



The Texas School Psychologist

A partner on the path to student success

Texas Association of School Psychologists

www.txasp.org

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President's Message

Happy New (School)
Year!!

Ashley Arnold, President

I hope this finds you off to a fabulous start to the 2011-2012 school year. I know the start of each year brings about new changes, new faces, new challenges, and new opportunities. Whether you had to change districts/offices, get a new Director, or supervise a new Intern, the beginning of the year is never dull! While everything and everyone may be new, use this time to get your name out there. This is a perfect time to advertise your skills as a school psychologist, especially given the tough economic climate that our schools are facing in the state of Texas. I personally feel that we as school psychologists do not do a good enough job in promoting our skill set. We can be a money saver to districts.

Speaking of climate,

one new twist on this year is the never ending drought with above 100 degree heat. For the first time that I can ever remember, our local schools monitor the temperature daily and are canceling outside recess if the temperature gets above a certain point. As I was helping Kindergarten students open their milk cartons (no easy task for an adult, mind you), I saw their sweaty, red faces just stare at their food as they came into the cafeteria from recess. Who wants to eat when it is 110?

Did you not find yourself secretly wishing Hurricane Irene came along the Gulf Coast instead of the East Coast?! You know we are in a world of hurt when we are wishing for a hurricane to hit Texas even with Katrina and Rita still so fresh in our minds. Remember, as the Austin metro area passes the 80th day of 100 plus degree heat, we all get cranky as the



temperature increases. Keep this in mind in dealing with agitated individuals. Be proactive and combat this heat! Organizing a fan drive for needy families in your district would be a great way to show school psychologists care. On-line conference registration is up and running! I know you don't want to miss the great professional development opportunity. Please book your hotel room as the hotel always fills up quickly. I look forward to seeing you October 6-8 at the Westin Galleria. Maybe it will only be 80 degrees!!



Membership Notes:

- Renewing your membership online is fast and easy! <http://txasp.org/membership>
- Regular- \$60.00 Trainee- \$30.00 Student- \$25.00 Retired- \$40.00 Affiliate- \$40.00
- Reminder: membership is valid 1 year from the date of YOUR personal renewal.

Notes from the Treasurer:

At the last meeting of the TASP Executive Board, Treasurer Kathy DeOrnellas reported that TASP is fiscally sound and has sufficient funds to cover the expenses of TASP and the costs of the 2011 Conference.

Dr. DeOrnellas discussed current interest rates for low-risk Certificates of Deposit (CDs). TASP's savings account is currently a Money Market Account. Since CD rates are higher than the Money Market account's very low interest rate, the Treasurer will invest excess cash in CDs with maturity dates of no more than one year beginning in August. The Treasurer will notify the Executive Board when such transactions are made.

GRADUATE STUDENT CORNER

Greetings Fellow Graduate Student Members,

I would like to start this semester off with some news regarding a few upcoming opportunities. Foremost, I am excited to inform you that TASP has implemented a Scholarship Program, which will award up to four \$500 scholarships annually, commencing this year! We are encouraging all TASP graduate student members to apply for this wonderful opportunity. Please note that due to the Program's recent implementation, the time frame for applying is brief, as all applications are due no later than September 15, 2011. If you are interested in this opportunity, please review the documents recently sent out via e-mail, which delineate the application procedures and required materials, and submit your application by the above deadline. If you did not receive the referenced e-mail, or if you have any questions, please feel free to contact me at acanas@twu.edu. Please note that you must be a current TASP student member in order to qualify for this opportunity.

I would also encourage you to mark your calendars, if you have not already done so, for the upcoming TASP conference in Houston. In continuation of last year's Graduate Speaker series, we will feature various professionals who will present on a host of issues facing students and novice practitioners. This is a wonderful opportunity to enhance your education with practical and relevant information. If you are contemplating coming to the conference, but are concerned about the financial aspect, we are also providing a volunteer opportunity to help offset the costs of attendance. In exchange for your volunteerism, TAPS will refund half of your registration fee. For additional information regarding this volunteer opportunity, please contact Rebecca Ray at

reray@conroeisd.net.

Looking forward to a productive semester and wishing you the same,

Angela

DEAR ETHICAL EDDIE:

Dear Ethical Eddie,

I'm a Licensed Specialist in School Psychology and have an ethical concern. Our district uses networked software to manage Individualized Education Programs, and we're having a hard time maintaining confidentiality with this electronic system in place. I understand that I have an ethical obligation to maintain confidentiality, but just about anyone with access to the special education software can view my reports. This came to a head recently when our school librarian's daughter was referred for assessment because the librarian asked the occupational therapist to pull up a draft of my report before it was complete. I have addressed this concern with our director of special education, who in turn has contacted the software developers, but they have not yet committed to addressing the problem. What should I do?

Signed,
Specialist Trying to Undo a Confidentiality Knot

Dear STUCK,

Ethical Eddie has received many letters on this subject, so know that you're not alone in this technological pickle. If only school psychologists were consulted when special education software developers had their Twinkie and Red Bull catered planning meetings. You've taken some great first steps: recognizing the problem, addressing the concern with your director, and writing to Ethical Eddie. Let's focus on next steps.

It's worth noting that we like technological solutions (like lim-

ited access privileges) because we know that maintaining confidentiality is challenging, and that it's tempting for others to peek. In your case, STUCK, you can't get the technological solution that you've requested (at least not yet).

One approach is to provide a brief refresher training to teachers and staff at the next faculty meeting, with an emphasis on electronic records. Remind everyone that just because one has access does not mean that one should take advantage.

