

The
**Connecticut
School
Psychologist**

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Hello CASP Members,

I am wishing you all a very Happy New Year and impending spring. I hope this year brings you lots of fulfillment both professionally and personally. I would like to start this letter with a brief update on what we have been doing over the past few months. Two of the regional representatives have held meetings (Christina Soccoccio: Hartford Region Representative and Joan Rogers: Western Region Representative). I was in attendance at the meeting held in the Western Region on November, 18th. Dr. Heidi MacDonald (the editor of the *Connecticut School Psychologist* and school psychologist in Granby, CT) and Alexandra Campagnano (school psychologist in Granby, CT) came to speak about how RTI/SRBI is being implemented in their school district. Reading, math and behavior interventions and tier placement were discussed. The school psychologists who were in attendance were then able to ask questions about the process. I was not able to attend the Hartford Region meeting, but Christina Soccoccio presented on behavioral interventions which can be used in the various tiers of SRBI.

We have been working closely with our Lobbyist, Michael Dugan. More specifically, members of the legislative committee met and came up with a number of initiatives and topics that CASP is going to focus on this year. I would like to thank members for sending in letters related to recognizing National School Psychology Awareness Week. The resolutions were passed by the House and Senate in November.

I would also like to again thank Dr. John Desrochers for presenting on November 9th at the CASP workshop that was titled, "Got Ethics? Applied Professional Ethics for Contemporary Practice." The workshop was held at the University of Hartford, as was our last Executive Board (EB) meeting. Thank you to Natalie Politikos and Tony Crespi for providing space for these events. We had a wonderful turnout at the EB meeting/workshop held in December. Jane Goodell from the Department of Children and Families presented to the attendees. During the EB meeting portion, we discussed the Operations Handbook and it was decided that more changes needed to be made before we hold the final vote, which will happen at our next EB meeting. We are going to continue to hold the EB meetings/workshop at the Universities in our state that have School Psychology programs so that members from various locations can attend these meetings. Look for the invitations that will be posted on the listserv by CASP's Vice President, Fran Aponte. I look forward to seeing/meeting many of you at these meetings.

I am going to close this letter in a unique way. Dr. Heidi MacDonald, mentioned above, had yet another great idea for the *Connecticut School Psychologist* (CSP). She thought it might be interesting to do a spotlight on members as a contribution to CASP's newsletter. She asked me to be the first to answer the questions. I am going to do this in a question/answer format so that it is easy to read and follow.

Questions: What motivated you to become a school psychologist? Where did you go to college? What was your major? Where did you go to graduate school? In what school districts or agencies have you worked and in what capacity? Where do you currently work? How long have you had that job?

I have been interested in psychology for a very long time. I began taking psychology courses when I was in high school (at the Ethel Walker School). I then went to Bard College, a liberal arts school in upstate New York. I majored in psychology and minored in Biology. I completed a senior project while there titled: *The Comorbidity of Diabetes and Eating Disorder*. I left college and worked for a year. During that year, I was trying to determine what I should do in life. One day I was sitting at the dentist's office (who is actually a family friend) and he and I began to discuss his wife's job (she is a guidance counselor). He spoke about how

much she enjoyed working in the schools. This got me thinking. I already knew about the profession of school psychology because my mother was also a school psychologist. The idea of doing something in the field of psychology and of working in a school system appealed to me. I then decided to look into the programs in the field. I applied to all of the programs in CT, except for the one at Fairfield University (because of the location) and then decided to attend graduate school at the University of Hartford, which was my first choice for various reasons. Following my internship in the West Hartford school system, I took my first job as a school psychologist at two elementary schools in West Hartford. I currently am working as a school psychologist in the East Hartford school system and I have been there for four years.

Question: What are your current job responsibilities?

My current job responsibilities include consulting with teachers, parents, other staff members and outside agencies, completing evaluations, completing/implementing FBAs and BIPs, participating in the Early Intervention Process team meetings (and am a member of the district team in this area), participating on the Positive Behavior Support team, participating in the development and implementation of IEPs, and counseling mandated and non-mandated students individually and in small groups. I also teach social skills, character education and bullying prevention lessons in all grades. This year, I am teaching lessons on various character education traits, which align with the school and district's initiatives in this area.

Question: What do you consider to be your professional strengths? Weaknesses? What do you consider to be the hardest thing about your current job?

My strengths are in the area of behavioral interventions and in my ability to communicate with others. An area of weakness for me is time management ... I am always able to get things done on time, but I often pile too much on my plate, which makes me feel stressed. This is also the hardest thing about my job. I often wish there was more time in the day...

Question: What do you enjoy most about working in the schools?

I love the people that I work with. I learn so much from them on a daily basis and I truly appreciate this aspect of being in a school. I also really enjoy when I am able to assist people, be it parents, teachers, kids, or administrators.

Question: What advice would you give a student preparing to enter the field?

You are going to make mistakes. Learn from those mistakes and take that new knowledge with you and use it to grow. I also highly recommend getting involved with your state association. In doing so you are able to make connections, stay up to date in your field and not feel that you are "an island."

Question: What do you do in your free time?

I ride/show my horse, Tommy Z. I also ski and golf. I spend time with my family and friends and I love going to see live music.

Hope all of you continue to have a great school year. I also hope to meet many of you at the various CASP events that will be taking place this year. I look forward to sharing more CASP news with you in the spring.

Respectfully submitted,

Jessica Bartolini-Buggeln
President



Submit Items to Newsletter . . . Deadlines are April 1, October 1, and January 1

by Heidi H. MacDonald, Ph.D.

10 things

Happy Spring to you, my fine colleagues. Here is a sneak peek into this issue of the CSP.

1. Are you well versed in the most recent changes to the ADA's Section 504? *Page 5*
2. Read a personal view of OCD. *Page 13*
3. Learn about a great new resource for teaching social skills to students. *Page 15*
4. Are you on Facebook? We are! Check out CASP on Facebook. It's free and a great way to stay connected to your colleagues.
5. If that isn't enough motivation for you to join Facebook, how about the fantastic blog, "Notes from the School Psychologist Blog"...hilarious!
6. Nominate someone you admire for a CASP award. *Page 31*
7. Changes in membership will be important to you. *Page 19*
8. Take an interesting walk down memory lane. *Page 28*
9. Learn the lengths one school psychologist had to go to get rid of her old test kits. *Page 16*
10. Join us at the next Executive Board meeting on April 7th. Location TBA. All members are welcome, not just the Executive Board members. Come and find out what CASP is all about and how you can become more involved with your organization and your career.

Heidi MacDonald, Ph.D., Editor

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NASP DELEGATE CORNER

Rossella Fanelli, Ph.D.

Dear Colleagues,

Hope the New Year has begun well and that 2010 is a good year for you and the families you serve.

I would like to give you the update on what is happening in the Northeast Region. We had a meeting of the delegates in the region through a phone conference on November 18th and Patti Harrison, NASP President, gave an update of the major recent NASP accomplishments including the School Psychology Resolution passed by the Senate and House of Representatives and the Briefing at Capitol Hill regarding NASP's agenda.

Several states reported decreased finances and loss of membership. States continue to work on what RTI will look like in their state and State Associations are being consulted by Boards of Education to help define new regulations. Several states are "going green" with electronic newsletters. Several smaller states reiterated that they would like to have NASP's help by providing a template for a state website and upkeep of the website. Another area that NASP can help is to clarify the need for parent permission for school psychologist to gather data during Tier I and Tier II interventions. A few SDEs are looking to rewrite regulations regarding the Emotional Disturbance category and state association members are helping to advise them.

As part of NASP's Public Awareness Campaign, a two day retreat with representatives from the National Association of Elementary School Principals, National Association of Secondary School Principals, and NASP staff/project leaders was held on December 10 to develop outlines for five topical briefs that will align the work of school psychologists and principals in the common goal of school improvement.

NASP has developed valuable resources to support those affected by the earthquake in Haiti. Please share information about these NASP resources with your colleagues. The 2010 NASP election is complete. Information on both of these important topics can be found on the NASP website.

Registration for the 2010 Chicago convention registration remains very strong and is on target to become the 2nd largest convention in NASP history (#1 was New York City in 2007)! Hope to see many of you at our convention in Chicago.

Sincerely,

Rossella Fanelli
CT Delegate
Regional Representative

A Summary of Understanding the Americans with Disabilities Act Amendments Act and Section 504 of the Rehabilitation Act, The Impact on Students with LD and AD/HD

by AnnMarie Duffy

The Americans with Disabilities Act Amendment Act of 2008 (ADAAA) reframes eligibility under Section 504 by broadening the scope of activities to be considered, specifying conditions required when making determinations, and limiting the impact of mitigating measures. Section 504 requires school districts to provide a “free appropriate public education (FAPE) to students with a disability regardless of the nature or severity of the disability.” To do so means to provide regular or special education and related aids and services that are designed to meet an individual’s educational needs to the extent the needs of nondisabled students are met.

