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# KAPS REVIEW

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*A PUBLICATION OF THE  
KENTUCKY ASSOCIATION FOR  
PSYCHOLOGY IN THE SCHOOLS*

*FOUNDED 1977*

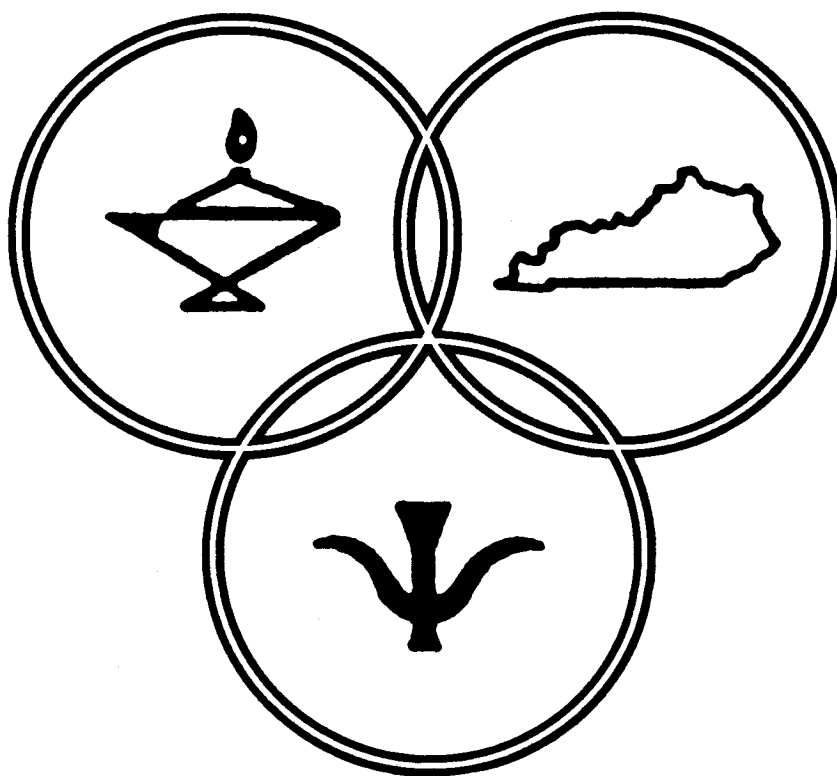
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### ***THE KENTUCKY ASSOCIATION FOR PSYCHOLOGY IN THE SCHOOLS***

The KAPS Review is the official newsletter of the Kentucky Association for Psychology in the Schools (KAPS), and is published three times a year (Fall, Winter, Spring). Opinions and statements appearing herein are those of the authors and not necessarily those of the executive committee. Editors reserve the right to edit articles submitted.

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## **PRESIDENT'S MESSAGE**

BY JENNIFER ELAM

Hi Everybody!!

Last week was wonderful - all of the crocuses and daffodils I planted in the fall were blooming, the sun was shining and the birds were singing. I even got to enjoy it because school was cancelled for the Sweet 16 basketball tournament. Usually, I fuss about what the world is coming to with such priorities but last Wednesday, I just enjoyed the day off and didn't fuss too much.

The KAPS Executive Council has met three times since the conference and met again April 7th, following the School Psychology Advisory Council meeting. Many of the items I mentioned in the winter review continue to occupy our time and some new activities have been initiated.

Continuing work includes:

- 1) Strategic Planning - Bob Kruger, Jim Batts and Alan Mullins are working together on revising the operations and procedures manual to make it consistent with our mission, goals, and objectives.
- 2) Medicaid Funding - Jennie Ewald is keeping in touch with Preston Lewis regarding billing by school psychologists for services on the IEP.
- 3) Liaisons with Other Agencies - We continue to attend many meetings and work with other organizations to advocate for children.
- 4) School Psychology Advisory Council - KAPS is heavily represented on the advisory council and is involved in trying to develop two-way communication with the State Department of Education through Hal Hayden, Director of Exceptional Children.
- 5) Recruitment - We continue to encourage new people to become a part of the work of KAPS.

Highlights of new issues we have worked on include:

1) Legislative - Connie Adams sent an alert for work on the balanced budget amendment. Thank you everyone who responded by calling Senator Ford!!!

We again encourage you to sign up with NASP for the School Psychology Action Network (SPAN) which is a FREE newsletter to let you know about significant legislation.

2) School Psychologist Licensing - Several school psychologists had difficulty with the continuing education requirements in getting their licenses renewed. Jim Batts is working with KPA and the licensure board. KAPS is a recognized provider of continuing education for licensure.

3) KASA Affiliate - We are working with Wayne Young of KASA on more efficient ways of keeping membership records that will serve both organizations.

4) Continuing Education - Jim Batts was in charge of the LD training session this month with Nancy LaCount and Nancy Sander from the State Department of Education. Many of us left with more questions than we came with but we spent a day trying to make sense of academic processing and other issues that have arisen related to LD guidelines. I encourage you to let them know how the implementation of these guidelines is going. Another training session is being planned.

Upcoming agenda for the next few months (in addition to the continuation of most of the above items) include:

- 1) nominations for awards and officers.
- 2) more recruitment for liaisons with other organizations.
- 3) attempting to recruit school psychologists from Region 8 to serve on KAPS committees so that we can more effectively serve that region.
- 4) a new school psychology program at Murray State may be in the works.
- 5) conference for fall of 1995 - will be at the Harley Hotel in Lexington.
- 6) Pat McGinty, Jennie Ewald, and I will attend leadership events at NASP.

We have been staying real busy!!! Jennie Ewald and I are working toward a smooth

transition at the end of June to her presidency.

I want to publicly thank those hard-working executive council members who have helped with the work of KAPS. This year I have certainly gained a greater appreciation for all of the effort that folks put into the running of KAPS. I especially want to thank Angela Wilkins who has been quite supportive and has the difficult job of keeping us abreast (as well as anyone can) of what is going on at the state department.

HAPPY SPRING!!!!

## **SECRETARY'S REPORT**

BY JOSEPH L. BARGIONE

Spring greetings! With most of the school year behind us, I assume you are looking forward to finishing (I am). However, before you turn your attention to hiking, vacationing or just "sleeping in", let me share with you some of the issues and activities the KAPS Executive Committee (EC) has been working on.

A major project the EC is developing is a strategic plan for KAPS. A mission statement was developed that we hope accurately reflects the purpose and philosophy of KAPS. It reads as follows "The mission of KAPS is to facilitate the learning and the mental health of children and youth and to serve its members by promoting their professional development and advocating for quality and comprehensive school psychological services." You will be receiving more information about the strategic plan as it becomes available.

Also, with regard to the role of school psychologists in Kentucky, some preliminary discussions were held concerning having school psychologists identified as school administrators in education statutes. Having this designation may open some doors to school psychologists in their districts as they think about ways of expanding their roles. In order for KAPS to be successful in this effort, we will need to develop alliances with other organizations and groups who could help make this an obtainable goal in the next legislative session.

Talking about developing relationships

with other organizations, Angela Wilkens has been assigned as our liaison person with the Kentucky Department of Education. Angela has already attended some of our meetings and provided good information and insight on how to work with KDE. She will be a valuable resource for KAPS.

Another issue that may have an impact on school psychologists is local school districts being reimbursed by Medicaid for school psychological services to children in Exceptional Child Education. The EC has made contact with Preston Lewis who is heading up KDE's task force on this issue. In a letter written by our president to Mr. Lewis, KAPS would like to see school psychological services which can be reimbursed by Medicaid include assessment, consultation, and interventions.

Regional and committee reports found elsewhere in this issue will give you additional information about some of the other projects KAPS is working on. If anyone would like a copy of the minutes to any of the EC meetings please contact me. Enjoy the rest of this school year and your upcoming summer vacation.

## **REGION 1 REPORT**

BY ALAN MULLINS

Region 1 members have been quite busy during the last three months, mostly with daily job responsibilities. Region 1 representative Alan Mullins attended the KAPS Executive Council meeting on January 13th. A written summary of the EC meeting topics was disseminated to all Region members. We are currently attempting to contact a regional educator who attended a two-day workshop February 4-5 on ADHD presented by C. Keith Conners in an effort to obtain some of the information presented.

