in both didactic training and field experiences, ensuring that CLD graduate students receive ongoing peer and faculty mentoring and access to professional networks, and promoting awareness and prevention of racial microaggressions with graduate programs.

The Integrated Model of Academic and Behavior Supports position statement collapses and combines two separate position statements and details NASP’s commitment to ensuring that all children receive an appropriate public education in inclusive environments that implement high-quality, evidence-based instruction. An optimal service delivery system is one that is aligned with a multitiered system of support (MTSS) in which instruction is delivered along a continuum and based on student need, includes both academics and behavior, and uses data to guide instructional decision-making. Most importantly, school psychologists can be instrumental agents in the application of multitiered systems of academic and behavior supports because of their broad training in evidence-based practice, consultation, assessment, and data-driven instructional decision-making for students from diverse backgrounds. At every point along a continuum of services, school psychologists can provide important contributions such as advocating for the mental health needs of students by leading efforts to incorporate progress monitoring of student wellness at the universal level, assisting teachers in selecting evidence-based interventions and progress monitoring tools to match student need, or leading small-group interventions to support students’ social skills and mental health.

The revised position statement, School Psychologists’ Involvement in Assessment, asserts NASP’s position that school psychologists are uniquely suited to promote best practices in assessment and evaluation and to determine, in collaboration with others, when assessment is warranted. School psychologists have strong preparation and substantial expertise in both assessment and evaluation and, therefore, should play important roles in assessments conducted within a multitiered system of supports in school and related settings. School psychologists should contribute to the collection and use of information to guide delivery and improve outcomes for all students in need of individual, group, and school-wide services. According to the revised position statement, Ensuring High Quality, Comprehensive, and Integrated Student Supports, NASP supports policies and practices that enhance the education and development of all students through the organized delivery of comprehensive and integrated specialized instructional support services and the important role of school psychologists in delivering them. The effective delivery of comprehensive and integrated student services is essential to education and is supported by the role of school psychologists as specialized instructional support personnel employed by schools. A well-coordinated comprehensive MTSS model of service delivery is aligned with activities described within Every Student Succeeds Act (ESSA) and allows schools the opportunity to serve the behavioral, academic, and social-emotional needs of all students.

**References and Resources**


NASP position statements may be downloaded from: http://www.nasponline.org/research-and-policy/professional-positions/position-statements

Mary Beth Klotz, PhD, NCSP, is NASP Director, Educational Practice, and a contributing editor for Communique.

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School, Family, and Community Partnering Interest Group Announces Award

By S. Andrew Garbacz, Theresa Brown, & Sarah Fefer

The School, Family, and Community Partnering Interest Group has been active for 3 years. It is grounded in the NASP Model for Comprehensive and Integrated School Psychological Services (NASP, 2010) Family–School Collaboration domain. Our aim is to identify resources to use in research, practice, and instruction on family–school collaboration, provide an avenue for interested NASP members to share ideas and experiences, and disseminate information about evidence-based family–school collaboration practices.

In February 2016, we awarded the inaugural Family, School, and Community Partnering Recognition Award. Cathy Lines, former cochair of the School, Family, and Community Partnering Interest Group, received the inaugural award. Cathy has dedicated her career to scholarship, instruction, policy, and practice focused on improving outcomes for children, family well-being, and school climate through family–school partnerships. Cathy’s innovative ideas, sophisticated methods, and capacity-building strategies assure far-reaching implications for her work (see Lines, Miller, & Arthur-Stanley, 2015).

We are now seeking nominations for the 2017 Family, School, and Community Partnering Recognition Award. Nominations (including self-nominations) should be sent to Andy Garbacz (at sgargarbacz@wisc.edu) by January 17, 2017. They should include a description of nominee qualifications relative to the five award criteria: (a) scholarship or applied work focuses on family, school, and community partnering; (b) quality of family, school, and community partnering activities; (c) quantity of family, school, and community partnering activities; (d) family, school, and community partnering activities include increasing the capacity of partnering activities (e.g., through dissemination of research findings, training school or district coaches); and (e) family, school, and community partnering activities are aligned with empirically validated strategies. Researchers, practitioners, or instructors who are NASP members and exemplify family, school, and community partnering in their work are encouraged to apply. The award will be announced during the NASP convention in February 2017.

