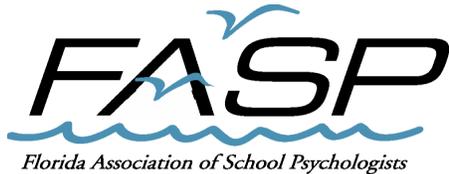


The Florida School Psychologist

The Newsletter of the Florida Association of School Psychologists



Volume 40 Number 1

Winter 2014

Adrienne L. Avallone and Kurt Wasser, Co-Chairs



President's Message

Geoffrey Freebern

Greetings Fellow FASP Members, FASP Friends, and FASP Friends & Members to be:

I hope everyone had a wonderful, joyous holiday season, and found time to relax, rejuvenate and to reflect on the past year while preparing for the upcoming year.

FASP had a busy and fruitful 2013. We began the year with **565** members and ended the year with **634** members. That is nice positive growth! It would be great if we can break the 700 mark this year. Ultimately, we'd like to continue growing the membership to surpass our heydays of the mid-2000's when we had upwards of 1100 members.

During 2013, FASP's professional development activities resulted in 103 Continuing Education (CE) / Continuing Professional Development (CPD) credits being offered. We had four co-sponsored workshops – three with the Orange County Association of School Psychologists (OCASP) and one with the North East Florida Association of School Psychologists (NEFASP). In addition, FASP also offered a North East Regional workshop, the Summer Institute at the Eau Palm Beach Resort and the 40th Annual Conference at the OMNI Orlando Resort ChampionsGate.

The theme for the 40th Annual Conference (and the 2013-2014 FASP year):

School Psychologists: Positive People + Positive Practices = Positive Outcomes

At the conference, I challenged each of us to set a moderately challenging goal of making positive growth in both our personal and professional lives. If growing in both areas is too challenging, it is also acceptable (e.g., Satisfactory/Effective) if you grow in one area without declining in the other. You do not need to submit an Individual Performance Plan (IPP) or a Mid-Year Report to me – although it would be nice to have some data at the end of the year to support a Highly Effective rating!

(Continued on page 2)

(President's message continued from p.1)

We (FASP) have already begun 2014 running – on January 18th FASP is co-sponsoring a workshop with the Emerald Coast Association for Behavior Analysis in Panama City. For the morning session, Dr. Kevin Murdock will be presenting *MTSS, RTI, PS and ABA – How Alphabet Soup Can Be Good for Children*. For the afternoon session, Dr. Al Murphy will be presenting *What Works and What Does not Work so Well: Practical Classroom Management Strategies for School Psychologists, Teachers and Other School Professionals*.

On February 8th, FASP is co-sponsoring a workshop with the Dade-Monroe County Chapter of the Florida Psychological Association in North Miami Beach at the NOVA Southeastern Campus. The workshop will cover the Professional Ethics and Florida Laws and Rules: 2014 Update (9:00 to 12:00 pm) and Medical Error Reduction Training for the Behavioral Health Care Practitioners (1:30-3:30 pm).

On February 14th, FASP will offer a North West Regional Workshop in Niceville. Dr. Maggie Kjer will be presenting on the WIPPSI-IV in the morning and on Pearson's Q-Interactive system in the afternoon. The Summer Institute (agenda still being developed) will be held July 9th – 11th at the Sawgrass Resort (Ponte Vedre, FL.). The 41st Annual Conference will be November 5th – 8th (Yay – not during Halloween!!) at the Hyatt Regency (Sarasota). Please note, FASP has one year left on the multi-year contract with the OMNI Orlando Resort ChampionsGate, which was signed in 2009. The 2015 Annual Conference will be at the OMNI and the dates will be October 28th - 31st - at least the conference will finish at noon on Halloween. FASP has learned to avoid scheduling future conferences around Halloween if at all possible.

Also for 2014, FASP will also be implementing an on-line membership and registration database – a service called Wild Apricot. This system will bring FASP squarely into the 21st century and modernize our membership and registration processes. This should improve the FASP member experience significantly. To that end, an improved member experience should lead to increased membership and member participation with the association in general, as well as the executive board. Nurturing new leaders is very important to the long-term well being of the association. If one of your goals is to get involved with the Executive Board, please email me geoffrey.freebern@gmail.com

The purpose of increasing membership is not, as some cynics may think, to increase our coffers. 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 much more effective at achieving this mission collectively than we are individually – although, recalling the analogy I used at the Welcome Address during the Annual Conference, do not discount the power of one – for even the world's largest and most powerful waterfall begins with a single drop of water. Individually, we may be a bunch of drips....drops, but collectively we can be a tsunami of positivity resulting in positive growth for the children and families of Florida.

Until next time – Think Positive, Be Positive, Act Positive,

Geoffrey D. Freebern, NCSP
FASP President 2013-2014



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- **Monitor effectiveness of interventions.** Reliable change scores enable you to measure growth over time and in response to targeted interventions.
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executive board

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2013-2014

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geoffrey.freebern@gmail.com

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Troy Loker
tloker@gmail.com

Immediate Past President
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drharbor@ranceharbor.com

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NASP Delegate
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FASP Lobbyists
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School Neuropsychology

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Coming Soon!

Improved membership processing, renewals, & event registrations

We are excited to announce a streamlined process for managing membership applications, renewals, and event registrations!

Because, after all, we want to spend less time on administrative tasks, and more time connecting with our members. Look for big improvements coming for FASP's Summer Institute July 2014.



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 Kim Berryhill, (faspmembership@gmail.com), FASP Membership Chair, with your updated information.



Recently, two long-serving FASP Executive Board members had to step down from the board: Amy Endsely, who had been the FASP Treasurer; and Mark Neely, Professional Development chair (and former Past President). FASP greatly appreciates the dedication and commitment displayed by Amy and Mark to help the association meet its mission of serving the children and families of Florida. FASP wishes them well.

The Treasurer and Professional Development Chair are very important positions and can be difficult to fill. Luckily, FASP is comprised many talented, dedicated members with arms to twist to try and convince to step in to these roles. FASP is happy to announce that our new Treasurer is Jessica Nease White! Thank you Jessica for your willingness to take on this very important role! Also, two of our current board members, Patti Vickers (Awards Chair) and Freda Reid (North East Regional Representative & Ethics Chair), graciously offered to serve as Professional Development Co-Chairs for the remainder of the 2013-2014 year. This is a prime example of FASP following NASP President Sally Baas' presidential theme of T.E.A.M. – Together Everyone Achieves More! If any members out there would like to get involved with the Executive Board (or would like more information to help you consider participating) please do not hesitate to contact me or any member of the board. Many find participation to be both professionally and personally fulfilling. In addition, I'm told that the feeling of accomplishment and relief once "retired" from the board is exhilarating! That must be why we have some board members that come out of retirement - just so they can retire again! That reminds me of the feeling I had when I went skydiving.

Geoffrey D. Freebern, NCSP
FASP President 2013-2014



Conflict Resolution Collaborative Tampa, Florida



Family Mediation Certification Training

February 13, 14, 15, 20, 21 & 22, 2014

Primary Trainer: Gregory Firestone, Ph.D.

Circuit Civil Mediation Certification Training

March 21, 22, 23, 29 & 30, 2014

Primary Trainer: James Williams, Esq.

Dependency Mediation Certification Training

April 10, 11, 12, 17, 18 & 19, 2014

Primary Trainer: Gregory Firestone, Ph.D.

Negotiating & Mediating Healthcare Disputes

May 15 & 16, 2014

Primary Trainer: Gregory Firestone, Ph.D.

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2014-2015 Membership Application

*Membership year runs from: July 1st, 2014 to June 30th, 2015 Membership #: _____

PLEASE APPLY ONLINE

Name: _____
(First Name) (Last Name) (Maiden Name)

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Work Phone: _____ License/Certification #: _____

Primary Email: _____

Additional Email*: _____

* FASP may need to contact you during summer and school holidays.

____ **Joining** FASP for the 1st time **OR** ____ Renewing Membership
____ Check here if all information is same as last year

* 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 _____

* 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 _____

* Please place a check on the line if you do NOT wish to share your information with test/book publishers and/or educational organizations _____

Employer: _____ County of Employment: _____

Language Fluency: _____ Are you a member of NASP? ____ YES **OR** ____ NO

FOR STUDENTS ONLY:

I am currently a student enrolled in a school psychology program ____ YES **OR** ____ NO

I attend: _____ (college name)

Program Director/Internship Supervisor's signature is required for student rate: _____
(Signature of Supervisor)

Role: (Check all that apply)

- ____ 1. School Psychologist
- ____ 2. Bilingual School Psychologist
- ____ 3. Supervisor
- ____ 4. Administrator
- ____ 5. Trainer/Educator
- ____ 6. Clinical Psychologist
- ____ 7. Counselor
- ____ 8. Consultant
- ____ 9. Other: _____

Employment:

- 10. ____ Public School
- 11. ____ Private School
- 12. ____ Residential Institution
- 13. ____ Private Practice
- 14. ____ Mental Healthy Agency
- 15. ____ College/University
- 16. ____ Other: _____

Ages Served:

- 17. ____ Preschool
- 18. ____ Elementary School
- 19. ____ Middle School
- 20. ____ High School
- 21. ____ Post-Secondary
- 22. ____ ALL OF THE ABOVE (or combo)

Check as many **FASP Interest Groups** as you wish to belong :

- ____ 1. Crisis Intervention
- ____ 2. Organizational Change
- ____ 3. Social and Emotional
- ____ 4. Private Practice/Alternative Setting
- ____ 5. Low Incidence Handicaps
- ____ 6. Cultural and Linguistic Diversity
- ____ 7. Neuropsychology
- ____ 8. Computer Technology
- ____ 9. Early Childhood
- ____ 10. Retired School Psychologists



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: ** 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 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 of student status is required. This certification/verification shall be completed by the 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. Verification of student status is required. This certification/verification shall be completed by the student's program director on this form.

