

President's Message

Dan Florell

The KAPS 2005 annual convention had a very strong showing with over 300 people attending the conference. It was great seeing so many of you at the conference. Initial feedback seems to indicate that most of those that attended the conference found the topics timely and diverse in content. A summary of the conference presentations can be found in the rest of this newsletter. I would like to extend another round of thanks to the people who helped me put the conference together.

The Executive Council (EC) met at the conference and discussed several issues. One issue discussed was to explore re-districting our regions to more accurately reflect the cooperative service regions. This would expand the number of regions from eight to eleven. Another issue surrounded the involvement of school psychologists and KAPS in the writing of the learning disability regulations for the state. I am happy to report that several current or former school psychologists are represented on the regulations committee and that our viewpoint is being well-represented. We also had several of our members volunteer to serve on a KAPS LD Workgroup headed up by our president-elect, Mary Twohig. The purpose of this workgroup was to solicit input from members regarding their issues and concerns with the new regulations. If you are interested in becoming a part of this group, contact Mary Twohig (mtwohig1@jefferson.k12.ky.us).

In other EC news, KAPS continues to have a healthy membership of over 350 members. We are financially healthy and developing a budgetary process that will ensure the health of the organization for many years to come. The EC approved funding for digitizing our logo for letterhead, business cards, and envelopes. This should greatly assist future presidents in their efforts to correspond with others and was sorely needed. In order to better serve our members, we implemented our first comprehensive survey of the membership at our conference. We collected 200 surveys and are in the process of analyzing the data to answer a variety of questions including average salaries, prevalence of school psychologists in districts, recognition of national certification, retirement, and percent of time spent in various activities. The hope is to use this information to better serve you and allow us to lobby for improvements in areas such as pay and service.

At the end of October, Jim Batts, Mary Twohig, and I attended the NASP Southeast Regional meeting in Little Rock, AR. While there, we met with other state presidents and NASP delegates to share states' experiences over the past year. This year's discussion was dominated by the impact that Hurricane Katrina had on the Gulf states. It heartened us to hear all of the support that school psychologists had received from others in the profession.

Now that the Fall conference has been held, it is time to start planning for a Spring training. I am open to any suggestions people might have for speakers or for topics they would like to have presented. Please e-mail your suggestions to me at dan.florell@eku.edu.

Dan

Inside this issue:

<i>Saving Our At-Risk Students</i>	2
<i>Webmaster's Report; Scholarship Awarded</i>	3
<i>Professional Development; Newsletter Survey Results; Online Resources</i>	4
<i>KAPS Best Practice Awards</i>	5
<i>Regional Reports</i>	6
<i>KAPS Session Reviews</i>	6-11

Special Points of Interest:

- *2006 KAPS Conference Date and Location Announced, Page 5*
- *School Psychologist of the Year Winner, Page 7*
- *VIP (Very Invested in Psychology) Award Winner, Page 7*
- *RTI Pre-Conference Workshop Review and Call for Discussion, Page 9*
- *LD WorkGroup Report, Back Page*

Saving Our At-Risk Students

Misty Lay

As a school psychologist, I have one of the most rewarding careers. Being able to make a difference in the lives of children is like waking up on Christmas morning and seeing the Christmas tree surrounded by presents all for ME. There have been many occasions, however, that I have been disappointed with the limited options which are available to students who don't necessarily fit the "mold" or the criteria for certain services within our schools. How many times have we sat in ARC's and felt helpless because we knew that "testing for special education" was the last resort?

Over the course of my career I have known and followed so many students about whom I have heard the following comments: "Well, if only he/she had someone to talk to", "if only he/she had a reason for coming to school", or "he/she just needs a little extra push". Five years later I would hear their names mentioned in the context of an EBD referral, the Day Treatment Center, or I simply discover that they've dropped out of school. Those are the days that I wake up to an empty tree on Christmas morning. It is this that encouraged me to search for a way to try to save our at-risk youth. Out of this search rose what became known as "Friend Factor".

Loosely based on the Primary Mental Health Project (out of New York), Friend Factor targets students K-8 with early adjustment difficulties and enhances the students' positive feelings toward school. Our purpose with Friend Factor is to increase school attendance, improve students' social skills, and increase self-esteem. At-risk factors were measured by a school-wide mental health screening and gathering of other school records (i.e., attendance, free/reduced lunch, grades). Students who met the "At-Risk" criteria were then eligible to participate in the program.

The next obstacle was getting supplies for reinforcements (i.e., games, toys, food & drinks, school supplies). We promoted our program and made proposals to various administrators and directors. We ended up with nearly \$3000 and were able to buy everything we needed. As usual, our space at the school ended up being a supply room but it never really mattered. The students were so excited, eager, and looked forward to meeting with their mentor on a weekly basis. Teachers were hesitant initially, afraid of how this would "interfere with instructional time". However, all fears disappeared after the first two weeks of the program. Positive feedback from parents and an overall improvement in students' performance and "happiness" led the teachers to be "Friend Factor's" primary supporters.