Princeton, Kentucky was the site of a full-day training for educators on EBD issues hosted jointly by West Kentucky Education Cooperative personnel, West Kentucky Counselors' Association, and KAPS Region 1. The target audience was assessment personnel, teachers, and administrators. Judging by attendance and participant comments, the

day was a success. There were a total of 92 educators (teachers, counselors, directors of special education, principals, and school psychologists) in attendance. The day consisted of seven different 60-75 minute presentations available which provided some flexibility to the attendees in selecting topics most relevant to their district's needs. A special thanks goes out to Ray Roth (school psychologist with Henderson County) for sharing his knowledge/expertise in leading two of the workshops. There is already talk of holding a similar training next fall on the topic of Learning Disabilities.

The next big event for our region appears to be the NASP Convention in Chicago. Several Region 1 members are fortunate to be attending the conference and we are currently making plans for an informal get-together. We will be attempting to systematically gather as much individual workshop information/notes as possible in order to distribute to interested Region 1 members upon our return.

## **REGION 2 REPORT**

BY ANNELLE WHITE

Region 2 has met to discuss a variety of topics since the beginning of the year. In January, members met at the Kentucky Advanced Technology Center for training on professional time management. In March, we again met at KATC and discussed curriculum based assessment as well as current pertinent issues including the reauthorization of IDEA, academic processing, and ADHD assessment and professional practices within schools. Davies County school psychologists promised to share their current practices with other Region 2 members. On Wednesday, March 1, Region 1 hosted a day-long workshop entitled Addressing Emotional-Behavioral Needs which was sponsored by the West Kentucky Educational Cooperative at Princeton. Topics included teacher assistance teams, informal assessment, documentation of qualifiers, differentiated programming, SSBD, interagency task force, SSRS and curricula, and assessment selection.

An interesting newsletter is being published by a Bowling Green law firm. This newsletter offers opinions and current practices and precedents related to special education laws. To receive this newsletter, send your name, position, place of employment, address, and

phone number to Mr. Michael Owsley; English, Lucas, Priest, & Owsley; P.O. Box 770; Bowling Green, KY 42102-0770.

Congratulations to Cathy Ramsey of Owensboro on the birth of her baby. Also I'd like to recognize Region 2 members who are active in KAPS executive activities this year: Jennie Ewald-President-Elect; Mike Simpson-Public Relations Chair; & Shelly Tisdale-Membership Chair. We have been well represented and everyone deserves a "thank you" for their willingness to serve the state organization.

## **REGION 3 REPORT**

BY MIKE NORRIS

Jefferson County welcomes Bob Munroe as our newest school psychologist (new to us). This now brings us to full staff of 25 1/2 school psychologists. Bob has extensive experience in private practice, and has recently served Bardstown schools. Bob also cleaned house several years ago by winning several KAPS Best Practice Awards. He hit the ground running in JCPS, which is appropriate for a former Little All-American cross country runner for Centre College.

Jefferson County is advertising and interviewing for six new school psychologists, and one new position as Coordinating Psychologist (pending Board approval). The school psychologist positions will be advertised between March 13 and April 7, followed by interviews on May 11, 12, & 13 (Thursday - Saturday). A job offer will be made by May 31, with hire date after July 1. We don't know about interviewing for the Coordinating Psychologist position yet. If interested, call (502) 485-3170: ECE/Placement Services Department. Joan Jones, Joyce Stevens, and Claudia Schindler worked the recruitment table at the NASP Convention and received several inquiries.

Seven JCPS psychologists attended NASP, and were met there by three former colleagues and KAPS members. Attendees included Joan Jones, Claudia Schindler, Marianna Mitchell, Laura MacKinnon, Joyce Stevens,

Pat McGinty, and Mike Norris. Former colleagues included Ronda Talley (APA Division 16), Doris Campbell (private practice in Kissimmee, Florida), and Michelle Ashton Stevens who now resides in Atlanta. All are doing well and send their best regards to their Kentucky friends.

## LEGISLATIVE COMMITTEE REPORT

BY CONNIE ADAMS

### NEWS AND NOTES:

Highlights of last summer's special session of the General Assembly included an increase of \$26 million for basic school financing for 1994-96. Programs funded included Family Resource and Youth Service Centers, vocational education, staff positions, and the SEEK program.

On August 18, 1994 the Kentucky Commission for Families and Children was established. By July 1, 1995, the Commission shall develop a statewide plan for "a comprehensive, family focused, standards-oriented, consumer driven system for delivering services to children and families." This Commission supplants the Institute for Children in Kentucky. Issues concerning funding and staffing remain unresolved.

In November the Administrative Regulations Review Subcommittee approved the academic standards expected of Kentucky students under education reform. These are revised version of the 75 KDE objectives developed from KERA goals.

The Legislative Research Commission operates a toll free message line in Frankfort for citizens who wish to reach their lawmaker: 1-800-372-7181.

The 1994 Session of the Kentucky General Assembly passed legislation affecting safety of school personnel and students:

- Deadly weapons are prohibited on school property, now a class D felony,

punishable by 1-5 years imprisonment and a fine of up to \$10,000. Signs should now be strategically posted in your schools.

- A parent/guardian is required to notify a new school when a child has been found guilty or previously expelled for homicide, assault, or violation of state law or school regulations relating to weapons, alcohol, or drugs.
- School employees are also required to report to local police, sheriff, or state police any felony occurring on school property or any misdemeanor or violation relating to weapons or controlled substances. Failure to promptly report is a class A misdemeanor, punishable by law.

Check your September, 1994, *NASP Communique* on page 7 for a great article on Medicaid and School Psychological Services by Kevin P. Dwyer.

### Congressional Watch:

- BBA: We won on the Balanced Budget Amendment!!! Thanks to your efforts, Senator Ford voted against the BBA. It was defeated by one vote.
- Unfunded Mandate Legislation: Oppose federal legislation making it more difficult for the federal government to enforce the compliance of states and localities with laws/regulations unless full funding mandates were provided. A variety of basic rights and safeguards may be jeopardized.
- Reduction of the Federal Government's Role on Education and Low Income Programs: Oppose proposals that jeopardize provisions of ESEA, IDEA, and the Perkins Vocational Education Act, as well as federal food assistance programs.
- Gains for School Psychologists in the re-authorization of the ESEA:

The language defining "pupil services personnel" includes "school psychologists" and "related services" includes "psychological services . . . as may be required to assist a child with a disability to benefit from special education and includes the early identification and assessment of disabling conditions in children."

Additional grant money is available through the ESCDA (Elementary School Counseling Demonstration Act) to expand

counseling services only through qualified school counselors, school psychologists, and school social workers.

Interested in federal legislation? Join SPAN, the School Psychologists Action Network, by calling NASP GPR staff at 301-608-0500. Receive the SPAN UPDATE. It's free!!!

### FYI:

I sent a letter in August in behalf of KAPS to Rep. Major Owens regarding re-authorization of IDEA supporting non-categorical systems and inclusion of school psychologists as providers of related services to benefit learning, not just for special education instruction. This letter also supported the full range of services, not just inclusion models.

Info for Special Interests:

Kentuckians for Health Care Reform  
120 Sears Ave., Suite 202,  
Louisville, KY 40207  
502-894-0222 FAX: 502-894-0635

*In case you were wondering . . .*

Efforts to organize a KAPS phone tree have been hampered by outdated information in a delayed KAPS directory and reorganization of the KAPS regions. I hope all regional reps will organize phone trees for their respective regions ASAP, and certainly before the legislature re-convenes. Please send a copy of the regional phone tree to me.

Bills are already being pre-filed for the 1996 legislative session. You can receive the Interim Legislative Record for free. Call or write the Legislative Research Commission, Public Information Office, Capitol Annex, Frankfort, KY 40601, 502 564-8100.

If you are interested in joining or have volunteered to assist with the legislative committee, please affirm/re-affirm your interest / commitment by contacting me by phone or mail this summer at 390 Adams Ln., Richmond, KY 40475, 606-624-2644.