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.

_____ (signature)

**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 Services Fund) level for which you would like to contribute:

- \$50.00+ Big Green Apple
- \$30.00 Golden Apple
- \$20.00 Red Apple
- \$10.00 Green Apple
- \$5.00 Apple Blossom
- None at this time

TOTAL amount due with this application

\$ _____

Please make 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** OR **MasterCard**
- AMEX** *additional \$5.00 charge

(13 or 16 digit credit card number)

____ / ____ (Month/Year of Expiration)

Signature as name appears on card

Please check the PC Membership Category to which you would like to apply:

The FASP Political Committee (PC) is a form of a Political Action Committee (PAC). This committee constitutes a way for FASP to contribute to individuals seeking any political office and supports 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 apply online at fasp.org

**Kim Berryhill
FASP Membership Chair
faspmembership@gmail.com**

By signing below, you affirm 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.

Signature

Date Signed



MARK YOUR CALENDAR



2014 Summer Institute

July 9th – 11th

Sawgrass Marriott

Ponte Vedra, FL

**Follow us on Facebook, Twitter, & FASP.org
for more information and updates!**



SAVE THE DATE!!!

41st Annual Conference November 5th – 8th, 2014

*Facilitating Academic, Social/Behavioral & Psychological
Success for ALL Students*



Hyatt Regency Sarasota

Sarasota, FL

Follow conference updates at www.fasp.org and on our Facebook Page!!





Share your thoughts...Help us plan...Win a dream!



FASP wants to hear from our members this February to help inform our planning for future events and professional development opportunities.

In addition to helping us better serve you, participating in our quick survey questions will enter you into a very special FASP drawing for a **Two Night Stay** at the beautiful **Eau Palm Beach Resort & Spa**.





In 2014, FASP is Fighting for Youth & Fighting for You!

Updating our resources to best meet your needs

Upgraded FASP.org website with links to high quality mental health resources & info for educators, students, and families

Continuous updates through [FASP's Facebook Page](#)

A fully ENHANCED revision to the [FASP Internship Standardization Process & Internship Guide](#) to support Florida's graduate students and the future of our profession

Providing advocacy documents on [school psychologists' role in enhancing student outcomes & supporting Florida's schools and families](#), and FASSA's paper on [Student Services Personnel Creating Safe Schools through School-Based Mental Health Supports](#)

Providing high quality professional development

2013 had more CE opportunities than any other year in FASP history (24 CE breakout sessions at FASP's Annual Conference)!

Hot topics at [FASP Summer Institutes](#) (Common Core, Aggression/ Safety, Student Engagement)

Regional and Local Co-Sponsored Workshops, (Dr. Linda Rafael Mendez presenting "CBT with Children and Adolescents" in partnership with Orange County Association of School Psychologists)

Advocating for youth and school psychologists' interests

Collaboration with the [Children's Movement of Florida](#)

Highlight of exemplary professionals through [FASP Awards](#)

Increased communication and representation with key groups in the state, such as [Florida Association of Student Services Administrators](#) (FASSA), [Florida Association of School Administrators](#) (FASA), to ensure the voice of school psychologists are heard

Advocacy for our FASP [Legislative Platform](#), which supported recent legislation related to [epinephrine use](#) and [cyber-bullying](#)

What Can You Do To Support the Work of FASP?

Be a **PROUD FASP MEMBER!**

[Join or Renew ONLINE!](#)

BRAND NEW OPTION. Pay dues in 3 monthly installments

We need your support to continue protecting the interests of Florida's school psychologists, youth, and families

Dues:

Regular Members: \$80

Transition Members (NEW): \$40

Student Members: \$20

Retired: \$30

Florida Association of School Psychologists

- Geoff Freebern, President
- Rance Harbor, Past President
- Troy Loker, President Elect
- Susan Valero, Secretary
- Jessica Nease White, Treasurer

For Questions About Membership Dues or Benefits, Please Contact our Membership Chair Kim Berryhill,



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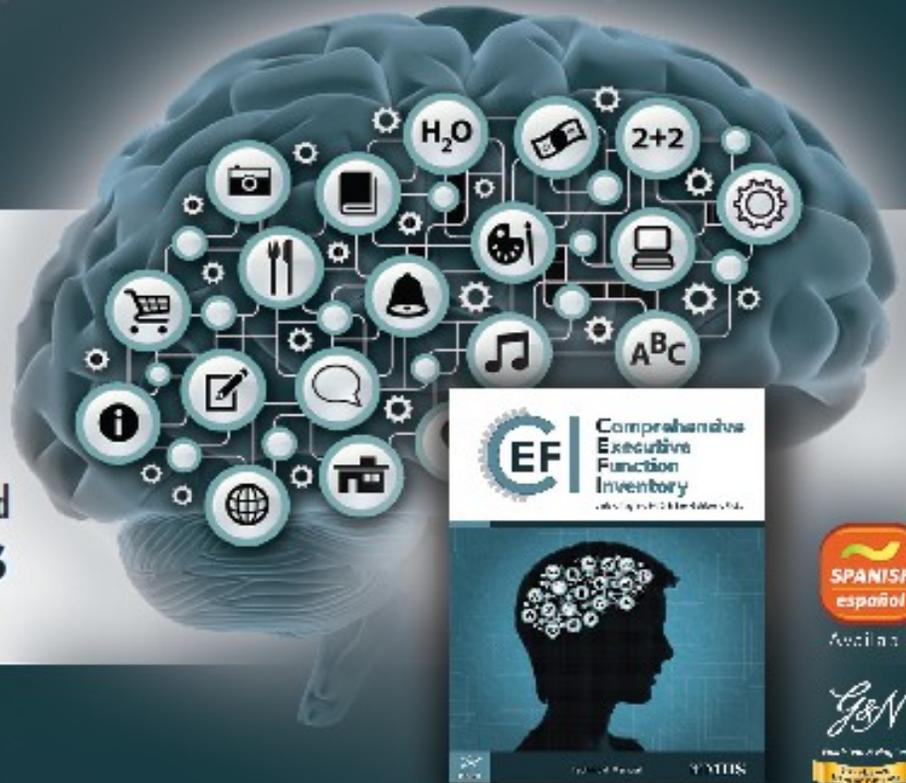
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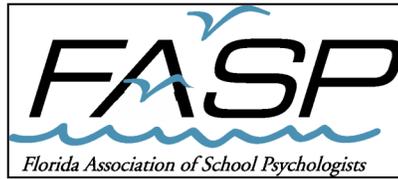
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Each year, FASP recognizes outstanding professionals in the field of school psychology and in the related field of school administration. Below are the descriptions of the different awards that FASP will be presenting at our Annual Conference this November in Sarasota. Please note that we have a new Award category this year, **FASP School Psychologist of the Year – Early Career**. We are very excited about this award as it is our opportunity to acknowledge and thank those who are new to school psychology for their current and future contributions to the field and to the children of Florida.

We respectfully request that you submit nominations for the following award categories using the nomination form below:

FASP School Psychologist of the Year

This award recognizes an outstanding school psychologist in our state who exemplifies professional responsibility, growth and leadership

FASP School Psychologist of the Year – Early Career

This award recognizes an outstanding school psychologist in our state in his or her first five years of employment following graduation who exemplifies professional responsibility, growth and leadership

Outstanding Administrator of the Year

This award recognizes an outstanding administrator who supports the professional practice of school psychology in Florida. Eligible candidates include school psychology administrators, ESE administrators, school principals, Student Services directors, county level supervisory staff members, district superintendents, etc.

FASP Graduate Studies Award – Entry Level (Ed.S. Level)

This award recognizes an outstanding school psychology student in a school psychology Ed.S. training programs in the state of Florida and is given to those who seek an Ed.S. as their terminal degree

FASP Graduate Studies Award – Doctoral Level

This award recognizes an outstanding school psychology student in a school psychology doctoral training programs in the state of Florida

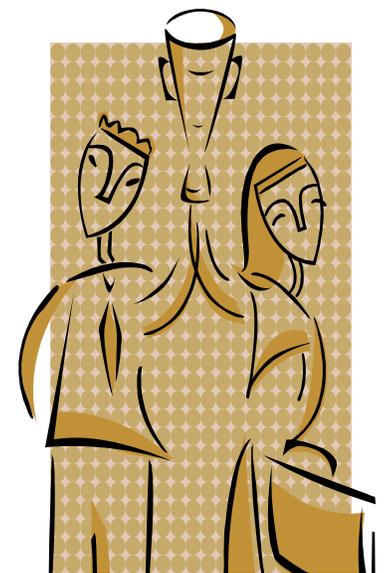
Faye Henderson Exemplary Leadership Award for Minority Students

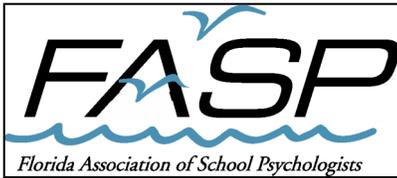
This award recognizes an outstanding minority school psychology student in a school psychology training program in the state of Florida

Outstanding Service Delivery in the Practice of School Psychology

This award recognizes a school psychology department, administrative area, region, or unit that demonstrates a high level of sustained excellence in developing an ongoing traditional or non-traditional program of general service delivery to meet the varied needs of their clientele

Innovative Program in the Practice of School Psychology





2014 Awards Nomination Form
Please circle or highlight one Award submission
(Reproduce this form as needed)

- School Psychologist of the Year
- NEW CATEGORY – FASP School Psychologist of the Year – Early Career
- Outstanding Administrator of the Year
- FASP Graduate Studies Award – Entry Level (Ed.S. Level)
- FASP Graduate Studies Award – Doctoral Level
- Faye Henderson Exemplary Leadership Award for Minority Students
- Outstanding Service Delivery in the Practice of School Psychology
- Innovative Program in the Practice of School Psychology

Person or Program being nominated: _____
 Email address of nominee: _____
 District: _____ Phone: _____
 Address: _____
 Please state briefly why you feel this nomination is appropriate: _____

The nominator and nominee may be contacted to complete additional forms and to provide additional information

Name of Nominator(s): _____ Position: _____
 Nominator address: _____
 Office/cell number: _____ Email address: _____

Please mail, fax or email nominations to: Patti Vickers, Awards Chair
 4211 Settlers Court
 St. Cloud, FL 34772
pvickers@cfl.rr.com
 Fax#: 407-870-4879

**ALL NOMINATIONS MUST BE RECEIVED BY
 JUNE 30, 2014**



Northwest Regional News

Mark Your Calendars for a NW Regional Workshop Friday February 14, 2014

FASP is sponsoring a regional workshop, designed for practicing school psychologists, to be held in Niceville, Florida on February 14, 2014, from 8:30 to 3:30. Participants will earn 6 C.E.s after the completion of the workshop.