Follow-up screening and data gathering was then completed to actually see if there was a "statistical" improvement in the students' performance. Office referrals decreased by 78% for our students, and attendance improved for our students by decreasing the average absences from 10.9 to 3.5 (which in turn improved the school attendance in the district.) There was little improvement in "grades" but effort, participation, and work completion improved greatly. On measures of self-esteem and social skills, the teachers rated the students as showing "significant improvement" on all but 4 of the 36 participants. The program was so successful we are working on expanding it district-wide.

The biggest obstacle is, of course, funding. The harsh reality of public education is that most, if not all, funds which flow into our schools are already earmarked for a required "this or that", and when you deal with federal and state tax dollars, the treasurers and bookkeepers hold onto those dollars with tightened fists. However, with Safe Schools and the movement toward more mental health services in the schools, funding exists for programs such as Friend Factor, which will assist in offering options for schools when addressing the needs of all our youth. We will soon begin the second year of our Friend Factor program. I am so lucky to be able to see hope in the future of the at-risk youth in Bullitt County.

For More Information Contact:

The Primary Mental Health Project
C/O Children's Institute
274 N. Goodman Street, Suite D103
Rochester, NY 14607
<http://www.childrens institute.net>

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Shepherdsville, KY 40165
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Webmaster's Report

Dan Florell

The KAPS website is currently under re-construction. There was a notable occurrence at the EKU campus during the summer. The EKU computer system was reconfigured which resulted in many of the KAPS website links not working and pictures not loading. The reconfiguration along with the planning of the state convention resulted in a slight deterioration of the website. However, this deteriorated state should not last much longer. The EC has approved funding for improving our graphics for our homepage. In addition, I will be starting to use new web programming software which should make our website look better.

Our efforts at creating historical archives of KAPS garnered a lot of attention at the NASP Southeast Regional meeting in October. We are in the forefront of this movement to preserve our history and not lose our institutional memory through the use of our website. I still have several items to digitize but we already have quiet a few items up including a listing of all the KAPS Presidents.

Our site was also recognized by NASP in their October 14, 2005 Legislative update for our involvement in linking the state association web site to NASP advocacy. The following is an excerpt from the legislative update regarding the use of the advocacy service:

“Data on how many people are sending messages through this center and the state of residence for these advocates is analyzed every 6 months by NASP staff. Between January and June this year, only 5% of NASP members sent letters through the advocacy action center. When looking at the states who had the highest rates of participation in legislative advocacy—the state of Kentucky leads the way in both the total number of messages sent (N=65) and the percentage of their members that are sending letters (23%). *Congratulations to Kentucky!* These results prompted NASP staff to ask, ‘What inspired school psychologists in Kentucky to become active advocates?’ It’s difficult to know for sure, but one thing is definite—the Kentucky Association of School Psychologists (KASP) makes it easy for members to participate because they have a direct link to the NASP Advocacy Action Center from their website.”

Please continue to use the website (<http://www.psychology.eku.edu/KAPS/>) as it is constantly changing. Also, take advantage of our listserv. If you want to subscribe to KAPS, the LISTSERV for the Kentucky Association of Psychologists in the Schools, go to <http://www.uky.edu/Education/kylists.html> and follow the directions.

Jennie S. Ewald Scholarship Recipient: John Lamanna—Western KY University

The 2005 Jennie S. Ewald Scholarship was awarded to Western Kentucky University graduate student, John Lamanna. His nominating professor, Carl Myers, Ph.D. stated that, as a student, John not only strives to learn the material and techniques necessary for the profession, he excels in meeting the demands of his academic coursework. John was described as a leader that shows confidence without arrogance. He is an outgoing individual who is friendly to children, teachers, parents, his peers and faculty. John has experience through fieldwork in both schools and a crisis shelter. His supervisor at the crisis shelter stated that John has an exceptional ability to forge relationships, and both well respected and well liked by his co-workers and the clients he serves. KAPS congratulates John and wishes him the best of luck in his future as a Kentucky School Psychologist.



