The School Psychologist

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The School Psychologist

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The APA Division 16 publishes *The School Psychologist* as a service to the membership. Four issues are published annually. The purpose of *TSP* is to provide a vehicle for the rapid dissemination of news and recent advances in practice, policy, and research in the field of school psychology. Articles up to approximately 15 double-spaced manuscript pages will be accepted; however, brief articles, approximately 6 to 12 double-spaced manuscript pages, are preferred. Test reviews, book reviews, and comments for The Commentary Section are welcome. All submissions should be double spaced in Times New Roman 12 point font and e-mailed to the Editor.

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PRESIDENT'S MESSAGE

Immigration and Cultural Competence

Gary Stoner
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> "My father's parents, Morris and Ida Steinberg, emigrated from Romania and changed their surname to Stoner at Ellis Island. They gave up their name and their religion in America in an effort to assimilate, and to avoid potential persecution."

On February 2, the day prior to the start of our Division Mid-Winter Meetings in San Antonio, Texas, I was able to attend the APA Expert Summit on Immigration, "Global Realities: Intersections and Transitions." By the end of the day, I felt fortunate to have had the experience, for it afforded me opportunities on several fronts. First, it prompted me to reflect on the immigration experiences of my own family and to consider how these experiences were similar to and different from those of today's immigrants. Second, I was especially excited to be exposed to three scholars who are experts on the topic of immigration, each of whom shared their insights gleaned through varied but complementary methods of study. And finally, my attendance allowed me to gain new perspectives on contemporary immigration and its influences on children and families. In this column, I want to share a few of my thoughts about this experience, and ask you to reflect on and consider examining (or re-examining) some of the work I was exposed to at the Summit as it relates to cultural competence and awareness in school psychology.

Bear with me while I tell you a little about my family. My father's parents, Morris and Ida Steinberg, emigrated from Romania and changed their surname to Stoner at Ellis Island. They gave up their name and their religion in America in an effort to assimilate, and to avoid potential persecution. My mother's parents, Christopher and Sarita LoPiccolo emigrated from Italy. He traveled first, leaving her behind until he could earn enough money to pay for her passage to America. Upon her arrival at Ellis Island, she reported her name as Rose LoPiccolo, as she was unsure of how to spell her actual first name in English. She feared acknowledging such confusion would be cause for being sent back to Italy for lack of intelligence. Each couple came here in the early 1900's to pursue economic opportunity, and each raised nine children in Cleveland, Ohio. In doing so they experienced language and communication problems, poverty, and exploitation in the workplace, and their children became involved as soldiers and workers in the United States' World War II efforts. They also experienced educational and economic opportunities in addition to many other examples of hard times and good times—all without much complaint. They

assimilated to American culture of the times, but they also retained old customs, especially as related to food, holidays, expectations for civil behavior, respect for family and elders, respect for hard work, and caring about other people.

In learning more about contemporary immigration at the Summit, I was struck by how similar my grandparents' experiences were to those being described: family separations, economic hardship, language barriers, and workplace exploitation. All of this was then, and it is now, endured in the interest of economic opportunity, freedom from religious and political persecution, and an improved quality of life. What seems to vary over time is our level of sensitivity to the immigration experience, our willingness to accommodate and respect the customs and practices of peoples' countries of origin, and our expectations regarding assimilation.

This is where psychology, education, and school psychology come into play. We all know that treating people with dignity and respect is one of the foundations of our profession, and that cultural competence and multi-cultural sensitivity are essential to the understanding and support of today's children in America's schools. For a fresh perspective on these issues (at least it was fresh to me; references below) I urge you to explore the work of the three scholars who gave keynote addresses at the Summit. They are Donald J. Hernandez, Ph.D., a Professor of sociology at the University at Albany-SUNY, Mary Pipher, Ph.D. a psychologist and author from Lincoln, Nebraska (most well known for her book *Reviving Ophelia*) who also teaches at the University of Nebraska Lincoln, and Carola Suárez-Orozco, Ph.D., a psychologist and Professor in the Steinhardt School of Education at New York University. At the Summit, each of these individuals was awarded a Presidential Citation by the American Psychological Association for distinguished contributions to the understanding of immigration and its influences on human experience.

Daniel Hernandez studies U.S. census data and population statistics to understand the experiences, opportunities, and patterns of settlement of recent immigrant families. Carola Suárez-Orozco studies and writes about cultural psychology, academic

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engagement, immigrant youth, and identity formation, as well as the role of mentors in facilitating positive development in immigrant youth. I was particularly taken with Mary Pipher. Drawing on material from her book, *The Middle of Everywhere*, she related stories of her personal efforts to support recent immigrants in Nebraska that were at once riveting, touching, and instructive.

Despite the use of different bases of evidence the work of these scholars converges in helping us to see the uniqueness and the sameness in the immigrant experience. I hope you too will find this work of interest and informative to your perspectives on cultural competence and school psychology. After all, the understanding of sameness and difference in human experience is at least partially what psychology and education are about.

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Evidence-Based Practice in Schools: Altering the Environment

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Legislative directives have placed increasing demands on educators to demonstrate accountability for the effectiveness of their programs and policies through the implementation of evidence-based practice. Evidence-based practice, in these directives, emphasizes the importance of rigorous scientific methodology in educational practice. However, such emphasis places the responsibility for evidence-based practice on large scale research initiatives and agencies outside the local educational agencies (LEAs). In addition, many educators who work at the LEA level lack the necessary training to engage in such practice. In order to achieve and sustain a meaningful increase in evidence-based practice, educators within the LEAs need to be actively involved in a change process that supports and encourages a research-friendly environment, provides opportunities for professional development in research methodology and applied statistics, and supports collaborative problem-solving through team process. Structural changes in the current practices of information sharing and research initiative development are also necessary. This article presents a discussion of processes that can effect such change.

During the past 40 years, there have been increasing demands on educators to provide evidence that their policies, programs, and practices are effective. With the enactment of the Elementary and Secondary Education Act (ESEA, 1965) came the directive for increased accountability on the part of teachers and administrators in education. The Improving America's Schools Act of 1994 included directives for the Federal government to work in partnership with "state educational agencies, local educational agencies, other public agencies, and nonprofit organizations to disseminate and use the highest quality research and knowledge about effective practices to improve the quality of teaching and learning in schools assisted under this title" (Improving America's Schools Act of 1994, PART E SEC. 1502 (a) (1)). The GOALS 2000: Educate America Act (GOALS, 1994) established a priority for a national framework focused on improvement of learning and teaching and for promotion of research, consensus building, and systemic changes to ensure

equitable educational opportunities. The No Child Left Behind Act (NCLB, 2001) recommends that educators employ scientifically-based research in the development and application of programs and practices. As defined in NCLB, scientifically-based research "means research that involves the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to educational activities and programs" (NCLB, 2001, Title IX, Part A, sec. 9101(37)A). Specific directives for educators to adhere to the use of empirical methodology for the development and implementation of such research include a stated preference for experimental or quasi-experimental designs that are replicable across agencies and that meet the standards of peer-reviewed journals and/or panels of independent experts (NCLB, 2001).

These directives are tied to federal funding initiatives designed to ensure the use of scientifically-based and high quality research in education. Most recently, the U. S. Department of Education has indicated that funding priority will be given to "projects proposing an evaluation plan based on rigorous scientifically-based research methods to assess effectiveness of a particular intervention" (U.S. Dept. of Education, 2005, p. 3586).

The Federal Register of the U.S. Dept. of Education (2005) specifies that scientifically-based research means "research that involves application of rigorous systematic and objective procedures to obtain reliable and valid knowledge relevant to educational programs and activities" (p. 3587) and "includes research that employs systematic, empirical methods that draw on observation or experiment; involves rigorous data analyses that are adequate to test the stated hypotheses and justify general conclusions drawn; relies on measurements or observational methods that provide reliable and valid data across evaluators and observers, across multiple measurements and observations and across studies by same or different investigators" (p. 3587).

Evidence-Based Practice at the Local Level

While these directives encourage attention to larger scale projects and outside researchers, there

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remains a large disconnect between research and practice at the school and classroom level. In order to achieve and sustain a meaningful increase in evidence-based practice, educators within the LEAs need to be actively involved in a change process that supports and encourages a research-friendly environment. That is not to say that the larger scale research is superfluous, rather, it is one piece of the needed scientifically-based research and constitutes only one aspect of evidence-based practice. Teachers and administrators within local educational agencies must also take an active role in smaller scale local research so there is as much high-quality and valued information emanating from the LEAs as there is being directed toward the LEAs. In order to accomplish this, however, schools must first identify the obstacles and work to remove them.

What are the obstacles?

Limited background and knowledge in scientific research methodology and applied statistics. The majority of teachers and administrators do not have expertise in research design or statistical analysis. As teachers, their professional education primarily focuses on educational methodology and curriculum specifically related to their content area. Administrative training focuses on management and the business of running a school. Most educators receive a basic introduction to educational research and very little, if any, training in applied statistical methods.

As a result, many teachers and administrators lack the necessary knowledge to critically review the professional research available in journals and texts. There is a tendency to rely on outside sources, such as publishers and individual program developers to present and sell their products. Educators often act only as consumers of curriculum programs and text book series, rather than acting as research-oriented professionals using research results to aid in decision making.

This lack of knowledge also impacts data collection and management. A wealth of information is held within each LEA, but without an effective established system for data collection, recording, and analysis, it often is lost or, at the very least, under-utilized. Schools often must rely on publishing and testing companies and state departments of education for analysis of program effectiveness and student progress.

Within each LEA, however, is a cadre of personnel who do have the training and skills in evaluating and conducting scientific research and in understanding applied statistics. School psychologists receive this education as part of their graduate program, yet the emphasis in their job is frequently on more traditional roles. Mathematics and science teachers may have the necessary background and training as well. School personnel at the doctoral level are being seen more frequently in LEAs and these specialists have had training in conducting and interpreting research as part of their program. However, they frequently are required to engage in "traditional" job roles while their research expertise is ignored. It then is incumbent upon districts to revisit the roles of such personnel within the system. Provision of time and resources to these professionals for the purpose of staff training and development of evidence-based practices should be a priority for LEAs.

Non-collaborative approach to problem-solving. While there has been an increase in development and implementation of team-based decision-making within school systems in recent years, there remains a need for continued refocus, revision and expansion of this process. Many decisions continue to be made in the context of isolated teachers, grade levels, or buildings, without a system-wide coordination or sharing of information. This inhibits an LEA's ability to engage in evidence-based practice because it allows the promulgation of decisions based on anecdotal information or personal perception rather than on analytical review of data.

In order to maximize the benefits of team-process, LEAs first must make a true commitment to the use of that process. It requires a degree of trust between administration and teachers and the ability for all to work in a truly collaborative manner. It cannot work without a clear and comprehensive plan that is established district-wide as part of the LEA's decision-making process (Knoff, 2002). In addition, specified agendas and timelines, as well as member training in use of the team problem-solving process is necessary. A collaborative team process can be a highly successful tool for all areas of LEA function if it is implemented well.

Limitations in opportunities for professional dialogue and information-sharing. The formal structure for interchange among school professionals often is restricted to periodic faculty meetings, dominated by the logistical needs of

school operation, and occasional in-service days. Daily responsibilities to students dominate both teachers' and specialists' available time. A shift toward more active participation in evidence-based practices requires a school-wide cultural change that promotes ongoing and routine contact among educators interested in using research evidence to guide practice.

Current practice in LEAs often involves sharing of information from the top down. The chief school officer and central administration receive information directly from federal and state agencies. They share information that they feel to be of significance to the building principals. The principals then decide what and how much of the information will be shared with teachers within the time constraints mentioned above. This linear model of information sharing interferes with implementation of evidence-based practice in that the majority of the educational staff has insufficient awareness and comprehension of legislative imperatives, federal and state mandates and large-scale educational research. As part of the LEA's professional development plan, all educational staff need to have access to un-filtered information. This requires that LEAs include staff training in the use of pertinent information within the professional development plan and allow time for professional reading within the scope of daily practice, which leads to the next point of discussion.

Limited climate for learning. There needs to be a climate of learning, not just for the students, but for all personnel within the district. There needs to be an environment that encourages and supports the use of data to make decisions and guide practice. Directives for teachers to maintain continuing education could readily include topics on the use of research in practice. It does require both a supportive structure and flexibility for participation. With the technological advances of current day education, however, it should be much easier for all personnel to be knowledgeable of educational issues and imperatives. Much of this information is available on the internet, directly through government websites and various professional organization websites. As such, teachers and administrators need to know how and where to locate information and use it to inform decision making.

Educators must also know how to develop and manage a system for collection and storage of information on program results, student progress, behavior management practices and other pertinent data. Staff skilled in statistical analysis then can help answer locally generated research questions, such as, "Is our school-wide student discipline system effective?" and "Is our screening program effective in identifying students at-risk for school failure?" LEA decisions then can be developed based on data collected from the students and teachers. This evidence, in combination with federal and state directives and large-scale research data, will allow LEAs to prioritize action plans and utilize local data to evaluate programs and practices.

While this may seem like an overwhelming task to personnel who have not had the opportunity to participate in these kinds of activities, LEAs have a variety of ways in which they can implement change. Several examples are offered that illustrate the potential for change.

1. *Existing problem:* An LEA uses a kindergarten screening process that requires expensive training by an outside agency. As a result of economic limitations and attrition of previously trained personnel, only two of the eight current screeners are adequately trained. The likelihood of inappropriate scoring, interpretation, and recommendations is high.