We must also consider our professional standards. For example, The NASP 2010 Principles for Professional Ethics contains the following:

Standard II.4.6
To the extent that school psychological records are under their control, school psychologists ensure that only those school personnel who have a legitimate educational interest in a student are given access to the student's school psychological records without prior parent permission or the permission of an adult student.

STUCK, you've presented a problem that Standard II.4.6 does not quite address, because you don't have full control of the records. Perhaps you can gain better control over your records by keeping them out of the networked system until the problem is resolved. Naturally, this would need to be negotiated with your superiors, colleagues, etc.

Another NASP standard directly addresses electronic records in this context:



Standard II.4.7
To the extent that school psychological records are under their control, school psychologists protect electronic files from unauthorized release or modification (e.g., by using passwords and encryption), and they take reasonable steps to ensure that school psychological records are not lost due to equipment failure.

Of course, the same issue of "under their control" crops up again.

As you know, school psychologists are proactive change agents, so try working with your district to develop policies and practices that help maintain the highest ethical standards:

Standard II.4.9
School psychologists, in collaboration with administrators and other school staff, work to establish district policies regarding the storage and disposal of school psychological records that are consistent with law and sound professional practice.

And finally, have a friendly chat with the occupational therapist and librarian to let them know that information is shared on a need to know basis, and that the librarian can always consult with you directly about his child.

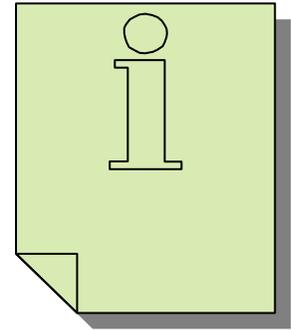
Got an ethics question? Send it to Ethical Eddie at info@txasp.org

AS WE RETURN TO SCHOOL, DO THINK YOU WOULD RECOGNIZE STREET TERMS FOR DRUGS IF YOU HEARD THEM???

TEST YOUR DRUG IQ

- | | |
|------------------------|-----------------------|
| (T) Tobacco | (Me) Methamphetamines |
| (A) Alcohol | (CD) Club Drugs |
| (M) Marijuana | (C) Cocaine |
| (OTC) Over the counter | (I) Inhalants |
| (P) Prescription | (H) Hallucinogen |
-
1. ___ Salvia
 2. ___ Four Lokos
 3. ___ Whippits
 4. ___ Smarties and Pixie Stix
 5. ___ Hydro and Skunk
 6. ___ Robo-ing and Tapp-ing
 7. ___ Nebulizing
 8. ___ White China and Euphoria
 9. ___ Pharming
 10. ___ Spice or K2

ANSWERS CAN BE FOUND ON
PAGE 14



KEEP US INFORMED!

Let TASP know your if your e-mail address changes and update your membership profile!

Send your E-mail to membership@txasp.org or call TASP at their toll-free number:

1-888-414-TASP (8277)

Limited fellowships/scholar loans available for LSSPs who are interested in getting their Ph.D. in School Psychology from an APA accredited/NASP approved program. Possible through grant funding from OSEP (DTELL) and will be available for 4 years for students specializing in Special Education and English Language Learners. Application by December 1, 2011 and acceptance to the full-time APA approved School Psychology Doctoral program for Fall 2012 is required. A scientist-practitioner program, graduates are employed in higher education, schools, and clinical settings. Information on admission and course is available on our website (spsy.tamu.edu). Interested students are invited to visit the campus, and meet with students and faculty on September 9, October 7, and November 4 – if you are interested please contact Kristie Stramaski (kstramaski@tamu.edu). For additional information, please contact Cyndi Riccio, Program Coordinator (criccio@tamu.edu).



Conference Paper/Poster Submission Info

A great way to spotlight your original research or innovative programs is to present a poster or paper at the TASP professional development conference. The scientist/ practitioner model of school psychological services is the training philosophy for most school psychology programs in Texas. This model encourages professionals to engage in research and program planning to further the understanding of best practices in the field. In order for your personal work to impact the professional practice of others, you must present that work to them. The TASP professional development conference is the ideal place to do this. Students and professionals are invited to submit proposals for poster and paper presentations.

Students should submit proposals that highlight empirical research or theoretical analysis of previous studies. The presentation should represent original work. Students may submit individually or as part of a research group. A panel of school practitioners, graduate students and university trainers will award a certificate for the most outstanding student poster presentation.

Student poster or presentation proposals are to be submitted to Jennifer Schroeder at trainers@txasp.org

Professional school psychologists are encouraged to submit proposals that describe empirical research and innovative programs. Professionals working in both university and school districts are encouraged to participate.

Professional poster and paper presentations are to be submitted to James Crosby at jwc014@shsu.edu
TASP Presentation Submission Guidelines

A proposal should include the following and be submitted no later than 5pm on September 15th. CEU's will be given for attending poster and paper presentations.

Please submit the following in APA format.

1. **COVER PAGE**, which should contain

- title of the proposed work
- names, titles, and affiliations of editor(s)/author(s)
- date of submission

2. **ABSTRACT**

The abstract should be on a separate page and be no more than 150-200 words in length. It should summarize the focus of the poster, including its relevance to the field, and provide a synopsis of the proposed content.

3. **SUMMARY OF THE PROJECT**

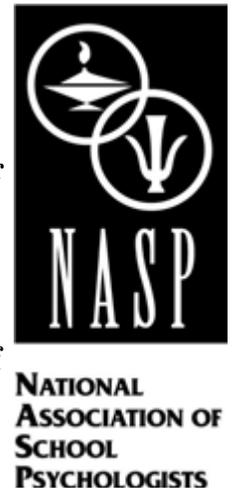
The summary should be no more than 800 words in length. This section should include a summary of the content and how it will be organized. It should also discuss how the proposed work will contribute to the field, emphasizing its relevance to school psychology. There are many possibilities for presenting the rationale, but it must explain the reasons why this particular work is important.