Congratulations John Lamanna, Winner of the 2005 Jennie S. Ewald Scholarship

Professional Development Opportunities

Understanding Individuals with Asperger Syndrome or High-Functioning Autism

Lexington, KY
 January 26, 2006
 Register via phone, fax, website or mail:
 Lorman Educational Services
 PO Box 509
 Eau Claire, WI 54702
 715-833-3953
 866-352-9539
 www.lorman.com
 Contact company for CEU information

Emotional Disability or Social Maladjustment? Best Practice in Assessing and Differentiating the IDEA Terms ED and SM in Children and Adolescents

Bowling Green, KY	Lexington, KY
December 8, 2005	December 9, 2005

Register via phone, fax, website or mail:
 MEDS-PDN
 PO Box 6644
 Eau Claire, WI 54702
 (715) 836-9900
 (715) 836-9770 (fafx)
 www.meds-pdn.com
 CEU's, EILA Credit Hours Available

Newsletter Survey Results

Mary Margaret McNemar

Results of the KAPS Interest Survey are in! Here is what you, the membership of KAPS, would like to see in upcoming newsletters. All item categories with at least 2 responses are listed. As you can see, you want to hear from...YOU! Are you doing something beyond traditional assessment that makes a difference in the education of the students in your district? We want to hear from you.

Summary Results

Assessment issues/instruments	2
Continuing education opportunities	16
Updates to regulations	6
Job openings	6
Current issues in state affecting SP	8
What works/best practice/in other	22
Support mental health awareness	3
Current research summaries	5
Book reviews	3
Intervention ideas	8
Websites of interest	2
Legislative updates	5
Legal issues	2

Online Resources

Mary Margaret McNemar

The following are a few of my favorite bookmarks:

National Technical Assistance Center on Positive Behavioral Interventions and Supports (PBIS) <http://www.pbis.org>

School Materials for a Mental Health Friendly Classroom: Training Package: Eliminating Barriers for Learning: Social and Emotional Factors That Enhance Secondary Education

http://www.allmentalhealth.samhsa.gov/school_modules.html

Curriculum-based assessment information, links, SBIT processes and forms, DIBELS, and charting software.

<http://www.interventioncentral.org/htmldocs/interventions/cbmwarehouse.shtml>

Researched reading teaching/learning interventions for middle/high school age students (Washington - Dept. of Special Education)

<http://www.k12.wa.us/SpecialEd/pubdocs/adaptations/Middle%20Years%20Reading%20Part%20One.pdf>

The Commonwealth Center for Instructional Technology and Learning (CCITL) is a web-based tool designed to support Kentucky instructional providers in the location and implementation of evidence-based strategies to enhance the educational experiences of students with learning challenges. Currently, access is only available to personnel in our participating school districts. <http://ccitl.uky.edu/>

Best Practices In School Psychology Recipients Announced

Misty Lay, from Bullitt County Schools, received the *Best Practices in Assessment* Award. In the past year, she has prepared her district for the impact of IDEA 2004 by attending trainings, interviewing colleagues nationally, and gathering research on “scientifically-based instruction” and “response to intervention.” She spearheaded district-wide curriculum based instruction for second grade basic reading and reading comprehension skills. Misty reviewed curriculum standards and specific programs at each elementary school and developed academic probes. She convinced every second grade teacher to attend after-hours training on administering the reading probes and all probes were completed within a week. Misty gathered the data, developed local norms, and presented the information to her administrators. As a result of her efforts, Bullitt County recognizes the advantages of utilizing curriculum-based measurement in assessments and/or the referral process. The nomination letter noted that Misty’s leadership in assessment provides the district, teachers, and students with the most up-to-date tools and techniques for identifying and addressing students’ strengths and weaknesses.

The *Best Practices in Consultation Award* was awarded to **Terri Kendall** and **Dorothy Brock** of Jefferson County Schools for their participation in the Exceptional Child Education (ECE) cross role group committee. They represented school psychologists on this committee comprised of ECE teachers, specialists, coordinators, and the executive director of the department. The committee looked at ways of improving student achievement for children in ECE. Terri and Dorothy worked hard in developing a process and a form (Systematic Intervention Plan) all school should use for students who are starting to exhibit behavioral challenges. Their expertise, professionalism and dedication were instrumental in getting schools to look at this population of students in a systematic way, coordinate services for the students, and assess the effectiveness of the services.

For her role in the development of a program dubbed “Friend Factor,” the award for the *Best Practices in Counseling* went to **Misty Lay** of Bullitt County Schools. Misty developed Friend Factor (described in more detail on page 2 of this newsletter) to address the needs of students with emotional and academic difficulties but who are not eligible for special education services. At-risk students were identified using four criteria: free and reduced lunch, poor attendance, poor academic progress (based on teacher report) and behavior (attention, anxiety/shy, externalizing behaviors, self-esteem). After screening nearly 800 students in one elementary school, 76 students were identified as at risk. Friend Factor provides one-on-one weekly mentoring with each student. The students are encouraged to come to school, to complete their work, to stay on task, and are provided with opportunities for positive experiences at school. Feedback from parents and teachers has shown improvements in student attendance and overall mental health.