Evidence-based practice: The school psychologist and speech-language pathologist respond by offering to review the kindergarten screening program, analyze the needs, and make appropriate recommendations to the screening team and district administration. The process involves: a) review of current professional literature on screening, state requirements, and the district's K-2nd academic program and skills continuum; b) identification of necessary elements for the district's screening instrument and development of a review protocol (i.e., ease of administration and training, validity and reliability, comprehensiveness of the screening related to state requirements and the match to the district's primary level curriculum); c) inclusion of teacher and parent input; d) review of selected screening instruments using the developed protocol; e) meeting with the kindergarten screening team to report on the review process, demonstrate sample instruments and collaboratively make a final choice; f) submission of team recommendations to administration, including resources and

timeline needed to effect change and a plan (i.e., data collection, storage and analysis) for follow-up evaluation of screening effectiveness and potential effect on practice. The applications for practice include using screening data to heterogeneously group kindergarten students, identify students at-risk for early reading failure, and predict school adjustment problems, allowing for early provision of reading intervention and primary prevention programs.

As a result of this process, the kindergarten screening team participates in the review process and assumes ownership of the recommended changes; the administration accepts the recommended changes; the screening program is strengthened and a system of data collection is developed and maintained in order to assess program effectiveness over time.

2. *Existing problem:* An LEA is considering purchase of an expensive, well marketed, computer-based program to improve literacy in young elementary students. Program sales representatives are in frequent contact with school superintendents and the company has a well-designed website, replete with the latest educational buzz words and claims of multiple studies that support its effectiveness.

Evidence-based practice: A multi-disciplinary team, comprised of building principals, school psychologists, speech-language pathologists, reading teachers and elementary teachers (K-2nd) is formed and charged with the task of making a recommendation to the LEA. Members of the team develop a timeline for collection and review of information from the company and independent review sources, analysis of district needs through a collaborative problem-solving approach, and submission of recommendations to the superintendent. Following a review of the independent literature and further discussion of remedial reading needs, the team determines that the program fails to meet high standards of research-based effectiveness and is inconsistent with district needs. The team provides the superintendent with its recommendation not to purchase the program along with its rationale, copies of the supporting professional literature and an alternative plan of action that better suits district needs and is supported by research. As a result, an expensive blunder is

avoided, teachers take ownership for the recommended plan of action, the superintendent has appropriate rationale, and the district curriculum is strengthened through the implementation of the team's alternative plan.

3. *Existing Problem:* As discussed above, schools may have limitations at a practical level that inhibit the routine use of research evidence in day-to-day practice. Limited knowledge of research design and statistics, limited development of collaborative teams, limited opportunities for routine professional dialogue about all aspects of evidence-based decision making, and a limited climate for learning may affect an LEA's ability to respond to the call for more evidence-based practice.

Evidence-based approach: Keith (2002) has suggested a hierarchical model of research roles for school psychologists that emphasizes the importance of specialists as knowledgeable consumers of research, distributors of research, and finally, as conductors of research. It seems logical to extend this model to other school personnel who have the inclination and background to serve as the leaders in developing an atmosphere of learning where educators are encouraged to actively study research literature, share pertinent research results, and pursue their own research interests. The establishment of collaborative "school-based research teams" in each LEA might be one way to implement systemic change in the schools. The team would be responsible for: ongoing literature reviews in selected topic areas of high interest to the school, monitoring of key legislative developments, dissemination of relevant high quality research, development and implementation of local school-based research, and mentoring colleagues engaged in their own classroom-based research.

Research team members would also take the lead in providing formal training within the LEA's established in-service days or Teacher Center courses. If teachers learn about basic research methodology and statistics in a supportive and collaborative environment that directly touches their lives in the classroom, the leap to evidence-based practice on an increasingly larger scale could become a reality for more schools.

Please e-mail all submissions for *The Commentary Section* to: Reddy@fdu.edu

RESEARCH FORUM

A Novel Evidence-Based Approach to School-Based Mental Health: Integrating Mental, Medical, Educational and Familial

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"*A school-based mental health clinic can dramatically reduce many of the barriers to treatment...*"

There is a growing need to reduce the barriers to accessing medical and mental health services for children and their families, particularly for those from inner city and ethnic minority neighborhoods. In this paper, we present a novel empirically-supported approach to the provision of school-based mental health resources in an underserved elementary school. First, we discuss the history and rationale for the development of this program. Second, we highlight the primary, secondary and tertiary prevention strategies employed, including evidence-supported treatment interventions for specific disorders. Finally, we review the obstacles that we have faced coupled with the solutions that have been implemented. Implications for future adaptation and implementation are also discussed.

Research has identified the collaborative approach to healthcare for children as necessary in order to bridge the gap between the growing medical and mental health needs of children and their families (Clay, 1998). This approach is particularly relevant in inner city and ethnic minority neighborhoods, where these needs often go unmet. Within these communities, families are resistant to seeking help for a variety of reasons, including perceived and real barriers to treatment, lack of insurance, language barriers, discomfort in dealing with "the system" and the stigma associated with seeking mental health services. A school-based mental health clinic can dramatically reduce many of the barriers to treatment, including eliminating transportation issues, potential financial barriers, and the stigma associated with receiving mental health support, while simultaneously promoting an integrated system of care (Armbruster, 2002; Costello-Wells, McFarland, Reed & Walton, 2003). In this paper, we describe the various components to our novel approach to school-based mental health, including our rationale for this program, the multi-disciplinary staff, the clientele, the various empirically-supported assessment and prevention

strategies implemented, the obstacles that have arisen in this setting, and the solutions attempted.

Initially, our school-based health clinic, created in 1996, aimed to service a historically "under-serviced" inner city community. The clinic was staffed by a school aide and nurse practitioner (NP). In 2001, a pediatrician joined the team to replace the nurse practitioner. The school-based clinic received grant funding to carry out a demonstration project jointly funded by the Department of Health, Office of Mental Health, and Departments of Education, to determine the feasibility, effectiveness, and financial sustainability of such ventures. Integrating medical, mental and educational services within one setting (i.e., school) for children and families is the foundation of the Montefiore Medical Center (MMC) school-based clinic at P.S. 8 in the Bronx, New York. Co-located with the pediatrician, nurse and office manager, is the mental health team: two full time psychologists, one social worker, a part time psychiatrist, an office manager, a family outreach worker, as well as an off-site part-time psychologist, who provides administrative and supervisory oversight.

The clinic pediatrician serves as the primary care physician for many students, in addition to providing acute care services for children in need. Medical personnel are often the primary referral sources for mental health services within the clinic. Medical and mental health provider teams work collaboratively to ensure the provision of coordinated service through frequent involvement and weekly integrated meetings. Furthermore, during these weekly team meetings, mental health and medical staff often collaborate to identify medical and mental health interventions which they can implement together to address presenting problems and increase parent participation in treatment.

The rationale for the addition of the mental health team was based on the clear need for mental health prevention and treatment, especially since many students and families were unwilling or unable

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to pursue treatment elsewhere. School administration and mental health staff identified the growing number of students exhibiting a variety of at-risk problems suggestive of secondary prevention interventions (e.g., academic problems, obesity, inattention and disruptive behaviors in class), as well as behaviors warranting more immediate tertiary intervention, such as children expressing suicidal ideation, acute depressive and PTSD symptoms. It was agreed that clinic staff would provide secondary and tertiary prevention intervention strategies, and participate in school-wide primary prevention interventions, in order to ensure that those in need and/or at risk would be identified and appropriate support would be provided.

Student Population

Students at PS 8 are predominantly Hispanic, but also Caucasian, Albanian, African-American, Asian, and West Indian. Students are referred for mental health services by the clinic medical staff, parents, guidance counselors, teachers, school administrators, the Committee on Special Education (CSE), the school-based support team (SBST), and CSE service providers (e.g., speech and occupational/physical therapists, CSE supportive counselors). Children are referred for a range of problems and difficulties, including trauma/PTSD secondary to physical or sexual abuse, bereavement due to loss of a caretaker, and depressive, anxiety, adjustment, disruptive behavior, bipolar and psychotic disorders. Students are additionally referred for anxiety, depressive, and disruptive behavior disorders secondary to learning and communication disorders. Parent-child and sibling relational problems are other common reasons for referral.

Prevention Strategies

Primary prevention. The "first line of defense," or primary prevention, is essential for increasing awareness of mental health issues on community- and school-wide levels. The focus of primary prevention interventions is to improve the overall functioning of the community and school members by preventing the incidence of mental health issues through community-based education, and support. Specific primary prevention goals agreed upon by school and mental health staff included facilitating the relationship between families and the school. The aim was to present a

collaborative approach to the child, family, school and clinic within the larger system of community. Other primary prevention strategies focused on developing ways to better address and facilitate the acculturation processes of recent immigrants, and identifying ways to improve students' overall academic performance.

Regarding primary prevention, mental health clinic staff participate in a school wide, evidence-based prevention/behavior modification program called Positive Behavioral Interventions and Supports (PBIS). As part of PBIS, clinic staff assist in the implementation of schoolwide behavioral, positive climate and supportive interventions to increase prosocial behaviors, prevent/reduce problem behaviors, improve academic performance and create a positive, supportive learning environment. Other primary prevention activities include medical and mental health personnel offering workshops to teachers and parents on the detection and treatment of medical and psychiatric illnesses among children, mental health disorders, treatment interventions, education/academic support and classroom management interventions. Additionally, advisory team meetings are held on a monthly basis, during which clinic personnel, school administration and teacher representatives discuss primary and secondary prevention strategies, voice issues of concern and maintain an open line of communication regarding school-clinic issues.

Secondary prevention. Once an individual, family, or group has been identified as "at risk," swift intervention and support can help to alleviate the symptoms, reduce the severity of the disorder or duration of the illness. Secondary prevention interventions are therefore essential in providing support to those identified and in need, whose difficulties may become severe if left untreated. For example, as obesity and asthma have reached epidemic levels among children, providing chronic illness-related mental health maintenance and support to children with such significant medical needs is essential. An additional focus of this level of intervention for children with chronic illnesses is to reduce the anxiety and confusion many patients and families have regarding chronic illness course and maintenance.

Secondary support also addresses children who are considered "at risk" using a variety of identifying data; children may be considered in need due to declining grades in school, recently experienced significant loss in their lives, as with

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death or incarceration of a parent, or at higher risk for developing mental health issues. Further, students presenting in the clinic with frequent somatic complaints with no detected physical ailment are identified by the nurse and pediatrician as "frequent fliers." This population is then monitored by the medical personnel and brief assessments of functioning are administered, including the brief form of the Multidimensional Anxiety Scale for Children (MASC-10). If significant symptoms of internalizing disorders (anxiety, depression) are present, a referral is then made to the mental health clinic for treatment, and the medical personnel serve as liaisons between the family and the clinic staff to communicate the need for follow-up assessment/treatment by mental health personnel. Clinic staff are further involved in a secondary level prevention team as part of PBIS in which students at risk to develop significant difficulties participate in short-term and preventive interventions with team members.

Tertiary prevention. During instances in which a decline in functioning has already occurred, tertiary interventions are necessary to contain, and then treat, individuals and/or populations. Crisis prevention management is one form of a tertiary response necessary in some of these instances. The need for such interventions is clear to reduce the impact of a disorder on a child's academic, physical and psychological functioning, and focus on restoring the patient to an optimal level of health. The type of treatment provided to each student/patient in the mental health clinic is based on the needs of the individual and the presenting problems being addressed. To ensure efficient, effective service provision from clinic mental health staff, several empirically-supported treatments (EST) are utilized as part of our tertiary interventions. Findings from meta-analyses indicate these ESTs yield significant benefits in terms of immediate reduction of symptoms as well as future academic, social and behavioral problems (Weisz et al., 2005). These interventions are administered according to the identified goals of treatment in a variety of modalities, including individual, group, parent-child dyadic, and classroom management. For example, parents and their children who are experiencing disruptive behavior difficulties participate in separate, concurrent cognitive behavioral therapy groups based on Webster-Stratton's Incredible Years model (Webster-Stratton, 2001). Children in this group attend a weekly "Dinosaur School," during which they are educated on the appropriate skills

needed to address difficult emotions such as frustration and anger through didactics and reinforcement. Co-leaders often use praise and a variety of arbitrary reinforcers, include stuffed animals as "co-leaders", and show video tapes of children in common social experiences to help model coping strategies, communication skills, and behavioral control. Parents of disruptive children attend weekly groups addressing necessary parenting skills, covering topics such as behavior management, effective discipline strategies, and the importance of interactive play.

Empirically-supported treatments are used for a variety of psychological problems. We employ Coping Cat, an individualized treatment for children experiencing anxiety (Kendall, 1994). This intervention focuses on promoting effective coping strategies through weekly sessions and homework assignments that emphasize identifying, communicating and challenging anxiety. Parents and teachers are consulted on a frequent basis to encourage the child's use of acquired skills at home and in class when appropriate. Eva Feindler's cognitive-behavioral Anger Management Group is another empirically-supported treatment currently implemented (Feindler & Barker, 2004; Feindler & Ovens, 1998). Children referred to the clinic for aggressive and/or externalizing behavior problems often engage in a variety of negative behaviors, including fighting with peers, arguing with adults and defiance to rules at home and school. Children participating in this treatment attend a weekly group that integrates didactics, role-play activities and games in order to teach and encourage more effective and appropriate behaviors when angry or frustrated. Again, consultation with school officials, parents and teachers is essential. Other ESTs include the cognitive-behavioral Coping with Depression Course group (Clarke, Lewinsohn & Hops, 1990), the cognitive-behavioral individual treatment for depression (Clarke, DeBar, Ludman, Asarnow, & Jaycox, 2001), the cognitive-behavioral Problem Solving Training techniques developed by Kendall and colleagues (Kendall, 1994; Kendall, Goldstein, Krasner, & Garfield, 1992), and the cognitive-behavioral Trauma and Grief Treatments (Cohen, Mannarino, & Deblinger, 2002; Deblinger & Heflin, 1996). Outcome studies indicate that the use of these specific interventions is effective in improving parent-child relationships, reducing severity and duration of depression and anxiety symptomatology and preventing relapse (Weisz et al., 2005).

