The Newsletter of the Florida Association of School Psychologists



Volume 38 Number 1

Winter 2011

Jennifer Valentine and Kristen Cunningham, Editors



President's Message

Monica Oganes Murray

Dear colleague,

It is my privilege to take a moment to tell you about the things that the Florida Association of School Psychologists is working on this year. I would like to start by thanking you, our members, for your support and trust in the organization. The mission of FASP is to promote and advocate for the mental health and educational development of Florida's children, youth, and families in educational

systems and communities; and to advance the profession of school psychology in the state. We are confident that we are moving in the right direction.

I would like to acknowledge the work of the FASP Executive Board. About 35 school psychologists from all over the state volunteer their time and expertise for the benefit of our profession and the children of Florida. This year, we are focused on improving the organization by increasing communication, by assessing the needs of all school psychologists, by updating our governing documents so we can work more effectively, and by providing quality professional development that addresses our needs. Further, we will work with all stakeholders in order to increase student outcomes and to promote legislation that is aligned with our mission.

The FASP Executive Board is working diligently to achieve the goals we have set for the year. At our January board meeting, we organized groups and tasks that will be completed throughout the year. We will be using technology and holding virtual meetings to conduct business more effectively and move projects along. In immediate response to concerns about last year's election process expressed by our members, we made changes to our bylaws, which were approved by the membership at the annual business meeting in November, and we are proposing changes to the responsibilities of the elections chair so we can hold a more timely election. We worked on finishing our first needs assessment that will be disseminated in February. We also talked about the culture of the organization in an effort to ensure that we promote understanding, tolerance, and sensitivity to the diversity that currently exists in our profession.

As school psychologists, we are highly qualified to work with educators using our knowledge in psychology and education. We engage in consultation and collaboration, and we provide direct mental health and educational services to children and youth. However, education reform requires that those of us involved in education, change the way we do business. To prepare our children to compete in the 21st century, we must implement changes and increase accountability for our work. *The NASP Model for Comprehensive and Integrated School Psychological Services* provides a foundation for the future of school psychology. FASP endorses this framework and, in combination with standards delineated by the Florida Department of Education, we created our *FASP Professional Development Plan* that addresses the specific training needs of school psychologists in our state.

The Florida Department of Education has the responsibility to educate a highly diverse group of students. AYP data indicates that we must work harder at increasing progress and there is no time to waste. We must use our resources wisely and efficiently. Response to Intervention (RtI) is the overarching framework for effective instruction and intervention in Florida.

(Continued on page 3)



FASP Executive Board

Elected Officers

PRESIDENT

IMMEDIATE PAST PRESIDENT PRESIDENT-ELECT

MONICA OGANES MURRAY monica8897@comcast.net

MARK NEELY

JOSEPH JACKSON

Mneelv@cfl.rr.com

jjacksonl47@gmail.com

SECRETARY

TREASURER

GAIL PATTERSON

wgpatter@mchsi.com

AMY ENDSLEY 8146 N Pine Haven Point Crystal River, FL 34428 fasptreasurer@gmail.com

Standing Committees

Regional Representatives

NORTHWEST (Region 1) Sharon Bartels-Wheeless

faspregion1@gmail.com

NORTHEAST (Region 2)

Freda Reid

fmr@bellsouth.net

EAST CENTRAL (Region 3)

Elvira Medina-Pekofsky

emepekosky@aol.com

WEST CENTRAL (Region 4)

Roxanna Santos santosro@pcsb.org

SOUTHWEST (Region 5) Kim Tucker

ktucker88@comcast.net

SOUTHEAST (Region 6)

Kim Berryhill

kimmber89@aol.com

SOUTH (Region 7) Joan Kappus

jponey2@yahoo.com

Special Committees

INTEREST GROUP COORDINATOR

Annette Hicks

annette.hicks@sdhc.k12.fl.us

HISTORIAN

Sherry Scott

sherryj.scott@yahoo.com

PROBLEM SOLVING/ RESPONSE TO INTERVENTION

Bill Donelson

donelson bill@comcast.net

LOW INCIDENCE

Michelle Major

mmajor@caribbeancenter.org

SCHOOL NEUROPSYCHOLOGY

David Schwartz npsych01@gmail.com

ADMINISTRATION & SUPERVISION

Susan Buslinger-Clifford

AWARDS

Kurt Wasser

wasserk@bellsouth.net

BYLAWS

Mark Neely

Mneelv@cfl.rr.com

CE CREDIT COORDINATOR

Geoff Freebern

geoffrey.freebern@yahoo.com

CONFERENCE CHAIR

Troy Loker/Michelle Robertson-Shephard tloker@gmail.com/faspflashed@aol.c

CULTURAL & LINGUISTIC DIVERSITY

Elvira Medina-Pekofsky

ETHICS & STANDARDS OF PRACTICE

Freda Reid fmr@bellsouth.net

LEGISLATIVE

Ralph "Gene" Cash gcash1@aol.com

MEMBERSHIP

Adrienne Avallone faspmembership@gmail.com NEWSLETTER

Jennifer Valentine/Kristen Cunningham

bocasangel46@yahoo.com/kristie.cunningham@gmail.com

PLANNING & DEVELOPMENT

Bob Templeton benbobbart@aol.com

PRIVATE PRACTICE Phyllis Walters

docphyl1@aol.com

PROFESSIONAL DEVELOPMENT

Alberto Gamara

mentalmastery@myacc.net

PUBLIC POLICY & INFORMATION

Kip Emery

pirateemery@aol.com

REGISTRAR

Kelly Low

klow@escambia.k12.fl.us

RESEARCH David Schwartz

npsych01@gmail.com

TECHNOLOGY & COMMUNICATIONS

Michelle Robertson-Shephard reachFASP@aol.com

STUDENT DELEGATE Trov Loker/Andrew Satkowiak

tloker@mail.usf.edu/andy.satkowiak@gmail.com

TRAINING & CREDENTIALING

Philip J. Lazarus Philaz1@aol.com

Additional Contacts

FASP GOVERNMENTAL CONSULTANTS

Cerra Consulting Group Bob Cerra & John Cerra 206-B South Monroe Street Tallahassee, FL. 32301 (850)-222-4428

bobcerra@comcast.net cerraj@comcast.net

Liaison Positions

NASP DELEGATE Sarah Valley-Gray valleygr@nova.edu

COMMITTEE OF CONTINOUS

EXISTENCE Albert Gamarra

MentalMastery@myacc.net

CHILDREN'S SERVICES FUND

Ralph "Gene" Cash gcash1@aol.com

DOE CONSULTANT David Wheeler

wheeler@coedu.usf.edu



(Continued from page 2)

FASP will focus on the development of infrastructure to implementing RtI in the state while providing training and support in order to allow all school psychologists to achieve procedural accuracy in relation to Florida rules. We will work with all stakeholders for the benefit of all children in Florida.

As your FASP President this year, it is my hope to inspire you to become more involved in the profession. Take a moment every week to do something that advances your own professional growth and the growth of school psychology. The FASP newsletter has many articles that provide cutting edge information for your benefit. Check out our committee WebPages on the FASP website periodically for links and resources that may be relevant to your work. Contact me or your FASP regional representative and offer suggestions on how we can better serve you. Volunteer time to work on a FASP committee or interest group; involvement in the organization is a truly rewarding experience. Make an appointment with your legislator and talk about the FASP legislative platform, which promotes issues that are relevant to our mission. Keep up with our changing role and get the training you need to implement state rules and district policies. In doing so, remember that although change is difficult, change can also be exciting and rewarding. And we must constantly change in order to prepare the children of Florida to compete in the 21st century.

Thank you for being part of FASP, your professional organization. We look forward to continuing to work hard at fulfilling our mission.

Best regards,

Monica Oganes Murray, Ed.S. FASP President

View my video message online at the following website: http://www.fasp.org/FASP Officers/President.html

Attention FASP Members...



THE FLORIDA SCHOOL PSYCHOLOGIST HAS GONE GREEN!

In an effort to keep up with the efforts being made nationwide to be environmentally conscientious, we are proud to announce that the FASP NEWSLETTER HAS GONE GREEN!

This means that our Newsletter is no longer distributed in hard-copy format, only in electronic format.

We sincerely hope you will support us in this most important effort to do our part for the environment and supply us with your most current email address so that we may provide you with pertinent information in the future!

Please email Adrienne Avallone, (<u>faspmembership@gmail.com</u>), FASP Membership Chair, with your updated information.





Immediate Past President's Message Mark Neely

Since the conclusion of last year's elections, your FASP Executive Board has been working hard to ensure that our election process is held to a high standard. During last year's election, we encountered a problem using the FASP website to collect votes. The default email account (postmaster@fasp.org) was not accepted by Yahoo or Gmail. Therefore, votes from members using an email from those accounts were not collected. To correct that problem, our Elections Committee found a third party website, BallotBin, to use during the second election. BallotBin provided FASP a secure site at no cost and it operated perfectly.

To provide uniformity year-to-year with our elections process, the Executive Board passed a motion last November declaring that all elections run for 30 days. In addition, should an election run into a new membership year due to delays in obtaining candidates or other factors, members for both years shall be eligible to vote. Should there be any delays or abnormalities in the future, FASP will provide you with frequent communication regarding the issues and our proposed solutions. These procedural changes have been now been included into our Bylaws and Policies, Procedures and Papers manual.

For now, FASP will continue using Ballot Bin for elections to ensure all votes are counted and secured. Like last year, you will receive an email from FASP and BallotBin giving you instructions on how to vote. Each member will receive a one-time-only identification number which will be used to begin their voting process. BallotBin will send you a notice a few days before the end of the election to remind you to vote. Once the election window is closed, the FASP Elections Committee will download the secure data and report back the results. The timeline for voting, taken from our current Policies, Procedures and Positions (PPP) Manual is as follows:

When	What
January	Publish the Call for Nominations in the Newsletter and/or mail the Call for Nominations to members. Select Nominating and Elections committee members, if not already selected.
March	Contact nominees, provide a deadline for their platform statements, and secure additional nominations, if needed.
April	Obtain membership list. Prepare cover letter. Prepare ballot for voting.
May	Have letter and ballots posted on the website.
June	Count ballots; determine winners. Contact President, candidates, and Executive Board members. Write a newsletter and website article about election results.





FASP Call for Nominations!

Mark Neely, Immediate Past President

FASP is looking for a few good leaders! One of the most important responsibilities of FASP membership is to participate in the nominations and selections of the individuals that provide leadership to our organization. Through the control the appartunity to influence the source of school paychology in Floridal Thir

your nominations, you have the opportunity to influence the course of school psychology in Florida! This year we will elect our **President-Elect** and **Regional Representatives from Regions 2, 4, and 6.**

The position of **President-Elect** is a three-year term beginning as President-Elect, followed by President, and ending as Immediate Past President. Duties during the three-year term include conference planning, general supervision and leadership of our association, and conduction of nominations and elections of FASP leaders.

Regional Representatives serve a two-year term. Regional Representatives act as liaisons between the membership of their region and the FASP Executive Board. Regional Representatives must reside or work in the region they represent.

Region 2- (Northeast) is comprised of the following counties: Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Lafayette, Levy, Marion, Nassau, Putnam, St. Johns, Suwannee, Union, Volusia

Region 4- (West Central) is comprised of the following counties: Hernando, Hillsborough, Pasco, Pinellas, Polk

Region 6 (Southeast) is comprised of the following counties: Broward, Indian River, Martin, Okeechobee, Palm Beach, St. Lucie

All FASP officers begin their terms at the close of the business meeting at the FASP 2011 Annual Conference.

Please contact your nominee(s) prior to submitting their name(s) to determine their willingness to serve. Self-nominations are also permitted and encouraged. Any FASP member may be nominated, however, neither student members nor associate members may become officers.

Please send your nominations including your name and contact information by mail, phone, or email to:

Mark Neely 8365 Le Mesa Street Orlando, Florida 32827 (407) 851-2741 mneely@cfl.rr.com

The deadline for nominations by phone, e-mail, and postmark is April 1, 2011.







FIGHTING FOR YOUTH! FIGHTING FOR YOU!

WHAT CAN YOU DO TO SUPPORT THE WORK OF FASP?

JOIN OR RENEW ONLINE TODAY!

Click here to access the online form





WE NEED YOUR SUPPORT TO CONTINUE PROTECTING THE INTERESTS OF FLORIDA'S SCHOOL PSYCHOLOGISTS,

DUES:

REGULAR MEMBERS: \$80 TRANSITION MEMBERS (NEW): \$40 STUDENT MEMBERS: \$20 RETIRED: \$30 ASSOCIATE: \$80

FLORIDA ASSOCIATION **OF SCHOOL PSYCHOLOGISTS**

Monica Oganes Murray, President Mark Neely, Past President Joseph Jackson, President Elect Gail Patterson, Secretary Amy Endsley, Treasurer

For Questions About Membership Dues or Benefits, Please Contact our Membership Chair, Adrienne Avallone faspmembership@gmail.com

What has FASP done lately for school psychologists, youth, and families in Florida?

- Advocacy efforts in order to help
 - ⇒ Veto SB 6!
 - ⇒ Prevent district position cut-backs
 - ⇒ Prevent MLA revision through a letter writing campaign to retain our earned right to be called School Psychologists
 - ⇒ Pass new suicide prevention legislation
 - ⇒ Support anti-bullying legislation
 - ⇒ Develop and promote the Internship Standardization Process
- Consultation with FLDOE to ensure new SLD identification procedures are developed appropriately, and offering technical assistance on the new SLD procedures at the 2010 Summer Institute.
- High quality professional development (providing CEUs) via
 - ⇒ FASP Summer Institute and Annual Conference
 - ⇒ District and regional workshops
- Annual job fairs, allowing members to meet prospective employers
- Increased communication keeping you up to date on the issues, best practices, and <u>current job openings</u> through multiple venues, such as
 - ⇒ The Florida School Psychologist newsletter, FASP Flash email blasts, Facebook, email updates from Regional Reps and Student Delegate, and an ever growing and updated FASP.org!
- Recognition of exemplary service during our annual awards ceremony for outstanding School Psychologist, Administrator, Legislator, Graduate Students, and Innovative Program.
 - ⇒ New nomination guidelines are now posted on <u>FASP's award</u>
- Provision of grants through the Children Services Fund (FASP's Charitable organization) to help families receive much needed services.



FASP Would Like to Congratulate the Following NEW MEMBERS...