Deana Lucas of Estill County Schools was the recipient of the *Best Practices Award in Organizational Development*. Deana has been involved in Estill County’s efforts to lower drop-out rates for several years. She has provided assistance in writing data collection and evaluation components of grants written to fund these efforts in addition to writing grants herself to fund these programs. Estill County has implemented a systemic type of intervention/prevention program to address their drop-out problem. Deana has represented the mental health component of this change effort over the last 8 years by providing support groups for at-risk students, counseling at the Alternative School for students at-risk of dropping out, and the establishment of a Saturday program for students in the after-school programs. This program, with the help of her counselors, has encouraged students to participate after school and on Saturdays for incentives as well as relationship-building with peers and adults. Estill County’s systemic change has paid off as their dropout rate has dropped from over 7% a few years ago to below the state average last year.

Megan Vitan, of Jefferson County Schools, was awarded the *Best Practice Award in Program Evaluation/Research*. Megan is currently investigating the short-term effects of receiving special education services on the self-esteem of students. Megan is a specialist degree student at the University of Kentucky who is completing her internship in Jefferson County.

Regional Reports

(from EC minutes)

REGIONAL REPORTS:

Region 1: Mandy Byrd discussed starting a school psychology network, which would include members of KAPS. Her region plans to meet every other month and she is working on ideas for speakers/trainings.

Region 2: Welcome Sheila Hardcastle! Region 2 has not had any activity since the June Executive Council meeting. Sheila is working on a distribution list and plans to discuss region concerns at the KAPS meeting.

Region 3: Penny Mills-Shotwell discussed having an annual meeting with her region. She also reported on a KAPS membership party in which family members also attended and said it went well.

Region 4: Kelly Houk was not in attendance. No report.

Region 5: Sawsan Jreisat reported that regional bios were sent and her region is working together to get the word out about school psychologists. She is discussing trainings in regards to estimates, contracts, etc. Sawsan is also establishing an email distribution in her region and continues to participate in a list serve.


Region 6: Kevin Morris discussed concerns of RTI (response to intervention) trainings and cooperative transition of goals and services. His region would also like further training on new IDEA regulations. Theresa Combs was suggested.

Region 7/8: Ken Epperson discussed concerns of private providers in local areas. He suggested school psychologists collaborate with private providers to meet student's best interests. Ken also suggested meeting with county counselors. Topics of interest in his region include RTI.

Children with Bipolar Disorder: School-Based Interventions

Reviewed by Bethanie Brogli

This session, presented by Mary Fristad, Ph.D., covered school-based interventions with Bipolar Disorder. The presenter did a fabulous job going over general facts about depression and bipolar disorder. The participants were given an overview of the major differences between mood disorders such as Dysthymic Disorder (DD), Seasonal Affective Disorder (SAD), Hypomania, Cyclothymia, and Bipolar disorder (BPD). She also did a great job of differentiating between ADHD and mania. Dr. Fristad gave the audience practical suggestions on how to modify school experiences to increase the academic success of students with mood disorders. Discussion of tiered responses were also discussed including: free to low-cost interventions, alternatives to regular classroom placements, and moderate to high-cost interventions. Also mentioned were interventions such as light therapy and nutritional intervention. Common or necessary accommodations for children with mood disorders were also discussed. The presenter also gave a large set of reference materials including: educational websites, books to read, websites for families, and additional resources. Dr. Fristad was a dynamic presenter and the audience gained very good information on the subject.



**Save the
Date!**

**KAPS Fall Conference 2006
October 11-13, 2006
Galt House, Louisville**

More information coming soon!

New Trends in the Study and Treatment of Depression

Reviewed by Kevin Morris

Dr. John Florell shared his experience as a clinical psychologist and clinical director as it related to the topic of depression. Participants were treated to a very informative session covering major research studies, data, and treatment strategies in depression, as well as practical application of the research as it applies to services in the school. Some main points of the session were that we, in the educational system, try to motivate through survival emotions. In other words, we attempt to motivate by creating anxiety. However, the research shows that high amounts of anxiety has several negative side effects, one being a direct impact on memory and problem solving skills. Did you know that our brains are initially hardwired for addiction and that watching traumatic events on television or reading about it in the newspaper produces the same response as actually seeing the event happen in front of you (can actually trigger depressive episodes)? It was interesting to hear that the hippocampus can become impaired, and has been shown to physically shrink, in depressed individuals exposed to negative stimuli. Another important point for those involved in individual counseling with depressed students was that focusing sessions on the negatives in the student's life is usually ineffective. Treatment should focus on positive emotions to counteract the negative, along with deep breathing, reappraisal, corrective emotional experiences, value clarification, and physical activity. Some suggestions were given for barriers frequently encountered when counseling depressed students, such as homework compliance, desire to change, and rumination behaviors.