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Consultation. In this framework, the mental health staff currently provide direct intervention, consultation and education to those within the PS 8 environment, including students, families, teachers, CSE service providers, guidance counselors and the school administration. By continually working with school personnel to identify the needs and concerns of the educational system and staff members, primary prevention, secondary prevention and tertiary treatment programs for at-risk and symptomatic children have been implemented and are monitored by both clinic and school personnel. Operating a mental health facility within the school allows clinic personnel to better assess the practicality and efficiency of such treatment strategies and model appropriate interventions and behaviors in-vivo for children, teachers and staff.

Working within the school. As previously stated, both secondary and tertiary interventions involve frequent consultation and collaboration with school staff. Specifically, clinic staff often meet with school staff to collaboratively develop school interventions for clinic mental health patients. Teachers are often consulted in the treatment planning of their students, and are asked to complete self-report questionnaires including the Strengths and Difficulties (SDQ) report and the SNAP-IV Teacher and Parent Rating Scale (SNAP) on a regular basis (monthly to every three months, depending on the presenting issue). Clinicians often meet with school staff to provide consultation regarding mental health issues, working with students with psychiatric disorders, and classroom management. Moreover, we employ empirically-supported classroom management interventions (Anhalt, McNeil & Bahl, 1998; Bahl et al., 2000).

Challenges

Fiscal and physical space constraints. As the school-based clinic at PS 8 embarks on its fourth year with a mental health service component, several obstacles to more efficient treatment provision have been identified. Working within an inner city school environment, space, staffing and financial resources, while decent as compared to some other school settings, are still sub-optimal, both for the clinic and the school. There continues to be a lack of attention paid and federal monies given to the support of prevention and early intervention service elsewhere, although these services offer the best potential for positive outcomes for children and their families (Huang et al., 2005) Clinic staff are limited in the existing

physical space designated for clinic use in the school and financial funding available. This impacts personnel, in that the number of trainees that can be accepted into the clinic per year and the number of mental health staff that can be hired are limited. Further, classrooms are often overcrowded and teachers, therefore, become overwhelmed. The more children in each classroom, the less time those teachers have to address the individual difficulties of students. Students exhibiting behavioral and/or academic problems are often referred for CSE, guidance counselor, and/or outside services, including psychoeducational testing or therapeutic support services. School guidance counselors and CSE-linked school-based support teams are receiving an overflow of referrals and complaints from teachers and school staff. The lack of space in the school limits where these children can be assessed and tested, given academic support and remediation services, placed when teachers wish to remove them from the classroom and placed for de-escalation and disciplinary reasons (i.e., a "time out" room). Further, when a child requires a higher level of support and additional resources from the clinic (i.e., multiple sessions with the individual, family, and/or teachers per week), clinic personnel are limited in their available time to work with additional students. Thus, although the mental health clinic is often viewed as an additional option for exasperated teachers and school personnel, the mental health clinic cannot fully satisfy all those in need for services at the current time.

The financial, space and staffing limitations also affect the implementation of PBIS. As discussed previously, to ensure that mental health personnel reach an appropriate balance between supporting school needs and serving the patient population efficiently, the clinic staff has helped implement the Positive Behavioral Interventions and Supports (PBIS) initiative in the school. With the help of school administration, "teams" comprised of both clinic and school staff have worked together to create both school wide-universal interventions and targeted student interventions to address the school's growing difficulties in managing disruptive behaviors, to identify students at risk for the development of significant academic, emotional and behavioral difficulties, and to improve the school environment and student academic performance. Implementing the initiative has been extremely difficult to date.

School/Administrative support. The most significant barrier to effective PBIS implementation

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has been obtaining full administrative support of the initiative. Many teachers and school support staff cite perceived lack of administrative support as the reason they are not willing to dedicate additional time and/or resources towards furthering the initiative. The lack of full administrative support has also resulted in limited school staff training and limited time allotted to school staff to participate in PBIS interventions. However, it should be noted that PBIS is a massive undertaking in terms of time, money, amount of staff needed and willingness to change and try new strategies. Due to limited time, money and staffing, the administration at PS 8 did not believe they could fully implement PBIS. For most of the NYC public schools, PBIS would be difficult to implement for the reasons described above. For PBIS to succeed at PS8, support from the region is needed in terms of training, ongoing supervision, personnel and funding. Yet, regional support was not available during the 2004-2005 school year, contributing to the great difficulty in implementing PBIS.

These novel school based mental health programs can have a powerful and positive impact on individual mental health, family functioning, student outcomes, and the school environment/culture. However, the need for continued improvement is clear. Cultural competence of service providers is essential, especially when working with heterogeneous groups and those presenting with several co-occurring problems. Ongoing training is a must for staff to appreciate how culture and ethnicity impact response to treatment (Weisz et al., 2005). Evaluation of our program is under way to help determine whether this demonstration project should be modeled elsewhere.

Please e-mail all submissions for *The Commentary Section* to: Reddy@fdu.edu

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Evidence-Based Practice

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Implementation of Instructional Level Assessment (ILA) within a Response to Intervention (RTI) Model of Service Delivery

PRACTICE FORUM

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In the midst of paradigm shifts in the practice of school psychology, changes in the law (i.e., IDEA 2004) and service delivery improvements in schools, school psychologists are taking on new roles and responsibilities. In an effort to better support all students in meeting high academic standards, schools are shifting their efforts toward prevention and early intervention of academic difficulties. Furthermore, the impending demise of the discrepancy model for the identification of students with specific learning disabilities (SLD) has resulted in the search for a better method of assessing students who demonstrate academic difficulties (Bradley, Danielson, & Doolittle, 2005).

One of the fastest growing alternative approaches to service delivery is response to intervention (RTI) (Fuchs, Mock, Morgan, & Young, 2003). RTI is a conceptual framework that involves systematic universal screening, the provision of targeted and intensive interventions for students in need of academic support, and regular progress monitoring of students' response to interventions. However, this framework is implemented in differing ways among districts (Fuchs et al., 2003). For example, who implements interventions, the number of tiers of service included, and how the process is viewed in terms of special education eligibility can all differ among districts. Therefore, practically speaking, many questions concerning implementation remain unanswered among school practitioners.

Throughout this article, the authors will operate from the basic conceptual RTI model that involves a three-tiered prevention approach, including a primary tier that includes universal general education instruction, a secondary tier that involves evidence-based interventions for students displaying academic deficits, and a third tier that involves intensive, individualized instruction for students before or during consideration for special education services (see also Bradley et al., 2005).

This article focuses on the assessment and intervention procedures provided at the secondary or targeted level of intervention. Targeted interventions are designed to provide additional academic support to students who are not responding to the regular grade level curriculum (i.e., universal intervention). Fifteen to 20% of a school population may be in need of assessment and intervention at a targeted or secondary level (Good, Kame'enui, Simmons, & Chard, 2002). Specifically, this article discusses the use of curriculum-based measurement (CBM) to conduct instructional level assessments (ILA) at the secondary level of intervention. The authors propose ILA as a method that allows practitioners to link curriculum-based assessment data to general educational programming, intervention planning, goal setting, and the academic assessment of students with academic difficulties as identified during a universal screening.

A model RTI program is being implemented with great success by students in the school psychology program at Indiana University in Bloomington, IN. The *Academic Well-Check Program* (AWCP)[1] is a thriving partnership with three local elementary schools. First year school psychology graduate students conduct academic "well-checks" three times a year using curriculum-based measurement technology. Approximately 1,100 students are screened at each benchmark or universal screening period. After each benchmark, advanced AWCP graduate students provide teachers with class profiles that rank order their elementary students by benchmark scores. These data allow school personnel to individualize instruction and provide effective interventions to students who are

[1] http://www.AcademicWellCheckProgram.com/

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demonstrating the first signs of academic difficulty. In response to the schools' requests for more data to drive their instruction and provide better pre-referral interventions at the secondary level of intervention, the first author of this paper has developed and implemented an effective ILA system within the AWCP. The ILA project invites teachers at the partner schools to request ILAs of their students who have been identified during a benchmark period to be in need of a targeted or secondary level of intervention.

Instructional Level Assessment (ILA)

While benchmarking or universal screening is a method that can identify students who are performing below their peers, these data provide only a limited amount of information about an individual student's level of academic achievement. That is, CBM data tell us something, but they don't tell us everything. Instructional level assessment (ILA) involves the use of curriculum-based measurement (CBM) to determine more specifically a child's level of functioning in a particular skill area such as math computation, spelling, or reading fluency. For students who are identified during the universal screening as performing below their peers, an ILA can be administered to assess in greater depth how far behind a student is within the curriculum and what skill(s) ought to be addressed during the targeted intervention. ILA uses CBM data to inform practice at all levels of the RTI service delivery model. Its linkage to classroom instruction and intervention and the ease of administration makes it a viable tool for school psychologists and classroom teachers to ensure that students are receiving the most appropriate services based on their individual instructional level and need.

The ILA process

Perhaps one of the greatest benefits of implementing ILA in an RTI model is the ease and brevity of its administration. ILA involves using CBM probes developed for the specific skill area in which the student is struggling. For instance, if a student is primarily struggling in reading comprehension, this skill can be assessed in greater depth through ILA in less than 30 minutes. The ILA process begins by administering CBM probes at the child's current grade level. Next, probes are given one grade level below the student's current grade until the student performs at an accuracy rate of 75-80%. This is the student's instructional level. The instructional level is the level at which targeted interventions and goals for progress ought to be targeted because one can

be reasonably certain that the student will demonstrate progress on interventions using curriculum materials at his or her instructional level.

For example, Sandra, a fourth grader, was benchmarked in the fall and her R-CBM score placed her in the 15th percentile relative to her same grade peers, indicating that Sandra might benefit from a targeted intervention to increase her reading fluency. Nonetheless, additional assessment information about her reading skill was necessary to tailor the intervention and select appropriate instructional materials. Furthermore, additional assessment data were needed to determine whether Sarah's reading fluency weakness was due to deficits in the more basic building blocks of reading, such as letter-sound awareness or word attack skills. By conducting an ILA on Sandra's reading fluency skill (using R-CBM probes), the AWCP staff was able to pinpoint her area of difficulty and provide her teachers with instructionally relevant data so that they could individualize their instruction and provide an appropriate, targeted intervention.

Providing Appropriate General Education Programming

Within an RTI paradigm, the primary source of instruction and programming occurs within the general education classroom. Using CBM to benchmark or screen at the universal level helps identify students who are behind in the curriculum. At the targeted level of intervention, supplemental instruction or intervention should often still occur in the general education setting and be provided by the general education teacher. Consequently, one of the roles of the school psychologist might include ILA assessment coupled with instructional consultation with general education teachers about particular students. Data from the ILA provides teachers information to deliver instruction at a level that is appropriate for individual students; thus, data are used to drive instruction. Further, collaboration between the school psychologist and the classroom teacher leads to effective accommodations and adaptations that are linked to data derived from the ILA. We have found in the AWCP that proving instructionally relevant assessment data (e.g., ILA) and working with general education teachers to select and implement an appropriate intervention and plan for progress monitoring leads to the most successful RTI cases.

Intervention Development and Goal Setting

Proponents of the RTI model discuss the importance of providing evidence-based academic

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interventions to support children identified as at-risk in universal screening procedures. Such interventions would occur at the second or third tier of intervention, before a child is referred for a full psychoeducational evaluation and consideration for special education eligibility. However, discussion of RTI has left teachers, school psychologists, and other school personnel asking important questions. For example, what is considered an appropriate intervention? How much progress must a student show to be deemed responsive to the intervention? How many interventions must be implemented before moving into the referral process? While attempting to answer all of these questions goes beyond the scope of this article, ILA seems a viable option for using data to drive the RTI process at the targeted level of intervention, including intervention planning, goal setting, and progress monitoring of students during the pre-referral problem-solving stage of the problem solving model.

The first step in determining an appropriate targeted intervention for individual students involves assessing in depth the skill identified during the universal screening as an area of difficulty. A child who performs poorly in reading fluency might actually have a skill deficit in phonemic awareness, not fluency. By traveling backwards in the curriculum until a point of mastery is reached, ILA clearly denotes where the skill breakdown begins for that individual child. Developing a targeted intervention that meets a child where he or she is currently functioning and that addresses the specific skill deficit(s), ensures that the intervention will be appropriate and increases the likelihood that the child will respond to the intervention.

After determining what specific skill needs to be addressed in the targeted intervention, the school psychologist and teacher together consult the literature for evidence-based strategies or interventions that have empirical support and successfully address a specific skill area. This ensures that both data and research are driving the problem-solving process, epitomizing the scientist-practitioner model. Thus, ILA is a quick and easy assessment approach that can be linked directly to the development of instructionally appropriate interventions.

Another important aspect of selecting and implementing effective interventions within an RTI framework is the use of data to set appropriate goals and monitor the progress of the students' responsiveness to an intervention. Consider the case of Julio, a fifth grader whose ILA data indicated that he could perform with 75-80% accuracy on third grade level material. Julio's teacher was concerned because he was struggling in all subject areas. Using both ILA data and teacher information, it was clear that Julio needed additional support to improve his reading fluency skills and promote overall academic achievement. ILA data was used to set measurable goals. To effectively monitor Julio's progress to the empirically-supported interventions, his progress was frequently monitored using R-CBM probes at the third grade level. As Julio demonstrated progress, the outcome goals and interventions were adjusted so that Julio made continuous steady progress. If Julio's progress had been monitored using fifth grade level CBM probes and fifth grade level instructional/intervention materials, he would likely not have experienced as much success. That is, the fifth grade progress monitoring probes would not have depicted his progress because fifth grade is not an appropriate instructional level given his current reading level.

Once the appropriate instructional level for the intervention and progress monitoring materials is determined, how are appropriate goals set? ILA is a first step in setting goals and developing a timeline for reaching the goals. Fuchs and Fuchs (1993) provide norms of growth based on intraindividual CBM progress monitoring over time for students in various grades and across several skill areas. With ILA offering the student's current level of achievement, the intraindividual approach offered by Fuchs and Fuchs can be used to guide goal setting. Progress monitoring data, using CBM over a number of weeks during general instruction, provides the student's average rate of improvement. During the intervention implementation, the child's rate of improvement can then be compared to either intraindividual norms (Fuchs & Fuchs, 1993) or their own baseline standard to assess growth. For instance, if Stan, a second grader receiving first grade targeted interventions, is increasing the number of words read correctly (during a one minute R-CBM task) by one word per week during general instruction, an appropriate goal might be to increase his rate of improvement to 2-3 words per week during the intervention phase. Such growth indicates that Stan is responding to the targeted instruction and is showing improvement that is likely attributable to the intervention.