Kelly Wagner **Maya Peritz Rochelle Poole Christine Needham** Thomas Makowski **Jessica Andrews** Dana Babain Dayana Sanchez **Lindsey Land Tom Gentry Diana Owen Jamie Runyons Rachel Orleck** Renee Keller Carolyn Adams **Arianna Boddy** Melissa Caride **Elizabeth Crawford-Clear Melissa Dirlam** Leah Hacker Jermaine Johnson **Kendall Jeffries Cynthia King Tavrn McCormick Cardenas Meddard** Hanna Mocarski Zadeth Orama **Derek Powers** Sandra Riley-Hawkins Yvuanda Warren Theresa Zeidler **Nadine Henry** Jessica Katz **Reynolds Wilson**

Traci Williams Tyla Williams **Phyllis Irvine Maria Arguelles Amber Brundage** Tarlisa Brown Jokie Bojana Jennifer Bushnell **Tavelin Beckett Yerelin Checo Melissa Calixte Janise Coleman** Nayla Daou **Julius Denson Vincent Dehill** Rita Diaz **Charles Fusca TiffanyFigura** Arien Fajardo Maria Franco Cassondra Griffith Cara Giampoli **Anita Grinn** Kelly Grabosky Laura Howell **Adam Hanley** Irene Hamilton **Lacey Hiser Becky Houchen-Bemis Anne Jones** Jordan Hamick **Jyrece McClendon Cynthia King** Jessica Katz

Vanessa Lopez **Cassondra Griffith** Cara Giampoli **Anita Grinn Kelly Grabosky** Laura Howell **Adam Hanley Irene Hamilton Lacev Hiser Becky Houchen-Bemis Anne Jones** Jordan Hamick **Jyrece McClendon Cynthia King** Jessica Katz Vanessa Lopez **Kathleen Lamiell-Davis** Crystal Langlois **Devonishe Mitchell Jennifer Morris Deborah Mutter Kishawn Moore Linda Mullens Angelina Nortey** Vanessa Pena **Sharnett Palmer** Kimberly Rockwell Michelle Rosenthal **Rachel Roth Antoine Seav** Lisa Tritschler **Shanee Tolendano** Leah VanDeth **Molly Wolfson Pamela Sanders-White**

Please Keep Membership Records Updated!

Email Adrienne Avallone with any changes...

FaspMembership@gmail.com

2010-2011



2010-2011Membership Application

*Membership year runs from: July 1st 2010 to June 30th 2011

MEMBERSHIP#:

PLEASE PRINT

(First Name) (Last Name)	(Maiden Name)	
	,	
Address:	City:	
tate: Zip Code:	Home Phone:	
Vork Phone:	License/Certifica	tion #:
imary Email:		
Additional Email:		
FASP may need to contact you during summ	ner and school holidays.	
Joining FASP for the 1st time @	OR	Renewing Membership @
Please place a check on the line if you do N	OT wish to allow students in school per	chology programs to have access to your contac
information for research purposes		
Please place a check on the line if you do N	NOT wish to share your contact informat	ion on the Members Only section of the FASP
website? Please place a check on the line if you do N organizations?	NOT wish to share your contact informat	ion with test/book publishers and/or educational
Employer:	County of Em	ployment:
Employer:		
Language Fluency: OR STUDENTS ONLY: an currently a student enrolled in a school pattend:	Are you a member	r of NASP? YES OR NO
Language Fluency: OR STUDENTS ONLY: an currently a student enrolled in a school pattend:	Are you a member	r of NASP? YES OR NO
Language Finency: OR STUDENTS ONLY: am currently a student enrolled in a school p	Are you a member	r of NASP?
Canguage Finency: OR STUDENTS ONLY: an currently a student enrolled in a school pattend: regram Director/Internship Supervisor signal ole: (Check all that apply) 1. School Psychologist 2. Bi-Lingual School Psychologist 3. Supervisor	Are you a member psychology program YES N(college name) ature is required for student rate: Employment: 10. Public School 11. Private School 12. Residential Institution	(signature of Supervisor) Ages served: 17. Preschool 18. Elementary School 19. Middle School
OR STUDENTS ONLY: an currently a student enrolled in a school pattend: regram Director/Internship Supervisor signs ole: (Check all that apply) 1. School Psychologist 2. Bi-Lingual School Psychologist 3. Supervisor 4. Administrator 5. Trainer/Educator 6. Clinical Psychologist 7. Counselor	Are you a member psychology programYESN((signature of Supervisor) Ages served: 17. Preschool 18. Elementary School
OR SIUDENIS ONLY: on currently a student enrolled in a school strend: ogram Director/Internship Supervisor signs ole: (Check all that apply) 1. School Psychologist 2. Bi-Lingual School Psychologist 3. Supervisor 4. Administrator 5. Trainer/Educator 6. Clinical Psychologist	Are you a member psychology programYESN(college name) ature is required for student rate:	(signature of Supervisor) Ages served: 17. Preschool 18. Elementary School 19. Middle School 20. High School 21. Post-Secondary
OR STUDENTS ONLY: am currently a student enrolled in a school pattend: rogram Director/Internship Supervisor signs ole: (Check all that apply) 1. School Psychologist 2. Bi-Lingual School Psychologist 3. Supervisor 4. Administrator 5. Trainer/Educator 6. Clinical Psychologist 7. Counselor 8. Consultant 9. Other:	Are you a member of the psychology program YES No (college name) attree is required for student rate: Employment:	(signature of Supervisor) Ages served: 17. Preschool 18. Elementary School 19. Middle School 20. High School 21. Post-Secondary
Construction of the second of	Are you a member of the psychology program YES No (college name) attree is required for student rate: Employment:	(signature of Supervisor) Ages served: 17. Preschool 18. Elementary School 19. Middle School 20. High School 21. Post-Secondary 22. ALL OF THE ABOVE (or combo.)

Membership Categories:

Regular Member: Those eligible for regular membership are those who are certified or licensed by the state of Florida as a school psychologist, are nationally certified as an NCSP or are primarily engaged in training of school psychologists at an accredited college or university.

Past Presidents': exemptions from dues are limited to three years after their presidency year.

Transition Member: *(NEW) Those eligible for transition membership are those who have graduated from a School Psychology program and held Student membership the previous year. Transition members would be eligible for half the regular dues and the status would be valid for one year.

Student Member: Those eligible for student membership are those who are actively engaged one-half time or more in a formal school psychology program, at a regionally accredited college or university, and who currently are not employed as a school psychologist. Annual certification/verification student's program director on this form.

Associate Regular/Associate Student Member: Those eligible for associate membership are those who do not meet eligibility requirements for any of the preceding categories of membership, but who are interested in or associated with the field of school psychology. Those living/working outside Florida pay ten dollars less than regular member.

Retired Member: Those eligible for retired membership are those who have held regular membership in FASP for 5 years and have retired from remunerative employment in school psychology or related services. I certify that I meet the criteria for retired status.

*Please note that 75% of your membership dues paid to FASP, Inc. are non tax-deductible due to the Association's involvement in lobbying and political activity attempting to influence legislation.

Please check the FASP Membership Category for which you
are applying:
\$80.00 Past President (see note above for exemption)
\$80.00 Regular Member (living/working in FL)
\$80.00 Associate Regular Member (living/working in FL)
\$70.00 Regular Member (living/working outside FL)
\$70.00 Associate Regular Member (living/ working outside FL)
\$40.00 Transition Member*(NEW)
\$30.00 Retired Member
\$20.00 Student Member (verification required)
\$20.00 Associate Student Member (verification required)

Please check the CSFI(Children's Services Fund) level for which you would like to contribute:		
\$50.00+ Big Apple		
\$30.00 Golden Apple		
\$20.00 Red Apple		
\$10.00 Green Apple		
\$ 5.00 Apple Blossom ** (for		
students ONLY)		
None at this time		

TOTAL AMOUNT DUE with this Application
Please make your check or money order payable to FASP or provide your credit card information (we accept MasterCard and Visa). Unpaid purchase orders are not acceptable for dues payments.
Credit Card Information:
Visa ORMasterCard (No Discover/AMEX)
(13 or 16 digit credit card number)
/ (Month/Year of Expiration)
(Signature as name appears on the card)
By signing below, you affirm that the information provided in this application is accurate and that you meet the eligibility requirements for the membership category requested. Further, you agree to abide by the Ethics and Standards of Practice for FASP and NASP.
B . 5

Please check the CCE Membership Category for which you like to apply:

The Committee of Continuous Existence (CCE) is a form of Political Action Committee (PAC). This committee constitutes a way for FASP to contribute to individuals seeking any political office and support legislation that benefits children and/or school psychology.

\$ 15.00	Bronze Member
\$ 16.00 to \$ 50.00	Silver Member
\$ 51.00 to \$100.00	Gold Member
\$101.00 to \$500.00	Platinum Member
\$501.00 or more	Diamond Member

Please send completed for to

Adrienne L. Avallone FASP Membership Chair 8113 Bautista Way Palm Beach Gardens, FL 33418



FROM KIM BERRYHILL, FASP SOUTHEAST REGIONAL REPRESENTATIVE (Broward, Palm Beach, Martin, St. Lucie, Indian River, and Okeechobee)

Hi all!

I asked the following questions in the last FASP Newsletter. Here are the results! Thank you to those counties that responded!

Questions:

In your district:

- 1. What is the rate of turnover for psychologists?
 - Lake County: Very Low-At the end of the 2008-09 school year, two psychologists were not re-hired and one psychologist retired. All three were replaced before the start of the 2009-10 school year.
 - Okeechobee County: Very Low-We have had the same three psychologists since 2000. One of our psychologists is getting ready to retire this year.
 - Alachua County: On average, turnover has been about one in every 3 years. This year we had 2 of our 16 school psychologists retire and one relocate.
 - Duval County: Not sure, but it is very high.
- 2. Are most psychologists on instructional, administrative, professional, or some other type of contract?
 - Lake County: Instructional
 - Okeechobee County: Annual Administrative contract
 - · Alachua County: Instructional
 - Duval County: Administrative
- 3. How many psychologists are represented by a union?
 - Lake County: 11 out of 18
 - Okeechobee County: None, we are not eligible since we are administrators.
 - Alachua County: All of them are represented by our union, although all are not members.
 - Duval County: Not sure, maybe 50%
- 4. Are psychologists on a 10-month, 11-month or 12-month contract?
 - Lake County: 10 month
 - · Okeechobee County: 11 month
 - Alachua County: 10 month- However, you have the option of working up to 25 days during the summer.
 - Duval County: 10 or 12 month only (no 11 month)
- 5. What is the salary for a psychologist with 10 years of experience?
 - Lake County: \$54,412
 - Okeechobee County: \$68,300 (base with stipends): Specialist-\$3300 and Doctorate-\$4300
 - Alachua County: MS-\$40,812, Ed.S.-\$42,462, and Doctorate-\$44,412
 - Duval County: \$65,000
- 6. Does your district provide a stipend for licensure and/or NCSP certifications?
 - Lake County: Yes for NCSP (receive an equal amount to the Dale Hickman Excellent Teaching Program).
 - Okeechobee County: No, stipends are based only on degree.
 - Alachua County: No stipends for either, although we have sought it in the past with no success.
 - Duval County: No stipend

Thank you!

I appreciate your feedback!

Kim Berryhill

FASP SE Regional Representative





News from the Panhandle

My name is Sharon Bartels-Wheeless and I am your new Northwest Regional Representative for FASP. I am a school psychologist with the Okaloosa County School District, having moved to the area from North Dakota in 2009, along with my (Air Force) husband and three children.



My immediate plans include touching base with as many folks from the region as possible, in addition to setting up a regional workshop in the near future. Please feel free to contact me with questions or topics that you would like to see addressed at the upcoming workshop. I am currently working to secure a location and dates, in addition to working with the FASP President, Monica Oganes Murray, and the DOE representative, David Wheeler, regarding workshop topics.

For those of you who were able to attend the annual conference in Miami, you already know how excellent



the overall conference was. For those of you who were unable to attend, you missed some wonderful presenters and great fun in the exciting city of Miami. Mark your calendars now for Summer Institute July 19-24.

In the meantime, please complete the FASP needs survey that was just released. In addition, please let me know your questions, comments, concerns, and ideas and I will do my best to answer them, as well as to share them with the board.

Florida Guardian ad Litem Program

The Florida Guardian ad Litem Program is a statewide agency that serves as a powerful voice for abused and neglected children in the court system and the community. The Guardian ad Litem Program is able to represent thousands of children with the help of volunteers. Program volunteers donate countless hours to the children they represent. A Guardian ad Litem is a volunteer appointed by the court to protect the rights and advocate for the best interests of a child involved in a court proceeding, primarily as a result of alleged abuse or neglect. The volunteer Guardian ad Litem makes independent recommendations to the court by focusing on the needs of each child.

Throughout the state, over 7,000 children are in need of a Guardian ad Litem volunteer. Volunteer Guardians are friends, neighbors and co-workers who make a difference in as little as 4-6 hours per month. The Guardian talks with the child's family, physician, teacher and others. The Guardian gathers information including school records to ensure the child is receiving the necessary services and support. The Guardian becomes the voice of the child and makes independent recommendations in court communicating the best interest of the child.

To learn more about the Florida Guardian ad Litem Program call 1-866-341-1425 or visit the statewide website at www.GuardianadLitem.org



Deborah Moore (Forrester)

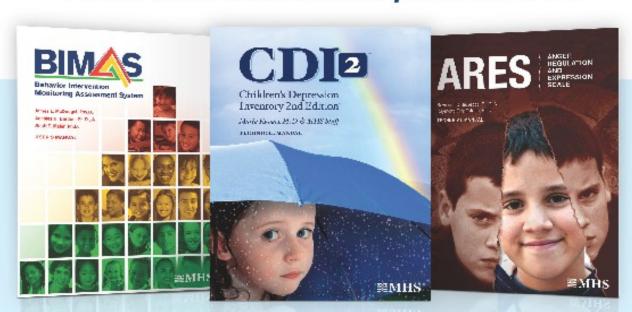
Director of Volunteer Recruitment 600 South Calhoun Street, Suite 265-D Tallahassee, Florida 32399 (850) 922-7203 / (850) 445-6462 cell www.GuardianadLitem.org





翼MHS

New Assessments from MHS



BIMAS

James L. McDougal, Psy.D., Achilles N. Bardos, Ph.D., & Scott T. Meler, Ph.D.

The Behavior Intervention Monitoring Assessment System (BIMAS™) is an assessment system useful for monitoring students' responses to clinical treatments and school-based mental health services, in addition to psychosocial interventions and special education services offered by personnel in the schools.