Please consider sending a self-nomination or nominating one of your colleagues for this recognition. In addition, if you are not already a member of the School, Family, and Community Partnering Interest Group, please consider joining. You may send any questions or suggestions about the interest group or award to the cochairs (Andy Garbacz and Theresa Brown) or the cochair elect (Sarah Fefer),

**References**


Andrew Garbacz is an assistant professor of school psychology at the University of Wisconsin, Madison. Theresa J. Brown is a professor of psychology at Georgetown University. Sarah Fefer is an assistant professor of school psychology at the University of Massachusetts, Amherst.
Reviving a School Psychology Student Association: One University’s Experience

By Sonja Saqui, Jovana Durica, & Laurie Ford

As future school psychologists, we are exposed to research, training, and practical experiences that contribute to our ability to positively support the academic, social, and behavioral well-being of children and youth. Although the typical course of study can be rigorous, participating in leadership activities in a narrow or exclusive context is an important aspect of professional development. Skills gained during this time are often required for successful employment. In this paper, we describe our experience in reviving a student organization that could provide a forum to enhance students’ individual skills (i.e., leadership), as well as provide a collective voice specific to school psychology graduate students. Thus, a goal of reviving the SPSA at our university was set in late fall of last year.

**Our Journey**

We had two key components prior to initiating our SPSA revival: enthusiastic and dedicated students, and faculty familiar with the program who encouraged and supported the SPSA’s reboot. Fortified by a committed group of individuals, we began the SPSA’s revival. First, we held an information session attended by faculty and students to discuss the previous SPSA, its mission statement, and leadership structure. We surveyed students’ perspectives on what issues and initiatives they wanted the SPSA to support. Based on student and faculty collaboration, a new leadership structure was outlined. In addition to the SPSA chair, social chair, and communication chair positions from the previous SPSA, a mental health and well-being chair, and a diversity chair were added to the leadership structure. Responsibilities for each position were delineated.

We held nominations, reaching out to students at all levels of the program. The nomination period was followed by an election, in which the school psychology student body voted. Following the election, all graduate students in the program were informed, via our Listserv, about who had been elected, and the date of our first meeting was established.

During the first official SPSA meeting, the following tasks were completed: (a) responsibilities were specified, (b) the mission statement was refined, (c) each chair’s goals were clearly outlined, (d) steps to begin officially registering with the university were begun, and (e) future meetings were scheduled. Shortly thereafter, we began working toward various goals.

The newly expanded SPSA organized a number of events. First, a faculty and student potluck was arranged primarily by the social chair. This potluck served two functions: welcoming both students and faculty back to UBC and disseminating information regarding the reestablished SPSA. In addition, a NASP convention proposal writing workshop with faculty was organized. This workshop allowed students to receive feedback from faculty about ways to make their NASP convention proposals more competitive. A summer book donation program was arranged, in which proceeds from two previous bake sales were used to purchase and donate books to children at a local school. Five to six books selected to meet the child’s age, reading level, and interests were given to 14 children selected by the literacy coordinator at the children’s school.

A number of significant projects were also accomplished by specific chairs. The communications chair created a SPSA Facebook page giving us online presence. An electronic newsletter is also regularly distributed to highlight upcoming school psychology events. Additionally, the two diversity chairs applied for a grant in order to help fund diversity-related events. Finally, the mental health and well-being chairs created an anonymous survey to gauge the student body’s mental health.

The SPSA has numerous projects planned. A diversity panel composed of professors from the school psychology department and other faculty from the university will be invited to speak to students about diversity issues. A crucial topic of discussion will be how to foster a supportive approach when working with students from diverse backgrounds, cultures, ages, and interests. Another project currently in progress is our mental health survey. This survey is being compiled to anonymously assess school psychology students’ mental health needs and perceptions. The findings of this survey will be shared with faculty in order to better understand and subsequently support the mental health of the graduate students. Additionally, a research roundtable event in which the faculty will be invited to share current research projects and findings with students is being discussed.

Although starting a student organization takes time and commitment, reviving, or even starting, such an initiative is not an insurmountable task. Establishing, reviving, or being involved in your university’s school psychology students’ organization provides you with opportunities to develop your leadership skills and form new professional networks with fellow students and faculty, and promotes an exchange of ideas between similarly motivated individuals. Furthermore, community outreach projects by student associations benefit the local communities and beyond.