The purpose of this article is not to set a standard rate of improvement to indicate

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responsiveness to intervention, rather the authors' goal is to offer practical, concrete strategies to assist school psychologists in implementing an RTI model that assesses and serves students with academic needs—before they are referred for a full and individual evaluation and consideration for special education eligibility. While the strategies presented here may be effective with some students who receive targeted interventions, there are other students who may not respond to efforts at the targeted level of intervention. In these cases, at the intensive level of intervention, other methods such as Creative Problem Solving (McKinney & Grimes, 2001) or referral for a full and individual psychoeducational assessment might be warranted. The following section briefly considers the role of ILA in the assessment process at the intensive level of intervention.

Psychoeducational Assessment

Assessment data from an ILA are useful during the pre-referral intervention process; however, they also offer useful information to school psychologists who are conducting a full psychoeducational evaluation for students at the intensive level of intervention. The school psychologist might build on the ILA and use this data to tailor a more extensive assessment battery that might include standardized tests of cognitive ability or academic achievement. The additional assessments might identify underlying psychological processing deficits that were not identified through the ILA. By considering data from all sources, including standardized assessments, teacher reports, observations, parent input, and curriculum-based measures including ILA, the case conference team can make informed decisions about identification, eligibility, and programming. ILA data can be especially beneficial in developing measurable IEP goals (e.g., increase the number of words read correctly, improve the number of digits answered correctly in math computation, or increase the number of words spelled correctly). The student's progress toward meeting his or her IEP goals can quickly and easily be monitored with CBM probes in these specific skill areas. In sum, ILA provides a mechanism that uses data to drive practice and increases accountability that monitors students' progress toward reaching specific academic goals.

Summary

Many school psychologists are accepting challenging new roles and responsibilities as they help their schools incorporate new models of service delivery, including RTI. Such models embrace prevention, early intervention, and problem-solving strategies to meet the needs of individual children. Every child enters school with unique skills and abilities. Thus, it is not surprising then that different children require different types of academic supports and instructional strategies to help them make progress through the curriculum. For many children, general classroom instruction, the universal level of intervention, is sufficient to ensure their academic success. However, other children need alternative strategies or more individualized instruction, the second or third level of intervention, in order to experience academic success.

In this article, we promote the use of instructional level assessment (ILA) as a practical assessment tool after a universal screening has been conducted, for gathering additional information about a student's achievement in a particular area. Data from the ILA can inform general education instruction and be linked to appropriate, evidence-based interventions and academic goals for individual children. Further, we promote ILA as an assessment process that provides vital information to the case conference team in the determination of eligibility for special education services.

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Emotional Intelligence in our Schools: Are We Jumping the Gun?

Eric Rossen, University of Florida

Within the last 15 years, emotional intelligence has gained considerable momentum among the social and behavioral sciences as well as popular discourse. This popularity can be attributed to strong claims about its ability to predict real-life outcomes above and beyond intelligence. As a result, intervention programs aimed at improving students' emotional intelligence have entered the curriculum in thousands of America's schools. However, many of the existing programs are unrelated, and they appear to lack clear measurable goals. In addition, their inclusion has not been strongly supported by research. Thus, districts should be cautious before mandating the incorporation of these programs in the instructional curriculum. Implications for psychologists and other educators are discussed.

Throughout the previous 15 years, emotional intelligence (EI) has received considerable attention from educators, school personnel, and popular media. In fact, EI ignited such public interest that the phrase was the feature article on a cover of TIME magazine (Gibbs, 1995), and has appeared in popular newspapers, internet websites, and trade texts dealing with self-help, management practices, and assessment (Matthews, Zeidner, & Roberts, 2002).

The concept of EI was first introduced to the academic community by Salovey and Mayer (1990). However, the popularization of EI should be credited to Daniel Goleman (1995), who made strong claims about EI's ability to predict important real-life outcomes in his book titled *Emotional Intelligence: Why It Can Matter More Than IQ.*

Currently, intelligence tests remain the best available predictors of success for many educational and occupational outcomes. Nonetheless, approximately 50 to 75% of the variance associated with success in schools can be attributed to other traits and characteristics. Many believe that EI accounts for much, or all, of the remaining variance, and is as important to children's futures as what is taught in the standard academic curriculum (Elias et al, 1997; Goleman, 1998; Liff, 2003).

The impact of these claims has been substantial. Intervention and training programs have been developed to provide educators and parents with strategies to improve their children's EI (Grewal & Salovey, 2005). By 1997, over 20 formal programs of socioemotional learning were incorporated into the curriculum, many of which emphasized the teaching of EI (Elias et al., 1997). In fact, Ross and Powell (2002) suggested the need to incorporate EI into the regular instructional curriculum, and contended that school psychologists can continue to step out of the traditional test-and-place model by promoting the development of EI in their respective schools.

What do Emotional Intelligence Intervention and Training Programs Teach?

Several school-based programs and curricula claiming to teach EI or EI-related skills to children are now available. The Collaborative for Social and Emotional Learning (CASEL) reports that EI related programs are being used by thousands of American schools. However, these programs are varied in their focus and often are designed for several purposes. For example, Six Seconds provides a training program to improve optimism, empathy, management of impulses, resiliency, self-awareness, self-management, and self-direction. Other programs focus on caring, family, respect, responsibility, and trust as important guides for adolescent life-choices and decision making. Stufft (1996) suggested that EI programs should focus on patience, coping, impulse control, and identifying how others feel.

The differences found in EI programs may be attributed to a lack of consensus on how to define EI. At present, different definitions of EI are quite distinct from one another, likely due to the stark differences between early conceptualizations proposed by Mayer and Salovey (1997) and Goleman (1995). For example, Goleman's (1995) definition includes abilities such as self-control, zeal, persistence, empathy, hope, the ability to motivate oneself, impulse control, and regulation of one's moods. In contrast, Mayer and Salovey (1997) defined EI as the ability to reason about emotions to enhance thinking. They further divided EI into four distinct abilities: (a) perceiving, appraising, and expressing emotions; (b) using emotions to facilitate thought; (c) understanding emotions; and (d) managing emotions.

Considerable differences among definitions of EI have resulted in large differences in the

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> "it seems rational to include EI traits such as empathy, motivation, self-control, zeal, persistence, and hope, among others, in the educational curriculum."

instruments used to measure EI. In fact, correlations between some different instruments labeled as EI tests have been found to be as low as .03 (Ashkanasy & Dasborough, 2003). These findings suggest that either the construct of EI is untenable, or the measurement of EI is invalid, or both. Thus, the general utility of EI as an important psychological construct is currently in question.

EI in Education: Science or Blind Faith?

Many consider emotional intelligence to be a response to Herrnstein and Murray's *The Bell Curve* (1994), which highlighted the importance of intelligence as a predictor of important life events. Despite the overwhelming research supporting their claims, intelligence tests have been the subject of great criticism, partly due to the pessimistic implication that individuals born with lower intelligence are at a significant disadvantage in several aspects of life (Matthews et al., 2002). On the other hand, Goleman (1995) claimed EI can easily be modified through intervention (Matthews et al., 2002).

Goleman, however, was criticized by some in the scientific community for not providing any empirical support for his claims (Mayer & Cobb, 2000; Mayer, Salovey, & Caruso, 2004). Critics also contended that Goleman's definition of EI is overinclusive, incorporating aspects of cognition, personality, motivation, emotions, neurobiology, and intelligence (Locke, 2005; Matthews et al., 2002). In fact, many equate his conceptualization of EI with almost any desirable trait that is not measured by intelligence tests (Grewal & Salovey, 2005). Further, his conceptualization of EI has yet to demonstrate evidence of predictive or divergent validity when controlling similar or related constructs such as intelligence and personality. Therefore, he argued one cannot ascertain whether Goleman's concept of EI actually defines a unique and valid construct.

Why We Should Proceed With Caution

To gain cultural and political support for incorporating a new construct into education, one must build a case that suggests it is closely tied to public interest (Kahne, 1996). For example, in 1986 a California task force advocated for the integration of self-esteem programs into the curriculum of California public schools. To gain support for their inclusion in the curriculum, the task force defined self-esteem broadly, and targeted additional social issues for reform such as welfare dependence,

teenage pregnancy, child abuse, criminal activity, and low academic performance (Kahne, 1996). The implementation of these programs, however, was not based on empirical findings. These programs were later considered a waste of resources and failed to meet desired objectives (Mayer & Cobb, 2000). Although the failure of self-esteem programs in California does not necessarily translate to EI programs, schools should exercise caution before devoting resources to programs without sufficient demonstration of their effectiveness.

Certainly, it seems rational to include EI traits such as empathy, motivation, self-control, zeal, persistence, and hope, among others, in the educational curriculum. These are traits that may help individuals succeed in several aspects of their schooling and career. However, educators may question how to teach EI when it lacks an operational definition. EI has become a popular catch-phrase for anything involving motivation, emotion, and good character, and lacks a definable entity (Mayer & Cobb, 2000). This lack of focus has allowed schools to initiate programs teaching anything from violence prevention to empathy and motivation for the purpose of improving EI and competence. Further, without a valid means of measuring EI, schools may have difficulty directly monitoring the progress of students and/or the effects of these programs. Thus, EI programs will likely lack consistency without having clear measurable goals or methods to measure the acquisition of those goals. Unfortunately, many policy makers continue to use journalistic writings to substantiate the inclusion of EI programs in school settings rather than using scientifically-based findings (Mayer & Cobb).

Conclusion

Relatively speaking, the EI construct is in its infancy (Daus & Ashkanasy, 2005). Regardless, in a short period EI has raised eyebrows among educators and policy-makers in response to promises of improving educational and occupational outcomes. Unfortunately, little data is available to substantiate the inclusion of EI programs in the educational curriculum. Further, methods of teaching EI in the school setting remain unspecified (Matthew, Zeidner, & Roberts, 2002). Although this implies that schools should be cautious before allocating resources for EI programs, the construct should not be discarded. Future research must provide clear guidelines for the definition and

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measurement of EI before it can be fully embraced by the academic community (Mayer & Cobb, 2000). Only then can schools determine their efficacy in the curriculum.

Implications for Psychologists and Educators

Psychologists and educators have an obligation to let research inform practice. Unfortunately, some policy makers may quickly embrace an idea without considering whether it is supported by empirical studies. Thus, psychologists and educators should be critical of the use of EI intervention programs and tests that are not substantiated or validated through empirical research. They also should only advocate for intervention programs that have specific, focused goals that are easily measured and monitored.

The No Child Left Behind Act (NCLB; P.L. 107-110; http://www.nochildleftbehind.gov/) recently redefined the federal role in K-12 education by placing greater emphasis on academic achievement and making educators more accountable for student progress. Thus, for many educators the mission of the school is to teach academic competency. As a result, many teachers may raise concern over not having sufficient time to prepare materials and address additional topics such as EI in the classroom, despite their possible merit (Matthews et al., 2002). School-wide implementation of any EI related interventions or training programs may therefore be the responsibility of specialized professionals such as school psychologists and guidance counselors. Subsequently, there may be an increased need for these professionals to become familiar with the extant literature on EI programs.

The construct of EI will likely remain a topic of discussion for years to come. Although, at present, popular claims are far ahead of what research can support, psychologists and educators should continue to consider the role of emotions in the social welfare and academic performance of students (Grewal & Salovey, 2005).

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> "…for many educators the mission of the school is to teach academic competency. As a result, many teachers may raise concern over not having sufficient time to prepare materials and address additional topics such as EI in the classroom…"

Our Katrina Experience

Angeleque Akin-Little & Steven G. Little, University of California at Riverside

Angeleque Akin-Little and Steven G. Little, two school psychologists, spent 2 weeks in Louisiana providing psychological services as Red Cross Volunteers in the immediate aftermath of Hurricane Katrina. Steve considers himself to be a New Orleanian having attended undergraduate and graduate school at Tulane. Angeleque is from Tupelo, in northern Mississippi, and her Ph.D. is from the University of Southern Mississippi in Hattiesburg. They kept their activities documented in a journal. This is their story.

"Of particular concern is a man who lost both his mother and aunt in the storm."

MONDAY August 31, 2005

New Orleans and the Mississippi gulf coast are hit by hurricane Katrina. At 11 am, the levees break and New Orleans is flooded. More than 1.5 million people are displaced. We are devastated by the pictures we see on the news.

TUESDAY-THURSDAY September 1-3, 2005

We decide we need to go to the area and try to help. We contact the APA and they put us in contact with the Red Cross who has put out a call for psychologists and mental health workers. Well, that's us.

FRDIAY September 4, 2005

We finally get our materials faxed to the Red Cross. They are waiving the usual disaster training requirements for volunteers because they are desperate for help. We get an email confirming reception of our application on Sunday.

MONDAY September 5, 2005

At 11 am, PST, we received a call asking if we can leave for Baton Rouge on Tuesday. That's impossible for us as we have animals (3 cats and 2 dogs). We ask if Wednesday is ok and it is. We take the one hour training via conference call. We rush to get ready to leave.

WEDNESDAY September 7, 2005

We board a flight from Ontario to DFW. At the airport, we meet nurses and police officers on their way to volunteer. It seems like a lot of people were affected by the images as much as we were. On the flight from DFW to Baton Rouge, we realize all the passengers on the plane are Red Cross volunteers. There are even NY firefighters and police officers. We arrive at Baton Rouge and wait about 3 hours until we are taken to the Red Cross processing center (an abandoned Wal-Mart). The trip from the airport takes about 3 times as long as usual due to all the traffic in Baton Rouge. The town has doubled in size over night. The processing center is very confusing and busy. Nobody seems to know what to do with mental health workers!! We finally get processed and decide to spend the night with Frank and Laura Gresham.