Since this year we are accepting proposals for 50 minute talks (paper presentations), please indicate if you want your proposal to be consider for the poster or paper format. The requirements for both types of proposals are indicated above.

REMEMBERING SEPTEMBER 11th, 2001

10th Anniversary of September 11: Fostering Optimism and Resilience

The 10th Anniversary of September 11, 2001 presents a unique opportunity to reinforce children's natural resilience and optimism and help them to see themselves as a positive force in their world, even in the face of adversity. September 11 was the beginning of a difficult time for the country in terms of war, economic problems, and natural disasters. Yet the American people have proven extremely resilient. Individuals and communities are adapting, coping, and reaching out to help each other. These are important lessons for our children. Adversity is a natural part of life. Yet we can all learn to deal with difficulties if we understand and engage the basic elements of resilience and optimism. Adults can help nurture these qualities in children and actually foster their growth and the skills to be more resilient in the future. Following are simple ways to promote resilience in children and help protect them from long-term ill effects of difficult experiences.



- 1. Think positive!** Modeling positive attitudes and positive emotions is very important. Optimism is a necessary component of resilience and optimistic thinking can be learned. Children need to hear adults thinking out loud positively and being determined to persist until a goal is achieved. Using a "can do" approach to solving problems teaches children a sense of power and promise.
- 2. Show love and gratitude!** Emotions such as love and gratitude increase resilience. Praise should always occur much more often than criticism. Children and adolescents who are cared for, loved, and supported learn to express positive emotions to others. Adults at home and school are important contributors to a sense of being valued. Positive support and emotions buffer kids against depression and other negative reactions to adversity.
- 3. Express yourself!** Resilient people appropriately express all emotions, even negative ones. Adults who help kids become more aware of emotions, label emotions appropriately, and help children deal with upsetting events are giving them useful life skills. Keep in mind that children, particularly young children, look to adults for cues on how to respond to events and challenges. Your attitude and reactions will shape those of the children in your care.
- 4. Foster competency!** Making sure that children and adolescents achieve academically is great protection against adversity. Children who achieve academic success and who develop individual talents such as playing sports, drawing, making things, playing musical instruments, or playing games are much more likely to feel competent and be able to deal with stress positively.

5. Stay connected. Social competency is also important. Having friends and staying connected to friends and loved ones can increase resilience. Being part of positive group experiences and belief systems, such as after school clubs, faith-based communities, and volunteer organizations, can contribute to a sense of connectedness as well.

6. Focus on strengths! Help children focus their own competencies in terms of their daily life and in other difficult times. Help them identify what they have done in the past that helped them cope when they were frightened or upset. Identify examples of positive things Americans are doing to help others. Also remind them that the country has weathered many crises throughout history and has emerged stronger each time.

7. Get involved! Contributing to the community or country helps us feel more in control and builds sense of connection and resilience. Children and youth can help families in the community who have a parent deployed and may need babysitting, errands run, or yard work; write letters or send care packages to our troops; tutor students who need extra help; or volunteer to help communities affected by natural disasters.

8. Get fit! Good physical health prepares the body and mind to be more resilient. Healthy eating habits, regular exercise, and adequate sleep protect kids against the stress of tough situations. Regular exercise also decreases negative emotions such as anxiety, anger, and depression.

9. Limit screen time! Too much time watching television, playing video games, or surfing the Internet is not good for us physically or mentally. Such passive activity detracts from time children could be engaged in activities that build real life competencies, connections, and resilience. Also, during the anniversary period, children could also be exposed to disturbing images.

Protecting our children against all of life's unexpected painful events is not possible. Giving them a sense of competency and the skills to face adverse circumstances can be a valuable legacy of all caring adults. Resilience can be built by understanding these important foundations. The more we practice these approaches; the better able our children will be to weather whatever life brings.

Adapted from "Resiliency: Strategies for Parents and Educators" (S5-79), by Virginia Smith Harvey. In A. S. Canter, L. Z. Paige, M. D. Roth, I. Romero, & S. A. Carroll (Eds.), *Helping Children at Home and School II: Handouts for Families and Educators*, 2004, Bethesda, MD: National Association of School Psychologists. Adapted with permission.

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10th Anniversary of September 11, 2001:

Tips for Educators

The 10th anniversary of the September 11th attacks is a significant event for the United States. Most people will focus on remembering those who died, honoring those who keep the country safe, and reflecting on the country's resilience. Indeed, the anniversary offers a good opportunity to reinforce children's natural resilience and coping skills. However, some students may be at risk of an anniversary effect—the experiencing or re-experiencing of strong feelings related to the attacks.

Extensive media coverage of the anniversary and memorial dedication will likely include footage of the attacks. Many children will be seeing these images for the first time. For others, a renewed focus on the tragedy can bring back the feelings they had when it occurred. This is particularly true for individuals who were personally impacted by the events. Additionally, greater attention to this frightening time for the country may contribute to an already heightened sense of anxiety related to our continued state of war, the troubled economy, and the recent rash of natural disasters.

How schools choose to mark the events can shape the effect of the experience. Remember that adult reactions greatly shape those of children. How you present information can affect how students interpret the situation. The following suggestions can help school staff best meet the needs of their students and school community.