Put into effect in January 2009, the ADAAA sought to correct changes brought about by the Supreme Court ruling which impacted the original ADA passed in 1990. Supreme Court rulings had resulted in a narrow interpretation of “substantially limits,” both in scope and conditions on which the determination was made. Several 1999 decisions established that determination of a disability under the ADA must take into account the effects, both positive and negative, of any “mitigating measures” used by that individual.

The definition of a disability remains unchanged with the ADAAA, that is, a physical or mental impairment that substantially limits one or more major life activities. “No otherwise qualified individual with a disability in the United States . . . shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance” Individuals intended for such protection include

those who have a record of a limiting impairment; or those regarded as having such impairment.

The ADA Amendment Act broadens the scope of activities to be considered and specifically indicates the list is not all-inclusive. In addition, the legislation provides for accommodating an impairment that substantially limits one major life activity. The impairment does not need to limit multiple activities to be considered a disability. For example, a student with substantial limitations when reading will be considered to have a disability and entitled to accommodations even if reading weaknesses do not substantially limit learning.

A key point of interest is the clarification that “an individual with an impairment that substantially limits a major life activity should not be penalized when seeking protection under the ADA simply because he or she managed their own adaptive strategies or received informal or undocumented accommodations that have the effect of lessening the deleterious impacts of their disability” (Source: Representative George Miller on the floor of the House; Congressional Record 9/17/2008, Page: H8294). This means a student with learning disabilities who is performing well academically may, nonetheless, be a qualified individual under both the ADAAA and Section 504. [Contributor’s note: This may be worth citing in PPT minutes as the basis for continuation of services when discontinuation of special education is considered at the time of triennial reviews.]

The following activities have been added: eating, sleeping, walking, standing, lifting, bending, **reading, concentrating, thinking, and communicating**. While the list of major life activities has been

A SUMMARY OF UNDERSTANDING THE AMERICANS WITH DISABILITIES ACT AMENDMENTS ACT AND SECTION 504 OF THE REHABILITATION ACT, THE IMPACT ON STUDENTS WITH LD AND AD/HD

by AnnMarie Duffy

expanded, it remains “illustrative.” In other words, the list is not intended to be all-inclusive and an activity not listed may be covered. The new law does not change the term “substantially limits,” but clearly establishes that the term is to be interpreted broadly and inclusively.

The new law clarifies measurement of an episodic impairment or one in remission must be considered as it is exhibited when active. For example, whether or not a student with a condition such as depression, diabetes, asthma, or anxiety that is in remission is “substantially limited” would need to be determined when the student’s condition is active. Also, Congress allows for the decision of whether an individual has a disability to be expansive but not necessarily entail extensive analysis.

Neither negative nor positive impact of mitigating measures is to be considered when determining substantial limitation. For example, the effect or use of medication no longer plays a role when determining substantial limitation for a student with ADHD, asthma, diabetes, etc. The ADAAMA also provides an expansive list of mitigating measures including, but not limited to: medication, medical supplies, equipment or appliances, low-vision devices (except eyeglasses or contact lenses), hearing aids, cochlear implants, assistive technology, learned behavioral or adaptive neurological modifications, and reasonable accommodations.

Conditions under which a 504 Plan should be considered include: when a student has been evaluated for eligibility for services under IDEA and found to be ineligible; when a student is found eligible for services under IDEA but the parents refuse to consent to the provision of special education; when a student

previously eligible and receiving services under IDEA is determined to no longer need special education services; or when parents decide to revoke consent for special education services after initial consent and delivery of services.

Schools should pay attention to students previously found ineligible for services under IDEA because of the similarities between the IDEA and Section 504 “Child Find” requirement. A Section 504 Accommodation Plan may be appropriate for the child if he/she was originally denied due to the “old” interpretation of the law. Accommodations for classroom instruction and testing under Section 504 should be considered for a student exiting IDEA services to maintain success in a general education setting. Approximately 3% of students receiving services under IDEA are declassified each year. School districts that took a more limited approach to implementing Section 504 will likely see an increase in eligible students once the significant changes in the ADAAMA are made.

More details can be found at:

National Center for Learning Disabilities, Webinar Presentation: The Americans with Disabilities Act Amendments Act: Its Impact on Students with LD and AD/HD at <https://cc.readytalk.com/cc/playback/Playback.do?id=0ggjuljg>

National Center for Learning Disabilities, Section 504 in 2009: Broader Eligibility, More Accommodations at www.nclld.org/on-capitol-hill/federal-laws-aamp-ld/adaama-a-section-504/section-504-in-2009

Crisis Intervention and Prevention in the Schools: Defining Crisis and the Roles of School Psychologists

by Kimberly A. Vohden & Lauren A. O'Leary, University of Hartford

The majority of children's lives are spent within the schools. While educating students is the primary goal of a school, helping children feel safe and secure is necessary in order to reach that goal. Sadly, according to the Centers for Disease Control and Prevention (Eaton, et al., 2008), 5.5% of students nationwide missed school because of safety concerns. Of note, it was found that 18% of students carried a weapon (i.e. gun, knife, club, etc.). Additionally, 35.5% of students had been in a physical fight within the past school year, and 4.2% were injured to the point where it required medical attention.

While violence in schools is a growing concern, addressing the mental health needs of students is also important. According to a Centers for Disease Control and Prevention study (Eaton, et al., 2008), 6.9% of high school students nationwide have attempted suicide. Specifically, the State of Connecticut is at an increased risk with 9.8% of high school students attempting suicide within the 12 months prior to completing the survey (Eaton, et al., 2008). These numbers are alarming and highlight the need for intervention and prevention.

Notably, school shootings, such as Columbine High School in 1999, and Virginia Tech in 2007, demonstrate the increased need to address crisis issues. In fact, schools need to become more skilled in using crisis intervention and prevention strategies. In 2002, Allen, Jerome, et al. conducted a survey on the preparation of crisis intervention for school psychologists. The results of their study revealed that approximately 37% of school psychologists reported receiving some type of exposure to crisis intervention during graduate school, with 5% reporting specific coursework designated for school crisis intervention, and 15% receiving exposure during other

classes. Furthermore, 58% of all participating school psychologists reported feeling "minimally" or "not at all prepared" to deal with crisis situations (Allen, Jerome, et al., 2002, p. 431). Due to their job responsibilities and training, school psychologists are some of the school personnel best equipped to assist students in coping with crisis events (Brock, Nickerson, Reeves & Jimerson, 2008).

Putting this together, then, crisis events are a significant problem affecting schools. Notably, school personnel, including school psychologists, should have the expertise and skill set to handle such situations. In general, with Connecticut students at a greater risk of suicide attempts there is an increased need for effective crisis intervention strategies. The purpose of this paper is to define crisis, the roles of schools and professionals, and to briefly review current crisis intervention strategies for school psychologists.

School Involvement in Crisis Events

Children spend an average of 6 hours a day in school, and any crisis event that occurs in school or affects the community could potentially affect children's functioning in school. In a basic way, several types of crises can arise that will impact the school community. Such crises include life-threatening illness and injury, suicide and murder, vehicular accidents, kidnapping, natural disasters such as earthquakes and floods, and terrorist attacks (Brock et al., 2009). Brock and his colleagues (2009) defined a crisis event by three criteria. First, according to Carlson (as cited in Brock et al., 2009), the event causes or has the potential to cause psychological or physical harm to the individuals affected. When evaluating the harm that has or may be caused, the practitioner must be cognizant of the

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views of students and staff in regard to the event because more negative views of the event are linked to more psychological distress (Bryant, Salmon, Sinclair & Davidson, 2007). Secondly, Carlson (as cited in Brock et al., 2009) stated that the event is unexpected and there has been no previous warning. If an event is expected and slowly evolving, the impact on the community seems to be lesser than an unexpected event, and individuals view the event as more manageable (Gundel, 2005). Lastly, the crisis event will create feelings of helplessness, fear, and powerlessness in individuals in the community (American Psychiatric Association, 2001). In synthesizing several studies, Charuvastra and Cloitre (2008) determined that an event that is a natural disaster or an accident is less likely to cause severe emotional distress in individuals than an event that was human-made or intentional.

Melhem et al. (2004) looked at factors that affect grief among adolescents who experienced the suicide of a peer. The sample included 146 teenagers and young adults who were friends of 26 suicide victims. Participants were interviewed at 6 months, between 12 and 18 months, and again at 36 months after the suicide. Results indicated that individuals with complicated grief were more likely to have been closer friends with the victim and to feel they could have prevented the suicide. Additionally, a diagnosis of Post-Traumatic Stress Disorder (PTSD) at 6 months was associated with the subject having seen the place of the suicide, feeling they could have prevented it, speaking to the victim within the day before death, and having a previous depressive, anxiety, or any other psychiatric disorder. These predictors demonstrate the need for school systems to be prepared to not only deal with the crisis itself, but with the aftermath experienced by those directly affected.