THURSDAY September 8, 2005

We get to the processing center early only to wait many hours for our assignment. Our first assignment is to pick up rental cars from the airport. After that, we are told we are being given a rental car and a cell phone and we should report to the manager of the Red Cross shelter in Ferriday, Louisiana. We find Ferriday (about a 2-hour drive from Baton Rouge) on our own. We get to the shelter in Ferriday late afternoon. Ferriday is a small rural town in the MissLou area. It is across the river across from Natchez, Mississippi. For Angeleque, although she's from northern Mississippi, it feels a lot like coming home. The shelter is housed in the recreation center of the Concordia Parish Jail and there appear to be about 100 people there. The manager and the other staff/volunteers, including five nurses, seem very happy to see us. We attend an impromptu, outdoor church service and just get the "lay of the land."

FRIDAY September 9, 2005

Friday was the first of many very busy days. Angeleque goes on an outreach trip with the nurses. First stop is an RV park where a social worker, Sharon Marie Chester, from Metairie has set up a command center. Sharon Marie is currently living in a tiny trailer in the park. She does not know what has happened to her house and her children are currently with her ex-husband. Still, she holds daily evacuee meetings, has set up a store giving donated food and clothes away, and is trying hard to make sure evacuees get their medications. She asks the Red Cross nurses to help with the medications and asks mental health workers to talk to some of the evacuees. Of particular concern is a man who lost both his mother and aunt in the storm. He was forced to tie his mother's body to a tree and his aunt drowned as he was trying to get the two of them away from their flooded home. He reports a lot of PTSD symptomotology, understandingly so! We do the best we can to help, but feel very inadequate. Angeleque also visits the Baptist church shelter in Vidalia. This shelter is not an official Red Cross site

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as the church cannot provide shower facilities on site. Then, she visits with a 16-year-old girl who has been kicked out of the Ferriday shelter due to "sassing" a police officer the previous evening. After discussion with the girl and her family, it appears the girl has a psychiatric diagnosis, does not currently have meds, and would very much like to return to the shelter to be with the only family she knows. It seems to us that the Red Cross over-reacted and may have even violated the girl's rights. Angeleque advises the aunt to see a local psychiatrist in order to obtain meds (a requirement of the shelter for her return) and promises to work on getting her back into the shelter. The girl is currently living with 20 people, including another aunt, in a small house in town. When Angeleque does a home visit there later in the day, the people are remarkably calm and happy. They feed Steve well too; they're very, very kind. Steve spends the morning talking to people in the shelter identified by staff as depressed. Depression seems to us to be a normal reaction to losing everything you own, sometimes members of your family, and not knowing exactly what the future holds for you. These people include a young mother with four children, one a newborn, and a 3-year-old with multi-handicaps. Steve tries to talk to the mother, but she is unresponsive. He promises the father of the 3-year-old that he will find the appropriate services in the parish and facilitate contact. It becomes obvious to us that a lot of the people we will be working with have pre-existing conditions that have been exacerbated by the storm and subsequent relocation. For example, the mother of the four children, indicates she has been seen regularly on the 3rd floor of Charity. That means she has received psychiatric care from Charity Hospital in New Orleans. Later that afternoon, we get together and decide to go to the Concordia Parish School District. The superintendent (she's amazing!) meets with us and immediately puts us in touch with the psychologists of the district. She even drives over to their office with us following her in our car. We meet with psychologists, counselors, a social worker, and a nurse. They are great and seem very appreciative of our help. They also seem to care about the kids a lot! The school population has increased by 500 in one week, but they seem to be handling it. We decide to organize group meetings of evacuee children at all the middle and high schools in the district. We plan to meet with the psychologists again early next week. They even invite us out for a drink, but we've got more to do and are tired!

SATURDAY, September 10, 2005

We drive to Jonesville, about 30 miles from Ferriday, to talk to a young man who has been exhibiting some PTSD like behaviors. He has requested a mental health consultation. He talked to us about his experience. He was from St Bernard Parish and stayed there through the storm. Eventually, everyone was evacuated to the local high school. The water kept rising. The people moved to the 2nd floor, then the 3rd floor, then the roof. He said there were many older people there too. At one point, he went out to rescue an old man and his dog from a house. While trying to break the window to gain entry, he cut himself severely on his arm. Still, he managed to save the man and his dog. He stated he was experiencing nightmares and a lot of anxiety. We listened to his story and told him that he had a lot to proud of, that when the chips were down, he was very courageous. We did not know if we would have been that brave and we told him so. This seemed to help him reframe his experience somewhat. We also bought him a walkman and a CD he liked as he said music seemed to calm his nerves and helped him get to sleep. When we saw him again a week later on our final trip to the Jonesville shelter, he had made plans to leave to visit friends in Texas and stated he was doing much better. Another amazing person we met on this trip. The rest of the day was spent checking in on other clients.

SUNDAY September 11, 2005

We began the day at Ferriday in the shelter. We then went to First Baptist Church for services. The preacher gave a great sermon about helping others and how that is Christ-like behavior. Most of the members of the church were white and the evacuees African-American, but the church truly opened its arms to them. That is something we saw over and over again, that the churches provided such care of the evacuees and the church shelters were so often, a better place to be than the official Red Cross shelters. We say that while still strongly supporting the important work of the Red Cross. However, this disaster was different than anything the organization had seen. During the day, we made handouts and notices for groups which we were scheduling for the next week. We continued meeting with clients and had our first group at 4 pm that day at the Ferriday Baptist Church. After the group, around 5 pm, the pastor of the church asked us to speak (actually, he said could we give the sermon?), at the 6 pm service. We agreed (!), but were nervous about it. Neither of us had ever even talked in church unless it was to do a Bible reading. It turned out to be very

"…she visits with a 16-year-old girl who has been kicked out of the Ferriday shelter due to "sassing" a police officer the previous evening. After discussion with the girl and her family, it appears the girl has a psychiatric diagnosis, does not currently have meds, and would very much like to return to the shelter to be with the only family she knows."

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enjoyable. We were able to give the church members a lot of reinforcement for what they were doing and also we were able to give basic information about coping with a disaster, signs of disturbance, etc. We gave a little bit of our own testimony too. Whew, this was a very long day!

> "…we were most impressed by the Concordia Parish School Personnel. To us, they rated as highly as the churches in the area in terms of unselfish service."

MONDAY September 12, 2005

It is getting hard to keep track of days of the week. We began at the Ferriday Shelter and then went to the Ferriday Baptist Church shelter. The woman with the four children appears to be better and we did counsel the nurses about best treatment for her (i.e., she didn't like it when they hovered over her or told her she had to take her medications). We recommended they "back off" a little bit. This seemed to work well AND her children, especially her baby, had been checked by a pediatrician and they were given a clean bill of health. We were also able to tell the father of the 3-year-old multihandicapped boy that we had been in contact with the school and a social worker would be by to see about getting him services. That did indeed happen by Wednesday. Actually, we were most impressed by the Concordia Parish School Personnel. To us, they rated as highly as the churches in the area in terms of unselfish service. We met at the RV Park again and told them we had scheduled a group for Wednesday night. The afternoon was spent at a planning meeting with the school district psychologists and we scheduled our first meeting in a school for Wednesday. We also stopped by "Positive Choices," a private counseling group, but we are not sure how much help they can be. However, we promised to pass out their cards at the shelters. In the early evening, we went back to the shelter in Ferriday and met with a woman from Slidell who is having difficulty making choices about her future. She had not liked living in Slidell, but could not make the choice to leave. Some days, she stated, she felt happy that the hurricane had come because it made her choice easier. Then, she felt terrible guilt about feeling that way. We basically told her that she had a right to choose what was best for her. That seemed to help her somewhat. Also, we checked out the staff to make sure that they were adequately handling the stress. Interestingly, the original purpose of having mental health professionals serve on Red Cross teams is to help the staff with mental health issues. We then conducted a group and ended the day with margaritas at Fat Mamas in Natchez with staff from the shelter. Something else that's interesting is the amount of adult counseling we are doing. Of course, we are not specifically trained for that, so we hope we are doing an adequate job.

TUESDAY September 13, 2005

We finally got a chance to check our email at the Vidalia library!! The day was reserved primarily for Jonesville and Jena. First, Angeleque met with the high school girl who seems to be doing well and the mother of the four children who also seems to be holding her own. Jena had the best shelter we have seen. It was at the local Baptist church and a church member named Miss Bobbie ran it. It was so clean with all kinds of homemade food. Miss Bobbie arranged trips to local malls for people and also did not make adults go to bed at 10 pm like some of the other shelters. She did so many things that helped people from a psychological perspective. We gave her LOTS of kudos. Steve met with a family from lower St Bernard Parish. It soon became obvious to Steve that he had worked with this family's son during the 1986-87 school year when he was doing his internship in "da Parish." That son is now in his 30s. They lost everything. The wife, a nurse who could have left to find shelter, stayed behind in New Orleans with her husband, a diabetic. They had a horrible time of it. They were in the hospital trying to care for patients with no food, electricity, or water. They eventually walked to the interstate where people were fighting each other to get onto buses. They spent one night on the interstate (no toilets, no food, no shelter) and then finally a bus came to pick them up. They were in amazingly good spirits and the husband already had plans to rebuild his home in the parish. Sadly, they lost the wife's mother in the nursing home tragedy in St Bernard Parish. We both felt honored to be around them and we enjoyed talking with them. Angeleque met with an older man who was reportedly suicidal. He was there with his wife and, before moving to this shelter, they had stayed at a local 4-H camp that got very bad very fast. There was violence there and a lack of information etc. His wife needed medical care and they were having a very difficult time getting medical care and information from FEMA and the Red Cross. Angeleque talked to him and determined he was more frustrated than suicidal although she decided he should be closely monitored. We came away from Jena having a great respect for the people, most of them from St. Bernard Parish. We also dropped by Jonesville and had dinner at the local church. Then, we had a group at Ferriday Baptist Church. We received a phone call at 10 pm. There was a problem at the Ferriday Shelter. The 16-year-old's aunt had taken her to the

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psychiatrist and had a letter stating the shelter should allow her back in. The aunt was trying to get the girl back in. Angeleque went to the shelter and handled the situation. She and the girl made a behavioral contract that everyone signed. Everyone was happy except for one nurse who did not want to see the girl re-admitted. This was the same nurse who thought the people were acting ungrateful in comparison with tsunami victims with whom she had worked previously. We were offended by some of her comments, but assumed it was due to stress.

WEDNESDAY September 14, 2005

Fatigue is starting to play a bigger role especially after the day we had yesterday. We had our first meeting at a rural K-12 school. We saw 14 students. The meeting seemed to go well. We then met with students at Vidalia Junior High School where 44 evacuee children attended. We thought that meeting went well overall also. We talked by phone with Bob Motta, a colleague from Hofstra University, to get advice. Bob is a Vietnam vet and is an expert on PTSD both in terms of research and clinical treatment. He reassured us that it sounded like we were doing things right. OK, now we can stop worrying so much that we might harm anyone! We went by the RV park again and met with a few families. We went by Ferriday Baptist and met with the mother of four. We decided that there was little more we could do in her situation so we gave her contacts and closed services with her. The day ended with a large group at the RV park. Sharon Marie had arranged for burgers to be served in conjunction with the group and 37 people showed up. Was it the burgers or was it us? We think food wins hands down! We did speak individually with one woman who lost her mother in the nursing home in St. Bernard. She was, understandably, feeling a lot of guilt.

THURSDAY September 15, 2005

We have two school meetings scheduled for today, Ferriday Junior High School and Vidalia High School. Ferriday is almost all African-American and there are approximately 40 evacuee students there. The meeting went well. Vidalia High School is racially mixed, but has a majority white student population. Angeleque met with a group of African American girls, some who had already been expelled from the Natchez Mississippi schools because of fighting. There was talk of New Orleans gangs, guns, and there had, that morning, been a locker search. There was definitely animosity developing between the rural kids who went to the school and the new kids coming in from New Orleans. We talked about

this some with the parish psychologists and tried to problem solve a bit. Then, we checked on the 16-year-old again. She was doing really well. We spent the rest of the day at Jena spending time with the family we had met from St. Bernard and spent time on the internet trying to help them find information on their houses and search for their pets. That evening we had a group at Jena and by then the man who was suicidal had returned. We checked in with him and his frustration level had decreased. People seem to like this shelter. Now, we are afraid of cocooning (i.e., people not wanting to leave the shelter). We talk about this with Miss Bobbie.

FRIDAY September 16, 2005

Our last school visit is scheduled for this morning at Ferriday High School. It was the largest group we met with (almost 80) and they are all African American. Almost all of the students are living with family in the area and not in shelters. Angeleque introduced the 16-year-old girl to Carrie, a school psychology intern, who will keep meeting with her. We later find out from Carrie that this girl moves away a few weeks after we leave. We hope for the best for her. She had dreams to be a nurse and we hope it happens! We are slowly trying to transition everyone as we will be leaving soon. We went back to Jonesville. Steve meets with a woman who is showing guilt for leaving her husband in St. Bernard when he refused to leave before the storm and going to Dallas with her adult daughter. She had only recently joined up with her husband at the shelter in Jonesville. Steve tells her to do what is best for her and she was also taught some relaxation techniques. We met with other people. Overall, people appear to be doing as well as expected. The crisis is over. Our worry is what will happen to services when people are actively attempting to reclaim their lives. Will there be adequate services then because this will be an ongoing rebuilding, reclaiming, and readjusting.

SATURDAY September 17, 2005

We take a day off!! We did our laundry and went to a local music festival. We are informed that we are needed in a shelter in Alexandria.