Dr. Maggie Kjer will be presenting a two part workshop. The morning session will focus on the development of the Wechsler Preschool and Primary Scales of Intelligence, Fourth Edition (WPPSI-IV) with particular emphasis on the changes from the WPPSI-III to the WPPSI-IV, including the addition of subtests measuring working memory. Training materials will be available, including practice with administration and scoring of particular subtests.

The Afternoon session will introduce Q-Interactive, the new digital administration and scoring of psychological tests using two iPads. Dr. Kjer will explain the development process of this new digital delivery system and provide demonstrations of specific subtests of the WISC-IV and NEPSY-2. A glimpse of the anticipated changes to the WISC-V, due to be published in September of 2014 in two formats: traditional paper-pencil, and digitally via the Q-Interactive platform will also be discussed.

You won't want to miss this opportunity! On-line registration will be available on the FASP website. Look for additional registration information and workshop flyer in the newsletter.

I look forward to seeing you there,
Sharon Bartels-Wheelless, NCSP
FASP Northwest Regional Representative

NW Regional Workshop

Introduction to the WPPSI-IV & Q-Interactive

**Friday
May 16, 2014**

**Okaloosa School District
Training Center
202 Highway 85 N,
Niceville FL**

**Registration 8:00am
Workshop 8:30-3:30**

Presented by

Maggie Kjer, Ph.D.

She is the Pearson Assessment Consultant for Georgia and Regional Manager for the Clinical Assessment team in the southeastern United States. Maggie's background is in special education and assessment. Maggie's teaching career spans over 20 years and includes teaching experiences on three continents and several different states. Maggie primarily worked in self contained EBD programs with struggling high school students. She has been with Pearson since 2000.

FASP is approved by the Florida Dept of Health Div of Medical Quality Assurance to offer CE's toward licensure for continuing education CE's are available for School Psychologists (SCE-4) Psychologists (PCE-17) Mental Health Counselors, Marriage and Family Therapists and Clinical Social Workers (BAP-174). There will be strict adherence to sign-in/sign-out procedures to allow us to maintain our status as CE providers. A total of 6 CE's will be earned at this workshop.

[Directions and Map
to Workshop](#)



Workshop Description:

This is a two part workshop: The WPPSI-IV workshop will provide participants with an orientation to how the Wechsler Preschool and Primary Scales of Intelligence - Fourth Edition (WPPSI-IV) was developed and how the WPPSI-IV results may be used to understand the developmental needs and strengths of young children. Particular emphasis will be placed on the changes from the WPPSI-III to the WPPSI-IV, including the addition of subtests measuring working memory. Administration and scoring of specific subtests will be covered in this workshop. Training materials included with the WPPSI-IV kit will be demonstrated and described for participant's further professional development.

The afternoon workshop will introduce Q-Interactive, Pearson's new digital administration and scoring of psychological tests using two iPads. The presenter will explain the development process, equating studies, and pertinent factors considered in the development of this new digital delivery system. The presenter will demonstrate Q-Interactive using specific subtests from the WISC-IV, NEPSY-2, and other Pearson assessments. The presenter will cover the new digital delivery model, Pearson tests currently available on Q-Interactive, and Pearson tests that will soon be added to the Q-Interactive platform. Q-Interactive pricing will be explained so attendees may understand the implications for private practitioners, hospitals, clinics, and school districts moving into the digital age. These are exciting times - please join us for this engaging demonstration of Q-Interactive - the future of clinical assessments.

The presenter will also give attendees a glimpse of the anticipated changes to the WISC-V due to be published in September of 2014 in two formats: traditional paper and pencil kits and digitally via the Q-Interactive platform.

Learning Objectives:

Participants will:

- Become familiar with the fundamental changes from the WPPSI-III to WPPSI-IV and be able to describe how the changes impact their work with children and their interpretation of results.
- Understand the authors' rationale for determining which subtests were added, revised, or dropped from the WPPSI-IV.
- Become familiar with the WPPSI-IV training materials included in their kits.
- Become familiar with the Q-Interactive platform and understand the implications of this digital transformation in psychological testing

REGISTRATION: http://www.fasp.org/Events/Regional_Workshops.html

FASP Registrar
Lisa Perez
FASPregr1@gmail.com

FASP NW Regional Representative
Sharon Bartels-Wheelless
FASPregr1@gmail.com

ABA FASP Committee Report
Submitted by Denise Dorsey, ABA Committee Chair

Our first collaboration with a local chapter of the *Florida Association for Behavior Analysis* (FABA) turned out to be a success. The *Emerald Coast Association for Behavior Analysis* (ECABA) partnered with FASP to present two workshops designed to be beneficial to both of our memberships. On January 18, 2014, 60 people braved the cold weather to come to the Florida State Panama City Campus to attend a morning workshop by Dr. Kevin Murdock, PhD, BCBA and an afternoon workshop by Dr. Al Murphy, PhD, BCBA-D . They were not disappointed.

Dr. Murdock's workshop, "*How Alphabet Soup Can Be Good for Schools*" was packed with useful information and resources for the behavior analyst, school psychologist, and educator working in the school system. Dr. Murdock addressed Tier 1 schoolwide programs, Tier 2 methods for classrooms and targeted groups, and Tier 3 intensive individualized assessment, intervention, and monitoring strategies. He differentiated between the Compliance-Driven Model versus the Results Driven Model, shared information on making Behavior Intervention Plans more user-friendly, and provided information on a website that actually generates functional based assessments. Sounds complicated? Not so. Dr. Murdock's ability to engage the audience, speak in language that was readily understandable to a wide range of participants, and generate passion for the content kept everyone focused and interested well beyond the end of the workshop.

Our afternoon workshop was presented by Dr. Murphy, whose topic was, "*What Works and What Doesn't Work So Well: A Workshop for School Psychologists, Teachers, and Other School Professionals.*" Dr. Murphy's workshop was both entertaining and informative. He provided a multi-media presentation replete with video clips of B. F. Skinner demonstrating shaping behavior, a ping-pong match between pigeons, and two rats playing a basketball championship game. After laying the foundation for the application of techniques of applied behavior analysis in the school system, Dr. Murphy focused on specific problems encountered by teachers. Issues ranged from common difficulties to more severe behavior. Dr. Murphy mentioned that a good thing to



(continued from pg. 20 ...ABA..)

remember is, “The kids who need the most love will ask for it in the most unloving of ways”. Then, he provided evidenced based techniques on how to address the problem issues. His presentation was designed to be practical and to provide concrete tips and resources for the professional to take back to the classroom. These included the 5 to 1 Rule, Catch them being good, tips for transitions, student self-recording, Good Behavior Game, Bonus Response Cost, and Behavioral Vaccine. His strategies have been replicated in Bay County, as far away as in Sudan, and may now be replicated by some of the workshop participants.

On a final note, please remember that the email address of the ABA Committee is abafasp@gmail.com. Write to us if you would like to become involved in further workshop trainings, helping to disseminate information that would be useful to school psychologists, or sharing your own effective behavioral techniques. Be on the lookout for our Facebook page.

THE CHILDREN’S MOVEMENT OF FLORIDA

FASP is proud to support and partner with **The Children’s Movement of Florida** (<http://childrensmovementflorida.org/>), a citizen-led, non-partisan movement to educate political, business, and civic leaders – and all parents of the state – about the urgent need to make the well-being and education of our infants, toddlers, and all other children Florida's highest priority.

Their mission is not about raising taxes, but rather about raising children. Florida's children deserve to be our first priority when deciding how the state's resources are spent.

We want to strongly encourage every school psychologist in Florida to join this movement because it speaks to the very core of our profession - **CHILDREN!!!**

Please go to the website at <http://childrensmovementflorida.org/>.

We are also excited that they will be joining and sharing with us at our annual conference in November. So now is the time, get on the wagon and let’s make some noise for our children.





From Marcela Lemos, FASP South East Regional Representative
(Broward, Palm Beach, Martin, St.Lucie, Indian River, & Okeechobee)

CURRENT NEWS IN THE SOUTH EAST REGION:

SAVE THE DATE!!!!!!!