To find out more, visit:

www.mhs.com/BIMAS

CDI 2

Maria Kovacs, Ph.D. & MHS Staff

The Children's Depression Inventory 2nd Edition (CDI 2) is a comprehensive multi-rater assessment of depressive symptoms in youth aged 7 to 17 years. Based on the original CDI, the CDI 2 retains many of the essential features of its predecessor and introduces a number of important refinements. The CDI 2 includes new items that focus on the core aspects of childhood depression, revised scales, and newly updated normative data.

To find out more, visit:

www.mhs.com/CDI2

ARES

Raymond DiGiuseppe, Ph.D. & Raymond Chip Tafrate, Ph.D.

The Anger Regulation and Expression Scale (ARES) is a comprehensive, self-report measure of angry thoughts, emotions, and behaviors in youth aged 10 to 17 years. Derived from the Anger Disorder Scale (ADS*), the ARES assesses tendencies towards inward and outward expressions of anger, along with the range and duration of anger experiences.

To find out more, visit:

www.mhs.com/ARES



Coalition for the Education of Exceptional Students (CEES): CEES Needs and Deserves Your Help

Ralph E. (Gene) Cash, Ph.D., NCSP

FASP Legislative Chair

CEES, established in 1972, is a coalition of parent and professional organizations which share a common vision and concern for influencing public policy to benefit and to protect children with special needs. Because of its affiliation with the Council for Exceptional Children (CEC) and the strength of more than 30 member organizations at some points in its history, CEES has gained much respect and clout with the Florida Legislature and other state policy makers. FASP has been a member of CEES for as long as I have been involved, which dates back to 1978, and the relationship has been extremely productive. Every year CEES has included issues critical to FASP in their legislative platform, such as protecting licensure for school psychologists under Chapter 490, F.S. In addition, CEES holds legislative advocacy training in Tallahassee annually, and FASP has been able to get large numbers of students, early career school psychologists, and board members trained in advocacy at minimal expense to our association.

As has been the case with many other organizations and coalitions during this deep recession, CEES has fallen on hard times. Several of its member associations have either dissolved or have been unable to pay dues, and a primary source of external funding dried up a few years ago. As a result, the CEES Board has recently discussed disbanding for economic reasons. Fortunately, several individuals have stepped in to help preserve CEES for this year. However, in order to ensure the long-term viability of CEES, more assistance is needed. FASP has been exploring ways to increase our contribution, but it would be extremely helpful for our members to step up with donations. If you are willing to support this critical endeavor, please send your check made out to CEES or your pledge to –

Mary Louise Bachman, CEES Treasurer 1905 Wahalaw Court Tallahassee, FL 32301

In addition, if you would like to be considered for attending the advocacy training session in Tallahassee this year or if you would like additional information, please e-mail me at gcash1@aol.com. The training will begin on Sunday evening, March 20, 2011 and will culminate with visiting legislators, sitting in on committee sessions, and attending sessions of the House or Senate on Tuesday.



Each year, the Past-Presidents of FASP are invited to a forum at the Annual Conference in order to provide inspiration, input, and guidance to the incoming FASP President. As always, the forum this past November focused on a hot topic.

2010 FASP Past-Presidents Forum

Facilitator: Bill Donelson, Planning & Development Chair

Attendees: Gene Cash, Joe Jackson, Monica Oganes Murray, Bob Templeton

Hot Topic: Positive Leadership, Clear Communication, and Consensus in Meeting Current State and Federal Expectations Regarding Response to Intervention

Positive Leadership:

- Highly needed among stakeholders:
 - Collaborative interaction
 - o Inclusive way of work
 - Pro-social skills
 - Mutual respect
- Increased trust must be built between FASP board members and FASP members
- Proactive/positive collaboration with state leadership (e.g., DOE, BEESS, FASSA) is essential and is in the best interest of all school psychologists

Clear Communication:

- Alignment is needed across all FASP communication tools:
 - o Professional Development (e.g., Conferences, Training Modules)
 - o Member Communication (e.g., FASP Newsletter, Flash)
 - o Board Communication (e.g., Email, Board Motions)
 - o Website (e.g., Web links, Blogs, Facebook, Listservs)
- Must utilize straightforward language that makes points clearly and succinctly
- FASP activities/actions should be in alignment with state direction on most issues

Consensus:

- Agreement achieved among the majority of FASP board and FASP membership: RtI is the overarching framework for effective intervention/instruction in Florida
- Alignment of initiatives is achieved with stakeholders and state direction on RtI
- Procedural accuracy achieved in relation to Florida rules (e.g., SLD, Language)
- Focus moved away from debate between RtI versus cognitive assessment to the development of infrastructure to implement RtI effectively and clearly define any remaining issues related to psychological processing



Problem Solving/Response to Intervention Special Committee

Chair: Bill Donelson;

Current Committee Members: Dr. Lola Heverly, Elvira Medina-Pekofsky, Mark Neely

President Monica Oganes Murray has continued the Problem Solving/Response to Intervention Special Committee (PS/RtI) in order to assist Florida school psychologists in the continuing transition to PS/RtI. The focus of our committee this year is on improving the connection and alignment between FASP and District/State leadership related to PS/RtI skill development.

Initial efforts have focused on adding additional links to the FASP website:

http://www.fasp.org/FASP_Special_Committees/PS_RtI.html

These new website links are particularly relevant to the PS/RtI resources here in Florida. We will be adding numerous national resources in the coming weeks. Please let us know if you have a favorite website or publication that you have found useful in navigating this topic.

Our committee has also been involved in the FASP Professional Development Survey that will be coming to you in the very near future. Please take the time to complete this survey so that our committee will have additional direction on your professional development needs!

In addition, we are working on suggestions for speakers for Regional Workshops, Summer Institute, and the Annual Conference. If you are aware of a terrific speaker or topic relevant to PS/RtI, please contact us with your input. Finally, we are also looking for energetic FASP members who are interested in serving on the PS/RtI Special Committee. Just send us an email of interest at: donelson bill@comcast.net.



CALL FOR REVIEWERS

Reviewing a book for the FASP newsletter can be a fun and rewarding experience. To express your interest, please provide your vita and highlight your areas of interest and expertise. Please also include the address where the book is to be sent.

Contact the newsletter editors with your request at <u>bocasangel46@yahoo.com</u> and <u>cunningh@nova.edu</u>.

We are now seeking a reviewer for the following:

Long-Term Memory Problems in Children and Adolescents: Assessment, Intervention, and Effective Instruction, a paperback of 408 pages by Milton J. Dehn (Wiley, 2010).



School Psychology's "New" Normal **FDOE Update**

Secretary of Education Arne Duncan, in a recent address given to the American Enterprise Institute, referred to the challenge of doing more with less as the "new normal" in education. For Secretary Duncan, the new normal provides an enormous opportunity to rethink the status quo in education and to improve the productivity and effectiveness of the nation's educational system. Florida is a national leader in implementing substantive reform and demonstrating that significant gains in student achievement are possible, even when financial resources are limited. Quality Counts 2011 ranked Florida 5th in the nation in overall educational quality, which is a tribute to the dedicated efforts of educators across Florida. Secretary Duncan specifically cited Florida's Virtual School and response to intervention strategies in special education as examples of transformational improvements.

The Race to the Top funding requirements and *A Blueprint for Reform*, the US Department of Education's priorities for the reauthorization of ESEA, provide insight into what the "new normal" may look like. Since school psychology is not insulated from educational policies and reform, let's consider the impact of these broader changes on the practice and profession of school psychology. In the school psychology literature, this has been described as the "paradigm shift in school psychology" – a shift in emphasis from a correlational model and test-and-place practices to an experimental model that embraces the use of problem-solving and response to intervention (Daniel Reschly, Best Practices in School Psychology V, 2008). NASP's Model for Comprehensive and Integrated School Psychological Services (2010), Principles for Professional Ethics (2010), and the NASP publications, Blueprint for Training and Practice III (2006) and Ready to Learn, Empowered to Teach (2008), identify and support the changing focus of school psychological services and practice.

The discussion regarding the "new normal" in education has prompted me to reflect on some of the policies and practices that will define the "new normal" for school psychology. Here are thoughts on some of the "new normals" in the field of school psychology:

1) Focus on student and school outcomes

The "new normal" focuses on student outcomes – this is the main idea; everything else is secondary. Both ESEA and IDEA 2004 reflected a significant policy change from an emphasis on ensuring that students receive educational services to ensuring that the educational services provided to students result in positive student outcomes. School psychologists must align services and accountability mechanisms with this change in emphasis and be able to demonstrate that the services we provide improve student and school outcomes. Accountability must move beyond simply counting the number of tests administered, evaluations completed, meetings attended, or students counseled to collecting evidence that these activities are associated with positive student outcomes. School psychologists are responsible for monitoring the impact of their recommendations and for modifying an intervention plan when the desired outcomes are not attained (Standard II.2.2, Principles for Professional Ethics). David Tilly describes this as the "transition of school psychology to an outcome-oriented profession" (Best Practices V).

School Psychologists; Improving Student and School Outcomes provides examples of how school psychological services support educational reform policies (i.e., ESEA) and contribute to improved outcomes for students.

2) Thinking systemically

The "new normal" moves beyond simply addressing the needs of individual students to a systemic approach that leads to system changes that result in positive outcomes for all students. Historically, school psychologists have excelled at individual problem analysis; impacting systems will require broader analysis and focus to addressing systems' issues that impact student outcomes and to developing and implementing multi-tiered systems of supports/interventions, which include both prevention and intervention supports. Thinking systemically will require that school psychologists collaborate with other student services professionals and educators to build the capacity of systems to positively impact students. The participation and input of school psychologists in school and district leadership teams are essential.

(Continued on page 17)

Page 17

The Florida School Psychologist

(Continued from page 16)

The purpose of the foundational and functional competencies in NASP's *Blueprint for Training and Practice III* (2006) is to support the work of school psychologists in a) improving the competencies for all students and b) building and maintaining the capacities of systems to meet the needs of all students. The current educational environment presents school psychologists with an opportunity to participate in and contribute to systems change, and to build the capacities of systems to meet the needs of ALL students. <u>UCLA's School Mental Health Project promotes policies that ensure that comprehensive student support systems are in place to address barriers to learning and student engagement issues. A Joint Brief from the UCLA Project and NASP discusses how to enhance school improvement in the ESEA Reauthorization by including a comprehensive system of learning supports in policy (*Enhancing the Blueprint for School Improvement in the ESEA Reauthorization: Moving From a Two- to a Three-Component Approach*).</u>

3) Applying a problem-solving (PS/RtI) methodology (i.e., data-based problem solving)

The "new normal" utilizes a problem-solving approach to address both individual student needs and systems' issues. The beauty of a problem-solving approach when coupled with data-based decision-making, is that it allows for continual feedback and improvement. The *Model for Comprehensive and Integrated School Psychological Services* (NASP, 2010) supports the implementation of a problem-solving framework as the basis for all professional activities. Assessment must be incorporated into a collaborative problem-solving model (*Blueprint for Training III*) with assessment activities linked to instruction/intervention and assessment practices empirically linked to strategies that improve student performance (Priority Goals, Conference on the Future of School Psychology, November, 2002).

Florida has adopted Problem-Solving/Response to Intervention as a comprehensive framework for integrating state reform initiatives and efforts as well as guiding service delivery at the school level that is consistent with NASP's recommendations. The Florida Department of Education's (FDOE) Response to Instruction/Intervention (RtI) Implementation Plan illustrates the comprehensive way in which RtI applies to federal and state initiatives. State Board of Education rules require utilizing problem-solving/response to intervention when developing evidence-based, general education interventions (SBE Rule 6A-6.0331(1), F.A.C.). Implementation of Florida's problem-solving model is supported by the Florida Problem Solving & Response to Intervention Project and by Florida's Positive Behavior Support Project. National resources include the National Center on Response to Intervention and the RTI Action Network.

Hopefully, these reflections will stimulate thinking about how school psychologists can contribute to the kind of transformational change that positively impacts students – both individually and collectively. By virtue of our training, skills, and experience, school psychologists have an opportunity to provide leadership at this crucial juncture. The critical role of school psychologists in federal education reform was the topic of the Alexa Posney's Keynote Address to the NASP Annual Convention in Chicago last year. So, how do we seize the opportunity to improve student outcomes and strengthen the profession of school psychology? Transformational change will involve some adaptation of beliefs, knowledge, skills, and practices and as Jim Ysseldyke stated in the 2009 Legends in School Psychology Address, also involve "giving up certain beliefs and practices in favor of others."

Carpe diem!

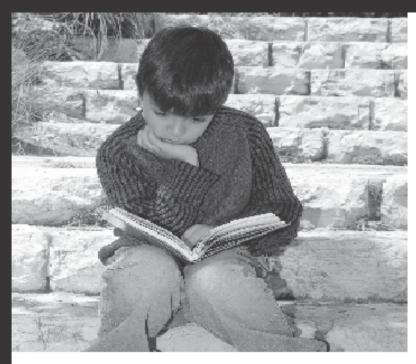
David S. Wheeler, School Psychology Consultant FDOE Student Support Services Project/Bureau of Exceptional Education and Student Services



Do you know a Juan?

Juan, a third grader, has struggled with reading since first grade. His current teacher reports that he has a limited sight word vocabulary, makes unusual decoding and spelling errors, and reads without fluency. He receives Tier 2 intervention in reading as a part of the district's RTI initiative.

Winning Combinations – Helping You Help Students Succeed!





The reading specialist has been monitoring his progress on a bi-weekly basis using AIMSweb® Reading Curriculum-Based Measurement and MAZE comprehension prompts and has documented his unusually slow progress.



To learn more about how to better differentiate instruction for Juan, she administers the WMAT®-III reading subtests for basic reading, comprehension, and fluency. She discovers that, unlike many struggling readers, Juan's difficulties are related more to orthography than phonology, which helps explain why his phonics-based intervention has had limited effect.



The reading specialist administers select subtests from the PAL-II Diagnostic Assessment for Reading and Writing to confirm her findings.



Juan's intervention is then modified to include the Orthography Lessons from the PAL Research-Based Reading and Writing Lessons and explicit instruction in fluency.

Diana Y. Gintner, Assessment Consultant Phone: 800-627-7271, ext. 262267 E-Mail: Diana.Gintner@Pearson.com PsychCorp.com

Six Warning Signs that a Child is Being Bullied By Ted Zeff, Ph.D.

Approximately 160,000 children miss school every day in the United States for fear of being bullied. More than 50 suicides have been linked to prolonged bullying. Approximately 85 percent of school shootings have revenge against bullies as a major motive. School-related bullying has led to depression and poor school performance in many children. The costs of bullying are high, but, unfortunately, many children suffer alone, keeping their experiences of being bullied to themselves.