1. **Don't underestimate the anniversary effect.** While most people are engaged in a normal routine, be prepared in case students (as well as you or your colleagues) experience a surfacing of emotions. Expect a broad range of reactions, the intensity and nature of which will vary depending on an individual's personal history and relationship to events. Many students will exhibit little to no change in emotion or behavior. Some may experience feelings of anxiety, fear, anger, or grief. Related symptoms may include disruptive behavior, reduced concentration, heightened volatility or sensitivity, withdrawal, and more. In most cases, symptoms are normal and will subside with adult reassurance and support.

2. **Identify vulnerable students.** The degree to which children are affected will vary depending on personal circumstances. Most vulnerable are children who:

- Live in proximity to past traumatic events or high target areas.
- Have suffered a personal loss from or been exposed to terrorism, violence, or military actions.
- Have parents currently in the military or on active duty in the reserve forces.
- Have parents involved in emergency response or public safety.
- Have families in a vulnerable financial situation.
- Are of non-U.S. origin and may feel threatened by intolerance or racism.

Continued on pg 11

Information from the Area Representatives!

AREA REPRESENTATIVES

Area V

Howdy, Area V. I hope everyone had a great summer. A couple of weeks ago TASP held its August executive board meeting here in San Antonio. Some of the main topics of discussion included the TASP budget and investment strategies, 2011 TASP professional development conference, graduate student scholarships, and the difficulty that many students are experiencing with finding paid internships in the current economy. If you have ideas about how I can best represent your needs on the TASP Board, or if I can provide further information, please feel free to email me at jeremy.sullivan@utsa.edu. I look forward to seeing everyone at the conference in Houston.

Jeremy Sullivan



Area III

Welcome back! Most of us have started our new school year. Along with the excitement of those first days back to school, come students and staff who need our expertise. What better way to network with fellow LSSPs to find great solutions to our daily challenges than to join TASP! If you haven't already done so, please consider renewing your TASP membership today. By being a TASP member, you can keep abreast of the latest developments in our profession through information received from the TASP newsletter, website and periodic alerts. In addition, you can receive a discounted rate for our annual conference, which is in Houston this year and next!

Speaking of our conference, there will be some exciting offerings this year. Now you can get all 12 CEUs at the conference. That elusive one hour CEU missing in previous years will be awarded for attending the paper/poster presentations! For graduate students, TASP has scholarships available and these will also be awarded at the conference. For more details on scholarships, see the TASP website and good luck to all who apply. If anyone would like to volunteer to assist during the conference, please contact me and we'll get you signed up. It is going to be an exciting time and a great way to get motivated for the rest of the year! In the words of Zig Ziglar, "People often say that motivation doesn't last. Well, neither does bathing – that's why we recommend it daily!"

If you need information related to TASP or events in the area, please contact me.

(281)284-0096

Pmoore1@ccisd.ent



Hello Area 1 LSSPs. I hope you all had a wonderful restful summer. The 2011-2012 school year has now began and is off to a rapid pace. Your TASP Board has met and are planning for a great year for TASP members.

Things to keep in mind as the year gets started:

Remember to renew your TASP membership which expires a year from when you renewed last year (ex: October 6, 2010 must renew by October 6, 2011). Encourage non-TASP LSSPs to join.

Remember to register for the TASP conference. The presenter and topic lineup is great and it will be a difficult choice to decide what workshop you want to attend.

Consider making a submission to the TASP online journal. I encourage you to submit articles for this publication. This allows you to provide information to your fellow TASP LSSPs, parents, and other professionals who work with children and adolescents.

Please contact me if you have training needs that are not adequately being addressed at your regional educational service center (ESC). I submitted a letter with specific training requests to the Region 10 ESC at the end of the 2010-2011 school year and several web-based workshops were added for this year training. I would like to do this for the other ESCs once I know what trainings you would like to have addressed.

You are encouraged to send links to online resources to me via email. TASP is working to build our website to include helpful information for LSSPs, parents, and educational staff who work with students who have learning, social, emotional, or behavioral issues.

Remember that each year spots are open on the board. I encourage you to run for an office.

I hope to see you at the TASP conference. I will be attending the TASP Luncheon and would like to meet you and possibly share a table with you there. I look forward to meeting you and discussing any needs or ideas you have to improve how LSSPs operate, coordinate, and excel in our area. I plan to continue to advocate for you, TASP, students and families, and for our profession. On behalf of students, parents, educators & the TASP Board thank you for what you are doing to help students reach their social, emotional, behavioral, and academic goals.



and
to
op-

Lisa Daniel

TASP Area 1 Representative

lisa_m_daniel@hotmail.com

Hello fellow TASP members,

My name is Diane Friou and I am currently serving on the TASP board as the Area IV representative. I have been an active member of TASP since its beginning in 1993. During these "almost" 20 years, I have observed TASP's popularity as well as its functionality, ebb and flow. After 6 months as a board member, I feel I can report with assurance that the future for TASP looks very bright. The board consists of a group of talented, intelligent professionals who are willing to devote their time, energy and hard work to make TASP a top ranked organization. There is an ongoing goal for improvement and consistency. A few of the topics we are working on include: legislative action, re NCSP; scholarships for graduate students, a TASP journal, the TASP newsletter, membership and conferences that meet member's needs and levels of experience. I have been truly impressed with the productivity of board meetings and the resulting and continued upward trend for TASP. I am reporting this information to you in hopes that you will spread the word to your co-workers and friends and hopefully increase membership and conference attendance. If you have questions, please feel free to email me at dfriou@austin.rr.com

Sincerely,

Diane Friou, LSSP, NCSP

- Suffer from posttraumatic stress disorder, depression, or other mental illness.