**References**


**Sonja Saqui** is a third year school psychology masters student at the University of British Columbia, Canada, the NASP student leader, and a SPSA chair. **Jovana Durica** is a second year school psychology masters student at the University of British Columbia, a NASP member, and an SPSA mental health chair. **Laurie Ford**, PhD, is an associate professor and director of training for the doctoral program in school psychology at the University of British Columbia.
I confess that I am a philanderer. While I have had several strong relationships over the years, I have found myself constantly scanning for something that is new and better. As such, I have never fully felt comfortable in any relationship. As a result, I never benefitted the way I could have had I simply committed myself wholly to a particular technology.

I believe that most of us have similar issues in our relationships with technology. There is this constant pull when interacting with technology to find the next big thing. The problem is that new technology is continually released with better features, faster speed, and greater capacity. The avalanche of new products never lets us fully settle in to a technology. There is this constant jitters when thinking about committing to a technology.

Another reason for getting the jitters when thinking about committing to a technology is uncertainty about whether it will be a technology that will stick. There are numerous examples of technologies that held promise, only to falter later on. Names like WordPerfect, AltaVista, Newton, Lycos, and Palm were all touted as the technology that would change everything, only to flame out as better technology became available.

Committing to a technology is uncertainty about whether it will be a technology that will stick. There are numerous examples of technologies that held promise, only to falter later on. Names like WordPerfect, AltaVista, Newton, Lycos, and Palm were all touted as the technology that would change everything, only to flame out as better technology became available (extra credit if you know what those above products did).

There is a cost to avoiding commitment. Most technology can improve our efficiency even when used in a cursory manner. However, digging deep into all of the capabilities of a product can reveal a whole other level of productivity gains that most people are not even aware of. My case in point is Microsoft Word. Everyone who uses Word has a vague sense that they are merely scratching the surface of what the program is truly capable of doing.

I felt that this was the right time to settle down and commit to a couple of cloud-based services. At the start of the school year, I began to think about what part of my job I could do better if I had the right tools. I identified two needs that fit the bill.

The first need was to be able to more effectively store and sort information I found. To address this need, I selected the cloud-based program Evernote. I have written about Evernote in the past, and I have used it in a casual manner. This time, I went ahead and paid for the premium package.

Evernote is a great solution for school psychologists who need to keep track of a variety of information and to easily find it. Evernote allows for clipping website content and taking out the annoying ads. It also lets a user save e-mails to the same database along with PDF and other files. It fully integrates with my Web browser and will run a search within the browser in conjunction with Google searches. When taking a note in Evernote, it will see what I am typing and offer related content suggestions from what I have saved before. These capabilities have greatly increased my ability to find content and the features that I have enjoyed in my first few months of using it, though there is still more that I need to explore. Additional features include attaching notes to PDF files, presenting my notes to others, and collaborating with others.

My other need was to find a service where I could easily cite sources when writing papers. I consulted with my librarian and selected Mendeley. The process of setting Mendeley up has taken some time and there has been more trial and error than I experienced with Evernote. It was nice to simply push a button and have my entire reference section automatically formatted in APA style. However, I found that I had to go back and correct some of it based on the way I put in the original citations. In addition, the ability to take notes and search within Mendeley is a bit more limited than I had hoped.

Overall, I have had a mixed experience committing to the two services. I have been very satisfied with Evernote but less so with Mendeley. Like most relationships, some work out well and others can be more of a struggle. As the holidays come quickly upon us, take a moment and think about your needs and what type of technology or services could help you do better in that area. Then it is time to commit and really get to know its capabilities. It will likely be a rewarding experience and make you more productive.

Dan Florell, PhD, NCSP, an assistant professor in the psychology program at Eastern Kentucky University and a contributing editor for Communiqué.