Many children are taught that it is a sign of weakness to ask for help, and frequently fail to tell a parent or even a counselor or therapist when they are being bullied for fear of appearing weak. Many children feel shame and assume, "Something must be wrong with me. Why else would they target me?"

Children who are bullied are at risk for developing a number of emotional difficulties, including depression and anxiety symptoms. Children who are particularly traumatized may develop post-traumatic stress disorder (PTSD). PTSD is usually brought on by a terrifying physical or emotional event or series of events. Some of the symptoms of PTSD include trouble sleeping, withdrawal from normal activities, a lack of concentration, and emotional numbness. When children are suffering from PTSD, they are prone to developing strong physical symptoms in situations where they feel unsafe and in danger. They appear disconnected from others, and they may experience an intense physical response from their nervous system that can involve angry outbursts, jumpiness, and hyper alertness. This reaction is the nervous system's response to potential danger, whether real or imagined, creating constriction and disassociation in order to protect the body.

When children experience trauma, they often become frozen and exhibit feelings of helplessness and shame, rendering them nearly unable to defend themselves when attacked or put under pressure. These traumatized children then bring this frozen state of helplessness to many other situations that they perceive as threatening throughout their lives. And, the more withdrawn these children become and the more fearful and helpless they feel, the stronger the likelihood that they will slip into serious emotional trouble.

Although children may experience depression, severe anxiety, or PTSD due to a variety of factors, frequently these symptoms are related to school bullying. The following is a list of red flags that a child may be bullied:

- Is the child disconnecting from people and isolating him/herself in his/her room? Although teens usually separate from the family, they normally connect more often with their friends.
- Has the child developed physical problems such as stomachaches and headaches that interfere with his/her life?
- Has the child's schoolwork recently suffered, and is it difficult for the child to concentrate?
- Does the child have trouble falling or staying asleep or experience frequent nightmares?
- Does the child seem listless, unenthusiastic, and disinterested in life?
- Does the child seem hypervigilant, extremely nervous, depressed, or emotionally explosive (beyond the normal teenage angst and moodiness)?

If the child is suffering from any of the above symptoms as a result of school bullying, it is important to immediately intervene on many levels simultaneously with the child, parents, and school personnel.

Dr. Ted Zeff is the author of *The Strong, Sensitive Boy*

Is Executive Impairment Relevant for ADHD Diagnosis and Treatment? A Randomized Double-Blind Placebo-Controlled Study

James B. Hale Andrea N. Schneider Megan Yim University of Victoria

What is ADHD, and how do we diagnose and treat it to ensure treatment efficacy? This article summarizes a Hale et al. (in press) ADHD treatment study that will be published in a special issue of the Journal of Learning Disabilities (JLD) on the relevance of cognitive and neuropsychological assessment for intervention, with Drs. James Hale and Doug Fuchs as Guest Co-Editors. This JLD special issue, which will be published in early 2011, includes seven original research articles that show how cognitive and neuropsychological assessment data are relevant for intervention (i.e., treatment validity).

Differential diagnosis of ADHD is an enigmatic process when one considers the ubiquity of attention problems seen in clinical practice (e.g., Goodman & Poillion, 1992). Symptoms are typically present across multiple settings, contributing to behavioral, academic, and/or social impairments in children with ADHD (DuPaul & Stoner, 2004; Reddy & DeThomas, 2006). These symptoms are often exacerbated by the presence of co-occurring symptomotology or comorbid disorders (Barkley, 2005). Given the complexity of these cases presenting to clinicians, it is somewhat surprising that the standard practice in ADHD diagnosis is typically based on informant reports and behavior ratings (Barkley, 2005).

With its legacy as a disruptive behavior disorder, the ADHD diagnostic process is hampered in part because direct neuropsychological, cognitive, or academic assessment data are seldom utilized, and instead clinicians rely on indirect informant reports of behavioral functioning (Hale et al., 2009a). Despite claims that behavioral methods are better than cognitive or neuropsychological data for determining whether a child has ADHD (Brown & La Rosa, 2002), this conclusion is in part problematic because informant reports are used to determine the presence of the disorder, and then subsequently diagnose it, thereby introducing a fallacious circularity in reasoning (e.g., Hale et al., 2009b).

Despite this tendency to focus on overt behavior and behavior ratings in ADHD, an abundance of research shows that ADHD is a neurobiological disorder, with the prefrontal cortex (Castellanos, Sonuga-Barke, Millham, & Tannock, 2006), basal ganglia (Semrud-Clikeman et al., 2000), anterior cingulate (Rubia et al., 2005), corpus callosum (Durston, 2003) and related white matter tracts (Valera, Faraone, Murray & Seidman, 2007), and cerebellum (Castellanos et al., 2002) related to symptom expression. With a focus on overt behaviors for a disorder with known neurobiological causes, it is no wonder that diagnostic and treatment practices have been limited in ADHD. The ubiquity of attention problems seen in clinical practice leads to considerable ADHD population heterogeneity, with some children having "true" ADHD and frontal-subcortical circuit dysfunction, while others have "pseudo" ADHD due to various other causes of attention problems (Hale et al., 2009a).

Given that ADHD is a brain-based disorder affecting the frontal-subcortical circuits and executive function (Hale et al., 2009b), documenting executive-working memory (EWM) and self-regulation (SR) neuropsychological impairments could aid in differential diagnosis of ADHD subtypes and determining cognitive and academic response to methylphenidate (MPH) treatment. In this study (Hale et al., in press), it was predicted that only children with ADHD who had significant EWM and SR deficits would respond to stimulant medication, and, consistent with previous research (see Arnsten, 2006), the best dose for neuropsychological functioning would be lower than the best dose for behavior.

Method

Participants

Diagnosed by physicians and confirmed independently by psychological evaluation and rating scale criteria, children aged six to 16 with ADHD Inattentive Type (IT; n = 19) and Combined Type (n = 33)/Hyperactive-Impulsive Type (n = 4) (CT), with global intelligence in the average range (IQ M = 99.56. SD = 6.84), were included in the study. Comorbid diagnoses included specific learning disability (SLD; n = 13), oppositional defiant disorder/conduct disorder (ODD/CD; n = 11), and anxiety/depression (A/D; n = 6). SLD was seen in both the ADHD-IT (n = 6) and ADHD-CT (n = 7) groups. Most children with ODD/CD were in the ADHD-CT group (n = 9), whereas all children diagnosed with A/D were in the IT group (n = 6).

(Continued on page 21)



(Continued from page 20)

Procedure

Following informed consent, children participated in double-blind placebo-controlled methylphenidate (MPH; Ritalin) trials with baseline, and randomized placebo, low MPH dose, and high MPH dose conditions. EWM/SR measures found to be sensitive to ADHD in meta-analyses (see Willcutt et al., 2005) and standardized behavior ratings/classroom observations (see Hale et al., in press) were rank ordered separately across conditions, with nonparametric randomization tests conducted to determine individual neuropsychological and behavioral MPH response. Results were presented to participating physicians and parents for subsequent clinical decision-making.

Using EWM and SR factors derived in a previous structural equation modeling study (Hale et al., 2005), participants were subsequently grouped according to their level of EWM and SR circuit dysfunction. Additionally, MPH response curves were examined using repeated measures MANOVA with Bonferoni post-hoc analyses to determine treatment effects. Individual participant nonparametric statistical response was then examined by level of EWM/SR impairment.

Results and Discussion

Children with ADHD-CT (n = 19) were more likely to show moderate to high EWM/SR impairment than those with ADHD-IT (n = 3). Although it was predicted that the EWM factor would be related to the inattentive symptoms, and the SR factor would be related to hyperactive/impulsive ones, both were related to hyperactive/impulsive ones (r's = .50 and .31 respectively, p < .05), consistent with arguments that ADHD is primarily a disorder of response inhibition, with the ADHD-IT being a different disorder (Barkley, 1997; Diamond, 2005; Hale et al., 2009a).

Robust cognitive and behavioral MPH response was achieved for children with moderate to significant baseline EWM/SR impairment (see Figure 1), but was poor for those with adequate baseline performance. Only one child with ADHD and low EWM/SR impairment showed a significant cognitive and behavioral MPH response. Consistent with the animal literature (e.g., Arnsten, 2006), and a growing body of clinical trial data (e.g., Hale et al., 2006), the best dose for neuropsychological functioning was typically lower than the best dose for overt behavior in the moderate to high EWM/SR impairment groups (Hale et al., in press).

Participants

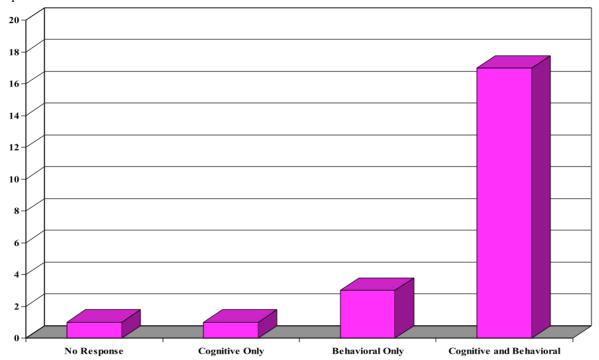


Figure 1. Significant nonparametric medication response for those with moderate to high EWM/SR impairment.



(Continued from page 21)

Study results suggest children with ADHD-CT and moderate to significant EWM/SR impairment are more likely to respond to MPH treatment than those with ADHD-IT and low EWM/SR impairment, where response is unlikely (Hale et al., in press). The finding that the best dose for cognition was lower than the best dose for behavior in these MPH responders is interesting, and offers one possible explanation for the lack of long-term academic MPH treatment gains in ADHD. Consistent with recent meta-analyses suggesting MPH does not improve academic achievement (Van der Oord et al., 2008), academic gains may not be realized in children treated with MPH because medication titration often focuses on behavioral improvement, with academic and cognitive functioning seldom considered (Hale et al., in press).

Findings suggest that in addition to indirect behavior ratings and informant report, direct cognitive and neuropsychological assessment should be utilized for ADHD differential diagnosis and a more accurate method for monitoring treatment response (Hale et al., 2009b). This method of diagnosis and treatment will effectively reduce ADHD population heterogeneity and ensure cognitive and behavioral treatment effects are considered in the management of individual children with ADHD.

If MPH titration is based on optimizing EWM and SR functioning, with adjunct behavior therapy provided to address any continued disruptive behavior problems, long-term academic gains not found in current practice may be realized (Hale et al., in press), leading to better overall long-term functioning of children with ADHD. Finally, for children with significant attention problems – but not ADHD – utilizing executive measures during comprehensive evaluations can help identify potential alternative intervention strategies designed for their attention deficits unrelated to the frontal-subcortical circuit dysfunction that causes ADHD.

References

- Arnsten, A. F. (2006). Stimulants: Therapeutic actions in ADHD. Neuropsychopharmacology, 31, 2367–2383.
- Barkley, R. A. (1997). ADHD and the nature of self-control. New York, NY: Guilford Press.
- Barkley, R. A. (2005). Attention-Deficit Hyperactivity Disorder (3rd ed.). New York, NY: Guilford Press.
- Brown, R. T., & LaRosa, A. (2002). Recent developments in the pharmacotherapy of attention-deficit/hyperactivity disorder (ADHD). Professional Psychology, Research and Practice, 33, 591–595.
- Castellanos, F. X., Lee, P. P., Sharp, W., Jeffries, N.O., Greenstein, D. K., Clasen, L. S., et al. (2002). Developmental trajectories of brain volume abnormalities in
 - children with attention-deficit/Hyperactivity disorder. Journal of the American Medical Association, 288, 1740-1748.
- Castellanos, F.X., Sonuga-Barke, E.J., Milham, M.P., Tannock, R. (2006). Characterizing cognition in ADHD: beyond executive dysfunction. Trends in Cognitive Science, 10(3), 117-23.
- Diamond, A. (2005). Attention-deficit disorder (attention-deficit/ hyperactivity disorder without hyperactivity): A neurobiologically and behaviorally distinct disorder from attention-deficit/hyperactivity disorder (with hyperactivity). Development and psychopathology, 17(3), 807 -825.
- DuPaul, G.J. & Stoner, G. (2004). ADHD in the Schools: Assessment and Intervention Strategies. New York: The Guilford Press.
- Durston, S. A. (2003). A review of the biological bases of ADHD: What have we learned from imaging studies? Mental Retardation and Developmental Disabilities Research Reviews, 9, 184-195.
- Goodman, G. & Poillion, M. J. (1992). ADD: Acronym for any dysfunction or difficulty. Journal of Special Education, 26, 37-56.
- Hale, J. B., Blaine-Halperin, D., & Beakley, K. (2007, February). Executive impairment determines ADHD response to methylphenidate treatment. Paper presented at the 35th Annual Meeting of the International Neuropsychological Society, Portland, OR.
- Hale, J. B., Fiorello, C. A., & Brown, L. (2005). Determining medication treatment effects using teacher ratings and classroom observations of children with ADHD: Does neuropsychological impairment matter? Educational and Child Psychology, 22, 39-61.
- Hale, J. B., Reddy, L. A., Decker, S. L., Thompson, R., Henzel, J., Teodori, A., et al. (2009a). Development and validation of an executive function and behavior rating screening battery sensitive to ADHD. Journal of Clinical and Experimental Neuropsychology, 1, 1–16.
- Hale, J. B., Reddy, L. A., Wilcox, G., McLaughlin, A., Hain, L., Stern, A., et al. (2009b). Assessment and intervention for children with ADHD and other frontal-striatal circuit disorders. In D. C. Miller (Ed.), Best practices in school neuropsychology: Guidelines for effective practice, assessment and evidence-based interventions (pp. 225–280). New York, NY: John Wiley.

(Continued on page 23)

(Continued from page 22)

- Hale, J. B., Reddy, L. A., Semrud-Clikeman, M., Hain, L. A., Whitaker, J., Morley, J., et al., (in press). Executive impairment determines ADHD medication response: Implications for academic achievement. Journal of Learning Disabilities.
- Reddy, L.A., & De Thomas, C. (2006). Assessment of Attention-Deficit/Hyperactivity
 Disorder with children. In S.R. Smith & L. Handler (Eds). The Clinical Assessment of Children and Adolescents: A
 Practitioner's Guide. Lawrence Erlbaum Associates, Inc. NJ.
- Rubia, K., Smith, A. B., Brammer, M. J., Toone, B., & Taylor, E. (2005). Abnormal brain activation during inhibition and error detection in medication-naïve adolescents with ADHD. American Journal of Psychiatry, 162, 1067-1076.
- Semrud-Clikeman, M., Steingard, R. J., Filipek, P., Biederman, J., Bekken, K., & Renshaw, P. (2000). Using MRI to examine brain-behavior relationships in males with attention deficit disorder with hyperactivity. Journal of the American Academy of Child and Adolescent Psychiatry, 39, 477-484.
- Valera, E. M., Faraone, S. V., Murray, K. E., & Seidman, L. J. (2007). Meta-analysis of structural imaging findings in attention-deficit/hyperactivity disorder. Biological Psychiatry, 61, 1361–1369.
- Van der Oord, S., Prins, P. J., Oosterlaan, J., & Emmelkamp, P. M. (2008). Efficacy of methylphenidate, psychosocial treatments and their combination in school-aged children with ADHD: A meta-analysis. Clinical Psychology Review, 28, 783–800.
- Willcutt, E. G., Doyle, A. E., Nigg, J. T., Faraone, S. V., & Pennington, B. F. (2005). Validity of the executive function theory of attention-deficit/hyperactivity disorder: A meta-analytic review. Biological Psychiatry, 57, 1336-1346.