Topics briefly addressed marriage counseling and counseling individuals with eating disorders as they related to depression. Yes, we learned some techniques for weight loss, such as food savoring. The session was packed with information and research findings. Sadly, most teachers are unaware of much of the research on motivation and depression, as were many of us prior to the session. We were charged with the mission to disseminate results of the research so that teachers can be more effective in the classroom.

Issues in School Motivation and the Adolescent-A Look at the Montessori Method

Reviewed by Kristie Clark

Nancy Alspach, ECU student, presented "Issues in School Motivation and the Adolescent-A Look at the Montessori Method." Ms. Alspach began with an overview of adolescent school motivation. Prior studies focused on the motivation drop in adolescence as a result of puberty while more recent studies focus on many factors including peer, family, teachers and environment. Ms. Alspach then reviewed three theories of motivation: The Attribution Theory, The Goal Theory and The Self-Determination Theory. The Montessori Method at the secondary level addresses these theories in a number of ways. First off the Montessori environment is a good fit with adolescents because the activities are developmentally appropriate for individual students. The Montessori Method complements the Attribution Theory by emphasizing self-mastery which increases pride. Teachers focus their praise on a student's effort not the product. The Montessori Method relates to the Goal Theory by having students master sequential tasks that are relevant. Autonomy associated with the Self-Determination Theory is reflected by letting students choose their task, duration and directions. The student's are also provided a feeling of relatedness through group work. Finally one of the biggest differences in traditional versus Montessori schools is evaluation methods. While traditional schools rely heavily on grades and ability grouping which can lower motivation, the Montessori Method relies on minimal grading and multi-age work groups that are organized by interest not ability. When done, grading is more about self-correction and private interaction between student and teacher. Ms. Alspach was also able to provide valuable personal experiences with the Montessori Method as she attended a Montessori school as a child and has also taught in the Montessori setting.



Next Newsletter

Deadline

January 27, 2006

In the Next Issue:

- Section 504
- RTI Discussion
- KAPS Regional Best Practice Winners
- Spring Training Information
- More Session Reviews
- 2006 Conference Update

Why Try? Innovative Interventions that Provide Hope and Motivate Youth to Overcome Poverty, Violence, and Failure

Reviewed by Mandy Byrd

In this session, Hans Magleby introduced and described the “Why Try Program,” which is a “strength based approach to helping youth overcome their challenges and improve outcomes in the areas of truancy, behavior and academics.” Mr. Magleby, along with the program’s co-founder Christian Moore, has developed a program that teaches youths about social and emotional issues through the use of metaphors. These metaphors are taught to the students through pictures, music, and physical activities. The goal for the lessons is for students to “see it, hear it, and physically experience it”. The program is designed so that participants will be able to relate abstract concepts to familiar experiences which will facilitate communication.

Mr. Magleby’s description of this program was very energetic and informative. Session attendees participated in group activities and were given many useful materials and ideas that could be implemented in a classroom or counseling session. Not only were the benefits of this particular program discussed, but also the overall importance of implementing social and emotional education in the schools. The “Why Try Program” offers school psychologists many tools with which to meet the social and emotional needs of our students.

Translating BASC-2 into Interventions

Reviewed by Penny Shotwell

Translating BASC-2 into interventions focused on the updates that have been made to the BASC system including the additions of Activities of Daily Living and Functional Communication Scales. Some changes have been made to update the BASC-2 SRP including a mixed item format (T/F and MC) which has shown in research to be more reliable. The presenter stressed the importance of using the Structured Developmental History in combination with the BASC-2 as it will provide a detailed history of the child’s development. Proper interpretation and reporting was also discussed in great depth.

Instructions for interpretation were as follows:

Step 1-A: Choose Clinical Norm Samples

Step 1-B: Validity

Step 2A: Behavioral Symptoms Index

Step 2B: Classification

Step 2C: Composite Scores

Step 3: Examine Adaptive Skills Composite

Step 4: Examine Externalizing and Internalizing composites

Step 5: Examine School Problems Composite

Step 6: Examine Cross-Rater Agreements and Disagreements

Step 7: Identify any Clinical Scales with T-Scores (greater than or equal to) 60

Step 8: Identify any Adaptive Scales with T-Scores (less than or equal to) 30

Step 9: Examine Ipsative High and Low Scales

Step 10: Confirm Interpretations

Also newly offered is the BASC-2 ASSIST Plus Software which includes Content Scales which are new additions to the BASC system. The Content Scales included for the TRS and PRS are: Anger Control, Bullying, Developmental Social, Executive Functioning, Negative Emotionality, and Resiliency. For the SRP A/Col: Anger Control, Ego Strength, Mania, and Test Anxiety.