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EBIs in School Practice

Review by Rondra S. Reyna

Over the last 2 decades, the American Psychological Association has increased its efforts to bring evidence-based interventions (EBIs) from clinical settings to community-based settings, including schools. Simon’s text provides a strong justification for bringing evidence-based interventions for children and adolescents into the school community based on a thorough review of the empirical literature on evidence-based treatments for this population. He also strengthens his position by highlighting changes in the Diagnostic and Statistical Manual of Mental Disorders—5th Edition with accompanying empirical evidence about commonly diagnosed and treated emotional-behavioral disorders in youth. Simon states that schools are an ideal setting for evidence-based psychosocial treatments because they are part of a youth’s community, and the school setting is one in which children and adolescents who are suffering from mental disorders will show improvement. By using his experience and a thorough review of the extant literature concerning the transportability of evidence-based therapeutic interventions to the school setting, the author provides a convincing argument for the utility of such EBIs within the schools at both a system-wide and individual level of service delivery. Simon states that clinical case conceptualization is an important first step in determining how to utilize some of the most empirically investigated EBIs (such as family therapies, behavioral therapies, and cognitive-behavioral therapies) in effective and adaptable ways at all levels of the response-to-intervention continuum of interventions in education, and most specifically, special education. His premise of exploring individual cases through the application of clinical case conceptualization ensures that no one-size-fits-all approach be used, and that necessary, individualized services be chosen for children with emotional-behavioral disorders. He further speaks to the importance of including families in the intervention process by ensuring that environmental variables within the school and home environments are adapted to support some of the EBIs proposed (most specifically, behaviorally based treatments). In essence, consulting with parents not only as clients, but also as co-implementers of some treatment protocols may be necessary.

While proposing a systematic framework for establishing EBIs as the best treatment approach within the public school domain, Simon sensitively identifies the need for not only clinically tailoring EBIs to individual students, but also for the inclusion and analysis of various contextual factors surrounding the child (including family, school, peers, community, and cultural background). Because many psychological disorders present within the school setting and continue along a chronic course over extended periods of time, school-based mental health services will remain the most viable and accessible services to ensure consistency of treatment, progress monitoring, and the use of additional interventions that may be needed at the onset of key developmental transitions or crises within a child’s life. The text surpassed my highest expectations by proving to be a superior, comprehensive resource for a school-based practitioner seeking to utilize EBIs with my students and also in terms of its usefulness as a tool for an instructor of higher education.

Rondra Reyna, PhD, NCSP, is a Licensed Specialist in School Psychology in Houston, Texas and an adjunct professor of graduate study in educational psychology.

Companion to DSM-5

Review by Nicholas N. Kenjen

DSM-5 Diagnosis in the Schools, written by Drs. Renee Tobin and Alvin House, is an excellent resource primarily for school and clinical psychologists who work with school-age children. The authors’ intention is to familiarize school mental health providers who work with school-age children. The DSM-5 is the fifth edition of the American Psychiatric Association’s 2013 release of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The book details the purpose of the DSM-5, its organization, and most importantly, the methodology of effectively identifying and classifying children’s developmentally emotional and behavioral problems. The authors also stress the importance of school psychologists owning a copy of the DSM-5 and using the DSM-5 Diagnosis in the Schools as a resource for gaining perspective on how the diagnostic classification system in DSM-5 is organized in order to apply this organization system to commonly encountered presenting problems in schools.

The book is composed of three parts. Part one provides an overview of the DSM classification model and a description of how school psychologists can be both producers and consumers of psychiatric diagnoses. Of particular interest is the reminder to the school practitioner that the DSM-5 was written by physicians from a medical model perspective primarily for use by physicians. The DSM-5 is a classification system of human behavior which necessitates clinical judgement and decision-making. Psychologists who are trained to carefully develop hypotheses based on data and make decisions in collaboration with several colleagues are reminded of the medical perspective of clinically evaluating and acting on data to arrive at conclusions necessary to provide interventions. Additionally, the DSM-5 includes a new chapter on “Other Conditions That May Be a Focus of Clinical Attention” which takes into account relationship difficulties and other conditions that may interfere with health adjustment and functioning. This section is useful for noting various stressors of childhood which should be addressed with therapeutic or educational interventions, but do not meet the degree of severity necessary to culminate in a diagnosis.

Part two briefly describes categories within the DSM-5, with more detail provided for diagnostic classifications and associated differential diagnoses particularly relevant for children and adolescents. Of particular usefulness, side bar or author notes bring to light the similarities, differences, and myriad issues involved in bridging DSM-5 and the Individuals with Disabilities Education Act (IDEA) criteria.