CE Coordinator Report:

Greetings FASP members!

This is just a reminder that 2011 is licensure renewal time for those licensed by the...

Florida board of Clinical Social Work, Marriage, and Family Therapy and Mental Health Counseling – March 31, 2011

Florida Office of School Psychology - November 30, 2011

FASP strives to continue to provide you with quality continuing education – professional development.

If you have any questions regarding applying for/renewing your license, or about our CE offerings, please do not hesitate to contact me (<u>Geoffrey.freebern@gmail.com</u>).

Regards,

Geoffrey D. Freeburn, NCSP FASP CE Coordinator



We Appreciate the Recognition!

1/2/2

2 22 PM



RICK SCOTT GOVERNOR

STUDENT SERVICES WEEK

WHEREAS, school counsalors, school nurses, school social workers, school psychologists, and career education staff join together to provide supportive programs and services; and

WHEREAS, an extensive and growing body of research demonstrates the value of providing supportive programs and sort/loss as part of the total public education system in order to increase student achievement; and

WHEREAS, student services professionals work together to assist students in acquiring the knowledge, skills, and competencies needed to master the Next Generation Sunshine State Standards and make well-reasoned and healthy lifelong decisions; and

WHEREAS, student services professionals have the necessary knowledge, skills, and abilities to reduce barriers to learning and assist classroom leachers, parents, and community agencies in providing a safe and positive learning environment for all children; and

WHEREAS, student services personnel address the mental and physical health needs of students, enhance school attendance, reduce behavior problems, and improve interpersonal skills enabling students to learn and teachers to teach, and strengthens the bond between families and schools, thus maximizing student achievement; and

WHEREAS, school improvement teams can use student services, activities, and resources to facilitate the school and district improvement plans.

NOW, THEREFORE, I, Rick Scott, Governor of the State of Florida, do hereby declare and recognize the observance of Student Services Week for Feb. 7-41, 2011, and urgo residents to recognize and extend their appreciation of all Student Services professionals for their dedication and commitment to educational excellence.



IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida to be affixed at Tallahassee, the Capitol, this 2° day of Fobruary, in the year two thousand eleven.

Governor

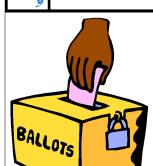
Student Services Professionals

School Counselors School Nurses School Social Workers School Psychologists Career Education Staff

Student Services Professionals were recognized by Florida's Governor, Rick Scott, in observance of Student Services Week—February 7-11, 2011.

Student Services Professionals were proclaimed to provide supportive programs and services demonstrated to increase student achievement and residents of Florida were urged to their extend appreciation to Student Services Professionals for their dedication and commitment to educational excellence.

View the Governor Scott's Proclamation



FASP announces the "Monthly Recognition of Excellence"

This year, FASP will acknowledge School Psychologists from around the state with a "Monthly Recognition of Excellence." Each month, individuals from the different regions will be nominated. The School Psychologists must have done something to distinguish themselves. They can be school-based or private practitioners, district personnel, university faculty, students, or any combination! January's nominations came from the Southeast Regional Representative.



The recognized School Psychologists for January are:

<u>Angelo DeSimone</u>: Angelo has been instrumental in obtaining the NCSP stipend for Palm Beach County. This year, he developed a SharePoint website for Palm Beach County School Psychologists. He serves on the PBASP Executive Board, is an internship supervisor, and serves as a professor at Nova Southeastern University.

<u>Deb Falk:</u> Deb has been an internship and practicum supervisor. She is instrumental in transitioning pre-K students into Kindergarten with appropriate services. She works with teachers in developing and monitoring self-designed behavior plans. A few years ago, she played an instrumental role in working with a selectively mute child and successfully got the child to talk using behavior modification and scaffolding. She continues to be a supportive colleague and is always willing to consult. Deb serves as a mentor to beginning school psychologists. She continues to research new practices and shares her new found knowledge with other colleagues.

February's nominees will come from the Regional Representative from the Northwest Region. We look forward to announcing next month's Recognitions!

Kurt Wasser Awards Chair

WANTED:

Outstanding and Inspiring School Psychologists

Be on the lookout for outstanding and inspiring school psychologists!

They can be lurking anywhere: working in your school district, implementing innovative programs, going above and beyond the call of duty to meet the needs of Florida's children or inspiring the school psychology staff working in their district. These outstanding psychologists can even be found in graduate programs. If you see these school psychologists, report them

immediately to the proper authorities -

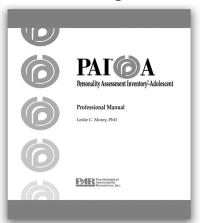
Nominate them for a FASP AWARD!

Stay tuned for future news flashes about the FASP Awards and the nomination process.



Learn More About Your Child and Adolescent Clients With the PAI™-A and the TEC™

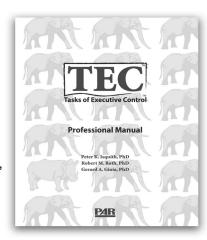
Personality Assessment Inventory[™]-Adolescent (PAI[™]-A)



Based on the adult version of the PAI, the adolescent version is an objective self-report inventory of personality that assesses psychopathological syndromes and provides information relevant for clinical diagnosis, treatment planning, and screening for psychopathology. The PAI-A can be used with adolescents ages 12 to 18 years in clinical practice, school, or forensic settings. Also available—the PAI-SP, which provides unlimited scoring, interpretation, and report generation after hand-entry of item responses and scores.

Tasks of Executive Control™ (TEC™)

Now with unlimited-use software, the TEC is a standard-ized computer-administered measure of two fundamental aspects of executive control processes (working memory and inhibitory control) in children and adolescents ages 5 to 18 years. It is ideal for evaluating individuals with a wide variety of developmental and acquired neurological disorders including attention disorders, learning disabilities, autism spectrum disorders, and traumatic brain injuries. It also may be used to assess children with psychiatric and behavioral health concerns.



Creating Connections. Changing Lives.

• 16204 N. Florida Ave. • Lutz, FL 33549 • 1.800.331.8378 • www.parinc.com





January FASP Board Report

NASP Practice Model: Improving outcomes for students and schools

Please log on to the below link for more information! http://www.nasponline.org/standards/practice-model/

NASP Professional Standards (Adopted in 2010) http://www.nasponline.org/standards/2010standards.aspx

Missed the NASP 2011 Conference in San Francisco?

Please log onto the following website for highlights!

http://www.nasponline.org/conventions/index.aspx?menu=main

Mark Your Calendar:

NASP Summer Conferences Dates and Locations Announced

Save the date for the NASP Summer Conferences to be held July 11–13 in Indianapolis, IN, and July 25–27 in Atlantic City, NJ. The Summer Conferences are the perfect opportunity for you to get high quality, in-depth training on topics ranging from ethical and legal issues to school engagement.

http://www.nasponline.org/conventions/summerconf.aspx





NASP RESOURCES

Are You a NCSP?

As you prepare for your NCSP renewal, keep in mind that you need NASP-approved continuing professional development (CPD) credits. Forty-three state associations are now NASP-approved providers of CPD. These organizations have submitted their CPD activities for peer review to ensure a consistent offering of high quality programs aligned with NASP Professional Standards. In addition, 21 other organizations, including school districts and mental health organizations,

have also maintained NASP-approved provider status. http://www.nasponline.org/standards/2010standards.aspx

School Psychology Forum: Winter Issue

The newest issue of NASP's member-only e-journal, School Psychology Forum, is now available online. Download articles on bridging research to practice, effective leadership practice, and RTI. Find these and past articles online today. http://www.nasponline.org/publications/spf/spfissues.aspx

Helping Children at Home and School III is Here!

This CD will give you access to hundreds of handouts designed for you to use when addressing tough issues with parents, educators, child advocates, and teens. Pick up your copy of this portable resource! web.nasponline.org/iweb/Purchase/ProductDetail.aspx?Product_code=N1011



Access the Mental Measurements Yearbook Database!

This database, which provides users a guide to more than 2,000 contemporary testing instruments, will help EBSCO subscribers make knowledgeable judgments and informed selection decisions about the increasingly complex world of testing.

NASP members sign up today! www.nasponline.org/ebsco/ebscoaccess.aspx

Online Self-Assessment Can Help Guide You

NASP has created a brief online survey to help you assess your individual work activities and identify skill areas you may want to enhance. Survey questions align with the 10 domains outlined in the Model for Comprehensive and Integrated School Psychological Services. A confidential personalized summary will be generated automatically for you after you have completed the survey. We encourage you to take this brief self-assessment tool (takes about 15 minutes) to help you target the skill areas that may be valuable to you in your career development. http://www.nasponline.org/standards/survey/self-assessment-intro.aspx

State Longitudinal Data Systems for Tracking Outcomes for Students with Disabilities through Postsecondary Activities (November 2010)

This brief policy analysis was designed to describe whether and how states are integrating and implementing longitudinal data systems for tracking the progress of individual K–12 students with disabilities across their academic careers up to and including postsecondary activities. Findings from the survey study describe the number and status of states that are at varying levels of development and implementation of



these data systems and the barriers and benefits to this development. Concluding remarks are provided.

http://projectforum.org/docs/

 $\underline{StateLongitudinalDataSystems for TrackingOutcomes for SwDthroughPostsecondary Activities-final.pdf}$

Professional Advocacy

NASP-Approved Provider Program

As of December, 43 state associations (including FASP!) are NASP-approved providers of continuing professional development (CPD). These organizations have submitted their CPD activities for peer review to ensure a consistent offering of high quality programs aligned with NASP's Professional Standards. In addition, 21 other organizations, including school districts and mental health organizations, have also maintained NASP-approved provider status. For a full listing, please see our directory of NASP-approved CPD providers.

http://www.nasponline.org/profdevel/approvedprovider/apdirectory.aspx

Creating Rituals and Traditions

Research shows that engaging in shared activities and keeping rituals and traditions help strengthen belonging and decrease conflict. These rituals connect us to each other, communicate what we value, and mark the passage of time. They can be linked to holidays or can be everyday rituals that help bring meaning and togetherness to daily life. Visit Fishfulthinking.com to learn more about how parents and teachers can work with children to create rituals and traditions.



Focus on Early Literacy

Meaningful Differences in the Everyday Experience of Young American Children

A study by the federal Regional Educational Laboratory Southeast found that a good kindergarten literacy program can boost disadvantaged pupils' vocabulary in kindergarten by as much as an extra month of school. The study tracked nearly 1,300 kindergartners in 30 Mississippi Delta school districts who were either taught using the program or as they normally would. The students taught using the program were found to be a month ahead of their peers.



http://eric.ed.gov/ERICWebPortal/search/detailmini.jsp? nfpb=true& &ERICExtSearch SearchValue 0=ED387210&ERICExtSearch SearchType 0=no&accno=ED387210

Improving Reading Comprehension in Kindergarten through Grade 3

The U.S. Department of Education's Institute of Education Sciences has created a guide entitled "Improving Reading Comprehension in Kindergarten Through Grade 3." Included are resources and suggestions for improving early literacy.

http://ies.ed.gov/ncee/wwc/pdf/practiceguides/readingcomp_pg_092810.pdf

Intervention: Dialogic Reading

Dialogic reading is an interactive shared picture-book reading practice designed to enhance young children's language and literacy skills. During the shared reading practice, the adult and the child switch roles so that the child learns to become the storyteller with the assistance of the adult, who functions as an active listener and questioner. Based on two studies by the What Works Clearinghouse (WWC), dialogic reading was found to have potentially positive effects on communication and language competencies for children with disabilities. http://ies.ed.gov/ncee/wwc/reports/ece_cd/dialogic_reading/index.asp

Focus on Students in Transition

Immigrant Youth

Kids in Need of Defense and the National Association for the Education of Homeless Children and Youth recently released a report saying that educators may be in a good position to refer unaccompanied, undocumented students to lawyers or organizations that can help them gain legal U.S. status. The report specifically targets youth that are not accompanied by their parents in this country. Youth may be eligible for legal status if courts find that they cannot reunify with their parents because of abuse, abandonment, or neglect; if they have suffered persecution in their home countries; or if they have been victims of human trafficking.



Partnering With Parents and Families to Support Immigrant and Refugee Children at School

The Center for Health and Health Care in Schools released an issue brief with resources for schools to work with families and parents to help immigrant and refugee students. According to calculations of the U.S. Census Bureau, 24% of foreign-born students and 16% of students with foreign-born parents drop out of high school. http://healthinschools.org/Immigrant-and-Refugee-Children/~/

media/48FDB9013C3C454AB6EC9E491D752AA0.ashx

Educating Students Who Change Schools Frequently

According to a GAO report and Education's national survey data, students who change schools the most frequently (four or more times) represent about 13% of all kindergarten through eighth grade students and they were disproportionately poor, African American, and from families that did not own their home. Research suggests that mobility is one of several interrelated factors which have a negative impact on academic achievement. Students who change schools frequently tend to have lower scores on standardized reading and math tests and drop out of schools at higher rates than their less mobile peers. http://www.gao.gov/products/GAO-11-40

NASP Partners with SAMHSA on Oil Spill Distress Campaign for Schools

The Deepwater Horizon oil spill disaster has affected thousands of residents in the Gulf region. In response, the Substance Abuse and Mental Health Services Administration (SAMHSA) has funded an initiative to share mental health resources with school communities along the Gulf Coast. Called the Oil Spill Distress Campaign, there are four key services within this initiative to serve the students and families in 34 school districts within Alabama, Florida, Louisiana, and Mississippi. These services include an Oil Spill Distress website, a resource kit for schools, an Oil Spill Distress Helpline (1-800-985-5990), and town hall meetings for affected school staff. http://www.distress-helpline.org/

Focus on Diabetes

Diabetes Training Resources

The American Diabetes Association (ADA) has developed training resources to help train key personnel about students with diabetes. They are available for print and electronic distribution. Additionally, the Safe at School: Safety and Fairness for Children with Diabetes handout gives parents and educators a greater understanding of managing students with diabetes care while at school. http://www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school/school-staff-trainings/training-resources.html

Helping the Student with Diabetes Succeed: A Guide for School Personnel

The National Diabetes Education Program (NDEP) has created a comprehensive resource guide that helps students with diabetes, their healthcare team, school staff, and parents work together to provide optimal diabetes management in the school setting. http://ndep.nih.gov/publications/PublicationDetail.aspx?Publd=97

Help Kids Change Their Own Behavior

The MotivAider® is an ingeniously simple electronic device that helps children - and helpers - change their own behavior.