3. **Let students' needs guide your approach.** Anniversary activities should reflect students' emotional and psychological needs. Schools with no significant connection to the attacks or related events, such as the Iraq and Afghanistan wars, will typically require fewer preparations than schools whose students were or are more directly impacted. Assess the stressors that your students might be under as well as indicators such as behavior problems, substance abuse, suspensions, drops in grades, absenteeism, and others.

4. **Determine whether a memorial activity is needed.** Memorials allow people to come together to express their feelings, increase a sense of security, and reduce a sense of isolation and vulnerability. **However, they will not be needed in all schools.** Providing a memorial activity for students who do not need it may increase their threat perceptions. Conversely, not providing such activities denies students who need them a venue for dealing with their anniversary reactions.

5. **Encourage broad participation in planning.** Decisions about how to approach the anniversary should include teachers, school mental health professionals, support staff, parents, and students. Encourage parents to communicate any concerns they may have about their child's reaction to the anniversary. All members of the school community should be kept informed of plans and resources if students need extra support.

6. **Caution against excessive exposure to negative images.** The media is likely to dramatize the anniversary. Many students, particularly elementary and middle school students, will be seeing these events for the first time. Watching replays of the attacks or stories about national security, the ongoing wars, or even the economy can raise anxiety levels. Young children in particular cannot distinguish between images on television and their personal reality. Older children may want to watch the news; class discussions about what they see can help put it into perspective. Also, encourage parents to monitor Internet and social networking activity.

7. **Reassure students that they are safe, as necessary.** For students who seem anxious, remind them (within an age-appropriate context) that adults are doing everything possible to protect the country and work toward a safer, more stable world. Young children need to know that their parents and other significant adults are okay and will keep them safe. Older children can understand that there are no guarantees in life but that the chances of something happening to them are remote. Review your school's safety plan. Remind them that our governments are working to improve prevention of and emergency response to terrorism and disasters. Don't try to serve as a mental health professional unless you are trained to do so. **Be clear on how to obtain mental health assistance for your students who need it.**

8. **Emphasize the positive.** Consider activities that focus on the empowering effects of the experience, such as

a stronger sense of community, increased civic activism, the desire to help others, an appreciation for the rights and responsibilities of American freedom, and more. Remind them that the country has weathered many other crises, including terrorism, natural disasters, and war, and has emerged stronger and more united each time. Also, focus on important, positive issues such as tolerance, conflict resolution, and global awareness.

9. Focus on students' resilience and competencies. Talk about the positive things they can do to maintain a sense of control, such as reviewing safety skills that they have learned, spending time with friends and family, helping out at home, working harder at a favorite sport or hobby, or doing volunteer work. Help them identify what they have done in the past that helped them cope when they were anxious or upset. (See *Fostering Resilience and Optimism* at <http://www.nasponline.org/9-11-anniversary>.)

10. Make time for class discussion (or activities if the children are young). Be sure to have a map or globe. Be prepared to answer questions factually or to guide discussion about difficult issues. Be careful of large group discussion about political issues or war if your students have strongly differing opinions. Such discussion can turn adversarial when emotions are running high. Be mindful of the pressures your students may be feeling in other areas of their lives. Small group discussions may be more effective.

11. Help students explore and express their opinions respectfully. Explain that opinion is not the same as fact. Fact is what actually happens. Opinions are how we feel about what happens. Everyone has a right to their opinions, and discussing different views can deepen student's understanding of the world. Addressing the intolerance that leads to conflict and aggression can help students gain perspective. Have students avoid stigmatizing statements like, "War protesters are wimps," or "People who believe in war are idiots." Encourage students to state their beliefs with opening phrases like, "I believe or I think" instead of "It is" or "You should."

12. Encourage healthy habits. Remind students to get plenty of sleep, good nutrition, and exercise, particularly since they are also adjusting to being back at school. If possible, integrate healthy snacks and physical activity into the curriculum. Reinforce substance abuse prevention activities.

13. Monitor your own reactions. You may also be affected by the anniversary. Students may look to you for guidance and gauge their current situation based on your reactions. Maintain a supportive and optimistic demeanor. Young children, in particular, will react to any distress you exhibit. Your actions at all times should convey that students are in a secure, stable environment, and that school is functioning normally.

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University of Texas at San Antonio

School Psychology Program

The Department of Educational Psychology at UTSA is pleased to announce the approval and implementation of a new Master of Arts program in School Psychology. The program includes coursework and field-based experiences consistent with guidelines provided by the Texas State Board of Examiners of Psychologists and the National Association of School Psychologists. Most courses will be offered in the evening at the UTSA Downtown Campus, in order to accommodate working professionals.

For more information, please contact Dr. Jeremy Sullivan
(jeremy.sullivan@utsa.edu)



University of Houston

College of Education

COLLABORATION

FOR LEARNING & LEADING

Department
of Educational
Psychology

Ph.D. in School Psychology

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For more information, please contact:

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Save the date: October 6-8, 2011

Westin Galleria, Houston

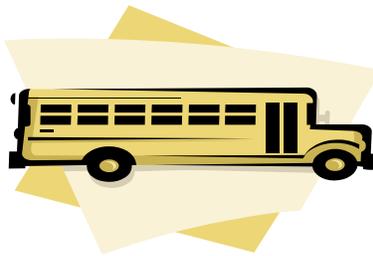
More information to come!



As we get back in school mode, don't forget!!!