1ST Annual Student Mental Health & Wellness Conference
June 12, 2014
SAFE SCHOOLS INSTITUTE (Boca Raton, FL)

The **1ST Annual Student Mental Health and Wellness Conference** is the result of collaboration between the School District of Palm Beach County, Palm Beach County agencies and individuals committed to the mental health and wellness of students and their families. The conference will be a full-day professional development opportunity for School District of Palm Beach County educators committed to a student-first philosophy and recognize that family engagement matters. It is designed to attract certified school counselors, school psychologists, SBT members, SwPBS contacts, school nurses, administrators and any educator that works in support of student mental health and wellness.

The professional development conference will focus on providing its participants with critical information about successful practice and resources related to student mental health and wellness. The Conference Committee is interested in conference workshops that provide attendees with opportunities to apply evidence-based, proven practices that support student mental health and wellness.



PUBLIC POLICY TRAINING WITH THE COALITION FOR THE EDUCATION OF EXCEPTIONAL STUDENTS (CEES)

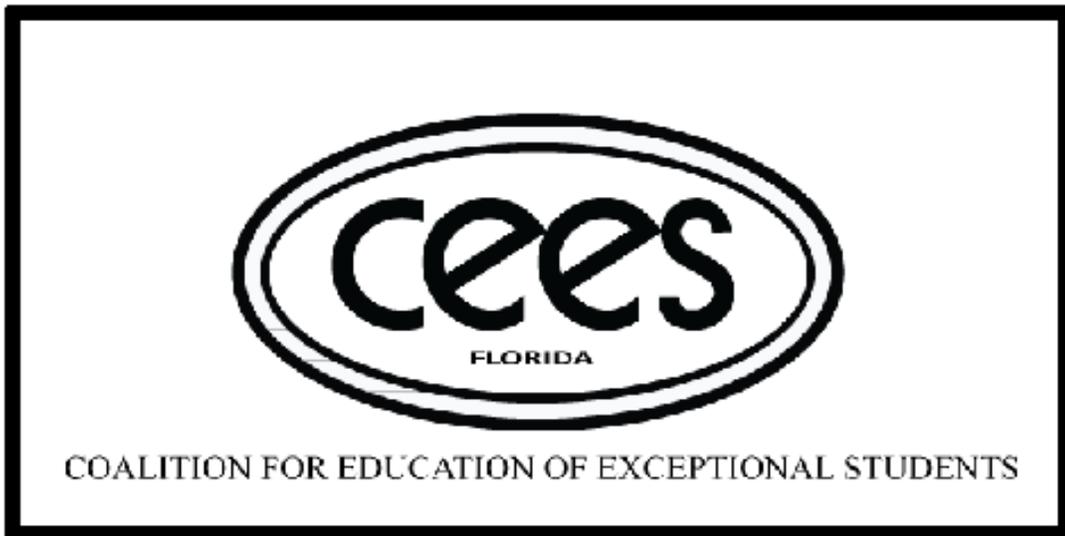
Each year FASP partners with the Coalition for the Education of Exceptional Students (CEES) to hold a Public Policy Advocacy Training for students and practicing professionals in Tallahassee. This year the dates are March 16-18. Although we don't have the exact schedule, the basic training for those who are new to the process typically begins at 6:00 P.M. on Sunday evening at the Cabot Lodge Hotel in Tallahassee followed by information for the entire group until about 8:00 P.M. We then go for a group dinner, during which student participants are connected with lodging arrangements. Monday involves a full day of training and discussion of education and mental health issues for everyone, and we will probably meet with the Executive Director of the Florida Psychiatric Society (Margo Adams) and one or two legislators during the day. Our group dinner on Monday evening will be with Connie Galetti, the Executive Director of the Florida Psychological Association (FPA), as well as with psychologists from FPA who are having their public policy advocacy training at the same time. On Tuesday, we will meet with legislators, visit relevant committee hearings, and sit in on the House and/or the Senate if they are in session. We typically leave Tallahassee around 4:00 P.M. on Tuesday.

For those who ride together from Ft. Lauderdale, transportation is gratis. Those who are traveling from other areas of the state must make their own travel plans. Arrangements are being made for student participants to be housed with FSU students for the two nights in Tallahassee at no charge. The two group dinners will be covered, but other meals and drinks are the responsibility of individual participants. Those who don't live in South Florida or who choose to get to Tallahassee on their own will meet us at the hotel:

CABOT LODGE-THOMASVILLE ROAD
1653 RAYMOND DIEHL ROAD
TALLAHASSEE, FL 32308
Phone: **(850)386-7500**

Those who prefer to stay at the Cabot Lodge may do so at their own expense. The CEES room rate at the Cabot Lodge has typically been \$99.00 per room.

If you are interested in participating in the training, please contact Gene Cash, FASP Public Policy and Professional Relations Chair, at gcash1@aol.com. Public policy advocacy is everyone's responsibility!



2014 Legislative Platform

CEES Guiding Principles

A coalition of parent and professional organizations is more effective than individual groups.

Coalition member organizations share a common concern for improving educational opportunities for exceptional students in the State of Florida

Platform positions adopted by the Coalition are endorsed by all member organizations.



CEES 2014

Funding

- Provide increases to the ESE guaranteed allocation for inflation and growth of students including K-12 gifted programs.
- Restore funding of the critical statewide infrastructure support programs for serving students with exceptionalities:
 - Challenge Grants for the Gifted;
 - Florida Diagnostic and Learning Resources System (FDLRS);
 - Florida Instructional Materials Center for the Visually Impaired (FIMCVI) and special funds for the instructional materials needed by students who are visually impaired;
 - Resource Materials and Technology Center for Deaf / Hard of Hearing;
 - Multi-Agency Network for Students with Emotional and Behavioral Disorders (SEDNET); and,
 - Very Special Arts Florida
- Continue intervention programs such as:
 - Blind Babies Program;
 - Centers for Autism and Related Disabilities (CARD); and,
 - Florida Diagnostic and Learning Resource Centers (university programs).
- Fully fund all student transportation including costs for gifted programs and expenses associated with orientation and mobility training, community based instruction, and job placement services.

Safe Learning Environment

- Ensure that discipline decisions relating to students with disabilities are reviewed individually in the context of the student's Individualized Education Plan (IEP) and provide funded training for personnel to handle specific behavioral considerations.
- Prohibit the use of physical restraint for discipline, non-compliance, or convenience of adults.
- Standardize and refine current data collection concerning restraint and seclusion to better inform practices for all districts.
- Fund alternative programs to reduce the large number of referrals to law enforcement, out-of-school suspensions, and expulsions to keep students involved in the learning process.
- Eliminate the use of corporal punishment in the public schools.
- Support mental health services for students, including wrap around and community linkages for students PreK-12.
- Support implementation of strategies to eliminate all forms of bullying.

Accountability

- Design performance pay and teacher evaluation systems that measure contributions by ESE resource/itinerant teachers and student services personnel who are working with students across the entire continuum of services.
- Ensure that all administrators or other personnel conducting evaluations of ESE teachers and/or student services personnel have the training or support to recognize the accepted standards for these professionals.
- Utilize student assessment strategies that are empirically sound.
- Reject any attempts to change ESE funding into parent directed savings accounts.



Member Organizations

- Florida Association for Behavior Analysis
- Florida Association for Education and Rehabilitation of the Blind and Visually Impaired
- Florida Association for the Gifted
- Florida Association of School Psychologists
- Florida Association of School Social Workers
- Florida Association of Student Services Administrators
- Florida Branch of the International Dyslexia Association
- Florida Council of Administrators of Special Education
- Florida Council for Children with Behavioral Disorders
- Florida Council for Exceptional Children
- Florida Counseling Association
- Florida Division of Learning Disabilities
- Florida Division on Developmental Disabilities
- Florida Division on Career Development and Transition
- Florida Division of Teacher Education
- Florida Educators of the Deaf and Hard of Hearing
- Florida Gifted Network
- Florida School Counselor Association
- Florida Music Therapists
- Learning Disabilities Association – Florida
- Pioneer Subdivision Florida Council for Exceptional Children
- VSA Florida

CEES Affiliates

CEC chapters: Bay, Big Bend, Gatorland, Palm Beach, Sunset, Suncoast, Tampa Bay, Volusia; FASP of Palm Beach County.

CEES Steering Committee

- Diane Johnson, Chair, Tallahassee
- Mary Louise Bachman, Tallahassee
- Kathy Christenson, Jacksonville
- Suzanne Dalton, Tampa
- Gene Cash, Ft. Lauderdale
- Paula Evans, Sarasota
- Terry Wilson, Lakeland

Legislative Award

To recognize the support of the Florida Legislature, the Coalition annually selects a legislator to be the recipient of the CEES Legislative Award. The award is given in appreciation for individual efforts made toward the goal of providing all students with opportunities to reach their full potential. Florida's exceptional students, including those with disabilities and those who are gifted, are the beneficiaries of the leadership exhibited by these recipients.