VIP Award 2005

(Very Invested in
Psychology)

Dr. Duane Miller

In Recognition of Your
Distinguished Service
and Dedication to the
Field of School
Psychology



KAPS School Psychologist of the Year

Misty Lay
Bullitt County

For Outstanding Services
to the Students, Teachers
and Parents of Bullitt
County
Congratulations Misty!

Assessment of ELL with Special Needs

Reviewed by Kandy Stroup

As more and more school districts, both small and large, are encountering increased numbers of English Language Learners (ELL) students, Susan Prout's presentation on assessment needs of these students was all the more timely. Susan gave an excellent presentation that stressed the need to carefully examine and consider acculturation effects and language acquisition as components of any assessment. The need to be culturally sensitive to ELL students and the cultural changes many of them may be going through was thoroughly discussed. Susan pointed out that standardized tests are often the least important piece of information available due to validity questions, our cultural bias and the lack of experience the student may have in the American culture. Psychologists will need to consider alternative assessments that might include: curriculum-based measures, educational background, medical and developmental history and the cultural background from which the student comes. Cautions were made about translating English tests into other languages, as there are often dialect, vocabulary and items differences, especially in Third World countries. The length of time that an ELL student is exposed to English is critical as it may take 5-7 years under optimal conditions for a student to acquire CALP (more formal language structures). Social, or conversational language is often acquired earlier, within 1-3 years. The best predictor of how an ELL student will perform in American schools is their literacy level in the native, or first language of the family.

With the new IDEA, a new issue to consider will be the lack of response to interventions, not just how long the student has been in the country. Susan talked about how the use of visual cues and demonstrations paired with basic language vocabulary must be constant and repeated over and over. Strategies such as backward chaining, scaffolding, advanced organizers and student "buddies" will aid older students in accessing the general curriculum.

Susan offered templates for reading and writing assessments and sample reports that have proven helpful in Fayette County when assessing ELL students. She recommends meeting with a parent before the ARC and keeping the numbers of people who attend the meeting low to facilitate communication. Follow-up with parents and teachers after an ARC is often helpful. Many thanks to Susan for sharing her wealth of knowledge and experiences in working with ELL students. We all have much to learn ourselves as we encounter more and more of these students throughout the state.

ACES/AIMS Tools for Implementing Problem Solving Models

Reviewed by Jennifer Leslie

Gerald Lindahl, Ph.D presented a 1.5 hour session on ACES/AIMS Tools for Implementing Problem Solving Models, a series of assessment tools for identification of potential referrals and at-risk students. Dr. Lindahl was a practicing school psychologist at the high school level in New York for 20 years before becoming a representative for Harcourt and the Psych. Corp. He appeared to be happy with the change as he had just returned from an exotic scuba diving trip in the Far East!! Basically, the ACES/AIMES is a fascinating set of checklists and measurement tools that break down complex areas of educational importance such as motivation, engagement, study skills and interpersonal skills, as well as individual academic areas. The motivation section was very useful as we all know how difficult this variable is to manipulate. Included is a list of comprehensive interventions. The ACES/AIMS is a functional and useful way to gather data, but not a "quick and dirty" one. The rating forms are detailed and require lengthy analysis; the "Linking Assessment Results to Intervention" step is rather time consuming. Dr. Lindahl wanted every participant to leave his session remembering to include the student in the assessment process, planning, and goal setting so that the student will be an active participant in the his or her own educational process.

Preconference Workshop: Response to Intervention (RTI): Implications for General, Remedial, and Special Education

Reviewed by Bryony Rowe

First of all, we would like to thank Dr. Kovaleski for his presentation at the 2005 KAPS Pre-Conference in Northern Kentucky. Many pre-conference attendees would agree that he met his presentation goals of increasing general understanding of the RTI format and its use in special education eligibility determination, conceptualization of support services in the three-tier model of service delivery, understanding of school-wide restructuring based on student data, and introducing the beginning steps of integrating diverse programs for at-risk students.

Dr. Kovaleski initially presented his support of RTI as an alternative to the test-and-place model by stating what he believes to be current problems with the discrepancy approach in determination of specific learning disability eligibility. These problems include a need to wait until discrepancies exist before delivering specially designed instruction, poor linkage with intervention, and many false positives and negatives in decision-making (i.e., high IQ and average achievement, the “slow learner” myth, etc.).

In place of the traditional test-and-place model, Dr. Kovaleski and other RTI supporters have proposed a special education eligibility model which includes evaluation of educational progress, examination of discrepancy from expectations for peers, and identification of individualized instructional needs. Under the RTI model, poor educational progress is defined as previous interventions not sufficiently improving a student’s rating of learning and corresponding need for additional resources to support learning. Discrepancy is defined as, “given equal or enhanced opportunities, the student’s current level of performance is significantly lower than typical peers or identified standards”. Individualized instructional needs are identified as being beyond what can be provided in general education, whether by curriculum, instruction, or environmental conditions (Grimes & Tilly, 2003). Dr. Kovaleski’s presentation placed particular emphasis on the RTI model and reading. He shared that approximately 25 – 35% of children can read relatively easily or effortlessly with reading instruction, but for 60% or more of children, reading is a much more difficult endeavor. Dr. Kovaleski proposed that these students can be served through an RTI model continuum that includes three tiers of intervention.