Ten Things Not To Say At An ARD

1. But We Don't Have a PT
2. We Can't Do That-My Schedule is Full Already
3. If This Were My Child, I'd.....
4. She's Not Eligible For That Service Due To Her Handicapping Condition
5. Our ESY Program Runs From June 10 To July 15
6. We've Never Done It That Way Before
7. Our Superintendent Will Have To Approve That
8. But What If We Get Sued?
9. I Don't Have Time To Modify For One Student. If He's Going To Be In My Classroom....
10. The Regular Classroom Is Not Appropriate For This Child



Test Your Drug Knowledge Answers:

1. H (new acid- legal for 18 yrs and up)
2. A (FDA required removal of the energy ingredients)
3. I (poisonous household chemicals)
4. T/C (not an actual drug but at- risk behavior)
5. M (hydroponic marijuana is much stronger)
6. OTC/A(Robitussin-CF or Dimetapp used for alcohol content)
7. A (putting alcohol into a nebulizer for quicker absorption)
8. Me (bath salts that are eaten or smoked)
9. P (sharing and mixing medication)
10. M (synthetic marijuana-sale banned on 9/1/11)



Adolescent Substance Abuse: Information for the School Psychologist

Elizabeth Kelley Rhoades

Use of alcohol and other drugs by adolescents has become the norm within our society. The majority of teens have tried alcohol, 36% of them by eighth grade and 71% by their senior year of high school (Johnston, O'Malley, Bachman & Schulenberg, 2011). Many of them, 7% of eighth graders and 23% of seniors, also report having had a drinking binge within the last two weeks. Over a quarter, 29%, of eighth graders and 50% of high school seniors report some illegal drug use (Johnston, O'Malley, Bachman & Schulenberg, 2011). These surveys focus on high school seniors and adolescents who are not in school may well have higher rates of drug use than those who remain in school.

Need for Accurate Assessment

Substance use disorder is described as "the most commonly missed diagnosis by clinicians working with adolescents" (Rivinus, 1988). Beasley (1990) estimates that alcohol alone accounts for between 30 and 50% of hospitalizations and over one third of emergency room cases in teens. Alcohol-related auto accidents are the leading cause of death for persons ages 15 to 24 in the United States (Czechowicz, 1991). While mortality rates have fallen for the U. S. population as a whole since early 1900's, they have risen for those ages 15 to 24. Three-fourths of the causes of death for this age group can be linked to alcohol and are preventable, including traffic fatalities, other accidents, suicide, and homicide (Czechowicz, 1991). The Carnegie Council on Adolescent Development conducted a survey which indicated that significant substance use may lead to "school failure, impaired growth and physical maturation, lowered concentration skills, increased legal involvement, and increased risk-taking activities" (Stout, 1992, p. 290). Of those adolescents who attempt suicide, a high percentage have been involved in substance abuse (Stout, 1992). Adolescents who use drugs are at increased risk of HIV infection from both needle use and sexual activity. Accurate assessment of adolescent substance use disorders and quality treatment may also serve a preventative function for a later generation of students. Maternal drug and alcohol use have proven to have significant effects on fetal development. Alcohol use in expectant mothers is now considered to be the greatest preventable cause of mental retardation (NIDA, 1987).

Difficulties in Differential Diagnosis

Clearly there is a need for individuals involved in the psychoeducational evaluation of adolescents to have competence in the evaluation of this disorder. Specific substance abuse assessment knowledge and skills are particularly important because drug abuse can masquerade as a number of other disorders. Beasley (1990) reports that drug abuse is most commonly misdiagnosed as adjustment disorder, major depression, bipolar disorder, conduct disorder, anxiety, schizo-affective disorder, or personality disorder. It is essential that the adolescent be drug free

for some period of time before further diagnosis can be accurate. The psychopharmacological effects of drug use may appear as memory problems, anxiety, looseness of mental associations, depression, hallucinations, or tremors. Rivinus (1988) recommends a minimum of one month's abstinence from all drugs before further assessment is useful. Most importantly substance abuse assessment is vital because substance abuse disorder must be treated first or at least concurrently for other interventions to be of benefit. Treatment of other disorders without first addressing substance abuse is generally unsuccessful (Rivinus, 1988). Ross (1994) recommended that the clinician concentrate on substance abuse treatment only for the first 9 to 14 months of sobriety before attempting to treat other psychiatric disorders. The current paper will discuss the current status of graduate training in substance abuse, definitions of substance abuse, and dependence, the stages of addiction, the assessment process, self-report issues, indirect and direct assessment approaches, and suggestions for future training and research.

Current Training

Unfortunately few psychologists are receiving graduate training in this area. In their 1984 survey of APA-approved doctoral psychology programs (in clinical and counseling psychology), Lubin, Brady, Woodward, and Thomas found that few programs placed much emphasis on the area of substance abuse. Only 8% of faculty had research interests in alcoholism or substance abuse and only 37% of the programs offered a course in the area. If a course was offered, it was an elective rather than a requirement. Only 16% of students received any practicum or other field site experiences in substance abuse. Students did not feel that they were adequately trained in alcoholism and substance abuse assessment and treatment and 60% rated themselves as having received insufficient exposure during their graduate study.

In their 2009 study in which they interviewed 210 school psychologists working in high schools, Burrow-Sanchez, Call, Adolphson and Hawken found that there was a great need for such training. Their respondents said they worked with an average of 18 students per year where substance abuse was a major problem and referred 5 students a year on average for substance abuse assessment or treatment services. Most of their sample did not feel that their training had adequately prepared them to work with substance abuse issues and over three-fourths of them had never taken a course on this issue. Most said they needed further training with screening and substance abuse assessment followed by consultation and direct treatment services as the areas ranked of greatest need.