Many thanks to all KAPS members who participated in our successful initiative to oppose the Balanced Budget Amendment by contacting Senator Ford! Many thanks to Senator Ford for voting against the measure!!

Happy Summer!!!

## WORKING WITH YOUR LEGISLATORS

BY JENNIFER ELAM

The political climate is no longer friendly to children and to our work. You can no longer afford to rely on others to do the work of keeping School Psychology alive in Kentucky. KAPS cannot do all of the work that needs to be done. Each of you **MUST** get involved in working with your legislators.

I recently attended an in-service training on Advocacy presented by Wayne Young, Executive Director of KASA, for the executive board of the Kentucky Counselor's Association. KCA is quite concerned about their future and is attempting to develop effective legislative networks. We, as school psychologists, do not have the resources for lobbyists and hiring others to do our work as the administrators and counselors are doing. Each school psychologist has to do some of the work. Here is what you can do. **GET TO KNOW THE LEGISLATORS IN YOUR REGION.** Invite them to school functions as your guests. Invite them to give awards. Invite them to spend time in your school and see the important work that you are doing. Communicate with them frequently.

Below are guidelines that were given to us at the advocacy training. Put the addresses of your legislators on your computer and write to them. Let them know about your work; inform them about the importance of programs that help children and of keeping school psychologists. Informing legislators is what lobbyists do. We must do our own lobbying.

## CHECKLIST FOR WRITING A LETTER TO A LEGISLATOR

**BE BRIEF • BE LEGIBLE  
BE POLITE • BE TIMELY**

### 1. Address Your Letter Properly:

STATE SENATOR:  
Senator John T. Doe  
Your State General Assembly  
(Room & Building, if known)  
City, State, Zip Code

Dear Senator Doe:

### STATE REPRESENTATIVES:

Representative Mary F. Smith  
Your State General Assembly  
(Room & Building, if known)  
City, State, Zip Code

Dear Rep. Smith:

### 2. Keep Your Letter To A Single Page.

If you need more space, enclose a brief summary statement.

3. **Do Not Use Form Letters.** Write the letter in your own words. Handwritten letters are considered by some legislators to be even better than typed letters.

4. **Cover Only One Subject In Your Letter.** Identify the subject and bill number.

### 5. Ask For A Response:

How will he/she vote on this issue?

How does he/she feel about this issue?

What information does he/she have on this issue?

Is there anything you can do? (get more info, etc.)

6. **Identify Yourself.** Make sure your name and address are on the envelope and letter, as well as identifying your group, if you represent one.

### 7. Explain The Reasons For Your Stand.

Make sure he/she knows your position on a particular subject and what its effect will be on you, your clients, your district.

### 8. Be Courteous and Business-Like.

Do not make threats or be abusive.

### 9. Always Say Thank You.

Write a thank you letter, even if you didn't get the answer you wanted. Positive reinforcement will be remembered the next time you make contact.

10. **Send A Copy Of Your Letter And Any Reply To Your Organization.** It helps the organization keep track of the issues and the stances being taken by individual members of the legislative body.

## WRITING LETTERS TO GOVERNMENTAL AND LEGISLATIVE OFFICIALS: Thirteen Basic Rules

1. Prepare handwritten letters for all personal communication. Letters from associations and institutions should be typed on official stationery and signed by the appropriate officer, chairperson, etc. Never xerox, mimeograph, or duplicate letters.

2. Personalize the letter as much as possible. Tell the addressee the position you have and where you live and work. This is especially important if you are a constituent of the person whom you are contacting.

3. Begin your letter with the proper salutations, including title, name, and address. The clerk of the state legislator can provide a current list of these bodies, and the governor's office can provide a listing of key people in the executive branch. For a list of federal legislators and government officials, consult the various references contained in your local library.

4. Construct a letter that is clear in purpose and offers concise arguments for your personal position. Attempt to keep your letter to a single page.

5. Identify any legislation, law or regulation by name and number. This will allow staff aides to link letter to specific issues and record your concerns accordingly. Legislators often refer to such records of public concerns prior to voting on a piece of legislation.

6. Provide constructive criticism. Cite the strong points in a bill, law, or set of regulations. Address weak points and areas of omission.

7. Offer your personal assistance and that of your association to gather additional information or prepare formal testimony. Such gestures of volunteer assistance can have immediate and long-range impact as legislators and government officials solicit expert opinion on pending legislation and government regulations.

8. Make certain that your letter reaches the right person(s) in timely fashion. Don't procrastinate. Your letter is like a vote, and you can't vote after the polls close.

9. Ask the addressee for a response. Most legislators and government officials will acknowledge personal letters. A simple question, inserted in



the text of your letter, can ensure this response is more than a routine acknowledgment.

10. Approach the addressee in a positive non-threatening manner. The Dale Carnegie philosophy of "win friends and influence people" should apply to our letter-writing efforts. Negative, threat-ridden letters have little impact in the government and legislative world.

11. Identify your organization and the size and nature of its membership. If you are writing on behalf of a branch, state division or local chapter, be certain that the addressee is aware of the organization, its composition, and the number of persons that it represents.

12. Address copies of your correspondence to key people in the government relations activities of your association. This will allow the government relations committee to monitor the breadth and quantity of community on an issue. Keep a copy of your letters for a personal file. You may wish to refer to a particular letter at some future point or in follow-up correspondence.

13. Write a "thank you" letter to those legislators and government officials who act on your behalf. Too many officials only hear from the public and from professional groups when there is a problem or need. They like to hear from you when they have appropriately represented your personal and professional interests.

### **ANNOUNCEMENT: The CPD Committee is Resurrected! Meet the New Chairperson - Suzy Guilliom**

I would like to introduce myself to my fellow KAPS members. I am a soon-to-be licensed psychologist, working for the second year as a school psychologist in Anderson County Schools. Professional areas of particular interest include parent training, prevention, and teacher effectiveness.

I graduated with a Ph.D. in School Psychology in 1994 from the University of Kentucky. Prior to returning to graduate school to work on an advanced degree, I taught for 12 years in Jefferson County (Kentucky) Public Schools, in programs for learning disabled, mildly mentally handicapped, and orthopedically and health impaired students.

I am looking forward to serving our stateside organization as the chairperson of the Continuing Professional Development Committee, and I appreciate the opportunity to serve KAPS in this way. I believe it will be a great experience for me, both personally and professionally.

My husband and I have recently realized a ten year old dream; we have moved onto a 162 acre farm in eastern Shelby County. We hope to raise horses, buffalo, and other creatures.

KAPS members may reach me at  
502/829-0648 (Home)  
502/839-3565 (Work)

### **GREETINGS FROM KDE'S NEW SCHOOL PSYCHOLOGY CONTACT**

BY ANGELA WILKINS

Last fall, I was honored to be named the new School Psychology contact person in the Department. During my 20-year tenure at KDE, I have seen school psychology "born," "recognized," and "funded" with experimental school psychology grants and KDE mini-grants. This is my 10th year as a KAPS member, so I felt the *KAPS Review* was an appropriate forum for an introduction.

The first three school psychology contacts at KDE - Pat Guthrie, Jim Batts, and Lesa Billings - are more than names to me. They each are dear personal friends, and their excellent services to KAPS and the school psychology profession provide role models for me to emulate. Pat and I worked together on conference sessions to promote student services, including school psychology. Jim and I enjoyed the implementation of the experimental school psychology program during the mid-80's (please note the term "experimental" as a term used in the funding of these grants to districts without school

psychologists). Lesa and I worked with several activities involving the collaboration of school psychologists, school social workers, and school counselors.

My credentials include a bachelor of arts in psychology, a master's in counseling, a Rank I in psychometry and school administration, and a doctorate in education administration and supervision with a family studies minor. Like you school psychologists, I've spend lots of time in class!

My current job duties also include being the KDE contact person for school counselors, school social workers, and their state organizations. There are some generic issues that address all these role groups, including school psychologists - school violence prevention/intervention is one such current issue. As a member of the state Post-Trauma Response Team, I've worked with all student services' role groups. Other issues, such as a role group's certification, is specific to the profession under study.