In general, schools have the ability to engage in four levels of crisis response – minimal response, building-level response, district-level response, and

regional-level response (Brock et al., 2009). When only a few individuals have been affected by the trauma, interventions can take place within usual professional roles and without involving the school crisis intervention plan, utilizing the minimal response level of intervention. Crisis events may also affect many individuals within a school building, and supports may be provided at the building-level, where personnel at the school may make changes in the school day to provide support to the building community. When an event affects many individuals within the school, additional resources from inside the district may be utilized to provide interventions that would be impossible to provide at the building level. Finally, a regional response may be necessary when many individuals from the building or district level have been affected by the event, but district resources are unable to effectively handle crisis intervention. Outside personnel and agencies are called in at this stage to assist in the crisis intervention.

Columbine High School in Jefferson County, Colorado, April 20th, 1999 highlights one of the deadliest school shootings in history. Crepeau-Hobson, Filaccio, and Gottfried (2005), conducted a survey following this tragedy. They found that after this horrific event the majority of schools in Colorado increased the amount of mental health services available to students. Some schools, depending on location (urban, suburban, or rural), were able to contract mental health services from the outside community. Additionally, the availability of family therapy was increased from 9.9% of schools before the tragedy to 14.7% of schools afterwards. These data points illustrate how schools can reach out to the community for a “regional response” when dealing with a crisis.

Nationally, the National Association of School Psychologists promotes the PREPaRE model for preventing and dealing with crisis situations in the schools (Brock et al., 2009). In particular, this identifies the need for a team to deal with the crisis and

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for a plan to help those within the school and community. The model consists of Preventing and preparing for psychological trauma, Reaffirming physical health and perceptions of security and safety of students and staff, Evaluating the potential for psychological trauma due to the crisis, Providing interventions and Responding to the needs of the community, and Examining the effectiveness of the crisis intervention plans that were implemented.

Development of Effective Intervention Plans

The development of an effective crisis intervention plan is a crucial aspect to effective prevention of and intervention during a school crisis. Several aspects have been delineated as obstacles to creating effective intervention plans (Allen, Burt, et al., 2002; Poland, 1994).

Allen, Jerome, et al. (2002) surveyed school psychologists and found that only 37% of respondents were exposed to crisis intervention during their graduate training. Only 2% of school psychologists stated that they felt prepared to deal with a crisis event. Similarly, Allen, Burt, et al. (2002) found that almost 33% of school counselors were not exposed to crisis intervention or the development of crisis intervention plans through either formal coursework or during supervised internship experiences. Only 10.6% of school counselors reported specific coursework designated for school crisis intervention. Furthermore, 57% of all participating school counselors reported feeling ill-prepared to deal with crisis situations. Adamson and Peacock (2007) also surveyed school psychologists, and determined that 95% of schools had established crisis intervention plans, and 93% of school psychologists had been involved in a crisis, such as an unexpected death or terrorist attack, during their employment in a school. This highlights the need for continued professional development in the area of crisis intervention after completing degree requirements.

Poland (1994) discussed several obstacles to creating effective crisis intervention plans. Firstly, many school professionals believe in the notion that providing more information about the crisis event will make individual's reactions to the trauma worse. In reality, the opposite happens and providing information helps children cope with the event. Secondly, depending on the crisis event, school buildings may not possess the resources and personnel to properly carry out crisis intervention plans. Another obstacle is a lack of trauma-based curriculums to help provide children coping strategies and teach approaches such as problem-solving skills. Finally, many school districts have not designated individuals to create and carry out the crisis intervention plan, thus staff are frequently unwilling to add crisis intervention into their responsibilities.

Typically, three levels of intervention are outlined for preventing and dealing with a crisis event (Brock et al., 2009; Poland, 1994), based on Caplan's (as cited in Brock et al., 2009) three levels of intervention. Primary intervention involves prevention programs to reduce the amount of human-generated and intentional crises such as suicide and homicide, as well as reduce the number of accidents, such as vehicular accidents (Poland, 1994). Instituting universal positive behavior systems to reduce problematic behavior and enhancing regular education programs to increase academic skills of all students and reduce behavioral problems is also included in primary intervention (Brock, et al., 2009).

Secondary intervention is implemented during or immediately following a crisis event to reduce the effects of the event on the students (Brock et al., 2009; Poland, 1994). Interventions at this level include, for example, teaching parents positive behavioral strategies, teaching students problem-solving skills, conducting classroom crisis intervention groups, and ensuring the immediate safety of students.

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Lastly, tertiary interventions are aimed at promoting adaptive behaviors in the small percentage of students who will demonstrate continued difficulties following a crisis event (Brock et al., 2009). If a child develops severe and continued pathology following a crisis, school-based models of intervention may not meet all of the child's needs, and interventions from community agencies may be necessary.

Brock et al. (2008) also described the three tiers of intervention following a crisis. Tier 1 includes all individuals who have been affected by the crisis event, and the aim is to prevent psychological after-effects of the crisis. Examples of Tier 1 interventions include providing information about the crisis and establishing support systems (Brock et al., 2008; Brock et al., 2009). Next, Tier 2 interventions are made available to members of the school community who have shown moderate reactions to the event (Brock et al., 2008). These interventions include individual and classroom intervention efforts, such as group counseling (Brock et al., 2008; Brock et al., 2009). Finally, Tier 3 interventions are aimed at assisting individuals who have been severely impacted by the event (Brock et al., 2008). Usually, the Tier 3 intervention is therapy for the affected individuals.

One model of crisis intervention for working with affected groups of students, Classroom Crisis Intervention, is a Tier 1, building-level program aimed at assisting children with their reactions to the crisis event (Brock, 1998). This model of crisis intervention is composed of 6 steps: introduction, providing facts and dispelling rumors, sharing stories, discussing reactions, empowerment, and closure. In the introduction phase, students become familiar with the group leaders and the purpose of the meeting, which is to discuss trauma and learn coping strategies. During the second phase, the group leaders provide truthful information about the crisis event. Facilitators need to be mindful to

provide information that is developmentally appropriate for the children who have been affected. Rumors should be debunked, as wrong information is typically more frightening than factual information, and rumors may also hinder coping.

In developing a crisis intervention plan, schools need not recreate an entirely new plan; the previously existing intervention plan can be utilized and expanded based on new crisis threats and individual needs with input from various members from the school and the community (New York Education Department, 2001). All-inclusive crisis plans, which discuss all variables and details for response to the crisis, should be created, however concise plans should also be available, so individuals can be reminded of the plan in a shortened format in the midst of a crisis. Crisis plans should focus on the individual needs of the school, be clearly understandable, and have provisions for staff duties, should certain members be unavailable at the time of the crisis. Once the plan is devised, training of staff should take place so team members are aware of their responsibilities and comfortable in their roles, as well as be able to assess risks and warning signs for potential crisis situations. Also, schools should be aware of the needs of certain populations, such as children with disabilities, and ensure that the plans are evaluated regularly and revised as needed.

Importantly, the initial views of optimistic bias should be addressed in all effective crisis intervention plans. Essentially, this view means that negative events will not happen to one's self (Chapin & Coleman, 2003). All members of a crisis intervention team should realize that anything can happen. Unfortunately, this comes off as a cynicism, but it is necessary in order to emphasize the need for crisis plans in all school systems. One of the most critical and dismal points of Crepeau-Hobson, Filaccio, and Gottfried's (2005) study regarding the effects of the school shooting at Columbine High School, was the

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increase of crisis plans within schools by approximately twenty percent. It is unfortunate that it takes such a devastating event to bring awareness to schools for the need of crisis intervention plans.

Summary and Conclusions

In general, with approximately 5.5% of students not attending school due to concerns for their safety (Eaton, et al., 2008), it is evident the issue of crisis intervention and prevention in schools is critical and timely. This paper has suggested that crisis in schools has the ability to adversely affect student mental health. Specifically, Brock et al. (2009) delineated several psychological outcomes in children who have experienced a crisis, stating that these children could develop anxiety disorders, mood disorders, sleep disorders, and substance abuse disorders (Speier, 2000). In turn the development of these disorders can cause the child to have academic problems (Greenberg & Keane, 1997) and behavior issues (March, et al., 1997). With such devastating outcomes, it is essential for schools to develop strategies to help students cope with crises.

This paper has suggested that there is a need for schools to be prepared to effectively deal with crises. With such a large population of professionals receiving minimal training in crisis intervention and prevention it is imperative for schools to be aware of and develop effective strategies. Alas, it has been shown that most people hold an optimistic bias that will only change after a significant event has directly impacted them individually (Chapin & Coleman, 2003). With so many children impacted by crises, it seems worthwhile to begin to gather information on effective crisis intervention strategies in school systems. To do otherwise simply leaves a large population continually at-risk.