SUNDAY September 18, 2005

We drove to Alexandria. We checked in at Red Cross headquarters and were assigned to a shelter at the old Wal-Mart in Pineville. This was the Wal-Mart where they had the wedding and Faith Ford showed up. We met with two families. One was very dysfunctional with every member having pre-existing conditions from sexual abuse, violent and

> "Our worry is what will happen to services when people are actively attempting to reclaim their lives. Will there be adequate services then because this will be an ongoing rebuilding, reclaiming, and readjusting."

BOOK REVIEW

Batería III Woodcock-Munoz (Batería III)

Authors: Muñoz-Sandoval, A. F., Woodcock, R. W., McGrew, K. S. & Mather, N. (2005)
Publisher: Riverside Publishing

Melissa Otero
Ferkauf Graduate School of Psychology
Yeshiva University
Bronx, New York

Description

The *Batería III Woodcock-Munoz (Batería III*; Munoz-Sandoval, Woodcock, McGrew & Mather, N., 2005) is a parallel Spanish version of the Woodcock-Johnson III (WJ III; Woodcock, McGrew& Mather, 2001). The test is based on the nine-factor Cattell-Horn-Carroll model of cognitive abilities. It is comprised of two assessment instruments: Pruebas de Habilidades Cognitivas (Batería III-COG), which serves as a measure of cognitive abilities, and Pruebas de Aprovechamiento (Batería III-APROV), which is a measure of achievement. A diagnostic supplement (Batería III-SD; Munoz-Sandoval, Woodcock, McGrew, Mather & Schrank, 2005) is also available for the Batería III-COG. Each test in the Batería III has been either directly translated or adapted from the WJ III.

The cognitive portion of the Batería III contains 31 tests for measuring general intellectual ability, broad and narrow cognitive abilities, and aspects of executive functioning. The standard battery is made up of tests 1 through 10, while the extended battery includes tests 11 through 20. Tests 21 through 31 comprise the diagnostic supplement. The achievement component of the Batería III has 22 tests for measuring oral language ability, reading, mathematics, writing achievement, phonological awareness, and academic knowledge. The standard achievement battery is made up of tests 1 through 12, while the extended battery includes tests 13 through 22. The Batería III-COG and APROV can be used for people aged 5 through 95, although some tests are considered appropriate for children as young as 24 months.

Our Katrina Experience

> "It was an exhausting two weeks, but we would do it again in a minute. Here's hoping, however, we never have to….."

aggressive behavior, low intellectual functioning, and constant threats from law enforcement regarding their shelter behavior. The other family had custody problems. The man's ex-wife had taken his children during the hurricane and she was currently wanted by federal marshals on drug charges. The wife's ex-husband had a violent history and she was afraid he was going to come and hurt her and their children. These people also had to leave a beloved pet behind. We spent time helping them develop coping strategies and we tried, to no avail, to locate the pet online. At the end of the day we found out we could go home the following day instead of Wednesday.

MONDAY September 19, 2005

It took us hours to get through to the travel agency in order to change our flight. We will be leaving at 6:55 pm from Alexandria to Houston and then back to Ontario. We went to the Alexandria shelter to talk to both families again. The young boy in the dysfunctional family is already home from school having been sent home for fighting. Other than that, they seem to be coping. The other family was depressed, but seems to be developing coping strategies as well. We go back to the Red Cross

headquarters to be processed out. After that, we decide to check in with the shelter one more time to say goodbye. While there "all hell breaks loose" for the dysfunctional family. A member is arrested and the other members become hysterical and angry at one another. We talk to the police and they agree that they will release the arrestee on our recommendation. They do so and then we have a large family discussion with the shelter manager and the psychologist who is replacing us. Luckily, she is very good and a family psychologist. She also recognizes Steve from some meetings at APA. We get everything calmed down, discuss the situation with the new psychologist, and leave for the airport. When we finally get back to Ontario (around midnight Pacific time), our car will not start. But, AAA comes fast and we get home shortly before a major rainstorm (rarity for Southern California in September). It was an exhausting two weeks, but we would do it again in a minute. Here's hoping, however, we never have to…..

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Administration and Scoring

The Batería III requires that the examiner be proficient in Spanish. The Technical Manual also states that the examiner should be knowledgeable about Spanish language development and second language acquisition. Looking over the testing materials it is evident that it would be nearly impossible for examiners to administer the Batería III unless they truly are proficient in Spanish. A particularly useful feature of the Batería is that in certain subtests, the examiner's answers are given in Spanish and English, and the examinee may respond in English. Although not mentioned in the manual, it also would be beneficial for the examiner to have some knowledge of Spanish dialect differences. Despite the fact that the authors of the Batería III made efforts to reduce dialect differences within the test, this does not prevent examinees from responding in their dialect. This was particularly evident upon administration. Words such as "tobogan" (tobogan), and "malo" (shark) are specific to certain Latin/South American and Caribbean countries. The definitions applied to these words on the Batería III are not found in the Dictionary of the Real Academia Espanola, which is considered by Spaniards to be the official dictionary of the Spanish language. Similarly, the word "balon" is typically used in Spain for "ball," yet is not included as a possible correct answer in Rapidez en la Identificacíon de Dibujos (subtest18). In addition to "balon," "coche" (car), "sofa" (sofa), "televisor" (television), and "pozillo" (coffee cup) are excluded as acceptable answers on Rapidez en la Identificacíon de Dibujos, yet are typically used in Spain. Therefore, when making interpretations it would be important for the examiner to understand the difference between an answer that is truly incorrect, and an answer that is correctly stated in a dialect.

The test is presented in easel form, which makes for a relatively easy administration. The Batería III is computer scored, which saves scoring time. Directions for administration and scoring are clearly stated on the first page of each test, with additional guidelines easily found in the examiner's manual. Although examinee's directions are generally clearly stated, there is some ambiguity in the way directions are worded in Cancelación de Pares (subtest 20). Specifically, the directions state: "Haz un circulo alrededor del par donde la pelota vaya seguida del perro." This could potentially be understood in two ways: 1) circle the pairs where there is a ball followed by a dog, or 2) circle the pairs where there is a dog followed by a ball. The correct interpretation is the first, however, one can see how easily the directions could be misinterpreted, and how this could result in an invalid assessment of the examinee's abilities. In order to help clarify the directions on Cancelación de Pares, the authors included practice items, as well as a pictorial example of the pair that the examinee should look for. Other positive features of the Batería III includes the fact that information is generally color coded, which provides the examiner with clear information about what should be read to the examinee. In addition, the appropriate forms of words are provided for when the examiner is testing a child or an adult. For example, in Spanish different verb forms would be used depending on whether the examiner is speaking to a child or an adult. This allows for a much smoother administration, particularly for an examiner that tests individuals from a wide range of age groups.

The Batería III contains a Language Exposure/Use Questionnaire at the beginning of the test that contains questions about language use and exposure, as well as the examinee's primary language, and the percentage of time that each language is spoken. This questionnaire is particularly useful in that it allows the examiner to look for any discrepancies between reported language use and test performance. In order to ensure that the examiner is proficient in test administration, the instruction manual provides the examiner with a checklist and practice exercises. The checklist is divided by test, and provides the examiner with reminders about how each test should be administered. The practice exercises give the examiner opportunities to practice ceiling and basal rules, calculation of raw scores, and determination of age and grade equivalencies. These self-check measures are very helpful in that they provide the examiner with an opportunity to become more competent in Batería III administration and scoring.

Norms

The Batería III was standardized on 1,413 native Spanish speakers from both inside and outside the U.S. Information about the gender and age of the participants in the calibration sample was not available in the manual. The 1,134 participants came from Mexico, Costa Rica, Panama, Argentina, Colombia, Puerto Rico, and Spain. The U.S. sample included 279 people from nine states. Of those people from the United States, 89 were born in the

Test Review: Batería III Woodcock-Munoz (Batería III)

U.S., with the remaining 190 having been born in Mexico, Cuba, Colombia, Argentina, Chile, Costa Rica, Dominican Republic, Ecuador, Guatemala, Honduras, Peru, Puerto Rico, Uruguay, Venezuela, and one unreported location. In order to verify that the introduction of a second language had not affected the Spanish of the U.S. sample of participants, a series of selection criteria were used. This group was given an oral language test in English and Spanish to verify Spanish dominance and only those people with clear Spanish dominance were selected to be part of the normative sample. In non-U.S. countries, participants were selected based on an informant's opinion of the examinee's native and primary language use. This method of selecting participants in non-U.S. countries was quite subjective, in that the informant's own language abilities may have biased their opinion of the participant's abilities.

The fact that the Batería III was standardized on individuals born both inside and outside the United States allows the examiner to apply the test to a wider range of individuals. It should be noted, however, that within the standardization sample the number of people from each country varied greatly, which makes comparison difficult in some cases. For example, 417 people were tested in Mexico, while only 10 people were tested in Spain. Therefore, the Batería is less appropriate for a child from Spain than for a child from Mexico. This is also the case with the sample of people tested within the U.S. Only eight or fewer people from Puerto Rico were tested. It is unknown in which states this sample of Puerto Ricans resided in. Therefore, a Puerto Rican child living in New York may or may not be represented in the sample. Given the large population of Puerto Rican people living in the U.S. this sample size is quite small. Therefore, the examiner needs to be particularly cautious about consulting the standardization data when interpreting an individual's performance.

The normative data from the Batería III was equated with U.S. norms from the WJ-III. This allows for a direct comparison of performance on the WJ-III and Batería III, and is useful in determining whether language is a factor in a child's performance.

Reliability and Validity

Overall, the Batería III- COG and APROV subtests and clusters have adequate reliabilities. The Batería III- COG subtests have internal consistency reliability coefficients ranging from .80 (Word Completion) to .93 (Verbal Comprehension). The four COG clusters have reliabilities ranging from .88 (Auditory Processing) to .94 (Verbal Abilities-Extended Battery) for the total sample of participants. According to the test authors, the normative data for individuals aged 6-29 is mostly based on people aged 6-19. Although reliability data are available for two narrower age groups (6-13 and 14-19), the number of people in the 20-29 age group was so small (n was unspecified) that their data did not warrant separate analysis. The Batería III-APROV tests have reliabilities ranging from .77 (Retelling of Stories) to .98 (Comprehending Directions). The APROV clusters have internal consistency reliability coefficients ranging from .82 (Oral Language- Standard Battery) to .99 (Decoding).

As reported in the Batería III manual, confirmatory factor analyses were conducted to determine whether the correlations among the subtests of the Batería III fit with the CHC model of cognitive abilities. The test authors reported that the organizational structure of the Batería III is in fact a "good fit" with the nine factors of the CHC model. The Batería III and WJ-III were also found to have strong similarities in terms of their internal factor structure. Although confirmatory factor analysis does provide some information about the validity of an assessment tool, it should be noted that this is the only validity measure that is included in the Batería III manual. This is problematic in that one cannot gather information about whether the Batería III can give results similar to other tests of the same construct and different from tests of different constructs. Therefore, one may consider being cautious when making interpretations about an individual's cognitive and academic abilities.

Conclusions

Based on the information provided, the Batería III appears to be a sound cognitive assessment tool for Spanish speakers. The Batería III would be especially useful in providing a profile of cognitive and academic skills. It is also an incredibly useful instrument in that it provides the examiner the opportunity to compare performance in English and Spanish and determine whether language is a factor in an individual's ability to complete cognitive tasks efficiently.

**Test Review: Batería III Woodcock-Munoz
(Batería III)**

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Division 16 Executive Board Midwinter Meeting

The Executive Committee (EC) of the Division for School Psychology (Division 16) held its annual midwinter meeting in San Antonio, Texas February 2nd -5th, 2006. This meeting was held in conjunction with the EC meetings of the other child practice divisions including Division 37, Children, Youth, and Family (Anne Culp, president), Division 43, Family Psychology (Cindy Carlson, president), and Division 43, Pediatric Psychology (Anne Kazak, president). This meeting was also held in concurrence with the February 2nd Immigration Summit organized by the current APA president, Gerald P. Koocher.

EC Members Present: Angeleque Akin-Little, Melissa Bray, Linda Caterino, Tammy Hughes, Randy Kamphaus, Bonnie Nastasi, Judy Oehler-Stinnett, Gary Stoner, Deborah Tharinger , Lea Theodore, and Frank Worrell.

Others Present: Linda Reddy (*The School Psychologist*), Ron Palomares (American Psychological Association), Andy Garbacz (Student Affiliate of School Psychology).

The Division EC met from 8am to 5 pm on Friday and Saturday. The following is a list of motions:

- A motion for Gary Stoner to replace Jane Conoley as the official Division 16 EC representative to Coalition for Psychology in the Schools and Education (CPSE) and for Cecil Reynolds to be the alternate was unanimously approved. Gary had previously served as CPSE alternate representative and Jane Conoley asked to be replaced.
- A motion to approve a link from our division website to the CPSE website was unanimously approved. Tammy Hughes, VP-PCCA agreed to contact Jack Cummings, current Division 16 webmaster.
- The August 19, 2005 minutes from the executive committee meeting at the APA convention in Washington DC were unanimously approved. The August 19, 2005 minutes from the executive session held at the APA convention in Washington DC were unanimously approved. The minutes from the August 20, 2005 business meeting at the APA convention were unanimously approved. Finally, the October 6, 2005 minutes from the conference call were unanimously approved.
- In order to improve the transition of new officers, a motion was made to approve the development of a "transitions" document containing short descriptions of each officer formulated by each current officer along with the development of a document for candidates to sign indicating awareness of the duties of the office. This motion was unanimously approved. It was agreed that the current secretary, Angeleque Akin-Little and president, Gary Stoner would work together to create these documents.
- A motion to form a committee to examine the different options/uses for the possible proceeds from the sale of SPQ was unanimously approved. Members of this committee now named the Ad Hoc Presidential Exploratory Task Force will be Bonnie Nastasi, chair, Cecil Reynolds, Linda Caterino, Frank Worrell, and Linda Reddy.
- A slate of candidates to run for various APA boards and committees was developed.
- A motion that the past-president and the SASP president write a letter on behalf of the division to all of the CDSPP programs to encourage founding/supporting SASP chapters was unanimously approved.
- A motion to continue to provide $3000 as a stipend to the TSP editor as long as advertising revenues exceed $3000 was unanimously approved.
- A motion to provide a $2000 stipend to the SPQ editor for editorial support that is renewable on an annual basis (although it is anticipated that this will be the last year the division will pay this amount) was passed (Cecil Reynolds and Melissa Bray recused themselves from voting).
- A motion to approve the 2006 APA convention program was unanimously approved.
- A motion to create an ad hoc committee to examine the different issues in splitting VP-Publications, Communications and Convention Affairs into two vice presidencies was unanimously approved. The ad hoc committee will consist of Tammy Hughes, Angeleque Akin-Little, Frank Worrell, and Lea Theodore. The committee is charged with formulating a report and recommendations by the 2006 NASP convention.
- A motion that the Division 16 EC endorse the proposed changes to licensure policy to eliminate the post-doctoral year and designate our council representatives to support the policy change was unanimously approved.