The School Psychology Advisory Council, begun by Lesa Billings (thanks, Lesa) and the KAPS Executive Committee (EC) are two areas where I work exclusively with school psychologists. I'll also be at KAPS conferences and assessment workshops (recently attended a DSM-IV training). To contact me at KDE, call (502) 564-3678, Division of Student/Family Support Services, or use this mailing address: 1727 Capital Plaza Tower, 500 Mero St., Frankfort, KY 40601. When I get a computer this spring, I'll share my E-mail address (once I figure out what it is!). I look forward to working with each of you.

### **1993-94 INNOVATIVE PSYCHOLOGICAL SERVICES PILOT PROJECTS**

As Director of Exceptional Children at the State Department of Education, Ted Drain authorized four mini-grants of \$5,000 each to be awarded to school psychologists for developing innovative practices. Reports from each of the four pilot projects follow.

## **Noncategorical Service Delivery**

BY JENNIFER ELAM  
Scott County Schools

Two classrooms at Southern Elementary School in Scott County were chosen to participate in this pilot project. An aide was hired to serve both the two regular teachers as well as the special education teachers. Students became involved in the program solely based on the regular education teacher's perception (in consultation with the special education teacher and school psychologist) that the student could not master some concept that was being presented in class and needed help to succeed. Both academic and behavioral concerns were addressed.

Eighteen students were followed on a regular basis who were perceived by the teacher as frequently at-risk of failure. The teacher's aide met weekly with the special education teacher and devised strategies for helping these children succeed. Most all of the children in the two classrooms needed help in some area throughout the school year and again special strategies were devised to help them overcome their specific difficulty. Examples of goals set for the eighteen students included recognizing letters and numbers, writing their names, reading simple words and other skills they were initially behind their classmates in performing.

The school psychologist served as supervisor, consultant, and occasionally in direct service by doing observations and crisis intervention. Counseling was a role that was needed but limited time at the school prohibited that from becoming possible.

The responses of teachers and the teacher's aid were overwhelmingly positive. All participants were interviewed and each excitedly reported the progress of each child that was involved. On a survey that was completed, all participants gave the highest ratings possible to questions related to effectiveness of the model and whether they like this way of providing services. All now believe that the school psychologist should be utilized much more in this manner and would like to see the resources presently allocated to assessment being used to provide services more directly with the school psychologist serving in an intervention-focused capacity.

An unanticipated benefit also occurred. At the beginning of the year, the two teachers identified 19 students that were likely to be referred for evaluation for special education services. Seven children were referred, five of whom were automatic referrals from the early childhood program, and one who transferred near the end of the year from another school. One of the seven was referred at the beginning of the year, before this program started and was placed in special education. The transfer student also qualified for special ed services. Of the five remaining, who were served in this project, one was placed for special ed services. He was labeled EBD and was given a trial placement. The team had mixed opinions as to whether he should be placed. His behaviors were severe but significant progress was noted; a trial placement decision was the result. The academic skills of the remaining students were too high to qualify. The student placed early in the year remained in the regular classroom full-time and did not have to go to the resource room for services. The usual rate of placements at Southern in the past two years has been about 80-90% of those referred. This year, not counting these students, the rate was about 60%. One of the students served by this project was placed in special ed (and served in the regular class) and one was placed on a trial basis. The teachers participating gave credit to this project for the success.

The results of this pilot project would suggest that further research in developing alternative eligibility criteria for special services and alternative roles for the school psychologist is warranted.

## **Social Skills Interventions**

BY JENNIE S. EWALD  
Russellville Independent Schools

The program funded by the mini-grant focused on reducing discipline problems by improving social skills and increasing self-esteem. The majority of intervention materials used were from the Skillstreaming program by Goldstein. Teachers were asked to recommend students for the group sessions. From their recommendations 8-10 students for each small group were chosen. Group sessions were approximately 30 minutes per week (the elementary group met twice weekly) for one semester, then the group membership changed. Groups were held at each of the three schools in the district: elementary, middle, and high school.

At the end of year, fifty students had been involved in the groups.

The parents of the children in the groups were provided a monthly meeting to discuss the types of skills their children were being taught in the small groups. These groups were provided through the Family Resource and Youth Service Centers in our district with the help of the grant monies. If the parents were unable to attend the meetings, the Center workers made contact with the parents through home visits.

At the end of the year, teachers and parents were surveyed regarding their perception of the impact on the children. Teachers and parents had seen an improvement in some children. However, the majority viewed that program as beneficial and wished to see it continued. Even though the funding was not made available again this year through the grant, two of the school principals wanted the program continued and were willing to help with necessary expenses (elementary and middle schools). We have continued the groups at these schools; however, the parent involvement may be decreased due to limited funds of the FRYSCs.

## **A Coordinated Effort To Serve Children With ADHD**

BY TOM BALLEW and  
ALAN MULLINS  
Paducah Independent Schools

In order to insure the KERA assumption that "All Children Can Learn", the Paducah Independent School System is attempting to establish a consistent and comprehensive approach to the referral, evaluation, diagnosis and treatment/management of children with Attention Deficit Hyperactivity Disorder (ADHD/ADD). This necessitates the coordinated efforts of resources from multiple professional orientations working with the children and families. This project addressed the ADHD issue from all professional angles, with emphasis on the benefits of physiological/behavioral interventions. All aspects of this

project were created and coordinated by the school psychologist. Staff from the Family Resource and Youth Service Centers and Diagnostic Center worked together to insure coordination of services to all students in need.

#### **OBJECTIVES**

- To develop a consistent, open method of communication between school personnel and other professionals involved in ADHD cases.

- To improve the knowledge base of all professionals working with ADHD children, attempting to promote a comprehensive understanding of the disorder which draws upon information from the medical, educational, psychological, and psychiatric fields.

- To encourage consistency in the diagnosis and treatment/management of ADHD among professional from different orientations.

- To increase parent knowledge of the disorder.

- To improve management skills of parents in working with their ADHD children.

- To improve the school-based, on-site services available to students diagnosed with ADHD.

- To provide a district-wide procedure regarding the administration of medications for ADHD conditions.

- To decrease the total number of discipline referrals involving children identified with ADHD.

#### **ACTIVITIES**

This project proposal focused on the following four activities:

- (1) The expansion of the communication system between the school psychologist and local community service agents (such as pediatricians, psychiatrists, and counselors) through the establishment of a professional communication network which supplied monthly updates concerning the latest research on ADHD in the form of mailings from the school psychologist.

- (2) The establishment of an ADHD resource library containing a variety of materials available for xerox or check-out (including books, journals, professional journal articles, videotapes, audiotapes, and structured games to aid counseling) which were divided into one section of material appropriate for medical professionals, another for educators, one for clinical therapy professionals, and one specifically for parents written in "laymen" terminology and directed at improving the parents' knowledge base.

- (3) The establishment of a structured, four-session parent training program under the direction of the school psychologist which focused on improving the skills and knowledge base of parents of ADHD children. This training covered the topics of basic ADHD information / awareness, effective behavior management principles, other treatment options, and how to aid the child's school performance. The Family Resource and Youth Service Centers were used to assist in the coordination of this program.

- (4) The establishment of a structured, five-session guidance counselor training program under the direction of the school psychologist aimed at improving the school-based counselor's on-site effectiveness in the referral, data collection, and treatment phases of individual ADHD cases.

The development of concise manuals to be used at each school site was conducted by the school psychologist. This manual included the following topics regarding ADHD: description of the disorder, school-based referral procedures, effective intervention strategies for educators and parents, medication information including acceptable school-based procedures for administering medications, counseling techniques / programs, and a variety of community resources available. Understanding that a wealth of "manuals" are already in existence, what we proposed was for the school psychologist to provide intense training to all district school-based counselors (particularly at the elementary level) regarding the contents and procedures outlined in the manual. This training would ideally take place near the beginning of the school year and would include two follow-up sessions, one to take place in November focusing on a review of each school's progress and the other follow-up to take place in March focusing on specific ways for the counselors to effectively evaluate these service deliveries.