In part three of DSM-5, Diagnosis in the Schools, Tobin and House offer recommendations to school psychologists on the competent and professional use of DSM-5 in the diagnosis of child and adolescent emotional and behavioral problems. Ethical and best practice recommendations for school psychologists are provided for assessment, diagnosis, maintenance of mental health records, and billing insurance companies and other third-party carriers. The two closing chapters center on the similarities and differences between the DSM-5 and IDEA and broad and specific concerns regarding the DSM-5.

This book is an essential supplemental text for psychologists and other mental health providers who work in the school setting. The authors stress the importance of school psychologists owning a copy of the DSM-5 and using the DSM-5 Diagnosis in the Schools as a resource for gaining perspective on how the diagnostic classification system in DSM-5 is organized in order to apply this organization system to commonly encountered presenting problems in schools.

Comparisons of DSM and IDEA are particularly useful for school psychologists when communicating between school staff and community and medical settings. The text is user-friendly despite the density of the topic of a taxonomical structure for mental disorders.

Nicholas N. Kenjen, PhD, NCSP, is a school psychologist with Lincoln Intermediate Unit 12 and maintains a part-time private practice in York, Pennsylvania.

Basic Tier 1 Behavioral Supports

Reviewed by Kristine Camacho

In Supporting Behavior for School Success: A Step-by-Step Guide to Key Strategies, Lane and colleagues present an approach to collaboratively addressing behavioral challenges that students present within the general education classroom: the comprehensive, integrated, three-tiered model (CIT3). They describe the three tiers of prevention found in their multitiered model: Tier 1 supports (prevention supports for all students), Tier 2 supports (prevention supports for some students), and Tier 3 supports (prevention supports for a few students). After describing the model and research on multitiered systems of support, the authors present seven strategies that can be used as Tier 1 supports within the general education classroom. The seven strategies included in this text are: increasing opportunities to respond, behavior-specific praise, active supervision, instructional feedback, high-probability request sequences, pre-correction, and instructional choice.

Each of the seven strategies is presented in its own chapter, with each chapter using the same structure to present information relative to the strategy. First, the strategy and why it is useful is described followed by a review of a select number of research studies that support the effectiveness of the strategy. A table of additional studies not described in detail within the chapter is also included for individuals seeking additional research support for each strategy. Next, the authors describe the benefits and challenges to utilizing each strategy before providing a step-by-step checklist that can be used by practitioners wishing to implement the strategy within the classroom. Information on examining treatment integrity and social validity is presented after the step-by-step model. Each chapter con-
Includes a hypothetical case (ranging from elementary through high school) showing how the strategy could be implemented at the classroom level. Each case describes the problem faced by the teacher and how the individual used the various steps to implement the strategy. Each case concludes with a sample treatment integrity checklist and social validity form. Additional resources and reproducible materials are available online for those who purchase a copy of the text for individual use with students.

This text could be used to support novice classroom teachers who are looking to add tools to their collection of effective classroom management strategies. Early career school psychologists or graduate students could also benefit from a text like this to support the development of Tier I behavioral support strategies. Seasoned professionals, whether teachers or school psychologists, may find themselves wanting additional strategies and resources because many of the supports described are likely not new to these folks. Nonetheless, this text can provide supports and a foundation for basic, yet effective classroom management strategies.

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PUBLICATIONS

Call for Book Reviewers

By Merryl Bushansky

Something old, something new. As in the past, I’ve tried to mix it up a bit, offering books on counseling techniques, transgender issues, social policy and even one book on raising an autistic child that would be perfect as a reference for parents. You can learn more about each book by Googling it.

Please submit your requests to me at spmerryl@msn.com with a short vita or summary of your qualifications so that I can match the books to the appropriate reviewer. Be sure to include the address where the book is to be sent. Since there are many more requests than there are books to review, it’s helpful to include several choices. NASP members will get priority.

As in the past, it is important to get your requests in early. I try to distribute the books within a month of Communique being delivered. You will have 2 months to read and review the book and, of course, you get to keep the book.


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Merryl Bushansky is the book review editor for Communique.
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