Tier 1 interventions are defined as evidence-based instructional practices provided on a whole-class or whole-school basis with systematic identification of students who do not adequately respond to these research-based strategies. At Tier 2, a student is provided with scientifically based standard protocol interventions delivered in small group format. Tier 2 can be supervised by a school problem-solving team and tends to be very structured. Tier 2 involves immediate corrective feedback, mastery before proceeding to the next lesson, extended time for activities perceived as difficult, fewer transitions, goal setting and self-monitoring, and more opportunities for students to respond. Goal setting and self-monitoring are proposed to promote progress through increased student awareness. Dr. Kovaleski shared a quote to illustrate this point in stating, “motivation is awareness of small increments of growth.” Students who do not respond to Tier 2 consultation with the classroom teacher, “push in tutoring,” or “pull out tutoring,” are then referred for consideration of Tier 3 special education services. When Tier 1 and Tier 2 interventions have yielded minimal progress and academic deficiency is verified using curriculum-based measurement (student performance at a level 2.0 X criterion from established local norms), eligibility for Tier 3 services can be determined and be provided through flexible service delivery with cross training and non-categorical deployment of staff. Tier 3 remediation is based on student need with transitory provision of services based on individual circumstances.

In being involved with the implementation of RTI in the schools, many issues must be considered by school psychologists. How can school psychologists be involved in team meetings of collaborative problem solving? What role will school psychologists have in collecting and evaluating district data? How should school psychologists aid their schools in identifying and utilizing evidence-based instructional practices? What training do school psychologists need to effectively use the RTI model in consideration of special education eligibility? These questions are certainly not an exhaustive list, of course, and many other issues may arise depending on local district and individual school structure and characteristics.

As your KAPS newsletter editors, we are putting out the call for feedback regarding RTI research and applications, implementation, and implications for the practice of school psychology. In particular, what might RTI look like in our state or in your region or local district? What are RTI’s foreseeable benefits and what are some pitfalls that might arise from its adoption in school districts across Kentucky? We plan to publish an editorial section of sorts in the next edition of the newsletter. Your personal and professional responses to RTI issues are requested. Please submit articles (400 words or less) to Mary Margaret McNemar at mmcnemar@madison.k12.ky.us – Deadline January 1, 2006.

Tourette Syndrome & Other Tic Disorders

Reviewed by Kathie Harris

One of the most informative workshops at the Fall KAPS Conference had to be Dr. Eva Markham's session on Tourette's & Other Tic Disorders. Dr. Markham, a psychologist w/ the Weiskopf Child Evaluation Center in Louisville, has an extensive background in the assessment of children with Tourette's, Autism, and related disorders. Although it is estimated by the National Institute of Health that 100,000 people have full-blown Tourette's Disorder, genetic studies suggest that 1:200 may have transient or non-Tourette tic disorders. Tics can range from very mild forms where the child exhibits only 1 or 2 vocal or motor tics to very severe cases where the child is demonstrating chronic complex motor and vocal tics. Tics do not necessarily worsen over time, and most tics appear before age 10. Contrary to common myths, tics do not cause an intellectual decline, do not signal a higher incidence of other diseases or poor health, do not prevent a person from participating in sports or driving a car, and the life span is not shortened. It is common for other conditions to occur with tics such as, behavior problems, learning problems, ADHD, OCD, and disorders on the autism spectrum. Approximately 1/3 of the people on the autism spectrum have tics. There has been much debate on the origins of tics with theories related to dormant genes, adverse pre-or perinatal factors, exposure to psycho stimulants, and post-infectious onsets. One of the more common theories has been the association of tics with stimulant medications. In 1974, it was reported that a child developed tics 2 months after beginning Ritalin. Although the report did not assert a cause and effect relationship, this belief continues today. A study in 1997 using a double blind, placebo control indicated no increase in tics at low doses, a temporary increase at higher doses, Dexedrine increased tics more than methylphenidate, and at a 3 year follow-up, tics were stable and the symptoms of ADHD were improved. A more recent study (2002) indicated that methylphenidate increased tics in 20% of the group, however, 22% of the placebo group had an increase in tics.