## ***An Alternative Reevaluation Procedure For High School Students: A Change From Eligibility To Intervention***

BY SAWYER HUNLEY and  
JOHN MURPHY

Covington Independent Public Schools

A growing number of educators have recommended major changes in the purposes and procedures of required reevaluations to ensure more useful student-related outcomes (Ross-Reynolds, 1990; Marston, 1989; Ysseldyke & Christenson, 1989). The major theme of these recommendations is a shift from a restricted focus on eligibility to a more comprehensive focus on student outcomes. This shift is consistent with current educational reform's emphasis on outcome-based instructional and accountability practices in schools.

The alternative reevaluation project in Covington Independent Public Schools sought to provide a mechanism that would yield useful information and decisions relevant to instruction and intervention planning for students. The project targeted 25 ninth grade students with learning disabilities. Reevaluations consisted of: (a) ongoing problem solving consultation with parents, teachers, and students; (b) curriculum-based evaluation procedures; and (c) emerging requirements and practices associated with state educational reform (e.g., vocational transition plans).

Teachers were centrally involved in the planning and implementation of this program to ensure that reevaluation procedures yielded useful, instrumentally relevant information. A Strategic Planning Team consisting of district- and school-level personnel met regularly throughout the project. Teacher input was actively sought from the planning through the completion of this project. Therefore, it came as not great surprise to receive the following post-project comments from teachers we interviewed during the program evaluation component:

\*\*\*"It's a team . . . a real team. Everybody's working together. I really think we're helping each other. We feel like we're a

team - equals. I've never felt that before. We've always tried to support each other, but not in an organized manner. Now I feel like it's an organized team."

\*\*\*"Now I feel like what I think and say is valuable."

\*\*\*"It removes the isolation."

\*\*\*"This adds professionalism to what we do."

\*\*\*"The information from parents has been invaluable."

\*\*\*"It takes time but its worth it."

Program evaluation data regarding the academic outcomes of target students was somewhat mixed but generally positive.

## **EXTENDED SCHOOL SERVICES INNOVATIVE GRANTS: The Model Learning Lab**

BY LAURA E. McGRAIL and  
BONNIE G. KITCHENS  
Henderson County Schools

During the 1993-94 school year, the Kentucky Department of Education provided funding for extended school services innovative grants. The projects were required to address one of four priority areas: summer learning programs for minority and/or economically disadvantaged students, independent practice during the regular school term, integration of extended school services with one of the KERA strands (i.e., technology or Family Resource/Youth Services Centers), and peer or cross-age tutors. Two grants could be submitted per district. The project funded for South Junior High School in Henderson County Established the Model Learning Lab in conjunction with the school Youth Services Center. The Model Learning Lab provided learning and study skills instruction to students during after-school hours. The school psychologist assigned to South Junior High authored the grant proposal and served as the program evaluator.

The Model Learning Lab provided instruction in the Learning Strategies Curriculum, which was developed by the University of Kansas Institute for Research in Learning Disabilities. After training, mildly disabled students have demonstrated effective use of the strategies and significant increases in academic performance

have been measured (Schumaker et. al. 1983, Deshler and Schumaker 1986). The Office of Exceptional Children, Kentucky Department of Education has endorsed the Learning Strategies Curriculum and has provided training to districts for several years. The focus has been on instructing mildly disabled students, however. The Model Learning Lab delivered Learning Strategies instruction to both disabled and non-disabled students.

The Learning Strategies Curriculum provides instruction in techniques, principles, or rules which enable a student to learn, to solve problems, and to complete tasks independently. The curriculum includes instruction strands in skills such as: word identification, paraphrasing, self-questioning, visual imagery, interpreting visual aids, study skills, reading comprehension, listening, note-taking, sentence and paragraph writing, test-taking, theme writing, assignment completion, error monitoring, and improving memory. Each strand uses an acronym to teach skills. For example, the sentence writing strategy is called "PENS" which stands for: pick a formula, explore the words, note the words, and subject-verb identification. All Learning Strategies are taught following the same eight steps. These include: (1) pretest and obtain written commitment to learn (2) describe the new strategy (3) model the new strategy (4) verbal rehearsal of the steps of the new strategy (5) controlled practice and feedback (6) grade-appropriate practice and feedback (7) posttest and obtain written commitment to generalize and (8) generalization. During the generalization phase, students used their own materials during small group instruction and provide notes to the instructor from their teachers stating that the students have used the strategy in their regular classes. Instruction materials used during strategy training include reproducible workbooks for each Learning Strategy strand.

The Model Learning Lab was staffed by one coordinator, sixteen instructors and one evaluator. The coordinator is an individual who has received certification as a trainer in the Learning Strategic Curriculum. Teachers at the school served as the Lab instructors and generalized Learning Strategies instruction to their regular classrooms as well. The Model Learning Lab offered Learning Strategies classes for one hour after school four days per week. During each session, several staff members provided

small group instruction to six to ten students on a specific strand of the Learning Strategies Curriculum. Students attended one session per week per strand for six to eight weeks. Students could elect to attend one or more strands at a time.

Students were referred to the Model Learning Lab through teacher or parent referrals or student self-referral. The Youth Services Center coordinator handled all parent referrals. The project coordinator handled all teacher and student referrals and developed the schedule for each of the three Model Learning Lab sessions which were held during the 1993-94 school year.

The target population for the Lab was regular education students who were experiencing academic difficulty; however, special education students were also eligible to participate. Low-achieving regular classroom students who do not qualify for special education services are at high-risk for dropping out of school (Levin, Zigmond and Birch, 1983). Students who struggled academically in elementary school often experience significant failure at the junior high level. Such students tend to enter secondary schools without the study skills which would enable them to cope effectively with increasing regular classroom demands (Deshler et. al., 1982). Secondary school teachers, whose overriding instructional goal is the delivery of content, either assume that students have mastered these skills in earlier grades or do not have the time or training to provide such instruction. The Model Learning Lab addressed this need of both students and teachers.

Model Learning Lab classes were also provided for high-achieving students in order to better prepare them for college-preparatory high school classes. Offering classes to this population also served to enhance the image of the Lab and to reduce stigmatization for lower-achieving students.

### PROGRAM EVALUATION RESULTS

The Model Learning Lab offered classes in 15 different Learning Strategies strands. Three six to eight week sessions were conducted and 31 classes were taught, serving 223 students during the 1993-94 school year. The primary population served was low-achieving students at-risk for academic failure (180 students). The secondary population served were high-achieving students wishing to enhance their academic skills through classes such as rapid reading and SAT reviews (43 students).

Organizational skills and basic math skills were the most popular classes. Five classes each were taught in those areas. Two classes each were taught in these areas: basic vocabulary, SAT vocabulary review, sentence writing, paragraph writing, test taking, SAT math review, social skills, and study skills. One class each was taught in these areas: rapid reading, SAT reading review, basic reading, word processing, and SQ3R.

Seventeen teachers served as instructors for the Model Learning Lab. Nine of the instructors taught more than one class. Classes varied in size from four to nine students. The average class size was one instructor to six students. The student attendance rate was 79 percent overall. The cost for the program was \$193.98 per student.

Survey data was collected from students, regular classroom teachers, and parents following each of the three Model Learning Lab sessions. Student satisfaction with the Lab was found to be at 84 percent. Teacher surveys indicated an 81 percent satisfaction rate. A satisfaction level of 88 percent was found among parents. The Model Learning Lab coordinator and instructors were also surveyed at the close of the school year following program completion. The coordinator reported a 92 percent level of satisfaction with the program. Lab instructors indicated a level of satisfaction at 82 percent.

Comments received from students, teachers, and parents were consistently positive and indicated that the

students found the Model Learning Lab classes to be both enjoyable and academically beneficial. The "clients" also provided suggestions for enhancing the effectiveness of the project. High-achieving students frequently commented that their six-week classes were too short, while low-achieving students complained about the length of the classes as too long. Parents indicated that the lack of transportation home after the classes presents a barrier to participation for some students.