Announcing Search for Associate Editor
The School Psychologist

A search for Associate Editor of *The School Psychologist* (Division 16 Newsletter) will begin immediately. The newly elected Associate Editor serves for 3 years beginning the Winter of 2007 and then is expected to assume the role of Editor in Winter of 2010 for a 3-year term. Thus, the Associate Editor must be willing to make a commitment to serve for 3 years as Associate Editor and 3 years as Editor.

The Associate Editor will work closely with the Editor-Elect, Michelle Athanasiou. The Associate Editor is responsible for soliciting and reviewing newsletter contributions, assisting in publication procedures, and undertaking other special assignments at the discretion of the Editor. The Associate Editor is expected to become familiar with all newsletter operations and provide input for the editorial decisions.

Applicants for the position should have demonstrated skills in writing, editing, and public relations and be willing to donate an average of approximately 1 to 2 days per month to newsletter work. A stipend is possible.

Interested persons should send: (1) a letter detailing relevant experience as well as goals and expectations for the newsletter, (2) three letters of reference, and (3) a recent vita by April 28, 2006 to the Chair of the Search Committee:

Vincent C. Alfonso, Ph.D.
Professor and Associate Dean
Fordham University
Graduate School of Education
113 West 60th Street
New York, NY. 10023
212-636-6410 (w)
212-636-7826 (fax)
Alfonso@fordham.edu

The selection of the Associate Editor will be made in June 2006. Additional questions can be forwarded to Vincent Alfonso (see above).

Search for Editor-Elect, *School Psychology Quarterly*, the American Psychological Association, School Psychology Division (Number 16) Journal

The School Psychology Division of the American Psychological Association is pleased to announce the search for a new Editor-in-Chief of *School Psychology Quarterly (SPQ)*. With one of the largest subscription rates in the field of school psychology, this journal has been the official Division journal for 21 years. The Editor-Elect will be appointed by the end of 2006 and will begin serving as Editor-Elect in January 2007. The Editor-Elect will serve a one-year Editor-Elect term in 2007, and a five-year nonrenewable term as Editor-in-Chief, from 2008 to 2012, and will begin receiving manuscripts in May 2007.

The Editor-Elect will be responsible for selecting Associate Editors, Section Editors, an Editorial Board, and will make all decisions regarding specific substantive content of *SPQ*. The Editor coordinates the *SPQ* searches for the article and reviewer of the year, and will develop any special sections or areas within the journal. The Editor works closely with the Division 16 Vice President for Publications, Communications, and Convention Affairs. Attendance at the Division EC meeting may be necessary during the term of editorship. Candidates for the Editor-Elect position should submit the following materials electronically to Dr. Tammy Hughes on or before May 5, 2006. Applications will continue to be received until a suitable candidate is found. Applications should include a curriculum vita, letters of support from three individuals familiar with the candidate's publication record (and its impact) and six sample publications. A letter of application should be included with the candidate providing information in five areas: (1) what is the candidates philosophical paradigm and how will this be applied to *SPQ*, (2) specific goals for the journal under the new Editorship, (3) detailed information concerning the candidate's previous editorial or editorial-related experiences, (4) any matching funds, released time, or other support from the applicant's university, school, or other institution, and (5) details of prior editorial experience. Information should be submitted electronically to HughesT@duq.edu. This notice is published in *SPQ, The School Psychologist*, and has been distributed via the School Psychology Division Listserv(s).

> "With one of the largest subscription rates in the field of school psychology, this journal has been the official Division journal for 21 years."

Search for Division 16 Editor[*]

The Publications Committee of Division 16 announces a search for an Editor or Co-Editors of the continuing book series entitled, "*Applying Psychology to the Schools*." The APA Publications Office works with the Division on this joint series, which is published by the American Psychological Association.

The series has been dedicated to providing practitioners with detailed practice recommendations that are scientifically supported. Volumes in this series have integrated theoretical developments and empirical findings to provide a framework for conceptualizing problems and selecting assessment and intervention approaches. Each book has provided a summary of relevant psychological knowledge and practical approaches for providing school-based services to children, youth, and their families.

The Editor or Co-Editors is/are responsible for:

(a) identifying topics and authors for upcoming books;

(b) reviewing proposals for books to ensure they are congruent with needs of practitioners in school psychology;

(c) serving as a reviewer and coordinating book reviews;

(d) coordinating efforts between the Publications Committee of Division 16 and the APA Publications Office; and

(e) serving as a liaison between authors and the publisher.

Questions regarding this position may be directed to Tammy Hughes at HughesT@duq.edu. The review of applications will begin immediately. Interested persons should send a letter of interest, curriculum vita, and brief statement of personal goals and objectives for the series to:

Tammy L. Hughes, Ph.D.
Duquesne University
Department of Counseling, Psychology,
Special Education
102C Canevin Hall
Pittsburgh, PA 15282

[*]5-year term

Division 16 Executive Board Midwinter Meeting

- A motion for a committee to report back to the executive committee on the issue of credentialing in school psychology of graduates from APA accredited clinical and counseling programs was unanimously approved. The committee will be composed of Judy Oehler-Stinnett, Linda Caterino, and Frank Worrell. Judy and Linda will co-chair. Ron Palomares agreed to provide staff support.

- A motion that the EC follow the APA travel guidelines for boards and committees in terms of prudent spending while attending meetings representing Division 16 was unanimously approved. It was suggested the EC be provided with one night lodging at the upcoming APA convention. The president and treasurer agreed to confer on this item and notify the EC within a timely manner.

- Bonnie Nastasi's nomination to be the division's representative for the Wingspread conference was unanimously approved.

- A motion for the balanced budget to be accepted was unanimously approved.

Federal Advocacy Update

**Linda A. Reddy, Division 16 Federal Advocacy Coordinator
& Fairleigh Dickinson University**

As the Federal Advocacy Coordinator for Division 16, I frequently ask for your assistance on issues important to the practice of psychology. Having worked closely with the APA Practice Organization, I can tell you that there is often a lot more going on "behind the scenes" that you may not hear about. So, I want to take this opportunity to let you know about the work that was done to secure new testing codes and the advocacy efforts following Hurricane Katrina.

Testing Codes

Psychologists providing testing services now have a more accurate way to bill as seven new Current Procedural Terminology (CPT®) codes became effective on January 1. Implementation of the codes reflects a change in thinking by the Centers for Medicare and Medicaid Services (CMS), which by awarding work values to the codes is finally acknowledging that psychologists are engaged in professional work when providing psychological and neuropsychological testing services.

These changes are the result of continued advocacy by APA over the past several years. Due to concerns about the level of professional work involved in furnishing testing services, previously CMS only reimbursed psychologists for the estimated costs of practice expense, essentially overhead, and a small amount for malpractice insurance. The psychologist's time and effort in providing the service went unrecognized.

Previous attempts in 2002 and 2003 to obtain professional work values for the testing codes failed to gain approval from the American Medical Association's reimbursement committee. APA continued its efforts by engaging staff from the AMA's coding and reimbursement committees in a strategy to revise the testing codes. APA developed a proposal that more closely identified the psychologist's involvement in the testing service, thus making the codes more suitable for the assignment of professional work values.

APA gained the approval of the coding committee to revise the codes in 2004 and then used survey data from psychologists across the country to persuade the reimbursement committee to recommend professional work values for the codes in 2005. Later that year, CMS adopted the reimbursement committee's recommendations and assigned professional work values for the revised codes.

The professional work values assigned to the new codes will significantly improve the amount paid by Medicare for these services. The previous psychological and neuropsychological testing codes (96100, 96115 and 96117) were all reimbursed at an average hourly rate of $74. Under the 2006 Medicare fee schedule, average payments for outpatient testing services under the new codes will increase from 26% to 69%. For a complete list of the revised codes and their new values go to: http://www.apapractice.org/apo/payments.html

Hurricane Relief Efforts

In the weeks and months following Hurricane Katrina, Congress focused its attention on a wide range of proposals to provide relief to hurricane evacuees, including relief for evacuees' health care needs. In late December 2005, the Senate approved a measure to provide a 100% federal match of existing Medicaid plans for those states with evacuees. Significantly, this measure will allow states the option of expanding their Medicaid mental health services while receiving the 100% federal match for up to nine months. This program will enhance opportunities for psychologists in the affected states of Louisiana, Mississippi, and Texas, as well as in other states where evacuees currently reside that do not normally cover outpatient psychologist services in their Medicaid programs.

This critical provision was included in the Budget Reconciliation legislation that passed both the House of Representatives and the Senate in December in the final hours of the Congressional session. Due to amendments made in the Senate, however, the Budget Reconciliation legislation must come before the House for one more vote before final passage; as of this writing, a vote is predicted for early February 2006. The Practice Organization is pleased that, in the interim, state-by-state Medicaid waivers are allowing funds to be spent on mental health services not previously covered by the hurricane affected states.

Among the dozens of earlier proposals considered by Congress, one sponsored by Senate Finance Committee Chairman Charles Grassley (R-IA) and Ranking Member Senator Max Baucus (D-

"This program will enhance opportunities for psychologists in the affected states of Louisiana, Mississippi, and Texas, as well as in other states where evacuees currently reside that do not normally cover outpatient psychologist services in their Medicaid

CONTINUED FROM PAGE 93
Federal Advocacy Update

Website from the U.S. Department
of Homeland Security
Ready KIDS – Be Prepared in Every Situation
www.ready.gov/kids/home.html

"when natural disasters cause extensive community-wide destruction and disruption – as with Hurricanes Katrina and Rita – 25 to 30% of the survivors are likely to develop anxiety disorders, including post traumatic stress disorder (PTSD)"

MT) initially appeared quite promising. Known as the Emergency Health Care Relief Act (S. 1716), the bill also sought to create a Disaster Relief Medicaid program to provide evacuees below the poverty line 100% federal payment of their health care for up to ten months.

Importantly, and at APA's urging, S.1716 would have required coverage for a wide range of mental health services as part of the proposed relief, including, for example, screening, assessment and diagnostic services, psychotherapy, rehabilitation and other therapies, medications prescribed by "health professionals," inpatient care, and other mental health services, as well as alcohol and substance abuse treatment resulting from circumstances related to Katrina, and family counseling for Katrina survivors and for first responders. The Practice Organization particularly appreciated the sponsors' express recognition of mental health services as an important part of Disaster Relief Medicaid. This bill stalled in the Senate due to budgetary concerns, however.

The debate in Congress over the need to offer some form of health care relief to the Hurricane victims certainly presented the Practice Organization with a unique opportunity to inform members of Congress about the significant mental health repercussions of major natural disasters and the extensive volunteer relief services that psychologists have been providing "on the ground" to hurricane victims through the Disaster Response Network. In September, APA's Chief Executive Officer, Norman Anderson, Ph.D., sent a letter to the Senate, prepared by the Practice Organization, endorsing S.1716. The Practice Organization also developed and distributed widely an informational fact sheet concerning the substantial mental health needs of disaster survivors, highlighting the fact that when natural disasters cause extensive community-

wide destruction and disruption – as with Hurricanes Katrina and Rita -- 25 to 30% of the survivors are likely to develop anxiety disorders, including post traumatic stress disorder (PTSD), depression, and other clinically significant problems. The fact sheet is available at: http://www.apapractice.org/apo/pracorg/legislative/HurricaneImpact.html. The Substance Abuse and Mental Health Services Administration (SAMHSA) recently confirmed these statistics, and is now projecting that up to 500,000 people may be in need of professional assistance as a result of the hurricanes. The SAMHSA news release is available at: http://www.samhsa.gov/news/newsreleases/051207_hurricane.htm

This information has been very favorably received by Senator Trent Lott (R-MS), who suffered the personal loss of his home, and other key Members of Congress, and continues to be requested by other offices on Capitol Hill.

Coalition for Psychology in the Schools and Education

Heidi Sickler and Ashley Edmiston, American Psychological Association

2005 Coalition Winter Meeting

On December 16-18, 2005, the Coalition for Psychology in the Schools and Education (Coalition) convened for its biannual meeting at the American Psychological Association in Washington, D.C. Formed by the APA Education Directorate in 2002, the Coalition provides psychologists with an integral role in the ongoing national debate regarding Pre-K–12 education policy. In addition to improving the quality of Pre-K–12 education through the application of psychological science, the Coalition strives to promote collaboration among APA divisions and various interest groups and affiliates who are working to enhance education and teacher training for children, youth and families.

The Coalition currently includes representatives from 12 divisions, including 12 (Society of Clinical Psychology), 13 (Consulting Psychology), 15 (Educational Psychology), 16 (School Psychology), 17 (Society of Counseling Psychology), 25 (Behavior Analysis), 27 (Society for Community Research and Action), 35 (Society for the Psychology of Women), 37 (Child, Youth and Family Services), 43 (Family Psychology), 53 (Society of Clinical Child and Adolescent Psychology), and 44 (Society for the Psychological Study of Gay, Lesbian and Bisexual Issues) and six affiliate groups, including Psychology Teachers at the Community Colleges (PTACC), Committee of Teachers of Psychology at Secondary Schools (TOPSS), Council of Representatives' Child and Adolescent Caucus (CAC), Committee on Ethnic Minority Affairs (CEMA), Committee on Psychological Testing and Assessment (CPTA), and the APA Board of Educational Affairs (BEA).