Another area of much controversy is the effective treatment of tics. Generally, tics should be treated based on the adverse impact on a person's life. While there are various medications and alternative therapies are advocated by some, some medications have significant, adverse effects and should only be used in certain cases. Dr. Markham stated that some of the "older" medications are better for tics. Clonidine is a useful first medication but if this is not effective, she advocated the use of neuroleptics. Many cases can be effectively treated through the use of behavioral procedures, habit reversal training, relaxation training, and cues.

School psychologists need to be aware of the educational implications of school related conditions associated with tic disorders. ADHD, learning disabilities, autism, mental retardation, obsessive-compulsive disorders occur commonly with tics. School staff need general and child specific training on tic disorders and involvement of older students, who have tics, in the training was recommended. Since these students are often targets for harassment, it is important for the staff to be proactive in teaching students how to deal with bullying and enlisting "high status" peers to buddy with the child with tics. Since stress may worsen tics, it is important for school staff to identify those situations which make the tics more prominent and target interventions and develop accommodations and individualized programs as necessary. The Tourette Syndrome Association is a useful resource and their email address is ts@tsa-usa.org.

GED Testing Documentation for Persons with Disabilities

Reviewed by Michelle Gadberry

As a school psychologist who works in a high school, I would like to say that all my students graduate from high school; however, the reality is that many don't. Information on GED testing was a topic I was very interested in yet knew little about. Dr. Helton provided valuable information in this short session. Specific types of disabilities are eligible for GED test accommodations, such as learning disabilities, ADHD, physical disabilities and mental disabilities. Accommodations available include extended time, audiocassette, the use of a scribe, calculator, and frequent breaks. The test is available in Braille, as well as in Spanish and French. The requirements for a person to receive accommodations vary by disability type. For details, go to the GED testing website: <http://www.gedtest.org> Persons with disabilities must self-disclose their disability to adult education staff. As school psychologists, we can help by providing our students with this information if they drop out of public school.

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A School Psychology Smorgasbord Reviewed By Amanda Crick

Dr. Jim Batts discussed three completely unrelated, although very interesting topics; thus, the title of the session. The first 30 minutes of the session was devoted to upcoming changes in the LD Tables. Within this area, Dr. Batts also told the group about the Global Ability Index (GAI) as well as how and when it would be appropriate to use. The GAI is comprised of 6 subtests (instead of 10) and does not include Working Memory or Processing Speed components. He stated that there is good rationale for its use and that the publishers of the test have given their blessing but mentioned that we do not have KDE's blessing yet. Psychologists should wait for a state-wide e-mail from their DoSE or Chris Thacker before electing to use this new optional index score. The second session topic was NASP's "Reading Rockets" program (<http://www.readingrockets.org>). It is a tool kit specifically designed for psychologists to train teachers and/or parents on the importance of reading and early intervention. It includes documents as well as video to conduct sessions for parents or teachers. Attendees watched portions of the video which were interesting and would hold an audience's attention. This tool kit is a wonderful way for psychologists to be a resource to their schools. The final few minutes of the session was devoted to changes in the NCSP application process and the special renewal opportunity for psychologists who let their national certification lapse. Overall, the session was informative and entertaining. Dr. Batts always has a wealth of knowledge to offer to his colleagues. He will be missed in his retirement.

Report of the LD Workgroup Discussions

Mary Twohig, President-Elect of KAPS

At the KAPS fall conference, an LD workgroup was held to discuss LD eligibility within the framework of the federal regulations. The group of fifteen KAPS members had various viewpoints and concerns about new regulations and how they might be implemented in the state.

The one consensus was that whatever criteria is used that it should be statewide. Although debated, most felt that the aptitude-achievement discrepancy in its present form should not be used. However there was concern that moving away from the discrepancy model would make the criteria for eligibility difficult to manage and open to abuse.

Much of the discussion centered on Response to Intervention (RTI) as most felt that would be the way state would move on LD eligibility. Most also felt that RTI was a good idea in theory but questioned how it could be managed at the state level. Issues discussed related to RTI: need to be supported by regular education; Student/Staff Support teams would be an integral part of process; standardized assessments may not be needed although cross battery of tests may be necessary to look at processing issues; curriculum based measures would be an important part of model; some form of cognitive testing may be necessary to rule out other disabilities; a combination of local and national norms may be necessary.

The discussion also led to many questions: Who will be responsible for implementation? What role will the school psychologist have in the process? What does research-based or scientifically-based interventions mean and who decides what constitutes this? What about intervention fidelity? Who provides training and to whom?

The LD workgroup has continued to discuss these issues via e-mail with information shared with committee members from the state-level LD eligibility committee. Although the KAPS committee may not arrive at a consensus position, the discussion may be helpful in delineating the issues/concerns that need to be addressed in the state regulations. The state LD committee hopes to have recommendations by the end of the year. It is anticipated that the federal regulations will be released early next year; state regulations to follow.