Invented by a clinical psychologist, the device uses a self-repeating private signal - a silent pulsing vibration - to keep the user's attention focused on making virtually any desired change in behavior.

A remarkably versatile and cost-effective tool, the MotivAider has been used in schools for over twenty years. It's helped children make an extremely wide range of behavior changes that include improving attention, reducing aggression, increasing socialization, improving speech, eliminating troublesome habits like thumb-sucking and teeth-grinding, and preventing bowel and bladder accidents.

The MotivAider isn't just for kids. It helps teachers, parents and others be more effective by automatically and privately prompting them to monitor a particular aspect of a child's behavior and/or to consistently respond in a particular way.

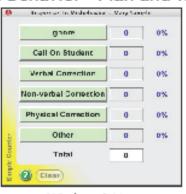
Learn more at http://HelpKidsChange.com Behavioral Dynamics, Inc. P.O. Box 66 Thief Fiver Falls, MN 56701 Phone: 1-800-356-1506 Fax: 651-967-0021 Email: info@habitchange.com



- Sends signals at regular or random intervals
- Adjustable signal strength and duration
- ☑ Free lifetime support

Data Collection is EASY with eCOVE Observation Software Gather Data On Observed Behavior - Plan and Track Your Intervention



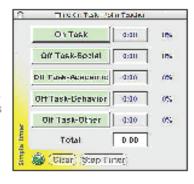


Windows & Mac Computers/Laptops/Netbooks iPhone/iTouch/iPad* *Free sampler at iTunes App Store

- . Timers & counters track client behaviors
- . Create your own tools using 9 templates
- Import students, teachers, and attributes
- · Comment windows for each student
- · View data by student demographics
- · 5 report types with bar graphs
- Print, email, export reports More

SAVE TIME, INCREASE ACCURACY

NEW! Scale and Checklist Tools Download 30 Day Trial www.ecove.net



To schedule a one-on-one webinar or get more information, contact: john@ecove.net, 888-363-2683, www.ecove.net

The Effect of Response-to-Intervention on School Psychology

Matthew K. Burns & Melissa Coolong-Chaffin

University of Minnesota

The recent reauthorization of the *Individuals with Disabilities Education Improvement Act* (2004) allows Local Educational Agencies (LEAs) to use a "process that determines if the child responds to scientific, research-based intervention as a part of the evaluation procedures" for specific learning disabilities (SLD) (Pub. L. No. 108-446 § 614 [b][6][A]; § 614 [b][2 & 3]). This provision is commonly referred to as response-to-intervention (RtI) and is the most significant shift in special education since its formal inception in 1975.

Allowing LEAs to identify SLD with RtI data could represent an opportunistic time for school psychologists to make further differences in children's lives rather than simply making predictions about them (Ysseldyke, 2002). As such, school psychologists interested in reforming their role from traditional test-and-place models should actively engage in RtI initiatives. The purpose of the current article is to discuss the effect that implementing RtI could have on school psychologists' daily activities based on examples from the literature and experience.

Literature - Iowa

At the 2003 National Research Center on Learning Disabilities Responsiveness-to-Intervention Symposium, Reschly posed the question: What would happen if RtI were actually implemented? The answer centered on school psychology. Research has consistently demonstrated that use of an RtI process enhanced student learning and improved systemic outcomes (Burns, Appleton, & Stehouwer, 2005). However, Reschly (2003) pointed out that in school districts in Iowa, where the principles of RtI were implemented, school psychologists engaged in approximately 14 hours per week of traditional assessment activities as compared to the national average of approximately 22 hours per week. Moreover, the primary assessment tool reportedly used in Iowa was behavioral observation and ability testing was almost nonexistent. Hours engaged in direct intervention and problem-solving consultation were approximately 9 and 12 in Iowa respectively, as compared to national averages of 7 and 6 hours per week respectively (Reschly).

Experience

The data mentioned above are intriguing, but practitioners may question if that would be the case in their individual districts. Our experience as school psychologists before entering academia tells us that it would. The first author (Burns) was a school psychologist in three different school districts, and the second author (Coolong-Chaffin) worked as a school psychologist for a special education cooperative that used a four-tiered problem solving model to address student needs. Both were engaged in RtI activities, although both may not have used the term, in that they were part of systems that utilized assessment data to match intensity of services to students needs and engaged in individual problem solving.

The three districts in which the first author was a school psychologist were quite different from each other and were unique experiences because they were not conducting RtI activities until after his arrival. District A (1993 – 1994) was a large urban district with a population of approximately 165,000 people and 21,852 students. District B (1994 – 1996) was housed within a rural community of approximately 12,000 people and 1,900 students. Finally, the third district, District C (1996 – 1999), was home to 52,500 people, and 9,500 students, and was also headquarters to a major industrial corporation. The percentage of children within the three districts who were eligible for the federal free or reduced lunch program was approximately 60%, 43%, and 17% respectively. Burns and his district colleagues started problem-solving teams within the first year at all three districts and more slowly implemented curriculum-based assessment for instructional design (Gickling & Havertape, 1981) to determine academic interventions. As shown in Figure 1, Burns conducted over 100 special education evaluations in the first year in each of the three districts, but the numbers of children referred to special education declined each year by an average of 31%, and the number returned to a comparable level (i.e., over 100) in the first year at the three districts. It should also be noted that Burns had some administrative responsibilities in his third year at District C and actually only conducted 40 evaluations. The number reported in the figure was prorated.

(Continued on page 33)



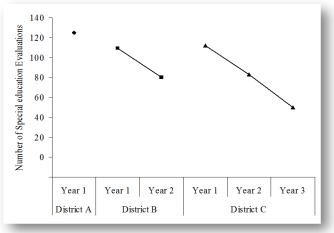


Figure 1. Number of Annual Special Education Evaluations Across Three Districts Before and After Implementing a Response-to-Intervention Approach.

The special education cooperative where Coolong-Chaffin was employed served just fewer than 10,000 students across five districts in a rural area of a Midwestern state. She worked in two of these schools. The cooperative spanned two counties where the number of students eligible for free or reduced price lunches was 17% in one county and 36% in the other. Overall, the cooperative LD prevalence rate was 2.54% versus 3.80% for the state in the 2004 – 2005 school year. Since implementing the problem-solving approach, SLD rates decreased more than 40% in the districts, while decreasing slightly for the state as a whole. Reduced time spent conducting special education evaluations allowed time for more systemwide activities such as chairing the problem-solving teams in both schools where she worked, consulting with general education teachers about academic and behavioral needs of students, helping a building curriculum committee select an evidence-based math curriculum for low achieving students, conducting staff development sessions regarding effective classroom behavior management and instructional strategies, and collaborating with community mental health agencies to serve the shared students.

Although the data shared within this article are not scientific, they suggest that RtI reduced time that both authors engaged in special education evaluations and freed time to do more desirable activities, the effects of which were noted in several very different school districts. Some practitioners may worry about the effect an RtI approach may have on the profession. For example, some may be concerned that a de-emphasis of intelligence and achievement testing will make school psychologists expendable. However, the implementation of the Problem-Solving Model in Minneapolis, one of the more famous large-scale RtI initiatives, resulted in more school psychologists being hired and employed in that district. In fact, the number almost doubled in just over 10 years (Lau et al., 2006). Our collective experience suggests that whether school psychologists work in a district that has a history of RtI practices or are starting RtI initiatives, the role of the school psychologist can be directly and positively influenced by utilizing an RtI approach.

School psychologists are uniquely qualified to lead a national movement toward RtI, but RtI is not an end in and of itself. RtI is a process to enhance student learning for all children. For school psychologists, it could finally be the venue to implement the consultative problem-solving role that has been called for by scholars and practitioners alike.

References

Burns, M. K., Appleton, J.J., Stehouwer, J.D. (2005). Meta-analytic review of responsiveness-to-intervention research: examining field-based and research-implemented models. *Journal of Psychoeducational Assessment, 23*, 381-394. Gickling, E. E., & Havertape, S. (1981). *Curriculum-based assessment.* Minneapolis, MN: School Psychology Inservice Training Network.

Individuals with Disabilities Education Improvement Act of 2004, Pub. L. No. 108-446, 118 Stat. 2647; 2004 Enacted H.R. 1350; 108 Enacted H.R. 1350.

Lau, M. Y., Sieler, J. D., Muyskens, P., Canter, A., Vankeuren, B., & Marston, D. (2006). Perspectives on the use of the problem-solving model from the viewpoint of a school psychologist, administrator, and teacher from a large Midwest urban school district. *Psychology in the Schools, 43,* 117-127.

Reschly, D. J. (2003, December). What if LD identification changed to reflect research findings?: Consequences of LD identify identification changes. Paper presented at the Responsiveness-to-Intervention Symposium, Kansas City, MO.

Ysseldyke, J. E. (2002, March). *Invited presidential address*. Invited presentation at the National Association of School Psychologists Annual Convention. Chicago, IL.





The Spotlight Shines on Florida's Leadership

Kristen Cunningham

The National Association of School Psychologists (NASP) selected **Ralph. E (Gene) Cash** as a recipient of the 2010-2011 Government and Professional Relations (GPR) Certificate of Appreciation. This award is given to a NASP member who has engaged in effective advocacy to improve education and mental health services for children, youth, and their families. It recognizes Gene's efforts to support the NASP mission and its goals through state and national government and professional advocacy activities. It is based upon the impressive evidence of Gene's advocacy over the last two decades that FASP nominated him and NASP selected him for this honor.





Another FASP leader, **Sarah Valley-Gray**, was elected as Secretary of NASP. Sarah is completing her second term as NASP Delegate. As a NASP Delegate, Sarah has represented and supported school psychology through her leadership to enhance the mental health and educational competence of all children. She has been instrumental in working with the FASP Executive Board to ensure that our members are aware of relevant NASP activities and are provided with information useful to their practice. She has

been a truly inspiring leader and advocate. Sarah will begin a three-year term as Secretary of NASP and will serve on the Executive Council.

Congratulations Gene and Sarah!!!



Highlight on Students with Head Injuries

Angela I. Canto, David J. Chesire, Valerie A. Buckley

In 2009, the FASP membership was surveyed to explore school psychologists' experiences and comfort level when working with students that had suffered a head injury (Canto, Chesire, Buckley, 2010). Eighty school psychologists responded to the survey. This was an initial effort to attempt to characterize the pros and cons of service delivery in Florida for this population; however, most respondents reported that their experience with students who had suffered a head injury was very limited or non-existent. From those results, one might conclude that, in fact, head injuries are quite rare.

Consider, however, the following. For children and adolescents, brain injury is a leading cause of death and disability for children and adolescents (CDC, 2000), with approximately 635,000 pediatric survivors in America (Langlois, Rutland-Brown, & Thomas, 2004). The number of children in Florida's schools who are living and dealing with the aftermath of brain injury is, indeed, quite high. Statistics from the pediatric emergency room and trauma center from one metropolitan hospital in Jackson-ville, FL demonstrate a startling prevalence of head injury – 1,300 pediatric cases of head injury from 2007-2009 (Chesire, Canto, & Buckley, in press). Moreover, these statistics reflect injuries that were treated at only one of the city's hospitals when at least two other major hospitals that are pediatric-focused would have likely received many of these cases for medical evaluation. Yet, only 129 students during this same time frame were served in the district's schools for traumatic brain injury with only 5-10 new enrollments in the TBI ESE program each year. This is a dramatic contrast to the 1,300 students treated at one hospital. Lastly, contrast each of those statistics with the prevalence of children with concussions (or other more severe head injuries) that were not brought to any medical facility for evaluation. Head injuries such as these are common in youth sports, bicycle falls, household mishaps, abuse, etc. Thus, the incidence of TBI is likely even greater than present statistics suggest.

So why is there such a large discrepancy between the high rates of head injury in children and the very low rates of identified students receiving services in schools? For whatever reasons, these injuries are going unreported to the schools or the school psychologist is not the primary point of contact for these referrals for services. Certainly, this is more likely with students who have experienced a mild TBI (e.g., concussions) or who have suffered the damaging effects of the less obvious closed head injuries. As school psychologists we have the requisite skills and resources to raise awareness of the issue, consult with students and teachers, and advocate for services or accommodations for these students. Nonetheless, findings from the aforementioned survey indicated that the majority of FASP respondents felt that they had limited or no knowledge on TBI in general and even less knowledge in how best to serve those students. Thus, to get a better picture of our potential roles in helping these children, it is useful to explore the aftermath of these injuries for the student.

Beyond the obvious physical injury with the concomitant pain, fatigue, and headaches, students with even mild concussions also experience various cognitive, affective, and behavioral changes and these difficulties can persist weeks to even years following the injury (Arroyos-Jurado, Paulsen, Ehly, & Max, 2006; Berbaum, 2008; Chesire, Canto, & Buckley, in press; Farmer & Peterson, 1995; Hooper, 2006; Jantz & Coulter, 2007; Savage, Depompei, Tyler, & Lash, 2005; Sharp, Bye, Llewellyn, & Cusick, 2006; Shaw & Paez, 2002; Yeates & Taylor, 2006). These difficulties are compounded when the initial head injury is followed by another head injury (such as in the case of youth sports). Rather than these injuries being linear, subsequent head injuries often compound damage creating greater deficits than any of the injuries would have posed in isolation.