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This just in from NASP . . .

NASP is very pleased to report that, on February 20, 2010, the APA Council of Representatives voted to retain the right of both specialist and doctoral level school psychologists credentialed by state education agencies to use the title "school psychologist."

Of course we could not have achieved this outcome without YOU. Thank you for your leadership and your role in enabling NASP to so effectively represent school psychologists.

My Internal Battle

Submitted by an Anonymous High School Student

Everyday I engage in battle. Who is the enemy? My continuous opponent is myself, more specifically: my mind. With every movement, every action, every thought, I am reminded of this constant struggle. At certain times, I am able to enjoy a break in the conflict, moments which bring a certain feeling of joy; but there is never a permanent cease-fire. These feelings can be ended abruptly by dissatisfaction in the execution of a particular action, or the formation of an unwanted thought. I am forced to develop plans of action to counter my opponent's tactics, determined to never be overcome or defeated. I strive to devise these plans to the best of my ability, struggling to diminish the effects of this battle, and attempt to predict the next obstacle that I may encounter. I cannot see my enemy, but I know it is there. On numerous occasions it will produce works of wonders, but it always has the potential to generate a feeling of anxiety. My enemy does not attack physically; rather it affects me psychologically. Have I always been involved in this conflict? No, the origins and cause of this battle are unknown; however, one thing is certain: I am determined to arrive at the end.

By definition, Obsessive-Compulsive Disorder, better known as OCD, is a "mental disorder characterized by intrusive thoughts that produce anxiety, by repetitive behaviors aimed at reducing anxiety, or by combinations of such thoughts (obsessions) and behaviors (compulsions)." To some this is just another definition. However, a person who suffers from this disorder, to any extent, can connect to this definition immediately. I would like to immediately state that I have never been medically diagnosed with OCD. However, after being informed about the symptoms of this disorder and tendencies of people who have been diagnosed, I believe that I exhibit many of the classic indicators, and plan to be evaluated if my symptoms become more distinguished, or if this disorder interferes with my life at a higher level.

Perhaps the seeds were planted when I was born, and grew proportional to my physical and mental development as a human being. Or, were they planted later in my childhood, as a result of some unforeseen event? I will never be certain of this; as most of my memories from my early years are those that my parent shared with me. All I am certain of is that my mind is not comparable to that of an average human being. As I grew, my patterns of thinking became more and more complex. I arrived at the conclusion that for one thought by an individual without OCD, I have four. This may explain why I began to suspect that I may have this disorder. I remember one day in particular where the idea that my mind functioned in a more advanced way began to develop in my mind. I was in sixth grade and my teacher was a kind woman, who was always a fan of my writing and has encouraged me to pursue a career that would involve extensive use of this skill. She assigned the class to write a one-page paper solely based on the phrase "I wonder why..." My immediate reaction was to write the paper about God. About a month before this assignment, Hurricane Katrina had struck the Gulf Coast of the United States and caused complete devastation. In retrospect, I believe that I wrote this paper about God with that terrible event still in my mind. I centralized my piece around the question of why God would allow such a horrible event to occur. I included details about the estimated number of people who died and the monetary extent of the damage. When we received this assignment back, I clearly remember listening to what several of the other students had written about. Their topics included inquiries such as "Why is the sky blue" and "Why is the earth round," – questions that can be answered scientifically. My question would be completely based upon the beliefs and morals of an individual. Ever since that day, I have begun to look upon ideas and topics in a more complicated and unique manner.

MY INTERNAL BATTLE

Submitted by an Anonymous High School Student

Between that day and the present, I have experienced several additional events where I have made other similar observations and realizations about my thinking patterns. My pattern of thinking, of course, has both positive and negative effects. In terms of the positive, I am able to see a unique side to certain topics and contribute additional thoughts. Occasionally, I am also able to anticipate a statement or action about to be made by another person. The negative effects would obviously be the obsessions and the compulsions that I experience on a daily basis. These do take up time during the day; however, I am usually able to regulate them while in public. I use the possibility of others noticing my compulsions as motivation to not feel the need to perform them. In a way, I challenge myself, attempting to not allow anyone to be given the idea that I may have a case of this disorder.

I do not want to convey the idea that I feel I am “special,” or that I believe that I am better than anyone else. I am simply stating that I believe my mind works in a more notably complicated manner due to the battle that I am constantly engaged in. This battle is the result of me attempting to control the obsessions, compulsions, and thoughts produced by my mind. As I have grown older, I have become more self-aware of what I say and the actions that I perform. I look upon every word that I say and scrutinize every movement as if I were another person, constantly monitoring myself. Therefore, I strive for everything I do to be the best that it could have been. Even now, I am not satisfied with this submission and feel that I could write several more pages.

Conference Announcement

Clifford Beers Clinic will be hosting “Healing the Generations: The Second Annual Family Violence and Child Trauma Conference,” which will be held Thursday March 25th and Friday March 26th, 2010 at Foxwoods Resort Casino.

Healing the Generations will bring attention to the role of resiliency and optimism in recovery for young children exposed to trauma. It will offer caregivers, family members and professionals from child and family service agencies, state and local community agencies, faith communities, schools, universities and colleges the opportunity to network and share trauma related programming and resources.

Up to 12 Continuing Education Credits will be available for MFT, LPC, NASW, LCSW, CCB. For more information, and to register, please visit their website: www.cliffordbeers.org.

or contact Jane Hendrickson at (203) 772-1270 ext. 246 or jhendrickson@cliffordbeers.org.

Book Review: The Social Skills Picture Book

by Christina Saccoccio

The Social Skills Picture Book by Dr. Jed Baker (2001) is the quintessential tool for school psychologists teaching play, emotion and communication to children with autism. Children with autism require the explicit instruction of social skills presented through concrete and specific modalities. Many children with autism lack age-appropriate language and attention skills, so presenting information visually can often facilitate a deeper level of understanding. Baker's book is full of photographs of real children in classroom settings demonstrating various skills ranging from how to interrupt to how to join others in play. The photographs are set up similarly to Carol Gray's comic strip social stories where there is a sequential format depicting each skill. The language within the comic strips is simple and concrete. Baker also depicts a "right way" and a "wrong way" to perform the skills with accompanying photographs.

Baker recommends a four-stage process when using this book to teach social skills. First, the initial instruction stage involves the instructor reviewing the skills with the child by reading through the comic strip sequentially and describing what the children in the photographs are doing, thinking, and feeling. I like to ask my students questions about the facial expressions and body positioning of the children in the photographs when probing for understanding. Next, the role-play stage encourages the child and the instructor to act out the social skills using simple language. The role-play can then be reviewed with corrective feedback where the

instructor can provide additional support to the child in order to perform the skill successfully. The last stage in this process involves teaching the generalization of skills. Because the content of this book is concrete and specific, it is important to teach children how to generalize their skills to other similar social situations. The goal is for the child to demonstrate social skills across contexts, and not just during role-play activities.

This book is most appropriate for young children as they appear to be elementary school-aged in the photographs, although the author recommends that it can be used up to early adolescence. I have had great success using this book with my students in third and fourth grade who struggle to demonstrate age-appropriate social interaction skills. Students who have learned the scripts included in this book for conversation, play, and emotion management skills are doing a great job of demonstrating these skills across contexts. They love the pictures of the real children and especially enjoy engaging in role-plays.

This book has taught me how to create my own social stories which are relevant to the students with whom I work – and the students get a real kick out of seeing their own faces in the photographs. I would recommend this book to anyone looking for a dynamic instructional tool that is appropriate not only for children with autism, but for children with auditory/language processing difficulties, attention difficulties, or children with cognitive disabilities.

Burning My K-ABC

by Audrey O'Neill

Reprinted with permission from the New Hampshire Association of School Psychologists Protocol, Winter 2009

Time to get rid of the old tests and confidential records. This goes beyond housecleaning, into ethics.

Ted Feinberg, NASP Ethics Committee, was available by phone. He said you have to see confidential materials destroyed with your own eyes, you can't just give them to someone else to destroy, or put them into the landfill at the dump.

I tried shredding records, but it didn't really work for so many. A one-page-at-a-time home shredder is not up to the job. I am a member of an organization that performs services for the local public library, and the librarian agreed to shred some records. I didn't let her know how many there really were. She insisted in doing it herself lest I also shred my hands. The volume ratio of shreds to paper is huge. A few records created a large bagful, and she had to keep hauling them off and installing more bags. A friend who works at Plymouth State University told me of someone there who has a super-deluxe shredder, and told me the magic words to gain access, but it was more of the same. I hadn't the heart to go back to either place.

There is a place nearby that grinds up paper. They helped me out once, but someone has to haul the stuff up several steep flights of stairs, and I had to climb up to see it destroyed. They were not happy to see me, and said, "Don't tell your friends about this."