Definitions of Substance Abuse and Dependence

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) defines substance abuse as:

A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:

- (1) recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household)
- (2) recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)
- (3) recurrent substance-related legal problems (e.g., arrests for substance-related disorderly

conduct)

- (4) continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)

These symptoms have never met the criteria for Substance Dependence for this class of substance (pp. 182-183)

Substance dependence is defined by the DSM-IV as:

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

- (1) tolerance, as defined by either of the following:
 - (a) a need for markedly increased amounts of the substance to achieve intoxication or desired effect
 - (b) markedly diminished effect with continued use of the same amount of the substance
- (2) withdrawal, as manifested by either of the following:
 - (a) the characteristic withdrawal syndrome for the substance
 - (b) the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms
- (3) the substance is often taken in larger amounts or over a longer period than was intended
- (4) there is a persistent desire or unsuccessful efforts to cut down or control substance use
- (5) a great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance (e.g., chain-smoking), or recover from its effects
- (6) important social, occupational, or recreational activities are given up or reduced because of substance use
- (7) the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption (p. 181)

Stages of Addiction

An understanding of the stages of addiction is also important for assessment. The first stage of drug use is an experimental one. The adolescent learns that use of the chemical can lead to a change in mood. This exploratory stage is the norm. Miller (1986) defines drug experimentation as “the use of one drug - usually not more than four or five times - to seek an intoxicant effect and to gain a sense of mastery over the experience (p. 200).” Many experimenters will end use at this point. A significant percentage will move to the second stage. In this stage the adolescent develops a pattern of substance use to achieve the desired mood change, usually in a social setting. He or she begins to seek this mood swing and generally associates with peers in the same stage. While many adolescents may cease their drug use at this stage, they are at increased risk for moving further along into the third stage and into substance abuse. In the third stage the adolescent becomes preoccupied with the mood swing that he or she has learned and sought out in the earlier stages. The young person begins to control feeling states through self-medication.

The adolescent may be seeking either pleasurable mood states or attempting to avoid painful ones (Muisener, 1994). This third stage is where the adolescent may begin to use more extreme means to obtain their drug of choice. Burglary, selling drugs, sexual promiscuity, and shoplifting generally begin at this stage (Feigelman & Feigelman, 1993). Legal difficulties and suicidal ideation are common at this stage (Feigelman & Feigelman, 1993). In the fourth stage the young person has entered the stage of dependence and is using the substance in an attempt to feel normal. No longer is the adolescent moving from a relatively normal to an elated state with each use. Consequences of continuing drug use have led to a painful feeling state when sober and chemical use is sought for relief. Using is often a solitary activity, physical deterioration begins, and there is a high risk of suicide (Feigelman & Feigelman, 1993).

Risk Factors

Knowledge of the risk factors associated with substance use disorders can help the clinician determine when to probe more deeply for evidence of substance abuse. Children of alcoholics have a 30% likelihood of themselves being alcoholic (Archambault, 1992). Children of tee-totalers, overprotective, or overly demanding parents are also at greater risk (Archambault, 1992). Caucasian adolescents have a higher rate of illicit drug use and use a wider variety of chemicals than African-American or Hispanic adolescents (Beschner & Friedman, 1985.) Depressed adolescents are more likely to use drugs and are more likely to use for longer periods of time (Archambault, 1992). A National Institute of Mental Health study found that 19% of male substance abusers had had a previous episode of major depression or anxiety (Czechowicz, 1991). Early antisocial behavior is also a strong predictor of later substance abuse. Boys who were described as aggressive in the first grade (particularly those who were also shy) were more likely to be drug abusers a decade later (Czechowicz, 1991). Adolescents who are rebellious, socially isolated, lack significant connection to school or church, and who have low self-esteem are more likely to initiate drug use (Czechowicz, 1991). Shannon, James, and Gansneder (1993) found that adolescent substance abusers failed more classes, had more retentions, were more often placed in lower ability tracks, and were more often referred. for special education.

Substance Abuse Evaluation Process

The recommended substance abuse evaluation process is the multiple assessment approach. Its comprehensive and multidisciplinary nature will be familiar to the school psychologist experienced in psychoeducational evaluation. The multiple assessment approach uses a variety of assessment techniques such as student interviews, observations, individual testing instruments, careful review of the student's records and previous services, family interviews, and information from other key figures such as physicians, administrators, and teachers (U. S. Department of Health and Human Services, 1993).

The goal of the assessment process is to gain information related to the DSM-IV diagnostic criteria for substance abuse or dependence and factors which will be useful for treatment planning. For these purposes the assessment will cover a number of domains including strengths and resiliency factors, history of chemical use, medical history, developments history, family history and current functioning, mental health history, school history, sexual history, peer relationships, legal involvement, social services involvement, and leisure time activities (U.S. Department of Health and Human Services, 1993).