Cognitive processes often disrupted by head injury include attention, concentration, auditory processing, and executive functions (such as multi-tasking and inhibition), and word retrieval (Lezak, 1995). Additionally, students with head injuries often demonstrate decreased working memory and deficits in gross and/or fine motor skills along with the array of affective, behavioral, and social skills deficits (Arroyos-Jurado, Paulsen, Ehly, & Max, 2006; Berbaum, 2008; Chesire, Canto, & Buckley, in press; Ewing-Cobbs & Bloom, 2004; Farmer & Peterson, 1995; Hooper, 2006; Jantz & Coulter, 2007; Lezak, 1995; Savage, Depompei, Tyler, & Lash, 2005; Sharp, Bye, Llewellyn, & Cusick, 2006; Shaw & Paez, 2002; Yeates & Taylor, 2006; Ylvisaker et al., 2007; Ylvisaker & Feeney, 1998) with a direct relationship between the severity of injury and the severity of observed deficits (Donders, 1994; Hanson & Clippard, 1992; Jaffe, Fay, Polissar, Martin, Shurtleff, Riyara, & Winn, 1993). When looking to document these deficits using typical psychoeducational assessments, progress monitoring, or structured behavioral observations, it is important to note that cognitive deficits resulting from the head injury often are not as pronounced in these circumstances. On the contrary, Farmer and Peterson (1995) point out that these declines are more readily apparent in the classroom with the inherent increased stimulation of the classroom environment, converging distractions, quicker paced performance demands, and the number and types of independent transitions the student must execute in the classroom. Surprisingly, researchers are demonstrating that cognitive processing impairments can persist well after the initial injury, up to six to eight years according to Arroyous-Jurado and colleagues (2006). (Continued on page 36)

(Continued from page 35)

Students, teachers, and family members of children with head injury also describe fairly typical changes in affect and behavior post-injury (e.g., increased irritability, poorer anger management and increased aggression, emotional regression, increased awkwardness in social settings, greater egocentrism, increased agitation or anxiety, and decreased motivation) (Shaw & Paez, 2002; Ylvisaker et al., 2007). In school settings, adolescents tend to experience greater difficulty than younger students, according to researchers, due to the complexities of middle and high school environments and the increased need for independence in those settings (Ewing-Cobbs & Bloom, 2004).

It stands to reason that the first hurdle in helping students with head injuries is, in fact, to increase awareness of the associated complications following injury. By increasing awareness, it is hoped that parents and students will be more likely see the need for, or benefit to, alerting school personnel when a head injury has occurred. Efforts to increase awareness will likely need to include educating families and school personnel regarding what types of injuries account for traumatic brain injuries. Even seasoned school personnel have been heard saying that a particular student did not have a traumatic brain injury, that the student only had a concussion (Chesire, Canto, & Buckley, in press) – this points to a fundamental problem in understanding the definition of TBI. These types of misconceptions will need to be addressed.

The second hurdle would then be to secure all of the relevant data gathering needed from medical professionals, structured interviews, academic portfolios when available, prior psychoeducational testing, and measures of current functioning. If warranted, as school psychologists we can recommend that the child be taken for a medical evaluation and possibly in depth neuropsychological testing if needed. This is likely in cases where the child suffered a mild injury and the family was not aware of the extent of the injury (more common with closed head injuries).

Following data gathering, interventions, accommodations, and modifications can be considered with their respective systemic vehicles (e.g., RtI, ESE placement, Section 504 plans). It is important to remain flexible and dynamic when working with these students and recommending interventions, especially as the injury heals. In a recent position statement published by the American Academy of Pediatrics, the medical community is arguing that transition back to school or sports following injury needs to be accomplished much more slowly than previously thought (2010). Accommodations and modifications to consider when problem-solving with these students include increasing the period of cognitive rest by permitting a shortened day if needed, allowing for naps, dimming or turning down lights, decreasing exposure to excessive noise such as in the cafeteria. Who best to facilitate these types of assessments and recommendations and provide ongoing consultation to the families and teachers than school psychologists and cooperating multidisciplinary problem solving teams? After all, there are far more students impacted by head injuries than originally thought and we likely have encountered many more students who were experiencing the impact of a traumatic brain injury.

Recommended readings for additional information on traumatic brain injury:

Begali, V. (1992). *Head injury in children and adolescents: A resource and review for school and allied professionals* (2nd ed). Brandon, VT: Clinical Psychology Publishing.

Havey, M. J. (2002). Best practices in working with students with traumatic brain injury. In A.Thomas & J. Grimes (Eds.), *Best Practices in School Psychology IV* (pp. 1433-1445). Bethesda, MD: National Association of School Psychologists. Stoler, D.R. & Hill, B.A. (1998). *Coping with mild traumatic brain injury*. New York: Avery.

References

- American Academy of Pediatrics. (2010). Clinical report: Sport-related concussion in children and adolescents. Pediatrics, 126 (3), 597-615.
- Arroyos-Jurado, E., Paulsen, J.S., Ehly, S., & Max, J.E. (2006). Traumatic brain injury in children and adolescents: Academic and intellectual outcomes following injury. *Exceptionality*, 14, 125-140.
- Berbaum, C. (2008). School reintegration following traumatic brain injury in children and adolescents. *Dissertation Abstracts International Section A: Humanities and Social Sciences*, 68, 3798.
- Canto, A. I., Chesire, D. J., Buckley, V. A. (April 2010). Serving students with traumatic brain injury (TBI): Preliminary findings. Presented at the annual Florida State University First Year Assistant Professor Grant Program Research Colloquium.
- Chesire, D. J., Canto, A. I., Buckley, V. A. (in press). Hospital-school collaboration to serve the needs of children with traumatic brain injury (TBI). *Journal of Applied School Psychology*.

(Continued on page 37)

(Continued from page 36)

- Centers for Disease Control. (2000). Traumatic brain injury in the United States: Assessing outcomes in children. Retrieved September 17, 2009, from http://www.cdc.gov/ncipc/tbi/tbi_report/TBI_photo.pdf
- Donders, J. (1994). Academic placement after traumatic brain injury. Journal of School Psychology, 32, 53-65.
- Ewing-Cobbs, L. & Bloom, D. R. (2004). Traumatic brain injury: Neuropsychological, psychiatric, and educational issues. In R.T. Brown (ed.), *Handbook of pediatric psychology in school settings*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Farmer, J.E. & Peterson, L. (1995). Pediatric traumatic brain injury: Promoting successful school reentry. *School Psychology Review*, 24, 230-243.
- Hanson, S.L., & Clippard, D. (1992). Assessment of children with traumatic brain injury: Planning for school re-entry. In S.L. Hanson & D.M. Tucker (eds.), *Physical medicine and rehabilitation state of the art review: Neuropsychological assessment* (Vol. 6, No. 3; pp.483-494). Philadelphia, PA: Hanley and Belfus.
- Hooper, S.R. (2006). Myths and misconceptions about traumatic brain injury: Endorsements by school psychologists. *Exceptionality*, 14, 171-182.
- Jaffe, K.M., Fay, G.C., Polissar, N.L., Martin, K.M., Shurtleff, H., Rivara, J.B., & Winn, H.R. (1993). Severity of pediatric traumatic brain injury and neurobehavioral recovery at one year A cohort study. *Archives of Physical Medicine and Rehabilitation*, 74, 587-595.
- Jantz, P.B. & Coulter, G.A. (2007). Child and adolescent traumatic brain injury: Academic, behavioural, and social consequences in the classroom. *Support for Learning*, 22, 84-89.
- Langlois, J.A., Rutland-Brown, W., & Thomas, K.E. (2004). *Traumatic brain injury in the United States: Emergency department visits, hospitalizations, and deaths*. Atlanta, GA: Center for Disease Control and Prevention, National Center for Injury Prevention and Control.
- Lezak, M.D. (1995). Neuropsychological Assessment (3rd ed). New York: Oxford University Press.
- Savage, R.C., Depompei, R., Tyler, J., & Lash, M. (2005). Pediatric traumatic brain injury: A review of pertinent issues. *Pediatric Rehabilitation*, 8, 92-103.
- Sharp, N.L., Bye, R.A., Llewellyn, G.M., & Cusick, A. (2006). Fitting back in: Adolescents returning to school after severe acquired brain injury. *Disability and Rehabilitation*, 28, 767-778.
- Shaw, S.R. & Paez, D. (2002). Best practices in interdisciplinary service delivery to children with chronic medical issues. In A.Thomas & J. Grimes (Eds.), Best Practices in School Psychology IV (pp. 1473-1483). Bethesda, MD: National Association of School Psychologists.
- Yeates, K.O. & Taylor, H.G. (2006). Behavior problems in school and their educational correlates among children with traumatic brain injury. *Exceptionality*, 14, 141-154.
- Ylvisaker, M. & Feeney, T. (1998). School re-entry after traumatic brain injury. In M. Ylvisaker (Ed.). *Traumatic brain injury rehabilitation: Children and adolescents (2nd ed.)* (pp. 369-384). Boston: Butterworth-Heinemann.
- Ylvisaker, M., Turkstra, L., Coehlo, C., Yorkston, K., Kennedy, M., Sohlberg, M.M., & Avery, J. (2007). Behavioural interventions for children and adults with behaviour disorders after TBI: A systematic review of the evidence. *Brain Injury*, 21 (8) 769-805.

Angela I. Canto, Educational Psychology and Learning Systems, Florida State University; David J. Chesire, College of Medicine, University of Florida; Valerie A. Buckley, Duval County Public Schools.

Correspondence regarding this manuscript should be addressed to Angel Canto, <u>acanto@fsu.edu</u>

FASP 2010 ANNUAL CONFERENCE EVALUATION SUMMARY

Approximately 30% of attendees completed the conference evaluation.

Who attended FASP's Annual Conference at the Hilton Miami Downtown in Miami (November 2-6, 2010)?

•	Northwest Region	6.3%
•	Northeast Region	10.8%

East Central Region ______14.6%

West Central Region 19.0%

Southwest Region 2.0%

Southeast Region 27.9%

South Region ______16.5%

Other (Seattle, WA; Bahamas) 1.3%

NOTE: Approximately 2% did not answer this question

On a scale from 1 to 5, how did attendees feel we did?

Conference Organization	4.0 (Above Average)
-------------------------	---------------------

Hotel Facilities _______3.6 (Above Average)

Keynote Address: Jack Naglieri 4.2 (Above Average)

Wednesday & Thursday Sessions
 4.0 (Above Average)

Selection of CE Sessions
 4.0 (Above Average)

Welcome Address: Matt Burns 4.5 (Excellent)

Job & Internship Fair _______3.5 (Above Average)

Awards Ceremony 3.0 (Average)

President's Party
 3.9 (Above Average)

Text Message Updates ______4.3 (Above Average)

USB Pen Drive 4.3 (Above Average)

Conference Overall
 3.9 (Above Average)

NOTE: Approximately 3% did not answer these questions

67%

Plan to attend FASP's 2011 Annual Conference

- · 27% are considering attending
- 5% do not plan to attend

45%

Would like four ½ day presentations on Friday

> 42% prefer two full day NOTE: 13% did not answer this question





of attendees said they learned new information that will improve their skills as School Psychologists!

of attendees would like FASP to continue to offer a Pre-Conference Institute

How did we do with featured presentations (on a scale from 1 to 5)?

Pre-Conference Institute

- Morning Session: Monica Oganes Murray 4.0 (Above Average)
- Afternoon Session: Samuel Ortiz 5.0 (Excellent)

Friday Presentations

- Michele Mazzocco 3.9 (Above Average)
- George McCloskey
 - 4.8 (Excellent)
- Raymond DiGuiseppe
 - 4.1 (Above Average)
- Steven Feifer
 - 4.9 (Excellent)

Saturday Presentations

- Medical Errors 4.5 (Excellent)
- Domestic Violence 4.4 (Above Average)
- Red Cross (Disaster Mental Health) 4.2 (Above Average)

A Summary of Attendee Comments - Testimonials and Things to Consider:

- Overall, received good feedback from all attendees...congratulations on a job well done to all conference organizers! Excellent!
- Too expensive...seek discounts for overnight parking, include wireless internet access in rooms, etc.
- It would be helpful if workshop information was provided in advance on FASP's website.
- Board members were great the President-Elect (Monica) did an excellent job communicating with the exhibitors and attendees, and board members were always available to answer questions...conference personnel were an A+.
- Presentations are too theoretical and do not offer necessary information for practical application – should include various tools and interventions in presentations (summaries misleading).
- The food was incredible! Provide coffee every morning for attendees.
- The USB pen was a great idea would like to see all presentations included and printouts still provided in workshops for note taking.
- Would like George McCloskey to provide a full day presentation rather than ½ day. Matt Burns was very good and the presentations by Wojtalewicz and Ellis provided great information.
- Sign in/out went smoothly...FASP conferences are always good!
- Registration was last minute and did not allow enough time for planning.
- Although holding the Awards Ceremony, CSFI Auction, and President's Party together seemed like a good idea, it was difficult to hear the speakers during the Awards Ceremony and CSFI Auction.
- I think FASP is a great organization!
- The hotel was average and meeting rooms in one general area was great, but food options were limited in the immediate area and the location of the hotel did not seem safe (road construction, etc.).
- The conference seemed more relevant and representative of districts statewide
- Increase diversity in CE presentations many of the CE sessions seemed to be focused on a published product.
- Need to continue to receive progressive information our profession is becoming the dinosaurs of the 21st century rather than soaring. Increase communication to members and take positions on current professional issues.
- The CE sessions, research presentations, and opportunity to interact with colleagues is an extraordinary service to our field.
- We need to find consensus among the diverse members of the association.

Our Divisiveness is not good for the Profession or for Children

EASP 2011 SUMMER INSTITUTE

Mark Your Calendar & Make Your Summer Plans

Wednesday, July 20th - Saturday, July 23rd

FASP is planning another exciting professional development agenda...stay tuned for information about FREE registration opportunities. Monitor Summer Institute developments on FASP's website www.fasp.org/Conferences/Summer_Institute.html

Just let go.

Sink your toes deep into the sugary white sand and take in your first breath of the fresh saltwater breezes. At TradeWinds Island Resorts on the island of St. Pete Beach, the warm Florida sun and the inviting gulf waters invite you to embrace life's little pleasures.

you deserve it!



FASP 38TH ANNUAL CONFERENCE

CPSI: Florida

paths to positive student outcomes

COLLABORATION - PROBLEM SOLVING - INTERVENTION

October 30 - November 5, 2011 Omni Orlando Resort at ChampionsGate 1500 Masters Bivd - ChampionsGate, FL 33896

Focus on Outcomes

The 2011 Conference Committee is busy planning and preparing for this year's event.

We are focused on reaching out to meet the needs of our profession with an overarching objective of increasing positive outcomes for all of Florida's children!