Absolute Data Destruction in Goffstown is a possibility, but they charge \$50 a box if you take it there yourself and \$75 to pick it up.

The dump, now called the Recycling Center, has a bin for office paper. A neighbor who works there said it gets baled and shipped to China (I'm not making this up), where it is supposed to be ground

up eventually to make more paper. That seems like a very long, unreliable string.

When the environmentalists say there is no way to throw things away, they are almost right. Some of the records completely overwhelmed a neighbor's woodstove, and the ashes had to be removed before it could be used again. The old pegmill with a wood furnace has been replaced by a resort and spa with a more up-to-date heating system.

Tests are even more complicated. Colleague Jonas Taub suggested sending them overseas in an article in the *Protocol*, summer 2006. I don't have the computer skills to do that, and the post office said those dollar-a-pound bags for shipping abroad no longer exist. I wished I had kept the card a psychologist from abroad gave me at the International School Psychology Association convention in New Hampshire in July, 2000.

Ted Feinberg said it's all right to throw the test blocks into the landfill; the men who work at the dump aren't going to play with them. A colleague suggested a creative way to get rid of jigsaw-type puzzles: throw one piece away at a time, each in a separate bag of trash. That way no one can practice putting them together.

The Plymouth State University library was willing to take several tests for their test collection. That left the K-ABC.

A friend offered to burn everything in an old oil drum. It is legal in this area to build a fire in a container, but check with your fire department first.

Burning a contemporary test takes preparation. Several editions ago, tests were mostly paper, and the manual's ring binder could be separated in the back to remove the pages. The newer manuals have plastic-

BURNING MY K-ABC

by Audrey O'Neill

coated tabs that look as if they would give off toxic fumes, and the ring binder is a continuous spiral.

I carefully cut off everything that looked plastic-coated, and stood in the garage with sidecutters, needle-nose pliers, and safety goggles, cutting each turn of the binder spiral, and pulling each out with the pliers. This is humiliating even though no one can see you. I am willing to do this kind of putzy-ing to keep my house in repair, but not to get rid of a psych test that cost \$300 and would cost \$500 to replace with the new edition. I paid to get it, and should not have to pay again in time and effort to get rid of it.

My friend enjoyed burning the stuff and poking the thick records and test materials with a metal rod. I enjoyed watching the fire, but part of it was the feeling, "There it finally goes."

Test publishers have been making tests that are bigger, heavier, fancier, and more expensive than

necessary. Carrying two of the earlier tests at once was not a problem, but as a small person, I have difficulty lugging the more recent ones around. This present development in tests is part of the expensive consumer goods movement since the 80's. Perhaps the current economic retrenchment, which has made it socially acceptable to say "I got it at the Goodwill" (the jacket, not the test), will also see a return to tests that are easier to carry, less expensive, and more combustible.

Publishers too have an ethical responsibility. If they are going to sell us tests that are difficult to dispose of, then buying a test ought to include a way to get rid of it. When we are done with a test, we should be able to ship it back to the publisher at little or no expense so they can deal with the problem they have created for us.

WESTERN REGIONAL MEETING

The CASP western region met on November 18, 2009 at Mill Ridge Primary School in Danbury. The meeting was hosted by Joan Rogers, western region CASP representative. The topic was:

RTI in practice: The Good, the Bad and the Ugly

Thanks to Heidi Mac Donald and Alexandra Campagnano from the Granby School District who presented on how they are implementing RTI in their schools. They shared their district RTI manual and discussed how, after three years of implementation, there are still many things that require updating and monitoring. A lively discussion with the participants ensued around this topic.

PBS and Peer Mediation

by Jennifer Hoag, Ph.D. and Suzanne Tyler, LCSW

As Positive Behavior Support becomes more prevalent, schools are developing and implementing different strategies to help support student behavior both in and out of the classroom setting. At Newtown High School, we use peer mediation as one of those strategies.

Peer mediation is a negotiation-based process in which students take responsibility for their own conflicts and arrive at agreements. While self esteem and overall school climate are raised, young people gain skill sets in communication and conflict resolution. According to research, peer mediation has been shown to reduce the number of conflict incidences (Bell, Coleman, Anderson, Whelan & Wilder, 2000; Hart & Gunty, 1997; Johnson, Johnson, Dudley & Magneson, 1996). Lower incidences of conflict have been seen to result in less truancy and fewer retributive disciplinary actions (Smith,

Daunic & Miller, 2002). Furthermore, research data indicates that peer mediation programs can help reduce discipline referrals, and in-class fighting (Smith et al., 2002; Bell et al., 2000).

At Newtown High School, we started the Peer Mediation program as way to promote independence in problem-solving, as well as provide an alternative and positive method for conflict resolution between students. The program is currently in its 3rd year. For the first year, the program was funded through a small grant from the community; however, since then we have not been funded.

At NHS, to become a peer mediator, students are recommended by their Guidance Counselor. Those students are then contacted and, if interested, can complete an application which includes short-answer questions and requires two recommendations. Those students who are selected to be peer mediators then complete conflict resolution training. Training typically occurs after school (this year

we met with mediators for training over the summer as well). Peer mediators can put these training hours, as well as time dedicated to mediations, toward required community service hours.

We currently have 10 peer mediators who received 15 hours of conflict resolution training. Part of the training includes direct training from us, as well as role-playing. Specifically, we use a training manual published by the New Mexico Center for Dispute Resolution. Upon the completion of training, mediators are then part of a mock mediation as their final assessment of skills. Students who demonstrate proficiency are then considered peer mediators. Supervision meetings are conducted once a month to review mediations that have been completed, and to review conflict resolution skills.

Currently, we receive referrals for mediation through the Guidance Department and the Assistant Principal's office. Having their support, we feel, is critical as these are the professionals in the building that are aware of student conflicts that could benefit from this type of intervention. Students can also self-refer. Referral forms are completed and submitted to us. We review the form and make sure that the dispute is appropriate for peer mediation. If it is, we then have two peer mediators meet with the disputants together. One mediator is the lead mediator throughout the mediation. The second mediator is there for observation, support if needed, and if the mediators feel that adults need to be brought in, the second mediator can leave the mediation to find an adult supervisor.

We have had 6 successful mediations so far this year. Our greatest challenge in having a peer mediation program is having the program integrated into the school community. We are always looking for new ways to advertise the program and find ways to incorporate the program into the culture of the

PBS AND PEER MEDIATION

by Jennifer Hoag, Ph.D. and Suzanne Tyler, LCSW

school. As PBS continues to be integrated in our schools, we hope our program will continue to grow as well.

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MEMBERSHIP

In an effort to improve CASP for 2010, the membership committee has elected to have a CASP membership year similar to that of the National Association of School Psychologists (NASP). The new membership year will now run from August 1st to June 30th. In the future, we hope to develop a system where members can renew their CASP and NASP membership in one quick convenient process. This decision was made after careful consideration with the Executive Board, CASP Members, and other individuals within the field of School Psychology.

Members whose CASP membership expires in March 2010 can renew membership until June 30, 2010 at the cost of \$20 or through June 30, 2011 for a rate of \$100. You will receive this information with the CASP renewal form when your membership is due to expire. Membership forms are also posted on the CASP website

We look forward to more exciting changes in the coming year that will help improve your experience as a CASP member. We also encourage you to contact us with your feedback! If you have any questions, comments, or concerns please feel free to email us at caspmembership@gmail.com.

Happy 2010!

Erin Albert & Tom Brant
CASP Membership Co-Chairs

Children and Obesity: Considerations and Issues in the Schools

by Catherine L. Granato, University of Hartford

Children in the United States are struggling with weight and body image and as a result, America is facing a child obesity epidemic. Year after year, childhood obesity rates continue to rise. Therefore, family and school involvement in nutrition has become progressively more important. Smallfield and Anderson (2009) state, the prevalence of childhood obesity is increasing at an alarming rate. Similarly, Pate et al. (2006) note, obesity in children has skyrocketed over the past 20 years, with 31.2% of youth at risk for obesity. Unfortunately, society's urge to increase the size and quantity of foods ranging from french fries to milkshakes is having a negative impact on America's youth.

Children divide their time between school and family and it is through those two aspects of life that proper nutrition needs to be emphasized. Collaboration between family and school is primarily focused on academic needs. However, physical health is just as important as it is directly related to cognitive development. If children receive proper nutrition information in school and their parents reiterate it at home, then the child is more likely to make better decisions related to eating.

Children are spending less time being physically active due to less time in gym class and recess, decreased time spent outside, and increased use of automated transportation. The average child spends 5.5 hours each day in front of the television and computer, totaling approximately 35 hours per week which is more time than a child spends in the classroom. Given such data, implementing after school programs that can increase the physical activity of a child will positively impact the challenge of obesity.

This paper, examines obesity, discusses implications for families and schools, reviews interventions, and explores considerations for school psychologists.