### CONCLUSION

The Learning Strategies Curriculum has been shown to be an effective method of improving academic performance and retention in mildly disabled students (Schumaker et.al. 1983, Deshler & Schumaker 1986). This project represents an alternative service delivery option for introducing Learning Strategies instruction to low-achieving non-disabled students and to high-achieving students wishing to enhance study skills. In addition, the Model Learning Lab provided a method for training regular classroom teachers in the Learning Strategies Curriculum by employing teachers as Lab instructors. The teachers then began using the strategies in their regular content classes. This generalization of the Learning Strategies Curriculum has become an integral part of the instructional curriculum at South Junior High School.

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## NASP LEADERSHIP: Identified Priorities

BY JENNIFER ELAM

As president of KAPS, I attended leadership institutes in Chicago both in July of 1994 and recently at the NASP Convention. Issues were identified as the national and regional priorities. These were as follows:

### National Prioritized Professional Issues

Education Reform  
School Health Education  
Assessment  
Family Stressors  
Community Mental Health  
School-Linked Services  
Religious Right  
Tight Budgets  
Contracting  
Inclusion  
Multi-cultural Issues  
Drug Use  
Technology  
Turf - Within Psychology and among professions  
Sexism / Sexual Harassment  
Retirement - Plan for changeover to next generation of School Psychologists  
Aids/Chronically Ill  
Site-Based Councils  
Homelessness/Transience  
Integration of Services  
School Psychologists not part of administrative decision making  
Early Childhood - Transitions  
School Psychologists who only want to test  
Relationships with teacher unions  
Research-based intervention - dissemination of research  
Professional development  
Reauthorization of IDEA  
Make ourselves indispensable  
Recruitment - multi-cultural  
COALITIONS  
Psychological Services not on IEPs

### Regional Prioritized Professional Issues

Funding formulas keep School Psychologists from expanding role  
Knowledge, skill, and motivation for expanding role  
Supervisors of School Psychologists by non-psychologists

Training Models that are more innovative for CPD-relevant to role change  
 State/Federal Policies  
 Lack of School Psychological services included in legislation  
 Ratios  
 Good practices related to Medicaid providers  
 Medicaid issues  
 Lack of funding mechanism for School Psychological services  
 School Psychologists in school reform  
 Lack of understanding of our role by educators  
 Intimidation of other professionals - collaboration/coalition building  
 Effective practice with high-risk students  
 Involvement with regular education  
 Services to families who speak other languages  
 Minority recruitment  
 Lack of Pre-referral intervention  
 Categorical Services  
 State department support  
 Multicultural assessment issues  
 Inclusion on committees that make policies  
 Lack of access to career ladder in education  
 Burn-out/Apathy - Loss of psychologists from profession  
 Inclusion Models  
 Accessibility to doctoral level training-lack of training generally

### TOP 3

Role Expansion limited by misperceptions, ratios, funding  
 SP in School Reform  
 Multicultural Issues

### Regional Prioritized Organizational Issues

Continuity in leadership  
 Getting people involved  
 Coalitions with other student services  
 Ability to react to crises  
 Effective communication with membership  
 Licensure/turf issues with other professionals  
 Political clout  
 Legislative/Policy issues  
 Lobbyists  
 Fiscal viability  
 Release time from job  
 Philosophy about generating profit  
 Getting new blood into organization  
 Melding philosophy about professional role and function  
 Organization and management of organization

### TOP 3

Recruitment and Involvement  
 Licensure/Turf  
 Political Clout / Legislative Issues

## NEWS RELEASE: NASP Membership Tops 18,000

Silver Springs, MD - For the first time in its 27 year history, membership in the National Association of School Psychologists has exceeded 18,000. As of February 28th, NASP has 18,146 members. This represents a 11.4% increase over the same time period a year ago. Since NASP's membership year ends June 30, 1995, it is likely that the year's final member count will be even higher.

NASP attributes this growth to excellent member services. "Department of Education figures do not show a significant change in the overall number of school psychologists," says NASP President Susan Safranski. "NASP has been consistently successful at attracting an increasingly larger segment of the profession with its high quality publications, continuing professional development opportunities, and very visible legislative activities."

Growth occurred in every membership category including Regular Members (13,431 up 7.9%), Student Members (3,800, up 16%), Retired Members 498, up 12.9%), and International Members (135, up 4.6%). NASP is not only adding new members but keeping old ones. The membership retention rate is now 89%.

NASP represents school psychologists and related professionals. It promotes the rights, welfare, education, and mental health of children and youth, and serve its members and society by advancing the profession of school psychology.

## NOMINATIONS FOR OFFICERS AND AWARDS

BY JENNIFER ELAM

It is time for us to nominate our colleagues to serve in KAPS and our colleagues we want to recognize for awards.

### KAPS Officers

Officers to be replaced this year are president-elect and secretary. Regions 5 and 8 also need to nominate someone to represent them. Ideally, we would like two nominees for each position.

### KAPS Awards Procedures

#### Regional Awards

Each Regional Representative will be responsible for providing a nominee for regional winner. The regional award winner can be determined by procedures identified within the region. For example, some regions may develop a procedure to select a winner at a regional meeting and other may use a secret ballot system. The individual receiving the regional award can be selected for a "body of work" over a long period, or best practice for a specific program or practice. Regional award winners will be candidates for the School Psychologist of the Year Award. Consequently, documentation regarding their reason for the winning of the award must be forwarded to the Awards Committee Chairperson (Immediate Past-President).

#### Best Practice Awards

The Best Practice Awards will be selected from nominees solicited from all KAPS members in the areas of: Consultation, Therapy/Counseling, Assessment/Evaluation, Research/Program Evaluation, and Organization Development. The best practice awards are intended to reflect specific and current practice in the area of nomination. Individuals can be nominated for both regional awards and best practice awards, or best practice awards in more than one area. The winner for each are will be

selected through a review and rating process of a committee which includes the Regional Representatives and the Awards Committee Chairperson. The winners of the best practice awards will be candidates for the School Psychologist of the Year Award.

### **School Psychologist of the Year Award**

The individual receiving this award will be selected from the pool of winners of the regional and best practice awards. A committee of three people, the current President, the President-Elect, and the immediate past-winner of the School Psychologist of the Year Award will review the documentation of the award winners and choose the School Psychologist of the Year. Winners of all the awards will be announced at the KAPS conference.

Submit nominations to:  
Jennifer Elam  
112 Chestnut Court  
Berea, KY 40403

## ***Involvement in the Voluntary and Involuntary Psychiatric Hospitalization of Students by Kentucky School Psychologists: Some Legal and Ethical Issues***

BY WALTER S. GILLIAM,  
University of Kentucky

Conduct-related disorders are possibly the most common problem in children referred to mental health clinics and hospitals and represent a large proportion of the general child population (McMahon & Wells, 1989). Conduct disorder referrals have been reported to constitute from 33% to 75% of all referred children (Wells & Forehand, 1985). Also, conduct disorder may have a general population prevalence of 3%-4% (Rutter, Tizard, Yule, Graham, & Whiatmore, 1976; Trites, Dugas, Lynch, & Fergusson, 1979). Similarly, childhood depression and dysthymia, leading

correlates of suicide and self mutilation, may represent up to 20% of all clinically referred children and up to 14% of the general child population (de Mesquita & Gilliam, 1994). With such prevalence of conduct disorder and depression in children, two disorders that often result in endangerment of the safety of the child and others, many school-based school psychologists may have to provide services to children that present an immediate danger to themselves or others. Thus, the many legal and ethical issues involved in the voluntary and involuntary hospitalization of students that may require such treatment is of importance to school psychologists. With the prevalence of litigation associated with the treatment of children in schools, it may be worth the effort for school psychologists to be well informed on the legal and ethical considerations involved in pursuing hospitalization of students. Although most commitment hearings are rarely adversarial and are more concerned with clinical issues, rather than legal issues (Turkheimer & Parry, 1992), the possibility of litigation, probably based on tort, exists.

In an examination of issues relevant to school psychologists, this paper will first examine the Kentucky Revised Statutes related to psychiatric hospitalization and related issues. Questions specific to psychological practice in the schools will be raised, as well as reference to related litigation results and ethical standards. Finally some further concerns, specific to school-based practice, will be raised.