Legislative Award Recipients

- 2013-14 Senator Bill Montford**
- 2012-13 Senator Rhonda Storms
- 2011-12 Senator David Simmons
- 2010-11 Representative Bill Heller
- 2009-10 Representative Anitere Flores
- 2008-09 Representative Steven Precourt
- 2007-08 Representative Joe Pickens
Senator Carey Baker
- 2006-07 Representative Joe Pickens
Senator Jim King
- 2005-06 Senator Evelyn Lynn
- 2004-05 Representative Ralph Arza
- 2003-04 Representative Dennis Baxley
- 2002-03 Representative Bruce Kyle
- 2001-02 Representative Joe Pickens
- 2000-01 Senator Richard Mitchell
- 1999-00 Senator Lisa Carlton
- 1998-99 Senator Jack Latvala
- 1997-98 Senator Jim Horne
- 1996-97 Representative Rudy Garcia
- 1995-96 Representative Jim Davis
- 1994-95 Senator Fred Dudley
Senator Bill Turner
- 1993-94 No Award
- 1992-93 Representative John Long
- 1991-92 Representative Tim Jamerson
- 1990-91 Representative T.K. Wetherell
- 1989-90 Senator Bob Johnson
Representative Bolley Johnson
- 1988-89 Representative Sam Bell
- 1987-88 Representative Tom Gustafson
- 1986-87 Representative Sam Bell
- 1985-86 Representative Michael Friedman
- 1984-85 Senator Carrie Meek
- 1983-84 Senator Bill Grant
- 1982-83 Representative Betty Easley
- 1981-82 Representative Virginia Rosen
- 1980-81 Senator Clark Maxwell, Jr.
- 1979-80 Representative Elaine Bloom
- 1978-79 Senator Curtis Peterson

CEES Information Specialist:
Bob Cerra, Cerra Consulting Group
 206 South Monroe Street, Suite 104, Tallahassee, FL 32301, (850) 222-4428
 bobcerra@comcast.net



The Florida School Psychologist

FASP Flash Back: Recent History of FASP Leadership

by Troy Loker, Ph.D.,

During the past 15 years, over 150 individuals have stepped up to the plate to serve on our FASP Executive Board. Many individuals have held multiple positions. Please take a moment to peruse this list of outstanding individuals who have contributed time, skills, and energy into supporting our top-notch state organization. We hope you find many of your esteemed colleagues on this list. We also hope to see many new names added to this list as we move forward another 15 years and continue to grow as a diverse and highly skilled community of professionals and leaders.

Adrienne Avallone	Dawn Sanders	Jason Convissar	Kim Berryhill	Michelle Dater-Lagos	Sarah Valley Gray
Agnes Shine	Debbie Jackson	Jeanette Saiz	Kim Tucker	Michelle Major	Scott Larson
Albert Gamarra	Debra "Debbie" Davidson	Jennifer Grill	Kristen Cunningham	Michelle Robert-son-Shephard	Scott Poland
Amelia Van Name	Delia Crowder	Jennifer Pic	Kristen Jones	Mike Burleson	Sharon Bartels-Wheeles
Amy Endsley	Delores Dee Lynch	Jennifer Valentine	Kristin Gullo	Mike Mcauley	Sharon Spann
Amy Vancer	Denise Bishop	Jessica Peters	Kurt Wasser	Millie Markels	Sherry Scott
Andrew Satkowiak	Denise Dorsey	Jim Husted	LaneRoosa	Monica Ogan	Stephanie Fox-Nohrden
Andy Nott	Diana Joyce	Jim Spratt	Lelsa Everhart	Neva Wilson	Susan Lowrey
Angela Waguespak	Donna Berghauer	Joan Kappus	Lisa Coffey	Nicholas Cutro	Susan Lowrey
Annette Hicks	Elisa Ulibarri-Yoho	Joan Mason	Lisa Perez	Nikki Sutton-Tyler	Suzan Mason
Anthony Alexander	Elvira Medina-Pekofsky	Johanna Tippenhauer-LeMoine	Lloyd Mattingly	Oliver Edwards	Terry Hyer Chance
Bernie Beckers	Faye Henderson	John Cerra	Lola Heverly	Omega Russel	Terry Vacarro
Bill Donelson	Frank Coker	John Paulino	Lori Shnider Glassman	Pam Sheffield	Tommy Caisango
Bob Cerra	Freda Reid	Jose Catusus	M. Denise Bishop	Pam Stein	Tracy Schatzberg
Bob Taylor	Gail Patterson	Joseph Jackson	MagaliBalado-Feller	Patricia Howard	Troy Loker
Bob Templeton	Gene Cash	Joshua Lutz	Mark Lyon	Patti Vickers	Troy Radford
Bonnie Engel	Geoff Freebern	Judy Merrell	Mark Neely	Paula Lewis	Tyla Williams
Bonnie Helgemo	Gisela Gonzalez	Julia Berlin	Marry Barrows	Philip J. Lazarus	Vanna Lathrop
Bradford Underhill	Gloria Lockley	Julian Biller	Martin Levine	Phyllis Irvine	
Briley Proctor	Gordon Taub	Kat Norona	Mary Alice Myers	Phyllis Walters	
C.L. "Charlie" Boyd	Greg Ern	Kathi Armstrong	Mary Beldin	Rance Harbor	
Chauntea Shirley	Hamilton "Kip" Emery	Kathy Leighton	Maureen Montgomery	Rebecca Sarlo	
Chris Sorensen	Heather Blume	Kelli Coile	Londa Mead	Rick Trifiletti	
Christy Pena	Helen Ricketson	Kelly Crawford	Melissa Harrison	Robert Kelly	
Cindy Vines	Henry Tenenbaum	Kelly Low	Melissa Krueger	Roxanna Santos	
Clark Dorman	Jackie Collins Robinson	Kelly O'Brien	Melissa Russo	RusselArmour	
Clinton Sims	Jaime Calderon	Kelly Powell-Smith	Michele Paymer	Rut Serra-Roldan	
David Wheeler	Jana Csenger	Key Young	Michelle Avila Feltault	Sarah Sheedy	

*Bolded individuals served as FASP President between 1999 & 2013.



Dr. Cecil Reynolds

The Grand Finale of the 40th Annual Conference of the Florida Association of School Psychologists was Dr. Cecil Reynolds' workshop, *Development and Assessment of Frontal and Executive Systems Across the Lifespan*. Dr. Reynolds is the author of over 300 scholarly publications, as well as the author or editor of over 50 books. He created or co-created well-known instruments such as the BASC-2, RIAS, RCMAS-2, CTMT, TVCF, and TOMAL-2. He has received numerous awards in recognition of his research and service. Dr. Reynolds' biography raises the bar exponentially in terms of expectations from his workshop. He did not disappoint.

The three-hour workshop was packed with information on brain development throughout one's life and was interspersed with anecdotes and humor. Dr. Reynolds included new research, educational implications of the research and a meta-analysis of frontal lobe development. He also included some interesting and thought provoking tidbits:

The frontal lobes, which are involved in executive functions such as planning and decision making do not fully develop until age 24 or 25. (Insurance companies are well aware of this information, at least from an economic perspective, since the high rates to insure teenage drivers and young adults drop at age 25).

The frontal lobes are generative in nature, and control motor output.

The FAA recently raised the age to pilot a commercial airline to 24.

On a more somber note, in the state of Florida and 23 other states, it is legal to execute older teenagers (Ages 18 and 19).

The news for the aging brain is mixed and surprisingly optimistic in a number of areas. Dr. Reynolds reported, "You *can* teach old dog new tricks. It's just a lot harder." ADHD is a disorder of self-regulation. The brain develops from back to front. The frontal lobes are the last to mature.

The brain is an interdependent systemic network of reciprocal determinism. Each part of the circuitry influences other parts of the circuitry. There is a dynamic localization of function in the brain.

In nonmusicians, the right hemisphere is activated when listening to music. In trained musicians, the left hemisphere is activated.

Alfred Binet's collaborator, Théodore Simon, fired a young man who seemed to be more interested in analyzing the incorrect answers to test questions than analyzing the correct answers. The young man who was fired happened to be Jean Piaget.

Dr. Reynolds debunked the brain myth that we only use 10% of our brain. He explained, "We use all of our brain all the time, but 90% of the neurons are devoted to inhibition". What about the question that has plagued baby boomers as well as everyone else with a brain? "Does memory decline with age?" Dr. Reynolds responded, "It depends on how you measure memory". He explained that memory bifurcates around age 40. One type of memory "falls off a cliff" at about age 60-65, but another type of memory continues to increase at a decreasing rate for the rest of our lives. The memory that falls off a cliff is related to novel stimuli. It is much more difficult, although not impossible, to learn novel information as we age. Memory/learning that continues to increase is our ability to learn new things in an area in which we are already an expert. In our chosen field, we can continue to get better throughout our entire lives.



On a lighter note, Dr. Reynolds addressed the growing presence of a new disorder, Age Activated Attention Deficit Disorder (AAADD). A two to three minute YouTube video depicts this tragic development: <http://www.youtube.com/watch?v=6oHBG3ABUJU>.

More seriously, Dr. Reynolds suggested a number of resources for further information: A free brochure on the teenage brain is available at the web address provided below.

<http://www.nimh.nih.gov/health/publications/the-teen-brain-still-under-construction/teen-brain.pdf> .

Dr. Luria's book *The Working Brain* continues to be clinically relevant.

Strategies for Academic Success: An Instructional Handbook for Teaching K-12 Students How to Study, Learn, and Take Tests by Kimberly J. Vannest, Ph.D., Kathryn Stroud, Ph.D., and Cecil R. Reynolds, Ph.D. is recommended.

Dr. Reynolds even shared his personal email. (You'll have to chat with someone who attended the workshop and convince them to share it with you. Or you can search online. It is available.)

Dr. Reynolds turned out to be a big hit with our conference attendees. One of the participants commented, "I could listen to Dr. Reynolds all day. Do you think he'd be available for a 6 hour workshop?" We will definitely be on the lookout for more opportunities to hear Dr. Reynolds. Rumor has it that he will be presenting at NASP in Washington, DC this coming February 2014. Check it out!

Submitted by Denise Dorsey
FASP 2014 Conference Co-Chair



Prevention and Preparation-Threat Assessment in Broward Schools

Why didn't we see it coming? This is the opening question to the Threat Assessment Level 1 Trainings in Broward County Schools. Broward Schools has implemented a mandated set of procedures for threat assessment through its Psychological Services department. Two district-wide trainings which target administrators, school psychologists, school social workers, ESE specialists, guidance counselors, family counselors and security specialists were offered this year, along with inclusive trainings for new assistant principals.