A discussion of the implications and the long-term consequences associated with obesity in children is also provided.

Background

Physical activity and nutrition in school based settings are the primary focus of preventing childhood obesity. Veugelers et al. (2005) provide an important look at the effectiveness of school programs in preventing childhood obesity. The Center for Disease Control and Prevention (CDC) has issued guidelines for school programs intended to promote physical activity and healthy eating habits. The CDC guidelines for nutrition programs include recommendations regarding school policies, curriculum, and instructions to students. They also provide integration of school food service, nutrition education, staff training and family and community involvement. School nutrition and physical activity programs vary greatly because of content differences, community involvement and financial support.

In their study, Veugelers et al. (2005) surveyed 5,200 grade 5 students, who attended schools that offered a nutrition program, their parents and school principals. Height and weight was measured along with dietary intake and information was collected on physical and sedentary activities. Diet, excess body weight and physical activity were compared across schools with and without nutrition programs. Information on these programs was made available through a survey on general characteristics completed by each school principal.

Children who attended the schools which were a part of the CDC recommended eating and exercise programs had lower rates of obesity and better dietary habits in terms of higher consumption of fruits and vegetables. These students reported more

participation in physical activities and less in sedentary activities. Schools with a nutrition program emphasizing healthy eating and exercising other than the CDC recommended produced similar results. However, students from schools which provided only healthy menu alternatives without emphasizing physical activity, did not have substantially healthier body weights than students from schools without any eating and exercise program.

Children spend over half of their waking hours in school. Therefore, schools play a central role in addressing the increasing prevalence of childhood obesity. Murnan et al. (2006) provide an important look at parent's perception of the role schools take in preventing childhood obesity. A questionnaire was conducted with responses based on a four-point Likert scale which contained questions about parents' supportiveness of health and physical education in schools. The questionnaire was distributed to 644 parents in Ohio and 344 parents responded. The results of this study found that the majority of parents believed health and physical education should be provided to elementary school students each week. However, half of the parents who were given the survey did not respond proving that nutrition and physical education in schools is not a priority for some parents.

With obesity impacting so many children, the issues are notable. The questionnaire showed that the average time parents thought should be allotted for physical education each week was 109 minutes. This time is significantly lower than the National Association for Sports and Physical Education (NASPE) recommended time of 150 minutes. Murnan et al. (2006) indicated that 37% of parents felt teaching examples of physical activity and inactivity was very important. Results also indicated that parents perceived healthy eating topics within the health education curriculum as more important than the physical activity topics. For example 51%

of Ohio parents believe that students should have access to vending machines only if they contain nutritional foods and 42% of parents believe that children should not have any access. Although parents and children know the importance of being healthy, they do not know the proper techniques to staying healthy which is the CDC recommended combination of nutrition and activity. Children and parents tend to focus more on eating behaviors than physical activity. However, physical activity assists with long term weight management so it is crucial that schools continue to provide physical activity topics within the health education curriculum.

Murnan et al (2006) found that parents are supportive of elementary schools playing a role in reducing the prevalence of overweight children. Parents also want limited access or healthy choices in vending machines. Elementary schools should use this support to their advantage and implement programs that will increase physical activity and promote healthy eating habits. Parents were not knowledgeable on the amount of time needed for proper physical education in schools. Therefore, more information should be provided to increase the awareness for the amount of time necessary to educate children on health and physical education.

A comprehensive study by Blom-Hoffman et al. (2008) provides an important look at nutrition in the home by exploring the idea of sending nutritional information from the schools to parents. Books were designed to be sent home as homework in which both the child and the parent would participate. The books reinforced important messages about nutrition that children had learned in school. Activities in the books allowed the parents to have conversations with their children about health information. Other studies in the past had used this same idea; however, this was the first time that interactive reading about nutrition assigned as homework was to be evaluated.

This study took place in four large elementary schools in a public school district. Two schools were randomly assigned to receive the Fruit and Vegetable Promotion Program, a school program designed to increase children's fruit and vegetable consumption. The other two schools used in the study were randomly assigned to serve as comparison schools. All the schools were already participating in a physical activity program called Athletes in Service. Schools in the experimental group received the Fruit and Vegetable Promotion Program, as well as the Athletes in Service Program, and the comparison schools only received the Athletes in Service Program. The books used in this experiment were developed over a two-year period. All books followed the same format which included a short letter to parents, activities requiring the help of a parent, a health message, and a questionnaire at the end for students and parents to fill out. Teachers sent the books home as homework and asked the parents to return them in a week. Students were given these books over a 16-month period.

The results were based on three specific questions. The first question was whether or not the books would be returned and completed. Seventy-seven percent of students returned the books and the majority, 51% – 85%, of activities were completed. The second question was whether or not the parents, teacher and children would find the book useful and enjoyable. On a three-point scale, the parents and children's satisfactory level was high. The last question asked if parents would teach the five-a-day message, meaning five fruits and vegetables a day, and report changes in children's consumption. Parents in the experimental group were more likely to know about the five-a-day message because they received the books. However, there were no significant differences in regard to parent reported fruit and vegetable consumption.

Although the results were not statistically significant, the average change in children's consumption in fruits and vegetables increased. Overall, the majority of parents and children reported that they liked the books and learned a useful amount of information. This shows that the acceptability of a program that connects school and home in an interactive learning environment was reasonably high.

Blom-Hoffman et al. (2008) provide an important look into the connection between childhood obesity, nutrition, and home-school involvements. The authors found that the use of interactive books is a good way to convey knowledge to the public. However, the program did not significantly change home fruit and vegetable availability or accessibility. This is consistent with similar research and proves that knowledge does not necessarily lead to behavior change. To improve fruit and vegetable availability and accessibility, major environmental changes need to take place such as supermarket location and food pricing. Even though, statistically, the changes in fruit and vegetable consumption were small, consumption did increase, meaning that interactive books as homework could play a future role in education.

Parents play an important role in a child's health and regulating physical activity. However, children divide their time between school and family so it is just as important for schools to provide adequate nutritional and physical education. The National Association for Sport and Physical Education (NASPE) recommends that elementary schools receive physical education instruction for a minimum of 150 minutes per week. However, most elementary school programs do not reach this minimum and hold classes for 30 minutes from one to three days per week. Nye (2008) offers insight on Buffalo Bend Elementary School (BBES) in Buffalo, New York where physical education classes are held

two days per week for 30 minutes. Sixty minutes a week is 90 minutes shy of the NASPE recommended minimum, therefore more time needs to be devoted to physical activity.

BBES created a Fun Club which is a physical activity program for elementary school children in grades two to five. This program includes a wide variety of fun and engaging physical activities that are facilitated by a classroom teacher. This physical activity program is designed to be administered by the classroom teacher with the physical educator acting as a consultant. Teachers need to be comfortable organizing and teaching physical activities so the teachers and physical educators met to discuss issues related to implementation of the program. The teachers participate in training sessions to prepare themselves. The program recommends that teachers include activities that are easy to learn with little training, require minimal equipment or space and require minimal time for equipment set up. The physical educators assist the classroom teachers during the first week of the physical activity program.

A regular school day at BBES starts at 8:20 a.m. Students begin arriving at school between 7:30 and 8:00 a.m. Fun Club occurred everyday, starting at 8:00 a.m. and lasting for 20 minutes. There are different cardiovascular activities each day including jumping rope, ball activities, step aerobics, dance and jogging. Each day, students partake in a different cardiovascular activity.

Fun Club has many positive outcomes. The students gained ownership of the program when they were asked to submit program names. By the end of the first week the program was named "Fun Club." The students who had been arriving late to school began arriving on time in order to participate in Fun Club. The students were also disappointed when school was delayed due to snow or an assembly interfered with Fun Club. Students

requested that on those days, Fun Club be held at recess.

The teachers had concern that students would be overexcited after participating in morning physical activities and would have trouble focusing on their work. However, the students were noted to be more alert and attentive after participating in Fun Club. Students began creating their own physical activities for Fun Club and without intentionally promoting physical activity outside of the school day, it occurred spontaneously.

Physical activity programs can be successful before school but Stewart et al. (2004) provides an important look at TAKE 10!, a classroom based physical activity program that integrates activity into the elementary school academic curriculum. The program provides physical activity that reinforces academic concepts and skills. Ten minute physical activity sessions are implemented during regular class time in place of a seated activity. Teachers conduct one or more 10 minute sessions per day in addition to any physical education or recess periods students already have scheduled.

This study confirms that a classroom-based physical activity program integrated within the academic curriculum is possible. Students may even be participating in more intense physical activity than unstructured activities. Teachers participating in this study indicated that the program was easy to implement, required minimum preparation time and was enjoyed by the students.