Reauthorization of the No Child Left Behind Act

The Coalition met December 16-18, 2005 to advance a number of critical initiatives, including ways for psychologists to help implement evidence-based practices under the 2007 Reauthorization of the No Child Left Behind Act (NCLB). The federal education law promotes greater accountability, teacher quality and student assessment—all areas where psychologists have expertise. The Coalition continues to play a key role in applying psychological research that relates to NCLB's provisions on assessment, child and youth development, and teaching and learning, including the expansion and improvement of school-based mental health services and teacher quality. Specifically, Coalition members will continue to spearhead innovative teacher preparation practices and professional development, including the clinical application of the "standardized patient" medical model in interventions that enhance teachers' awareness and capacity to work with families and caregivers. Through APA's Online Academy continuing education series, teachers will be offered methods to help parents and school professionals with a wide array of student behaviors.

Online Academy

The APA recently launched a new Online Academy through which the Coalition for Psychology in Schools and Education will offer modules on clinical teaching skills for pre- and in-service educators. The courses will include facts, research, readings, problem vignettes with practice simulations, and an assessment section. Please visit APA's *Online Academy* website at http://www.apa.org/ce/

Coalition Focuses on Building Accessible Knowledge Base in Education Research

Through the development of a comprehensive education research agenda, the Coalition continues to sustain the exchange of knowledge on the applications of psychological science to teaching and learning among psychologists. At the Coalition's December 2005 meeting, participants identified potential areas of collaboration between psychologists in psychology departments and schools of education, including translational communication for practitioners, school psychologists and teachers on relevant evidence-based research available through a wider array of credible sources. Participants agreed that a range of priority areas warranted further discussion and analysis, including identifying how psychology is perceived in education and how education is perceived in psychology; observing how the power structure in academia hinders the faculty development of products that are accessible to teachers; and addressing the stigma associated with education research.

Coalition to Present at the 2006 AERA Conference in San Francisco

The Coalition will present a session at the April

Announcing the 2007 School Psychology Research Collaboration Conference

The Society for the Study of School Psychology (SSSP) is sponsoring a School Psychology Research Collaboration Conference (SPRCC) as a mechanism to enhance the research efforts and skills of early career researchers who conduct psychological research relevant to education and the practice of psychology in the schools. The conference is designed to facilitate multi-site research by encouraging interactions between early career researchers and senior researchers. SSSP recognizes that research on important educational and practice issues require large samples from diverse contexts to support the validity and applicability of findings across diverse populations and contexts. Collaboration among conference attendees will result in researchers being able to address complex and important problems relevant to education and the practice of psychology in the schools.

The principal attendees of the SPRCC will include multiple categories of individuals: (1) early-career psychological researchers; (2) senior researchers interested in mentoring early-career

researchers and serving as project consultants; and (3) researchers/school systems interested in collaborating on multi-site projects.

Anticipated outcomes of the SPRCC include the following: (1) early-career researchers will obtain collaborative and mentoring support for their research; (2) discussion of important issues and ideas relevant to the application of psychological research to education and the practice of psychology in the schools; (3) the development of friendships and working relationships for diverse networks of researchers, resulting in more individuals having a voice and an outlet for their research energies and talents; (4) a constructive dialogue will be established between researchers to help establish and/or clarify research priorities; and (5) the quality of psychological research conducted and published will be enhanced.

The 2007 SPRCC will be a national conference, which will occur on March 25th and 26th, 2007 in New York, NY (beginning at 1pm and ending at 5:30pm the first day and 8am – 12pm the second day, preceeding the National Association of School

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Coalition for Psychology in the Schools and Education

7-11, 2006 American Educational Research Association (AERA) annual conference in San Francisco to promote psychological research in education. Coalition members will also participate in a breakfast at AERA sponsored by the Center for Psychology in Schools and Education to discuss the Coalition's ongoing initiatives and solicit ideas from attendees on the role of psychology in education and schools. The Coalition appreciates APA members' participation in this important collaborative effort, bringing psychologists together to improve our nation's educational agenda. If you are interested in learning more about the Coalition for Psychology in Schools in Education please contact Heidi Sickler (HSickler@APA.ORG) or Ashley Edmiston (AEdmiston@APA.ORG).

Teachers' Needs Survey

APA's Teachers' Needs Survey, which is available at http://surveys.apa.org/ed/teacherneeds2/, is gathering information about teachers' perceptions

of the need for professional development in several areas, including classroom management, instructional practices, classroom diversity, family outreach, and other teaching skills and knowledge informed by psychological science. The Coalition met twice in 2004 to develop the instrument and review data collected by the survey. In 2004, the Coalition piloted the survey nationwide on about 900 Pre-K–12 teachers, and used the pilot data to refine the instrument. In the next round of data collection, the Coalition is seeking a national representative sample of teachers from urban, suburban and rural schools. APA's Online Academy will provide a number of professional development modules for Pre-K–12 teachers based on the results of APA's Teachers' Needs survey. The Coalition will also use the survey results to help inform public policy, including the Reauthorization of NCLB.

Announcing the 2007 School Psychology Research Collaboration Conference

Psychologists (NASP) annual conference). The format will include special presentations and emphasize focused group discussions among those with related research interests.

The conference will involve approximately 100 individuals, of whom up to 50 will be Early Career Scholars, and other attendees as described above. The SSSP is currently seeking application materials from those interested in attending the conference. **Early Career Scholars are defined as:** pre-tenure scholars who have at least two peer-reviewed publications and also post-tenure scholars who are within 2 years of having received tenure. Each applicant is required to submit two copies of the application materials (details available on-line at www.education.ucsb.edu/sssp.sprcc).

1) Each applicant must provide a cover page indicating their name, current affiliation, mailing address, e-mail, and phone number.

2) A "personal research agenda" addressing his/her personal research interests and course of action during the next 3-5 years. This research agenda should provide a broad overview of the area(s) of interest, previous efforts in this area, specific questions to be addressed through the proposed research agenda, and specific implications for the practice of psychology in the schools. The personal research agenda is to be double-spaced, 12-point font, with 1-inch margins, and is not to exceed two pages (if citations are included, references may appear on a third page).

3) Submit a proposal of up to three pages outlining their vision of a collaborative multi-site research program consistent with their "personal research agenda." Please identify the specific issue(s) and question(s) to be addressed, the necessary context and participants required to address the question(s), an estimate of the requisite number of participants, an estimate of the budget necessary to accomplish this research, and the relative advantages and challenges of a collaborative multi-site research program to address the question(s). This proposal is to be double-spaced, 12-point font, with 1-inch margins, and is not to exceed three pages (references may appear on a fourth page). Also, be certain to include a brief abstract (no more than 300 words) of the proposal on a separate page.

4) A letter of support from their department chair reflecting on the skills of the applicant to engage in the proposed research agenda.

5) A personal vita.

The deadline for submission of the above materials is June 15, 2006. Early Career Scholars will be selected to participate from those submitting complete materials by June 15, 2006. Participants will be notified by August 15, 2006. Early Career Scholar participants will be provided a $400 stipend to facilitate their attendance. They will also have an opportunity to submit a proposal to the SSSP small grants program to secure research funds to develop a competitive proposal for a large scale-collaborative research project. Please direct questions regarding the conference to Dr. Amanda VanDerHeyden at amanda@education.ucsb.edu or Dr. Craig A. Albers at caalbers@wisc.edu. Please submit application materials via email to: Amanda VanDerHeyden, Ph.D. and Craig A. Albers, Ph.D. at amanda@education.ucsb.edu

Student Affiliates in School Psychology: Opportunities and New Directions

S. Andrew Garbacz, SASP President
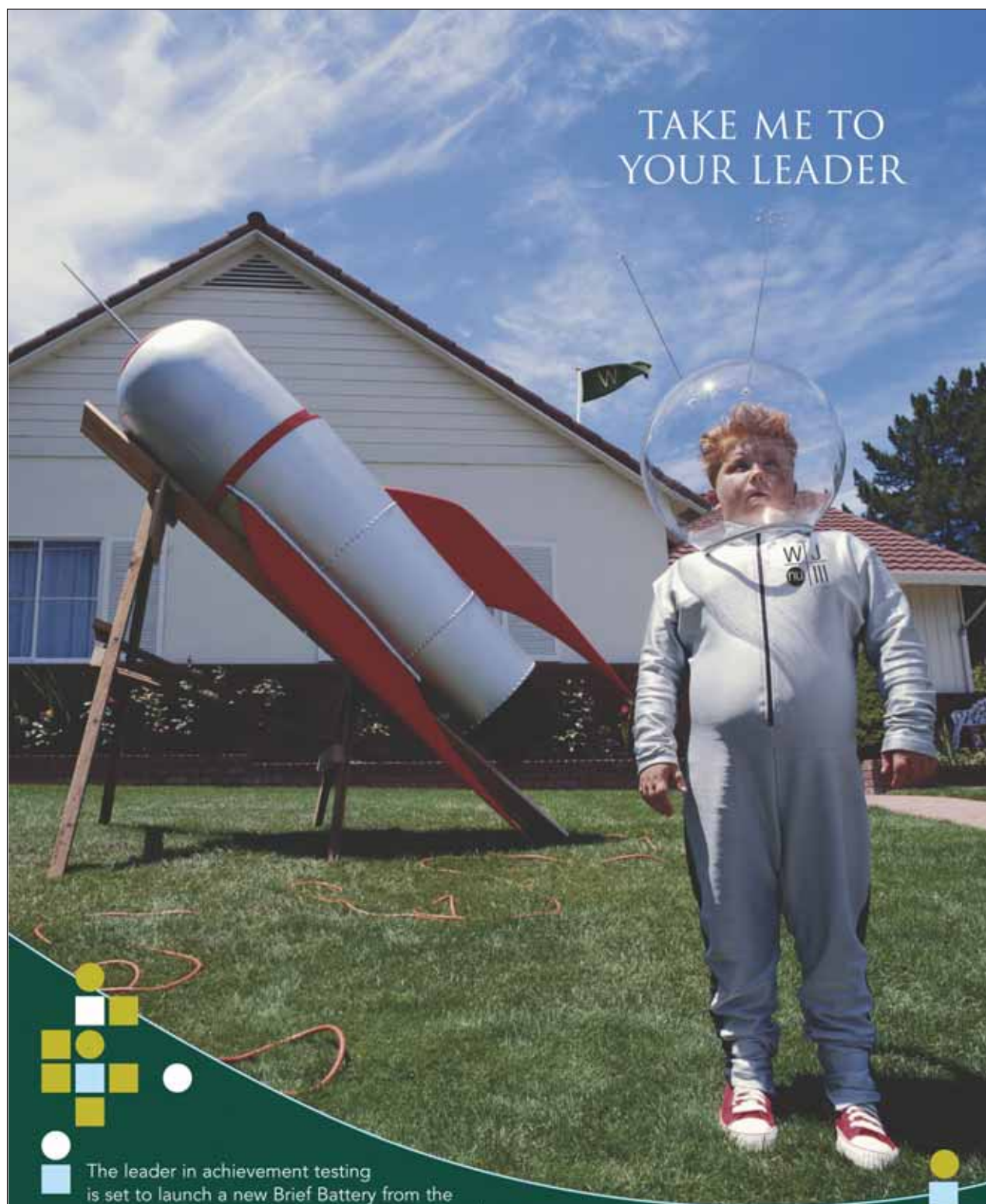**University of Nebraska at Lincoln**

> "In line with increasing SASP's nationwide visibility, the SASP board is focused on increasing the amount and quality of communication channels between national organizations„ and students."

The Student Affiliates in School Psychology (SASP) board has worked diligently in recent years to accommodate and coordinate efforts between school psychology graduate students, faculty, and national organizations to support student efforts at all levels of training. SASP has been engaged in many exciting activities in the past year, and the current board seeks to continue those efforts while building and creating new opportunities to elevate the kinds of work that can be accomplished.

In the past year, SASP has been focused on disseminating local, state, and federal policy and program information, developing communication forums for graduate students on the SASP website, publishing quarterly newsletters, and it held the SASP Mini-Convention at the annual American Psychological Association (APA) Conference. SASP has also worked with the Vice President for Social and Ethical Responsibility and Ethnic Minority Affairs to develop and award the SASP Diversity Mini-Scholarship Award. Goals of the current board include continuing the efforts of the previous SASP board (e.g., awarding the SASP Diversity Mini-Scholarship Award) and adding two additional primary goals. The first goal involves disseminating local, state, and federal legislative policy information to students with the hope that students will be in a position to take a more active role in legislative decisions. The second goal involves increasing student awareness of and membership in SASP.

In line with increasing SASP's nationwide visibility, the SASP board is focused on increasing the amount and quality of communication channels between national organizations and students. One primary way SASP disseminates important information is through the student listserv.

Information such as changes in legislative policy, SASP News submission deadlines and information, and SASP Mini-Convention information are all communicated through the student listserv. Additionally, the student listserv is a forum whereby students from across the country communicate with each other about psychology, graduate school, and other important issues in the field. To join the student listserv, send an email (leaving the subject space blank) to: listserv@lists.apa.org. In the message area type: "sub SASP-D16." You will receive a confirmation message and general information regarding the listserv. Should you decide to unsubscribe, simply send another message (leaving the subject space blank) to: listserv@lists.apa.org. In message area type: "signoff SASP-D16." The SASP website (http://saspweb.info) is another important communication channel. Submission guidelines and information about SASP News and the Mini-Convention are also included on the website.

If you have comments or questions about SASP, the board encourages you to submit them through the website or to one of the board members.

DIVISION 16 *ONLINE*
Check out the Division 16 home page at:
www.indiana.edu/~div16/

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