The purpose of this training is to teach school staff how to use the district protocol to assess the level of a threat and to take appropriate action appropriate to each individual threat. These protocols, as well as supporting forms and documents, have been compiled into the district's *Threat Assessment Manual*. Using the manual as a training guide, participants are taken through the three-stage threat assessment process that is intended to ensure timeliness of response, safety of all in the school environment, and deployment of the school's resources in the most efficient manner, according to the facts of each individual case. Participants learn to identify the level of threat, distinguish false reports and identify by name mandatory members of their school's Level 1 safety team.

Participants also locate all necessary forms in the *Threat Assessment Manual*. As part of the training, the audience is presented with real-life scenarios, which have been incorporated to give participants hands-on practice in assessing levels of threat and develop student support plans that will provide follow-up. Fortunately for Broward County, the two presenters are experienced and dynamic. Jackie Bell has been a school psychologist for 19 years. She received her Masters degree in School Psychology at San Marcos State University and her Specialist degree at Barry University. Currently, Jackie serves two elementary schools and one high school. At her high school, she helped developed a Silence Hurts video presentation that was performed by the drama students to be presented to the school population. Bonnie I. Cronenberg is completing her 8th year as a school psychologist. A graduate of Nova Southeastern's school psychology program, she has done various trainings at the district and state levels. She is also a certified Active Parenting trainer with pre-K ESE students. Both school psychologists are recipients of the Broward County Recognition Program, which recognizes educators that go above and beyond in their field.



The violence prevention programs Warning Signs and Safe Zone Listener were presented this year in Broward County. The Warning Signs presentation and the Silence Hurts: Safe Zone Listeners campaign are intended to help prevent violence in the schools by catching problems early, before they escalate to full-blown threat situations. This training is scheduled every few years. This “train-the-trainer” model training was recently conducted with school psychologists and social workers. Participants will then train school faculty and staff to be prepared to take threat reports and to be a listening ear to the threat reporter. Participants also learned various ways to report a threat including anonymous reporting by phone, email or text. Silence Hurts posters, which include various methods of reporting, are posted throughout Broward schools to remind both staff and students about the importance of reporting. It is the hope that through prevention training, there will be little need for threat assessment itself. However, if there is a threat of school violence, Broward County School staff will now be better prepared to assess

**FDOE Update: New Certification Requirement for Renewal of Professional Certificate
(Senate Bill 1108)**

David Wheeler, School Psychology Consultant, USF/BEESS

The 2013 Florida Legislature passed Senate Bill 1108, an act of legislation relating to exceptional student education <http://www.flsenate.gov/Session/Bill/2013/1108/BillText/er/pdf>. Among the multiple provisions of this legislation, is the requirement that educators earn continuing education credits in teaching students with disabilities for renewal of a professional certificate. The statutory language added to section 1012.585(3)(e), F.S., states that, *Beginning July 1, 2014, an applicant for renewal of a professional certificate must earn a minimum of one college credit or the equivalent in-service points in the area of instruction for teaching students with disabilities. The requirement in this paragraph may not add to the total hours required by the department for continuing education or in-service training.*

The Bureau of Exceptional Education and Student Services (BEESS) published technical assistance regarding implementation of SB 1108, including a Question & Answer document, posted on the BEESS website at <http://www.fldoe.org/ese/>. The following questions and answers are excerpts from the BEESS *Questions and Answers Regarding Implementation of SB 1108* document relating to the “instruction for teaching students with disabilities” renewal requirement:

Will this renewal requirement apply to professional certificates expiring on June 30, 2014?

This requirement depends on when the application is submitted for renewal of the professional certificate. The credit in teaching students with disabilities will not be required for educators who submit applications to renew their professional certificates prior to July 1, 2014. However, an applicant whose certificate expires on June 30, 2014, who submits application for late renewal on or after July 1, 2014, will be expected to have satisfied the requirement for credit in teaching students with disabilities.

When and how will this renewal requirement apply to professional certificates expiring after June 30, 2014? Details on the timeline for satisfying this renewal requirement for certificates expiring after June 30, 2014, have not yet been determined. They will be based upon the State Board of Education’s revision of the renewal rule and the department’s implementation guidance.

What type of inservice activities and courses will satisfy this requirement? Acceptable inservice activities and courses have not yet been determined. They will be based upon the State Board of Education’s revision of the renewal rule and the department’s implementation guidance.

Does this renewal requirement apply to all professional certificates covering any subject?

Any exceptions will be addressed through the State Board of Education’s rule revision process.

How many credits or inservice points in teaching students with disabilities are required? The legislation requires one semester hour of college credit, which is equivalent to 20 inservice points.

How may the credit earned be applied toward fulfillment of renewal requirements?

Renewal credit earned in ESE may be applied toward fulfillment of renewal requirements of any subject specialization area issued on the professional certificate.

Is this a one-time renewal requirement or will this credit be required for every future professional certificate renewal cycle? The new credit requirement applies to future professional certificate renewal cycles unless this provision of law is amended by the legislature.

The statutory changes required that State Board of Education Rule 6A-4.0051, Renewal and Reinstatement of a Professional Certificate, be amended.

The text of the proposed changes to Rule 6A-5.0051 was published in the Florida Administrative Register (FAR) on December 23, 2013 at https://www.flrules.org/gateway/notice_Files.asp?ID=13970830 and approved by the State Board of Education on January 21, 2014. The new language in Rule 6A-4.0051 states that:

1. The renewal of a professional certificate requires the applicant to earn 1 college credit or 20 in-service points in the instruction of students with disabilities during the last validity period of the certificate to be renewed.
2. An educator may earn acceptable credit for training in any certification area related to the instruction of students with disabilities.
3. National Board Certification in an exceptional needs specialist subject area will satisfy the requirement for the instruction of students with disabilities.
4. Any educator applying for reinstatement after July 1, 2014, must meet the instruction of students with disabilities requirement.

Some additional questions of relevance for school psychologists:

What is the implication of SB 1108 and SBE Rule 6A-4.0051 for school psychologists?

School psychologists will need to earn 20 in-service points or 1 college credit in the instruction of students with disabilities during the 5-year validity period in order to renew their school psychology certification in Florida.

Will trainings provided by FASP meet the “instruction in students with disabilities” requirement?

Yes, depending on the nature of the training, the professional development criteria established by each district, and FDOE implementation guidance. Although the Department of Education has not developed additional implementation guidance, it is likely that “instruction in students with disabilities” will be broadly interpreted to include academic and behavioral assessments and interventions for students with disabilities. Trainings that target students with disabilities and/or specific disability categories (e.g., EBD, ASD, SLD) will presumably satisfy this requirement. Consistent with current practice, school psychologists will need to submit outside in-service points for approval by the district.

What are additional provisions of SB 1108 of relevance for school psychologists?

First, SB 1108 requires that parents and staff sign a form after any meeting with school personnel indicating whether school personnel discouraged the parents from inviting an adult of their choice to the meeting (sample forms are provided on the BEESS website). Second, SB 1108 adds to IDEA consent requirements, the requirement that parental consent be obtained prior to providing instruction state standards access points curriculum (i.e., special diploma) or prior to placing a student in an exceptional education center (required forms are posted on the BEESS website). A third provision, is the requirement that private instructional personnel (e.g., therapists, licensed clinical social workers, licensed psychologists) be permitted to observe, collaborate with instructional personnel, and provide services for students with disabilities in the educational setting. Additional information relating to these and other provisions is addressed in the *Q & A* document.

Where can I find additional information about SB 1108?

The Bureau of Exceptional Education and Student Services (BEESS) has posted technical assistance documents pertaining to SB 1108 at the BEESS website, <http://www.fldoe.org/ese/>.

New information and implementation guidance will be posted on the BEESS web page and communicated in the BEESS Weekly Memo. The Florida Education Association (FEA) has posted a flowchart and a [Frequently Asked Questions](http://feaweb.org/recertification-ese) document to help educators understand the renewal requirements at <http://feaweb.org/recertification-ese>.

The Florida Department of Education publishes an overview of all education-related legislation that is passed during the session at the conclusion of each legislative session. The *2013 Legislative Review*, which summarizes education-related legislation passed during the 2013 Legislative session, is posted at <http://www.fldoe.org/GR/>. For those interested in following bills filed during the 2014 Session, visit <http://www.myfloridahouse.com/Sections/Bills/bills.aspx> or <http://www.flsenate.gov/Session/Bills>.

DSM-5 Depression Symptoms and Interventions:

What School Psychologists Need to Know

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Depression is one of the most common mental health disorders experienced by school-age youth, which makes it particularly important for school psychologists' consideration and knowledge in applying effective interventions (Merikangas et al., 2010). The new Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) has made some significant changes within the Depressive Disorders category that are important to note. Additionally, the fifth edition moved away from an axial format to a developmental perspective and chapters were reorganized along the following 22 topics: Neurodevelopmental Disorders, Schizophrenia Spectrum and Other Psychotic Disorders, Bipolar Disorders, Depressive Disorders, Anxiety Disorders, OCD and Related Disorders, Trauma and Stressor-Related Disorders, Dissociative Disorders, Somatic Symptom and Related Disorders, Feeding and Eating Disorders, Elimination Disorders, Sleep-Wake Disorders, Sexual Dysfunctions, Gender Dysphoria, Disruptive/Impulse-Control and Conduct Disorders, Substance-Related and Addictive Disorders, Neurocognitive Disorders, Personality Disorders, Paraphilic Disorders, Other Mental Disorders, Medication-Induced Movement Disorders and Other Conditions that may be a Focus of Clinical Attention. This article will review the more salient changes in the Depressive Disorders category and offer specific, empirically-based interventions that school psychologists can apply in schools.