Multiple 10-minute periods of moderate to vigorous physical activity throughout the day can easily accumulate through sessions like TAKE 10! This can help children reach the recommended 60 total minutes per day of physical activity and discourage extended periods of inactivity. This program seeks to complement existing curricula in the classroom; therefore, it does not detract from a child's academics.

Another school based program aimed at reducing childhood obesity is called Planet Health which was implemented by Gortmaker et al. (1999). Planet Health is a school based interdisciplinary intervention designed to reduce obesity while promoting healthy eating habits. The intervention focuses on four behavioral changes: reducing television viewing to less than two hours per day, increasing moderate and vigorous activity, decreasing consumption of high fat food, and increasing consumption of fruits and vegetables. Children in this program are encouraged to make more time for physical activity in their lives by reducing television time. A main component of Planet Health is to emphasize healthy lifestyle changes in behavior.

Planet Health was designed to provide students with cognitive and behavioral skills to facilitate change in target behaviors and to strengthen the new skills effectively thereby employing change. Teachers and physical educators worked together to make this program successful. Teachers received training sessions to enhance implementation. In classroom lessons, each theme was addressed in one lesson per subject for a total of 16 core lessons in one year and 32 in two years. An additional lesson involving a two-week campaign to reduce television viewing in the households, called "Power Down", was developed. Lessons consisted of teacher resources, behavioral and learning objectives and student resources and handouts. Each classroom lesson incorporated one of the four behavioral targets of the intervention.

Elsewhere, Smallfield and Anderson (2009) provided an important look into the connection between childhood obesity and physical activity. Childhood obesity will not stop without an intensive effort to employ children in physical activity. Occupational therapists focus on health and well being, and, as such, provide an important role in managing childhood obesity. Their focus, a physical

activity program, engages young children in a running-based activity at a time when they are developing life-long habits. By promoting physical education at an early age, children will hopefully make a conscious effort to maintain a healthy life style.

Coleman et al. (2008) also provide an important look at physical activity and healthy eating in the after school environment. The authors observed after-school settings to determine the extent to which it does or does not promote moderate to vigorous activity and healthy eating habits. The setting was observed using an observation system to determine whether the activities offered to the children were academic, enrichment, recreational, or snack.

Academic activities typically consisted of children doing their homework or an adult-led session related to an academic lesson. Enrichment was defined as a session led by a supervisor which was not an extension of the school day. Recreational activities were measured as active or non-active. Active recreation involved any type of physical activity. Non-active recreation did not involve physical activity.

The study concluded that after-school programs can be improved by providing fruits and vegetables as snacks and offering more free play activities. Training the after-school staff in simple, structured games which can be played indoors and outdoors and training the staff to promote and model moderate to vigorous physical activity and healthy eating will also lead to a successful program.

Before school, during school and after school physical activity programs are pertinent to reducing childhood obesity. However, a multilevel intervention that aims to influence healthy lifestyle behaviors at the community, school, and family levels may prove to be more successful. Eisenmann et al. (2008) provide an important look at SWITCH, a community, school, and family-based intervention aimed at changing key behaviors related to childhood obesity.

The primary goals of this study were to increase habitual physical activity, reduce the amount of screen time (time children spend in front of the television, computer, and playing video games), and increase the consumption of fruits and vegetables. There were also two strategies used to achieve the project goals. The first strategy was to increase community awareness and knowledge about preventing childhood obesity through public education. The second strategy was to provide a specific intervention to families. Parents are very influential in the development of a child's healthy eating habits and consistent physical activity.

SWITCH was organized into four phases. During the first phase of the program the child and parent established current health behavior practices and attitudes toward making a change. The families then established long term goals which fit within their lifestyles. The second part of the program reinforced changes made. To receive points, children and families engaged in SWITCH activities which involved making healthy fruit and vegetable recipes and utilizing an activity jar to increase physical activity. All of this was recorded and returned to the classroom where the child was rewarded based on the results. The third phase of the program was designed to make it easier for families to plan healthy meals. The fourth phase focused on maintenance of the healthy behaviors which had been established over an eight-month period.

Gentile et al. (2009) examined the overall effectiveness of this study. The results indicate that the SWITCH program produced modest treatment effects for children's fruit and vegetable intake and screen time reduction. It was also noted that the effects remained significant in the six-month follow up evaluation as this indicated maintenance of these behaviors over time. Body mass index was not statistically different between the experimental and control groups. However, the maintenance of these

behaviors over time might contribute to reduced risks of obesity in the future.

Implications for Schools and School Psychologists

School psychologists can play a vital role in the prevention of childhood obesity. Wechsler, McKenna, Lee and Dietz (2004) noted that schools cannot achieve their primary mission of education if students and staff are not healthy and fit physically, mentally, and socially. Budd and Volpe (2006) added, with obesity recently classified as a chronic disease and schools responsible for the well being of chronically ill children, the motivation for obesity prevention and interventions should be clear. Therefore, children in the school environment should be receiving adequate physical activity.

Fundamentally, there are five main goals schools should strive for in preventing obesity among children:

- 1) health promotion programs for the staff,
- 2) quality courses of study in physical education and health education,
- 3) increased opportunities for students to engage in physical activity,
- 4) providing healthy nutrition options in the cafeteria, and
- 5) educating the family.

In order to have healthier students, a school must also have healthier staff members. The "do as I say, not as I do" approach to life is not applicable in a school setting. Students look to teachers and other staff members as role models, so if those adults are practicing healthy eating and exercise habits, then it should directly benefit the students. Also if the staff is implementing healthy eating and exercise habits then it makes them more aware and knowledgeable about what to teach their students. Wechsler,

McKenna, Lee and Dietz (2004) also added that a staff health program can improve staff morale, attendance, and overall performance.

Physical education does not just involve physical activity. Children need to learn about the proper ways to exercise in order to maintain a proper exercise regime. Pate et al. (2006) suggested schools should teach students the motor and behavioral skills needed to engage in lifelong physical activity. A quality health education class is also important. Health education curricula should address the importance of food groups and choosing the right, healthy foods to eat. A health education program should emphasize behaviors that focus on increasing physical activity and decreasing sedentary behaviors.

The school setting should offer multiple opportunities for children to enjoy physical activities outside of gym class, including recess periods, after school programs, intramural sports and physical activity clubs. Budd and Volpe (2006) note that 30 minutes of vigorous activity three to five times each week should be the goal of every school. In addition, many schools are incorporating physical activity in the classroom as part of a planned lesson. This keeps the students from staying in a sedentary position throughout most of the lecture.

Summary and Conclusions

Schools are in an ideal position to reverse the obesity trend. Pate et al. (2006) state, schools need to renew and expand their role in providing and promoting physical activity for children. Recently, schools have been under pressure to increase academic scores on standardized tests, however, the dramatic rise of child obesity suggests that schools also need to make a consistent effort to increase physical and health awareness of each student. Schneider and Lounsbery (2008) added that most active children

have much less body fat by the time they reach adolescence which suggests that, at a young age, physical activity behaviors can be established.

According to Roberts (2000), the causes of childhood and adolescent obesity are multifaceted. Therefore, many strategies need to be utilized to prevent obesity. Schools with nutrition and physical activity based programs report significantly lower rates of obesity in students than schools that do not have these programs. Programs have been successful when the intervention includes teacher training, physical education curriculum changes, and increases in duration or intensity of physical activity. School programs which occur before school, after or during school and involve moderate to vigorous physical activity along with healthy eating choices are important ways to decrease the obesity epidemic. Involving families and communities in interactive school-based nutrition and exercise programs has proven to be the most successful strategy in stopping the pervasiveness of obesity so children can live healthy, active lives.

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CHILDREN AND OBESITY: CONSIDERATIONS AND ISSUES IN THE SCHOOLS

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From the Archives

by AnnMarie Duffy, CASP Secretary

In the beginning...

The origins of CASP can be found in a group of psychologists formed by Norma Cutts in the late 30's. It would become known as the Connecticut Association of School Psychological Personnel (CASPP) in 1955 and Connecticut Association of School Psychologists (CASP) in 1973. Application for membership was subject to approval and limited to those actively engaged in psychological work in public schools. CASP became an affiliate of the National Association of School Psychologists (NASP) in 1977.

A formal organizational meeting of providers of public school psychological services was held October 10, 1950 to "solve problems of training and certification of psychologists [to be] adequately prepared for school services." In attendance were Directors of Services in public schools from Hartford, West Hartford, Stamford, Waterbury, Greenwich, and the State Department of Education. At that time, Bridgeport, New Haven, Hamden, Meriden, Westport, Manchester, New London, Danbury, East Hartford, and Middletown had psychological services in their schools.