### **Kentucky Laws Related to Psychiatric Hospitalization**

The Kentucky Revised Statutes (KRS) provide many guidelines regarding the voluntary and involuntary hospitalization of clients (Jordan, n.d.). School psychologists work in a variety of settings and may have clients who are minors and adults. Therefore, legislation regulating practice with both age groups effects school psychology as a whole. KRS clearly defines the procedures involved in the psychiatric hospitalization of adults and children as separate from each other. "Adult" is defined in the statutes as "a person 18 years of age or older or a married person without regard to age..." (KRS 209.020(4)). A "child" is then defined as anyone who does not meet the criteria of "adult." School psychologists will generally have many clients who are defined as children, and may also have several clients,

by virtue of either age or marital status, who are legally defined as an adult. Therefore, statutes pertaining to the psychiatric hospitalization of both populations are very applicable to the profession of school psychology, both in and out of the schools.

### **Hospitalization of Adults**

First, let us explore the legal criteria for psychiatric hospitalization of adults under Kentucky laws. Since voluntary hospitalization by adults is a relatively uncomplicated matter, the KRS concerns itself mostly with procedures involved in their involuntary hospitalization. Several legal and ethical issues regarding the determination of who is considered qualified to involuntarily hospitalize, the criteria for involuntary commitment, and the general nature of psychiatric hospitalization present professional dilemmas.

State law (KRS 202A.011) clearly stipulates the qualifications necessary for a mental health professional to conduct evaluations and other functions related to the involuntary psychiatric hospitalization of adults. Briefly, there are four types of mental health professionals that qualify: (a) physicians, including psychiatrists, licensed to practice in the state of Kentucky; (b) any Licensed Psychologist or a Certified Psychologist or Psychological Associate designated by the Kentucky board of Examiners of Psychology as competent to make such a determination; (c) a licensed registered nurse with either a master's degree in psychiatric nursing with two years of clinical experience with mentally ill persons or a bachelor's degree in nursing, certification as a psychiatric and mental health nurse, and three years clinical experience with mentally ill persons; and (d) a Licensed Clinical Social Worker with three years of post-certification experience in psychiatric social work. As can be seen psychologists who are licensed or certified through the Kentucky Board of Examiners of Psychology are generally qualified to involuntarily hospitalize adults. However, the situation is not so clear in the case of school psychologists, as opposed to their clinical and counseling counterparts. The multiple credentialing of school psychologists confounds determination of their qualification to involuntarily hospitalize adults. No mention of school psychologists credentialed only through the state



department of education is made in the relevant statutes. Therefore, one must assume that school psychologists only credentialed through the state department of education do not qualify. Furthermore, one could argue that Licensed and Certified Psychologists, as well as Psychological Associates, that are employed as school psychologists within the public school systems are operating under their state department of education certificate, and may thereby not qualify when engaged in public school-related employment duties (DeMers, 1994).

In order for a "qualified" mental health professional to involuntarily hospitalize an adult in the state of Kentucky, four commitment criteria must be satisfied: the client "must be mentally ill," "in imminent danger of causing harm to self or others," "able to benefit from treatment," and "the hospital must be the least restrictive alternative means of treatment" (KRS 202A). The legal need to hospitalize the "mentally ill" is well documented in the litigation in such cases as the Supreme Courts decision in *Zinermon v. Burch*, which found that the "mentally ill" are incompetent to accept the responsibility of voluntary hospitalization (Winick, 1991). "Mentally ill" is defined in the statutes as a "major mental disorder, not merely an emotional crisis." Thus, it appears that an actual diagnosis of psychopathology is prerequisite. The American Psychological Association's code of ethics (American Psychological Association, 1992) stipulates that all psychologists only provide services that are within their boundaries of competence, "based on their education, training, supervised experience, or appropriate professional experience" (Standard 1.04(a)). Since many training programs in school psychology do not emphasize course work and experiences in psychopathology to the degree of many clinical psychology programs, many school psychologists may not possess the competence in psychopathology necessary to make such diagnoses (Kubiszyn et. al., 1992). If such is the case, many school psychologists may lack the training necessary to competently pursue efforts toward involuntary hospitalization.

Another consideration involved with determining if a client is in "imminent danger of causing harm to self or others" is duty to warn and protect. The degree of client dangerousness is probably the largest deciding factor in most involuntary hospitalizations (Bursztajn et. al., 1988). *Tarasoff v. Regents of the University of California* (1976) charges those in the

helping professions with the responsibility to warn intended victims of harm when such threat to harm is received by the helper. In short, the professional has two obligations: the duties to warn and to provide reasonable protection to identified victims. KRS 645.270 states that both of these obligations may be satisfied by making every "reasonable" effort to contact the intended victim and to contact the law enforcement authorities in the victim's jurisdiction. If the threat is a general one, without a specific identifiable victim (e.g., placing a bomb in a school), contacting the law enforcement agency is considered sufficient by this statute. The statute further states that duty to warn and protect may be satisfied by involuntary hospitalization of the client in conjunction with warning all intended victims. Thus, if "imminent danger" is defined as a threat to another person or a threat to an unidentifiable victim, the duty to warn and protect must be satisfied.

### Hospitalization of Minors

The legal procedures involved in the hospitalization of a minor are similar to those involved in an adult, with some exceptions. The definition of mental illness in children, as presented in the statutes, is easier to satisfy compared to mental illness in adults. As previously stated, adult mental illness implies a diagnosis of psychopathology. However, only one of three criteria must be satisfied to determine if a child is "mentally ill":

1. substantially impaired capacity for self-control, judgment, or discretion in activities and social relations relative to the child's age and development; or
2. maladaptive behavior; or
3. recognized emotional symptoms which can be related to physiological, psychological, or social factors.

Thus, a diagnosis does not seem to be necessary. Another difference is that the child definition of "danger to himself[sic] or others" includes a stipulation that the adult definition does not. Child "mental illness" must include an "established pattern of past dangerous behavior." This added stipulation may make hospitalization more difficult to obtain for the child who is dangerous due to a recent traumatic experience or to exposure to drug and alcohol abuse without an established pattern of such abuse.

Several hospitalization procedures with children are possible. Which procedures may

be used, however, depend on the age of the child. If the child is 16 years or older, he or she may request, in writing, voluntary hospitalization with or without the consent of the legal guardian or may be involuntarily hospitalized by petition from a person "exercising custodial control or supervision of a child . . . or any interested person" (KRS 645.030; KRS 645.040). In the schools, which may be considered as exercising "supervision" of the child, involuntary hospitalization of a child may be pursued by either the school or by "any interested person" at the school. If the child is under 16 years of age, the above procedures apply, minus the possibility of the child voluntarily hospitalizing himself or herself (KRS 645.030; KRS 645.040). Additionally, in situations of emergency, any "peace officer or any interested person" may detain a child in a hospital or other secure facility for up to 24 hours, excluding weekends and holidays. During the holding period, the hospital must determine if the child requires hospitalization and then execute either voluntary or involuntary hospitalization procedures (KRS 645.120). School-based school psychologists then have the option of either having a dangerously "mentally ill" child detained by the police or by school personnel during which time hospitalization procedures may be initiated. Whenever such a report to the police is made, and the person making the report is acting in good faith, that person has "immunity from any civil or criminal liability" (KRS 620.050).

### Some Legal and Ethical Concerns about the Statutes

Several ethical and legal questions may arise from the proceedings for hospitalization. One concern is that of confidentiality and privileged communication. According to Kentucky Revised Statutes (KRS 422A.0507), clients or patients of physicians, Licensed and Certified Psychologists, and Licensed Clinical Social Workers, have the privilege to keep professional communications private. Further, the Code of Ethics (Standard 5.02) mandates that psychologists "have a primary obligation and take reason-



able precautions to respect the confidentiality rights of those with whom they work or consult . . ." At first consideration, they may appear to create a legal/ethical dilemma for a psychologist that may be attempting to involuntarily hospitalize a client. How can a psychologist state that a person who is opposed to hospitalization efforts is "mentally ill" without violating that person's right to confidentiality? Furthermore, how can a psychologist testify in a legal hearing that a person should be hospitalized without compromising that person's privileged communication? Fortunately for psychologists the law and the Code of Ethics address the issue of confidentiality and psychiatric hospitalization. KRS 422A. 0507 provides three situations in which a client's privileged communication is nullified (Jordan, n.d.) These three conditions are:

1. in proceedings to hospitalize the patient for mental illness, if the psychotherapist in the course of diagnosis or treatment has determined that the patient is in need of hospitalization; or

2. if a judge finds that a patient made the communications to a psychotherapist in the course of an examination ordered by the court; or

3. if the client is asserting his or her physical, mental or emotional condition as an element of a claim or defense.