The Depressive Disorders category of the new DSM-5 includes Disruptive Mood Dysregulation Disorder (DMDD), Major Depressive Disorder (MDD), Persistent Depressive Disorder (PDD), Premenstrual Dysphoric Disorder, Substance/Medication-Induced Depressive Disorder, Depressive Disorder Due to Another Medical Condition, Other Specified Depressive Disorder, and Unspecified Depressive Disorder (American Psychiatric Association [APA], 2013).

Major changes to this section of the DSM-5 include:

The addition of Disruptive Mood Dysregulation Disorder in an effort to reduce the diagnosis of Bipolar Disorder in children who exhibit severe and chronic emotional disturbance with the feature of only non-episodic irritability rather than the episodic pattern that is typical of mania in bipolar. Some authors express hope that this change will decrease the number of children on psychotic medications (Kupfer, Kuhl, & Rieger, 2013). The removal of the bereavement exclusion from Major Depressive Disorder. In the prior DSM-IV a 2-month exclusion for grieving significant loss was noted. The rationale for removing the exclusion is that significant grief does manifest considerable negative impact on functioning and could benefit from intervention similar to a traditional depression diagnosis. Major Depressive Disorder also now has a specifier for “anxious distress” type for individuals exhibiting “keyed-up”, restlessness, worry, fearfulness, or feeling a loss of control with the depressive symptoms. Additionally, children may exhibit a “mixed features” type that includes elevated mood, inflated self-esteem, talkative, flight of ideas, excessive energy, and/or a decreased need for sleep. Dysthymia is now called Persistent Depressive Disorder and combines the prior characteristics of Dysthymia as well as Major Depressive Disorder (chronic type).

Disruptive Mood Dysregulation Disorder (DMDD), Major Depressive Disorder (MDD), and Persistent Depressive Disorder (PDD) are the more common forms that School Psychologists will address in working with children and youth; therefore, the criteria are reviewed in the following table (APA, 2013).

DSM-5 Disorder	Criteria
Disruptive Mood Dysregulation Disorder (DMDD) Note: new diagnosis	(a) Severe temper outbursts, (b) outbursts are developmentally inappropriate, (c) average 2 or more outbursts weekly, (d) persistent irritable mood between outbursts, (e) a-d are present 12 or more months, (f) symptoms in 2 or more settings, (g) diagnosis should not be first made before age 6 or after age 18, (h) age of onset for a-e is before age 10. Additionally, there has not been more than 1 day in which the criteria have not been met behaviors are not better explained by another diagnosis, diagnosis cannot coexist with ODD, intermittent explosive disorder, or bipolar (can be comorbid with ADHD, conduct disorder), and symptoms are not the result of substance or medical condition.
Major Depressive Disorder (MDD)	5 Symptoms, 2-weeks, For children these symptoms include (a) depressed or irritable mood; (b) loss of interest or pleasure; (c) significant weight or appetite change; (d) insomnia or hypersomnia; (e) psychomotor agitation or retardation; (f) fatigue or loss of energy; (g) excessive feelings of worthlessness or guilt; (h) the inability to concentrate or indecisiveness; and (i) suicidal ideation or recurrent thoughts of death. Additionally, one of the symptoms must either be (a) depressed or irritable mood or (b) loss of interest or pleasure in most life activities. These symptoms must cause significant impairment on the youth's social, occupational, or other forms of functioning and must also represent a shift from previous behavior patterns.
Persistent Depressive Disorder (PDD) Note: consolidation of the prior Dsythymia and MDD chronic	Requires (a) persistent sad or dejected mood for much of the day, most days persisting for at least 2 years for adults and 1 year for children, Irritable mood is common in children, (b) two or more of following; poor appetite or overeating, insomnia or hypersomnia, little energy or fatigue, low self-esteem, poor concentration, and feelings of hopelessness. Additionally, these symptoms are likely to cause substantial impairment for children at school, at home, and with their interpersonal relationships. For the duration of the year children exhibit these symptoms, if there is a period lasting longer than two months of the absence of persistent depressive symptoms, an alternative diagnosis may be warranted, symptoms must not be better explained by another disorder such as schizophrenia or other psychotic disorder, medical conditions or effects of a substance.

Empirically-based Interventions for Depressive Disorders

Cognitive Behavioral Therapy

Cognitive Behavioral Therapy (CBT) is a broad term used to describe a model of therapeutic intervention in which a trained therapist (school psychologist) leads sessions with the client that focuses on helping the client recognize his or her negative cognitive patterns that are leading to maladaptive behaviors and instead encouraging alternative positive thoughts and behaviors (Huberty, 2012).

Cognitive restructuring CBT. The cognitive restructuring version of CBT utilizes the Socratic method of question and answer to help the client in identifying his or her negative belief systems and illustrating why they are illogical (Huberty, 2012). These unconstructive cognitive patterns are referred to in the therapy as “cognitive distortions,” and each distortion has its own related therapeutic objective (Huberty, 2012, p. 287). For example, using cognitive restructuring CBT for the belief pattern of “overgeneralization” (in which a person assumes that the result of one experience will generalize to all other related experiences) would focus on helping the client distinguish the different events’ outcomes instead of massing similar events together (Huberty, 2012, p. 287). By creating a dialogue with the client that challenges these unhelpful beliefs, the therapist can assist the client in developing more productive and rational cognitions and seeing their beliefs from a different point of view. Linking cognitions, behaviors, and physical indicators is key to all CBT approaches, but using a series of questions and answers that gently pushes the client towards the desired objective in cognitive restructuring CBT allows the therapist to link the cognitions to the behaviors or physical symptoms that are in need of adjustment (such as a loss of interest or feelings of worthlessness and guilt) (Huberty, 2012).

Behavioral activation CBT. Another strand of CBT prioritize saltering behaviors when cognitions are resistant to change; these forms of CBT are based on the idea of behavioral activation (Huberty, 2012). Behavioral activation CBT can involve several components such as pleasant activity scheduling (PAS), goal setting, and Behavioral Activation Therapy (BAT) itself (Huberty, 2012). In PAS, the school psychologist would ask the student which activities are most preferable or allow the student to rank a list of available activities in order of preference. These preferred actions are then incorporated into the student's routine as much as possible to alleviate the symptoms of social withdrawal, loss of interest or pleasure in daily life, and depressed affect (Huberty, 2012). Teaching students with depression how to set realistic and attainable goals can increase their self-efficacy and prevent them from experiencing feelings of failure associated with MDD and PDD if their goals are not met (Huberty, 2012). This can be accomplished by helping students structure goals that are detailed, quantifiable, and appropriate for their given situations (Huberty, 2012). Finally, BAT uses a form of functional behavior analysis to determine the factors promoting the depressive behaviors, which the school psychologist explains to the student in an effort to aid him/her in seeking out more positive activities (Huberty, 2012).

Stress management training with CBT. Related to behavioral activation CBT, stress management training (SMT) can be used with traditional CBT to emphasize the relationship between the body's somatic, physiological feelings and the depressed mood, stress, and even anxiety experienced by those with MDD/PDD (Huberty, 2012). In the stress management component of CBT, the therapist would teach the student a variety of relaxation exercises that the student can use by him or herself in times of stress. These exercises include activities like deep breathing (slowing and deeply breathing in and out) and muscle relaxation (repeatedly clenching and unclenching specific muscle groups or muscles individually while breathing steadily) (Huberty, 2012).

CBT Tools for School Psychologists

Computerized CBT. The proliferation of computers in schools has sparked the development of CBT-based programs to be used by adolescents during the school day, one of which is the SPARX (Smart, Positive, Active, Realistic, X-factor thoughts) program (Merry et al., 2012). This intervention is comprised of seven modules and is implemented in a series of sessions spanning one to two months (Merry et al., 2012). SPARX is a fantasy-based computer game in which the user chooses a character and completes the seven modules in order to clear the fantasy world of GNATs (“Gloomy Negative Automatic Thoughts”) (Merry et al, 2012). Each level or module focuses on a specific SPARX skill, which include traditional CBT components like increasing activity, recognizing emotions and negative beliefs, and challenging negative beliefs (Merry et al., 2012). In one study across 24 sites, SPARX was found effective in improving the depressive symptoms (such as depressed mood, loss of interest in life activities, and hopelessness) experienced by adolescents with depression and was indicated to be more effective than traditional counseling (Merry et al., 2012).

Adolescent Coping with Depression (CWD-A) curricula. The Adolescent Coping with Depression course (CWD-A) is an example of a CBT curricula that school psychologists may utilize for Tier II (groups of 10 or less), short-term counseling intervention. The treatment program has a total of 16 two-hour sessions during a 10-week period (2 sessions weekly). This course is unique in that it was designed for implementation in groups of students with depression (National Registry of Evidence-based Programs and Prevention [NREPP], 2013a). The approach of CWD-A balances the cognition and behavioral components of CBT. CWD-A targets the same set of MDD/PDD symptoms that other forms of CBT do (such as feelings of worthlessness or guilt, depressed mood, and social withdrawal) and does so through a series of knowledge-building activities like role-playing, quizzes, and homework assignments (NREPP, 2013a). CWD-A is heavily based on a preset curriculum that offers a free teen workbook and therapist manual for download online (<http://www.kpchr.org/research/public/acwd/acwd.html#downloads>). The website also offers prevention materials suitable for Tier I and an individual counseling module that may be helpful for Tier III. Furthermore, parents can be actively engaged in supporting the counseling by providing them with factual handouts on the symptoms and tools for positive communication with their teens (Hamil-Skoch, Hicks & Prieto-Hicks, 2012; Young, Miller & Khan, 2010). CWD-A has been deemed efficacious by the Substance Abuse and Mental Health Services Administration’s (SAMHSA) best practices guide (NREPP, 2013a).