NEW Presentation Proposal Format

A revision to the conference presentation proposal format is underway. The following changes have been made to the format:

- Written summaries (500-800 words in length) in addition to 25-40 word abstract now required in effort to improve quality of presentation and selection process
- Specific evaluation criteria to assist in transition to newly required written summary, including 3 domains—
 - Clarity and organization of content
 - Description of theoretical rationale, research base, and/ or research methodology
 - Importance/relevance to school psychology practice, research, and/or theory

- Primary professional development objective—To promote positive outcomes for schools, children, and adolescents
- New FASP Professional
 Development Framework derived from NASP & FLDOE Standards of Practice

Location, Location



FASP's 38th Annual Conference will return to the Omni Orlando Resort at ChampionsGate. This four-diamond resort is one of the nation's premier golf, meeting, and leisure retreats. In addition to walk-out golf, guests may choose to relax in the European-style spa, dine in one of five restaurants, or enjoy 15 acres of pool and recreation activities...including the 850-foot lazy river. Everything you could wish for and more!

Resort fee included! The resort fee includes transportation to Disney theme parks, complimentary use of the health club, high speed internet access in guest rooms, self-parking, use of all recreation activities including lazy river pool, tennis, volleyball, basketball, daily newspaper, complimentary local and 800 calls, in room coffee, and nightly turndown (upon request).

Learn New Information and Enjoy Time with Colleagues and Friends

FASP's Annual Conference offers the best professional development opportunity for school psychologists every year. In addition, the conference offers a beautiful setting to spend time with friends...enjoy dinner, hit the spa, or relax poolside...all in one place.



THERE'S AN APP FOR THAT...

http://www.omnihotels.com/ RatesAndReservations/ MobileApplications.aspx

Omni hotels is the first hotel to offer iPhone and Blackberry mobile applications...download today!





MOTION SUMMARIES—FASP EXECUTIVE BOARD MEETING (JULY 2, 2010)

Motion #1 - Move to approve the Minutes from the April 2010 FASP Executive Board meeting. Motion by Lutz; Second by Lazarus Discussion: None; Motion passed

Motion #2 – I move that the FASP Board approve the proposed changes in the FASP Investment Policy.

FASP Investment Policy

It is the intent of FASP to maintain reserve funds which are sufficient to ensure maintain the fiscal integrity of the association in the event of a financial emergency (e.g., an unanticipated drop in membership, cancellation of a major conference, etc.) and to invest the reserve funds in a prudent, fiscally responsible manner. In order to carry out this intent, the following fiscal policies have been established by the Executive Board:

1. The association shall establish annual budgets with a goal such that reserve funds equal a minimum of 50% of anticipated gross expenditures for the fiscal year. 2. The association shall only approve balanced budgets. 3. Reserve funds may only be expended in case of an emergency as determined by the Executive Board based upon a recommendation by the Finance Work Group, 4. Reserve funds shall be invested with a goal such that 50% (+/- 10%) are contained in federally guaranteed fixed income investments such as U.S. Treasury bills, notes or bonds (BNB) and/or FDIC insured certificates of deposit (CD) and 50% (+/- 10%) are invested in equities through (a) financial organization(s) selected by the Finance Work Group. 5. Reserve funds invested in fixed income investments as described in number 4 shall be laddered so that approximately equal amounts are in one, two, three, four, and five year instruments. 6. Reserve funds invested in equities shall be divided such that 80% (+/- 10%) are contained in an index fund which mirrors the performance of the total U.S. equity market and 20% (+/- 10%) are contained in an index fund which mirrors the performance of a broad measure of international equities. Investments shall be reviewed and adjusted to conform to the above parameters at least semi-annually or more frequently as investments mature by the Finance Work Group. The Finance Work Group, with the approval of the Executive Board, shall have the flexibility to adjust these parameters as economic conditions warrant. Motion by Endsley; Second by Underhill

Discussion: None; Motion passed Motion 3 Move to award the Legislator of the Year Award to Representative Bill Heller.

Motion by Lutz; Second by Endsley Discussion: None; Motion passed

Motion 4 I make a motion to hold a 6-hour Pre-Conference CLD Institute in Miami on Tuesday November 2, 2010. The presenters will be Sam Ortiz and Monica Oganes Murray.

Motion by Murray; Second by Endsley

Discussion: What would be the cost? Will it be presented as tied to the Conference?

Request to place the motion on the table (Patterson); Motion placed on the table

Motion 5 Move to extend the awards deadline to August 31st

Motion by Hicks; Second by Lazarus

Discussion: Hard to process if the deadline extended. Do not penalize people who had submitted nominations on time

Friendly Amendment add "in the areas where nominations have not been received".

Amendment by Vaccaro; Second by Myers

Discussion: None

Amendment passed; Motion passed

Motion 6- Move that in order to be responsive to and inclusive of the membership; when elections run into the next membership year (due to delays in obtaining candidates or other factors) the members for both years will be eligible to vote.

Motion by Underhill; Second by Endsley Discussion: The rationale includes Article 2.2 from the FASP Bylaws which state "All members with the exception of associate members and associate student members shall have the right to vote on FASP concerns." Additionally, it is the intent that voting rights are implicit in membership and any delays that cross membership years shall not affect this.

Amendment Insert "Due to delays in obtaining candidates or other factors'

Amendment by Lutz; Second by Cash

Discussion: None

Amendment passed; Motion passed

Motion 7- Move to change the following questions on the FASP Application and to add the third question: 1. Change FASP is frequently asked by graduate students in school psychology about having access to the membership for research purposes. Would you be willing to participate? To Please place a check on the line if you do NOT wish to allow students in school psychology programs to have access to your contact information for research purposes. 2. Change Would you like to share your contact information on the members' only section on the website? To Please place a check on the line if you do NOT wish to share your contact information on the members only section of the FASP website. 3. Add Please place a check on the line if you do not wish to share your contact information with test publishers and/ or educational institutions.

Motion by Avallone; Second by Scott Discussion: Inclusion of book publishers Amendment by Valentine; Second by Endsley

Discussion: None

Amendment passed; Motion passed

Motion 9-7/14/2010 Move to extend the 2010 FASP Election Process deadline for ballots from July 14, 2010 to July 24, 2010 at 12 p.m. EST (end of the Summer Institute).

Motion by Lutz; Second by Cash Discussion: Time frames were discussed. Amendment: Move to extend the 2010 FASP Elec-

tion Process deadline for ballots from July 14, 2010 to AUGUST 19, 2010 at 12 p.m. EST Amendment by Gamarra; Second by Norona Objection by Lutz & Donelson

Amendment withdrawn; Motion passed

Motion 10-8/10/2010 Move to discard all current FASP election results from the June-July 2010 election due to significant numbers of missing votes and to rehold said election via the secure online service ballotbin.com. The election shall be open to all current members of the 2010-11 membership year as well as all members from the 2009-10 membership year. The election shall run from midnight on August 10 - midnight on September 9, 2010.

Motion by Underhill; Second by Freebern Discussion: A discussion about which members can vote continued.

Amendment: Move to redo the current FASP election results from the June-July 2010 election due to significant numbers of missing votes. The new election shall be open to all current members of the 2010-11 membership year as well as all members from the 2009-10 membership year. The term 're-do' means that all members in good standing who voted will vote again. An eligible voter in the 're-do' election will be any 2009-2010 member in good standing and any member that voted who was not in good standing but becomes a member in good standing by the time the re-do election is held.

Amendment by Freebern; Second by Underhill Discussion: There is still some confusion about voter eligibility. Amendment passed

Amended Motion 10: Move to redo the current FASP election results from the June-July 2010 election due to significant numbers of missing votes. The new election shall be open to all current members of the 2010-11 membership year as well as all members from the 2009-10 membership year. The term 're-do' means that all members in good standing who voted will vote again. An eligible voter in the 're-do' election will be any 2009-2010 member in good standing and any member that voted who was not in good standing but becomes a member in good standing by the time the re-do election is held. Motion passed

Motion 11-8/15/2010 Move to reconsider the motion put forth by "Underhill/Freebern" and to adopt the following language: (original language in red, proposed deletions noted as strikethroughs, proposed new language in black and underlined) Move to redo re-do the current FASP election results from the June 30 - July 29, 2010 FASP election due to <u>based on</u> significant numbers of missing votes <u>due</u> to electronic error. The new re-do election shall be open to all current FASP members of from the 2010-11 2009-10 membership year as well as all members from the 2009-10 2010-11 membership year who were eligible to vote in the original June-July 2010 election up to July 29, 2010. The term 're-do' means that all members in good standing who voted will vote again. An eligible voter in the 're-do' election be will any 2009-2010 member in good standing and any member that voted who was not in good standing but becomes a member in good standing by the time the re-do election is held. Move to re-do the June 30 - July 29, 2010 FASP election based on significant numbers of missing votes due to electronic error. The redo election shall be open to all FASP members from the 2009-10 membership

year as well as all members from the 2010-11 membership year who were eligible to vote in the original June-July 2010 election up to July 29, 2010.

Motion by Underhill; Second by Donelson Discussion: None Motion passed



MOTION SUMMARIES—FASP EXECUTIVE BOARD MEETING (NOV. 3, 2010)

Motion #1 – I move that the FASP Board adopt the FASP Blueprint for Professional Development.

Motion by Murray; Second by Gamarra

Discussion: None Motion passed

Motion #2 – I move that the FASP Board approve the proposed FASP Executive Board for 2010-2011.

Motion by Murray; Second by Gamarra

Discussion: None

FASP 2010-2011 EXECUTIVE BOARD Officers

Advisory Committee:

President: Monica Oganes Murray Past President: Mark Neely President-Elect: Joe Jackson Secretary: Gail Patterson Treasurer: Amy Endsley

Regional Representatives

Northeast: Freda Reid

Northwest: Sharon Bartels-Wheeless East Central: Elvira Medina Pekofsky

South: Joan Kappus Southeast: Kim Berryhill Southwest: Kim Tucker West Central: Roxanna Santos

Standing Committees

Administration and Supervision: Sue Buslinger-Clifford Awards: Kurt Wasser

Bylaws Committee: Mark Neely Conference: Troy Loker/Michelle

Robertson-Shepard

Continuing Education: Geoffrey

Freebern

Cultural & Linguistic Diversity: Elvira

Medina-Pekofsky

Ethics & Standards of Practice: Freda

Reid

Legislative: Gene Cash

Membership: Adrienne Avallone Newsletter: Jennife Valentine/Kristen

Cunningham

Nominating & Elections: Mark Neely Planning & Development: Bob Templeton Private Practice: Phyllis Walters Professional Development: Alberto

Gamarra

Public Policy & Information: Kip

Emery

Registrar: Kelly Low Research: David Schwartz Student Representative: Troy Loker/

Andrew Satkowiak

Technology & Communications: Michelle

Robertson-Shepard

Training & Credentialing: Phil Lazarus

Special Committees

Historian: Sherry Scott Interest Groups: Annette Hicks Low Incidence: Michelle Major Problem Solving/RtI: Bill Donelson School Neuropsychology: David Schwartz

Liaison Positions

Children's Services Liaison: Gene Cash DOE Consultant: David Wheeler FASP Committee of Continuous Existence

Liaison: Alberto Gamarra

NASP Delegate: Sarah Valley-Gray

FASP Lobbyist

Cerra Group

Work Groups

Finance:

Chair: Treasurer CEU; Legislative; Membership; Past Presi-

dent; Planning and Development; President; President-Elect; Registrar

Member Outreach:

Chair: Membership

Awards; Children's Services; Cultural & Linguistic Diversity; Interest Group Newsletter; Regional Representatives -First Year of Office; Student Delegate; Technology and Communications

Operations and Accountability:

Chair: Immediate Past-President Historian; Planning and Development;

Secretary; Treasurer

Professional Growth:

Chair: President-Elect Conference; Continuing Education Low Incidence; Problem Solving/RtI; Professional Development; Regional Representatives - Second Year of Office

School Neuropsychology

Professional Issues and Public Policy:

Chair: Public Policy and Information Administration and Supervision: DOE Consultant: Ethics and Standards of Practice

FASP Committee of

Continuous Existence Liaison; FASP Lobby-

ist; Legislative; NASP Delegate; President

Private Practice; Research; Training and Credentialing Motion passed

Motion #3 - Move to approve the Minutes from the July 2010 FASP Executive Board Meeting.

Motion by Cash; Second by Murray

Discussion: None Motion passed

Motion 4- Move to approve the Research proposal submitted by Olivia Puyana from the University of Central Florida entitled School Psychologists Perceptions Regarding Implementation of Response to Intervention with English Language Learners.

Motion by Harbor; Second by Murray

Discussion: None Motion passed

Motion 5 Move to approve the current series of motions and amendments to the attached 2008 version of the FASP Bylaws.

Motion by Donelson; Second by Dorman

Discussion: None Motion passed

Motion 6 Move to approve the following school psychologists to serve on the 2010-2011 FASP Ethics and Standards of Practice Committee: Kathy Leighton, Jackie Collins Robinson, Gene Cash, Phil Lazarus, Bob Templeton, Tom Oakland, and Freda Reid as Chair.

Motion by Reid; Second by Scott

Discussion: None Motion passed

Internet Motion

Motion 7- (11/21/2010) Move to nominate Gene Cash for the NASP GPR Award. Motion by Donelson; Second by

Templeton Discussion: None Motion passed

Volume 38, Number 1 Winter 2011

FASP	In This Issue		FASP
FASP	President 's Message	1	FASP
FASP			FASP
FASP	Immediate Past President's Message	4	FASP
FASP	Membership Application	8-9	FASP
FASP			FASP
FASP	Regional Representative Reports	10-11	FASP
FASP	CEES Information	13	FASP
FASP	CLLS Information	10	FASP
FASP	FASP 2010 Past President' s Forum Recap	14	FASP
FASP		40	FASP
FASP	FDOE Update	16	FASP
FASP	Six Warning Signs that a Child is Being Bullied		FASP
FASP	By Ted Zeff, Ph.D.	19	FASP
FASP			FASP
FASP	Is Executive Impairment Relevant for ADHD Diagnosis and Treatment?	20	FASP
FASP	By: James B. Hale , Andrea N. Schneider, Megan Yim	20	FASP
FASP	NASP Update	27	FASP
FASP			FASP
FASP	The Effect of Response-to-Intervention on School Psychology		FASP
FASP	By: Matthew K. Burns & Melissa Coolong-Chaffin	32	FASP
FASP			FASP
FASP	Highlight on Students with Head Injuries Par Angels I. Cente, Devid I. Chesire, Velerie A. Buekley	35	FASP
FASP	By: Angela I. Canto, David J. Chesire, Valerie A. Buckley	33	FASP
FASP	Upcoming Events	40-41	FASP
FASP			FASP
FASP	Motion Summaries	42-43 1	FASP
FASP	Visit FASP on the web at www.fasp.org		FASP
FASP FASE	P FÁSP FÁSP FÁSP FÁSP FÁSP FÁSP FÁSP FÁS	ASP FASP FASP FASP FASP FASP	P FASP