Surveys of psychological services typically inquire about the size of staff, distribution of time, tests used, report writing, and salary. Currently, there are over 900 School Psychologists credentialed by the state Board of Education. In March 1954, 40 psychological workers in were employed in 19 communities in the state of Connecticut. Nine were School Psychologists, 28 were Psychological Examiners, and 3 examiners-in-training. Of those, 22% of the School Psychologists and 26% of the Psychological Examiners worked alone (no other psychological worker). "Working with staff" was defined as the 24% of the Psychological Examiners working under the direction of seven

School Psychologists. Eight School Psychologists worked both in an elementary and high school. One worked only in an elementary school. Thirteen Psychological Examiners worked only in an elementary school and 2 examiners from large departments worked only in high school. Tests used to measure mental ability included the revised Stanford-Binet, Wechsler Intelligence Scale for Children, Wechsler-Bellevue, Arthur, Kuhlman, Merrill-palmer, Porteus Maze, and Draw-A-Man. Personality and projective techniques used for assessment were the Rorschach, TAT, Bender-Gestalt, Sentence Completion, Rosenwieg PF, Blackie Pictures, Symond's Pictures, and "group" tests. Reading and other tests including interest, aptitude, Vineland S.M., and tele-binocular were administered.

The role and function of School Psychologists, training, certification, and the scope of practice have been recurrent issues for the professional organization. Talk of establishing a training program for School Psychologists was noted in 1953 minutes. At that time, there were formal training programs for Psychological Examiners. A 6th year certificate leading to provisional School Psychologist certification to be started at SCSU was seen as the most feasible route through the 1970s. The intent was to eventually expand to a doctorate level training program at UCONN to meet the demand for personnel "to implement mandatory state programs for SEM and neurologically impaired" students. Fairfield University and the University of Hartford had established programs for Psychological Examiner programs. It was anticipated they would follow Southern's lead in a 6th year certificate program of their own.

Legislation was proposed in 1957 for mandatory certification of psychologists in private practice. In 1965, Connecticut still limited the use of titles

FROM THE ARCHIVES

by AnnMarie Duffy, CASP Secretary

'School Psychologist' and 'Psychological Examiner' to describe activities "within a public school." Several entries using the title of 'School Psychologist' or 'Psychological Examiner' in classified telephone directories offering services to the public prompted official investigations by the Connecticut Board of Examiners of Psychologists. In 1974, APA still required a doctorate in order to be recognized as professional psychologist. School Psychologists certified prior to 9/1/1974 were "grandfathered in" as professional psychologists.

In 1978, the executive board considered pursuing a legal route concerning the discrimination of School Psychologists in terms of private practice. At that time, other groups (social work, counselor, etc.) in the State could be licensed to practice in their particular field.

By the time "At the Crossroads: School Psychologists in Connecticut- a discussion of licensing" became the topic of CASP general meetings in 1979, 24 other states licensed subdoctoral psychologists for private practice. Funding for the legal expenses incurred to secure the right to engage in the private practice of school psychology was secured through personal pledges of \$100 each. Funding was solicited from CASP membership. Finally, School Psychologists with standard or permanent certification who wished to pursue private practice were able to do so legally as of October 1, 1981. CASP adopted the spirit of the 1979 APA standards for professional principles and ethics until a committee chaired by Stu Losen and Bert Diamant could design and set standards to monitor School Psychologists in private practice. A permanent Professional Practices Review Board was established and CASP published a register of certified School Psychologists wishing to be listed to be recorded as eligible to practice and who had also successfully completed a workshop on ethical considerations in

private practice.

Since the eighties, the face and practice of school psychology continues to change. But CASP remains constant in encouraging members to be aware of issues affecting the children in our schools, actively advocate for children and their families, and continue ongoing professional skills.

BALLAD OF CASPP (Connecticut Association of School Psychological Personnel, 1967)

In these days of I.Q. testing, it is really quite a blessing,

To know that there are others such as we.

That ride around the circuit, with their S-Binet and WISC kits

And assorted tests of personality.

There are kids of every kind

In any school that you can find

And their problems come in every shade and hue.

Have they adequate perception? Will their ego pass inspection?

Has their social role come fully into view?

When school principals we visit they often say, what is it

That makes Johnny such a problem all the time?

We keep pouring in the learning, but those fires he keeps on burning.

What is it that will make him toe the line?

Ready to Learn, Empowered to Teach

The National Association of School Psychologists (NASP) is pleased to present the education policy recommendations, *Ready to Learn, Empowered to Teach: Excellence in Education for the 21st Century*, for inclusion in the national debate over how best to help all of America's children achieve their fullest potential. NASP represents over 25,000 school psychologists who work with students, educators, and families to support the academic achievement, positive behavior, and mental wellness of all students, especially those who struggle with barriers to learning.

Ready to Learn, Empowered to Teach outlines five principles necessary to ensure excellence in education by lowering barriers to learning and effective teaching. Too often, students of all ages come to class struggling with life challenges that can interfere with instruction, impede achievement, and undermine the school climate. Preventing or remedying such barriers is critical to school success. Teachers cannot do this alone and it is counterproductive to expect this of them. Effective student support services enable teachers, administrators, and parents to know how best to ensure that students are ready and able to learn. They also help to select evidence-based interventions to guide progress monitoring, and to implement accountability measures that inform better instruction and provide a comprehensive picture of student and school achievement.

The five *Ready to Learn, Empowered to Teach* principles call for providing:

1. Comprehensive curricula matched with individualized instruction.
2. Sufficient student support services to address barriers to learning for *all* students on a continuum of care that engages families and community providers.
3. Comprehensive accountability and progress monitoring measures that provide a valid picture of student and school functioning.
4. Professional development and supports for teachers and other educators necessary for instructional excellence.
5. Federal leadership and school-based research to promote effective services that support the whole child in the learning context.

Ensuring quality, genuinely accessible education for all children is our nation's most important responsibility and wisest investment. Services that lower barriers to learning are not ancillary to this mission but rather central to the supportive educational process necessary to prepare all of America's children for academic success, healthy development, and responsible citizenship.

The full document of *Ready to Learn, Empowered to Teach: Excellence in Education for the 21st Century* can be accessed at <http://www.nasponline.org/advocacy/2008educationpolicydocument.pdf>

Call for Awards !!

The Connecticut Association of School Psychologists wishes to recognize the outstanding efforts of school psychologists around the state. Please take a moment to look at the considerations for each type of award listed below. This is a great way to recognize your colleagues and school district at the same time.

Distinguished Service Award

This award recognizes those unique individuals who deserve special attention by virtue of their broad and significant contributions to the welfare of children and the field of school psychology in a number of areas: professional practice, research, state-regional-national leadership, training and supervision, community service, legislation, etc . . . or to someone whose unique contribution in serving children is so outstanding that it alone warrants the award.

School Psychologist of the Year

Considerations: CT certification, length of practice, nature and scope of school psychological services, innovation and creativity of direct service, special projects, research efforts, professional development, legislative involvement, field supervision, and efforts towards bettering public relations and/or community involvement.

What do I do Now?

1. Provide information about yourself as the nominator: name, phone #, and address in a cover letter. Include a short description of the reason you are nominating this person.
2. Obtain the resume or CV of your nominee, including contact information.
3. Submit at least 2 letters of recommendation in support of the nominee. Letters should describe the nominee's contribution to the field, using the above outlined considerations.

SUBMIT TO: Sonia L. Raquel
Irving School
9 Garden Place
Derby, CT 06418
(203) 736-1049

DEADLINE: March 12, 2010

The winners and their nominator will be invited to the CASP's Annual Meeting in June for the presentation of the award.

Membership Application

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Email Address: _____

School District: _____

School/School Phone: _____

Languages spoken in addition to English: _____

I am willing to be a CASP liaison for my school system: _____

I have read the membership categories and accurately reflected my current status.

Categories of Membership

- Professional:** Those certified by the Connecticut state Department of Education as school psychologists, or by other states with comparable standards. Those trained as school psychologists, but currently functioning as a consultant or supervisor of school psychological services, or engaged in the training of school psychologists at a college or university. **(Fee: \$75.00)** A copy of your Certification must be enclosed if you are changing from **student** or **associate** to **professional** member.
- Student:** Those enrolled in a school psychology program, approved by the Connecticut state Department of Education, who do not qualify as a professional member. Those who have completed an approved program in school psychology and/or who are certified and are completing an internship in school psychology. **(Fee: \$25.00)** *Signature of a faculty sponsor required yearly.*

Signature: _____ Date _____
- Associate:** Member of other professions or the community who wish to join CASP to support the works of the organization, and to receive the general mailings of the organization: Certified or trained school psychologists who are no longer employed, who are in some other related position, and who maintain an active interest in the profession of school psychology. **(Fee: \$45.00)**
- Retired:** Members age 55 or over who have held professional membership for at least five consecutive years and who are retiring from remunerative professional activity. Those members having reached the age of 70 or having been retired members of CASP for at least ten years may accept or decline free lifetime membership. **(Fee: \$30.00/\$0.00 If retired 10 years or age 70+)**

Please make checks payable to: **CASP**
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