An evidence-based practice originally developed by advanced psychiatric nurses is gaining recognition based on its feasibility and effectiveness in schools.

Creating Opportunities for Personal Empowerment (COPE). The COPE program employs a multimodal approach for intervening with students experiencing depressed moods, loss of energy, low self-esteem and feelings of worthlessness (Lusk & Melnyk, 2011). Initially intended to address health concerns and self-esteem in overweight adolescents, 7 of the total 15 sessions have been adapted for use in treating major depression and persistent depressive disorder (Lusk & Melnyk, 2011). Sessions are designed to be brief in duration yet intensive. The first 3 sessions emphasize the connection between cognitions, emotions, and behaviors by teaching positive thinking practices and healthy ways to cope with stress (Lusk & Melnyk, 2011). The next session involves the therapist equipping students with problem-solving strategies while setting goals around intended use of tools learned in therapy. Termination of therapy culminates in reviewing all strategies and skills learned.

ACTION. Beginning in adolescence, girls may have 1.5 to 3 times higher prevalence of major depressive disorder and persistent depressive disorder (Hammen & Rudolph, 2003) than their male peers. Though depression tends to manifest similarly in both genders, the ACTION program was developed to specifically address the intervention needs of adolescent girls ages 9 to 13 in a small group setting (Stark, Arora & Funk, 2011). Twenty sessions overall comprise ACTION that includes activities to practice at home and 8 sessions for educating parents (Stark, Arora & Funk, 2011). Treatment begins with a period of psychoeducation in which adolescents are given the opportunity to better understand depression and how therapy can be effective while also using self-introspection to explore thoughts, feelings and behaviors related to their own depressive symptoms. Upon entering into the therapeutic relationship, there will be a discussion around goals for participating in ACTION and the role the student plays in facilitating successful completion of these goals. Because childhood depression is characterized by depressed or irritable mood, the next phase of counseling focuses on teaching effective coping skills. Specifically, girls in the ACTION program are taught ways to brighten their mood by thinking about pleasant activities, engaging in socially positive ways with their peers and using these skills to cope with life stressors (Stark, Arora & Funk, 2011). Subsequent sessions of ACTION include problem-solving skills training and reconfiguring negative thought patterns. In an effort to teach adolescents about their

understand how cognitions develop, the relationship between thinking and mood, and the capacity for altering thinking to affect their mood and behaviors (Stark, Arora & Funk, 2011).

Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP). CBT-SP was developed to help adolescents who have recently attempted suicide to cope with life stressors that may trigger suicidal behaviors and to prevent future suicide attempts. This program may be most appropriate for more severe depression manifestations when students are transitioning back to school after in-patient treatment and for practitioners who specialize in working with students with emotional disturbance. As with the provision of any intervention, training and competency of the provider in this method is crucial. CBT-SP operates according to the stress-diathesis model of suicidal behavior that recognizes factors affecting mood such as genetic and familial components, religion, sex, experiences and support system (Stanley et al., 2010). According to the model, when stress arises in one these areas, CBT-SP can function to mediate suicidal thoughts and actions.

CBT-SP is comprised of two phases, the acute phase followed by the continuation phase (Stanley et al., 2010). The acute phase typically lasts for 12 to 16 weekly sessions that follow a detailed agenda of the following five components: chain analysis, safety planning, psychoeducation, formulating reasons for living and hope, and case conceptualization (Stanley et al., 2010). Counseling begins with an in-depth chain analysis in which the therapist encourages the client to describe events preceding the suicide attempt, details of the event and thoughts and feelings surrounding these events (Stanley et al., 2010). The next stage of CBT-SP involves the process of the student developing a safety plan with the school psychologist that outlines internal and external coping strategies to help the student restructure negative thought patterns and seek social support from family and friends. Subsequent counseling sessions include educating parents about suicidal ideation, warning signs of suicidal behavior, and ways to restrict access to fatal means (e.g., locking up or removing weapons from home, monitoring student activities) (Stanley

Throughout counseling and into the continuation phase the practitioner works with the student to ameliorate feelings of hopelessness by articulating reasons for living. An important tool for students during this time is developing a “Hope Kit” that details her/his personal reasons for living, and includes pictures of preferred places, activities and relationships (Stanley, et al., 2010). The continuation phase typically lasts for 12 additional sessions in which the counselor and the adolescent practice coping strategies and integrate family members in effective communication and problem-solving strategies. Integration of family members may be achieved through close communication regarding therapy session language, strategies, and replacement thought goals but is best shared through some sessions that include the parents and/or caregivers.

Interpersonal Therapy

Interpersonal therapy offers another intervention route for addressing the social implications and withdrawal from pleasurable activities that often accompany MDD and PDD (NREPP, 2013b). Specifically, **Interpersonal Psychotherapy for Depressed Adolescents (IPT-A)** has been identified as effective for short-term use in school systems with adolescents who have mild to moderate cases of depression (NREPP, 2013b). IPT-A is different from CBT in that it focuses on the interpersonal relationships in the student’s life that may be perpetuating or even instigating the MDD/PDD symptoms (i.e., depressed mood or affect, loss of interest or pleasure, feelings of worthlessness or guilt) (NREPP, 2013b). Students choose the IPT-A target area that is most likely perpetuating their current depressive symptoms (grief, role dispute, role transition, or interpersonal deficits), and counseling is focused around addressing the concerns and interpersonal situations stemming from the chosen area (NREPP, 2013b). Typical topics include parent relationship dynamics, death of a loved one, and peer influences. Each topic may be addressed differently, but common themes across topics include the direct instruction of conflict resolution strategies and problem-solving or communication skills for social situations (NREPP, 2013b).

For the initial session, parents often accompany their child to discuss the course of depressive symptoms and goals of counseling. After four or five individual sessions with the school psychologist, if there are severe interpersonal conflicts with a parent or family member that appear to be exacerbating depressive symptoms, there is a discussion around including the family member in a few sessions (SAMHSA's National Registry of Evidence-Based Programs and Practices, 2010). The aim of this strategy is for the adolescent and family member to work through positive communication and problem-solving techniques with added support of the therapist. In final sessions of IPT-A, strategies are reviewed and parents are separately taught what to look for if depressive symptoms should persist (SAMHSA's National Registry of Evidence-Based Programs and Practices, 2010). Given the structure and family focus of IPT, it may also be suitable for younger children, particularly in elementary school. When IPT is adapted for use with children, it should focus less on a discussion of abstract thoughts and feelings and more on positively altering familial interactions (Desrochers & Houck, 2013).

Behavioral Modification Strategies

School psychologists have extensive expertise in a plethora of behavior management strategies and these techniques can be effective in facilitating specific goals of intervention for the internalizing manifestations of MDD/PDD as well as the externalizing temper outbursts of DMDD (Kaplan & Carter, 1995). Positive reinforcement behavior plans established in the classroom and at home can be utilized to increase desired behaviors (e.g., exhibiting newly learned problem-solving strategies, increasing prosocial interactions, decreasing somatic complaints and nurse visits or temper outbursts) and also provide progress monitoring data to establish the effectiveness of counseling techniques in changing behaviors. Behavioral modification strategies such as shaping and chaining can be used in teaching new complex replacement behaviors. Behavior contracts with the student that promise no self-harm and provide a safe contact to talk to when they are experiencing significant stress may be utilized as well. Self-monitoring of thoughts and actions also can be effective strategies to increase student's awareness and mediation of their own behaviors (e.g., utilizing deep breathing relaxation technique for stress inoculation).

Medication

Pharmacological treatments for depression are common in the adult population and are gaining more attention in treating pediatric depression. Currently, fluoxetine (Prozac) is the only FDA-approved antidepressant for use with adolescents and children (NIMH, 2011). Because there is much research needed on the effects of antidepressants on children, prescription may be reserved for more severe, persistent forms of depression after a thorough examination of the all diagnoses given to the child while giving consideration to biological mechanisms, comorbid medical conditions and environment. Fluoxetine is a selective-serotonin reuptake inhibitor (SSRI) that functions to stabilize chemical imbalances in the brain to elevate mood. SSRIs are called selective because they seem to primarily affect serotonin. Reuptake is the process in which neurotransmitters are naturally absorbed back into nerve cells in the brain (NIMH, 2011). A reuptake inhibitor prevents this from happening and prolongs the period that the neurotransmitter remains in the synapse between the nerve cells in the brain (NIMH, 2011).

SSRIs can be combined with CBT or used alone and relief from MDD symptomology can be seen in as little as 8 weeks to several months with daily use (Lynch et al., 2011). The use of SSRIs in children and adolescents carries a risk of increase in suicidal ideation or attempts. Therefore students taking SSRIs should be carefully monitored for heightened MDD symptomology, particularly at the beginning of the SSRI regimen (Mayo Foundation for Medical Education and Research, 2010). SSRIs have been found effective for many youth with MDD without the use of CBT or other talk-based therapies, but for those with SSRI-resistant MDD, the combination of CBT and SSRI use has been found to decrease the number of days with MDD symptoms and is likely cost-effective (Lynch et al., 2011). In the Treatment of Adolescents with Depression (TADS) study, combining CBT with the antidepressant fluoxetine yielded the most significant reduction in depressive symptoms as compared to fluoxetine alone, CBT alone, and CBT paired with a placebo (Young, Miller & Khan, 2010).

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