Self-Report Issues

As the school psychologist begins the process of the substance abuse assessment, an important question arises. Will the student tell the truth about his or her drug use? Research evidence is mixed. Maisto, McKay, and Connors (1990) conducted a review of the empirical literature on the reliability and validity of drug abusers' self-reports. They found 14 studies published between 1967 and 1988 with sufficiently well-defined variables for review. Studies varied widely in their accuracy criterion. Some studies compared the addicts reports of drug use to reports from their families, counselors, or probation officers. Later studies were more likely to use the results of urinalysis testing as their criterion measure but no one method of urinalysis was used. None of these criterion methods is ideal. Unless an individual is under constant surveillance, family, counselors, and probation officers may be unaware of the full extent of their using. Additionally, different urinalysis procedures have differing false-positive and false-negative rates (Maisto et al., 1990). The studies do provide some support for self-report accuracy. Agreement rates varied across studies, from a high of 95% to a low of 16% with most around 60%. Evidence indicated that subjects erred in the direction of over-reporting their use in cases where there was discrepancy. They reported data confirming that more experienced interviewers had less underreporting and that clients were more likely to make accurate statements to paraprofessional staff who were themselves recovering substance abusers than to professional staff (Maisto et al., 1990). Nurco (1985) recommended that self-report accuracy could be increased by discussing confidentiality with the client, establishing a good rapport with the subject, and telling the subject that his or her responses will be checked against other criterion. Mayer and Filstead (1979) cite a study by Waller in which alcoholics in residential treatment were told to lie on a self report. The subjects still revealed enough information that 92% were correctly classified as alcoholics. The poorest accuracy occurred in a 1994 study by Fendrich and Xu in which they interviewed 3,086 juveniles in booking facilities in 11 cities. The subjects were male arrestees ages 9 to 18 and their self-reports were compared against the results of urinalysis (enzyme multiplied immunoassay technique). In this setting the boys were reluctant to admit to drug use other than marijuana, particularly within the last few days. Their reports of marijuana use were higher than urinalysis results although the agreement was still 77%. Of the boys who were found to have used amphetamines, 33% had self-reported use of these drugs. Those with physical evidence of PCP intake reported it only 29% of the time. Only 16% of those who tested positive for cocaine use had reported using it within the last three days. Only 5% of those who were positive for heroin had reported it (Fendrich & Xii, 1994). Carifio (1994) found that middle school students who were binge drinkers were more likely to give socially desirable responses on the Crandall Social Desirability Scale for Children. Clearly, the accuracy of self-report data is open to question. For this reason the examiner will want to obtain information from a variety of sources, examine (and perhaps confront) any inconsistencies or perceived omissions in the student's self-reports, and when possible utilize measures including lie or social acceptability scales.

Indirect Assessment

It is recommended that the examiner obtain as much information as possible before the actual assessment session with the student. A review of the cumulative record may provide important clues. Absenteeism, truancy, a drop in grades, incomplete classwork, tardiness, and forged notes from home may be signs of a drug problem. A teacher interview may indicate concerns with the students lack of responsiveness, odor, dress, outbursts, isolation, or choice of friends

use assessment. The psychologist will require the developmental, behavioral, and social information generally sought in any parent interview as well as additional data. Questioning should address friendships (types of friends), mood swings, defiance of rules, sleep habits, withdrawal, deterioration of personal hygiene, isolation, temper outbursts, weight changes, abusive behavior, selling possessions, stealing, legal involvement, and possession of drug paraphernalia (Archambault, 1992). Daroff, Marks, and Friedman (1990) surveyed parents of substance abusers who described their children as difficult to talk to (78%), doing what they please (69%), ignoring house rules (68%), distant and aloof (60%), and frightening (53%). Feigelman and Feigelman (1993) cite the work of Gold who suggested 13 indicators of drug abuse, lying, disappearance of valuables, mood swings, abusive behavior, hostility, auto accidents, truancy, falling academic performance, possession of drug paraphernalia, drug-using friends, fatigue, and conjunctivitis. Parents whose children do not use drugs like their child's friends, have more influence over their child than peers do, view their child as assertive, show greater church connectedness, and describe their children as honest, sensible, and reliable (Chatlos, 1991).

If the psychologist has access to medical records, a number of symptoms may point towards substance abuse. Sinusitis and ulcerations of the nasal septum may be due to heroin or cocaine snorting (Comerci, 1990). Excessive use of alcohol may lead to hypoglycemia, anemia, hypertension, and gastrointestinal disorders. Adolescents abusing alcohol may be obese, have flushed faces, and exhibit tremors. Malnutrition and liver disease are highly suggestive of alcoholism (Beasley, 1990). Tachycardia, hyperventilation, anorexia, seizures, insomnia, and tremors are common with stimulant abuse. Opiate abuse may lead to infectious diseases (including AIDS), hepatitis, skin problems, nausea, and stomach cramping (Beasley, 1990). Those using hallucinogens may have poor motor skills, burns, frequent accidents, and a history of pneumonia. Inhalants may lead to organic brain syndrome, conjunctivitis, tinnitus, nasal inflammation, chest pain, renal failure, and gastrointestinal problems (Beasley, 1990).

Assessment Measures

There is no standard adolescent substance abuse test battery. Assessment procedures vary widely depending on the training of the examiner (physician, psychologist, social worker, paraprofessional) and the setting (hospital, treatment center, school, jail).

Summary and Conclusions

Adolescent substance abuse is an epidemic problem which school psychologists are seldom prepared to address. While school psychologists have not historically been trained in the area of substance abuse assessment, they have the basic skills in observation, interviewing, and psychological measurement necessary. What is needed is specific, targeted instruction in preservice and inservice programs to address the nature of substance abuse, assessment competencies, and treatment strategies. At a minimum, school psychologists planning to work with adolescents need a course in substance abuse assessment, some basics of psychopharmacology (perhaps covered in a physiological class), and supervised practicum experiences working with substance abuse cases. Programs which lack faculty with competence in this area need to recruit adjunct faculty to provide such training and supervision.

As school psychologists gain the expertise to assess substance abuse, they will be in an excellent position to research issues vital to the educational success of these students. Issues of differential diagnosis and comorbidity with learning disabilities, ADHD, mental retardation, and behavioral/emotional handicaps require school-based research. School psychologists skilled in substance abuse can help to develop treatment programs for these students within the schools to target the