Condition one, by definition, will be satisfied in all contested hospitalization hearings. Furthermore, condition three will generally be satisfied, as well as possibly condition two. However, since the word "or" is used, only one condition must be satisfied. Thus, if a psychologist has ever determined that the patient is in need of hospitalization," then the psychologist is no longer bound by the law of privileged communication. Actually, that psychologist is compelled to release all relevant information to the court. Since Standard 5.05(a), of the Code of Ethics, states that a psychologist may "disclose confidential information without the consent of the individual only as mandated by law," the psychologist is further released from any professional ethical obligation to

maintain confidentiality when seeking involuntary hospitalization for a client. However, the psychologist is not released from the ethical obligation to discuss these limits of confidentiality at the beginning of the professional relationship.

Other confidentiality issues, specific to the practice of psychology in the schools, are important to consider. If the school psychologist is instrumental in the psychiatric hospitalization of a particular child, should that school psychologist report such hospitalization to the school or school district? Since schools typically require some indication of why a student is absent, and possibly some documentation, in determining if the absence is "excused" or "unexcused," some report of the child's whereabouts seems necessary. However, such a report without the student's or parent's release of information may constitute a compromise of confidentiality. The best course of action may be to direct school officials to make such an inquiry directly to the parent or student, who may decide whether to disclose such information.

The school psychologist should inform the student and parent of their options, thus satisfying an ethical requirement to discuss the limits of confidentiality. Ethical Standard 5.01 (a) (2) states that psychologists must discuss the "foreseeable uses of the information generated through their services." Therefore, if a school psychologist participates in the commitment of a student in a hospital, he or she should inform the parents and child of the possible reasons to disclose such information and what the schools would do with such information. The student or parent may either fully disclose, offer no explanation for the absence, give a partial explanation of where the child was (such as informing that the child was hospitalized, without informing the schools of why the child was hospitalized or which hospital or ward), or may authorize the school psychologist to release such information. If the school psychologist is to inform the schools, he or she should receive proper written authorization from the "adult" student or the child's legal guardian prior to releasing such information and should only release information to the degree that has been stipulated by the "adult" student or legal guardian (Standard 5.05(b)).

### Summary

Reports of prevalence of psychological disorders that may place students in danger

of harming themselves or others suggest that there are many students that may require a level of psychological or psychiatric service beyond what the schools may be able to safely provide. Thus, school psychologists need to be familiar with the procedures, and many legal and ethical considerations, involved in the voluntary and involuntary hospitalization of students who are experiencing psychological disturbance and present danger to either themselves or others.

The schools have both the right and responsibility to provide a safe educational environment to all students and may utilize law enforcement agencies and hospitals to safely detain and treat children needing such services. When used in good faith, such facilities may provide the schools and the student with a much needed service without the schools and school employees having to be unnecessarily concerned with the possibility of civil or criminal retribution. However, many issues involving confidentiality, duty to warn and to protect, and who qualifies as being "mentally ill" need to be understood by school psychologists.

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## Developing Educational Services For Students With Special Health Care Needs

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Henderson County Schools

Students with special health care needs present unique and complex challenges to schools. Advances in health care have resulted in higher survival rates for infants and children. Improvements in neonatal intensive care and successful treatment for problems caused by organ system failure are contributing factors in the recent increases in the numbers of children with special health care needs (Hobbs, et. al., 1985; Sherman & Rosen, 1990).

Terms such as medically fragile, medically complex, and technologically dependent are used interchangeably with the term 'children with special health care needs.' All of these terms refer to that population of children who have a chronic illness or physical disability which affects the child's ability to participate fully in home or school activities. Approximately 10 to 15 million children are estimated to have a chronic health condition with 1 to 2 million characterized as having a severe condition (Gortmaker & Sappenfield, 1984; Hobbs, et. al., 1985). An estimated 47,000 children require technology such as "ventilation, parenteral nutrition, prolonged intravenous drugs, respiratory or nutrition support, renal dialysis, apnea monitors, or other device-associated care" (US Congress, Office of Technology Assessment, 1987 & 1988).

Conditions requiring special health care procedures may include hereditary diseases such as muscular dystrophy, cystic fibrosis, or sickle cell anemia; congenital disorders such as spina bifida or cardiovascular disorders; respiratory disorders such as asthma or recurring pneumonia; neurologic disorders such as cerebral palsy or seizure disorders; cancer such as leukemia; or certain infectious conditions such as human immunodeficiency virus, herpes, or cytomegalovirus (Graff & Ault, 1993).

Prior to the passage of Public Law 94-142, children with special health care needs were generally excluded from public school settings. From 1975 to the present, these

children have primarily been served educationally through homebound services, at residential treatment centers, or in self-contained special education classes. However, as schools move to a more inclusive model of special education delivery, an increasing number of students with special health care needs will be served in regular classroom settings. School psychologists have an important role to play in assisting both students and schools in making this transition.

### Developing Policy and Procedures

The first step in developing educational services for students with special health care needs is to develop policies and procedures for identifying such students. In Henderson County, Kentucky, the school psychologist assigned to each building serves as the case manager for that school. Upon receiving a referral (usually from a parent or health care provider) concerning a student with special health care needs, the school psychologist conducts a parent interview, completes an intake interview form\*, obtains a release of information for medical records, and gives the parents the physician's recommendations for school medical treatment form to be completed. Upon receipt of the student's medical records and the physician's recommendations, the school psychologist then reviews the records and shares the information with the Admissions and Release Committee comprised of the parents, the principal, appropriate teachers, the school nurse, and speech/OT/PT therapists, if appropriate. This team determines the need for evaluation, completes the referral, and obtains parental permission for evaluation. The appropriate assessment procedures are then completed by the multidisciplinary evaluation team. As part of the evaluation, the school psychologist conducts a minimum of one behavioral observation of the student in his/her home or child care setting.

The Admissions and Release Committee then reconvenes to review the evaluation data and determine eligibility for special education or Section 504 services. If a student is found to be eligible, a Health Services Plan\* is written detailing the specific medical procedures to be performed at school. Additional information covered in the health Services Plan includes: physical setting requirements, frequency of procedures and suggested times, medications and/or nutritional supplements required,

dietary restrictions or allergies, emergency procedures, staffing recommendations and back-up staff (listed by role, not name), procedures for monitoring health status, equipment requirements, transportation needs, attendance issues, parent/care provider responsibilities, and training needs for staff. In developing the Health Services Plan, the committee must also consider the physical location of classrooms, routes, and means of access; availability of community emergency services; equipment or space for treatments; and availability of backup power resources.

A Health Services Plan is written for each student with special health care needs in addition to that student's Individualized Education Program (IEP) or Section 504 Instruction Modification Plan. Parents are also asked to sign a request form authorizing parental permission for medical treatment at school\*.

If a student is eligible to attend school but a period of time is needed to train staff and prepare equipment, an Interim Health Services Plan may be developed to provide educational services to the student within his/her home or child care setting. An Interim Health Services Plan may also be developed if all requested information has not been received by the time the student is eligible to attend school.

### Determining Staff Responsibilities/ Training Issues

The issue of "who" is to provide medical procedures in school settings is of crucial importance to instructional staff. State laws and regulations provide some guidance but are generally insufficient for determining staff responsibilities in all cases. The document *Guidelines for the Delineation of Roles and Responsibilities for the Safe Delivery of Specialized Health Care in the Educational Setting* was developed by the Joint Task Force for the Management of Children with Special Health Care Needs. This Task Force included representation from the American Federation of Teachers, the Council for Exceptional Children, the National Association of School Nurses, Inc., and the National Education

Association. Henderson County Schools has adopted this document as a guide to follow when needed. Physician recommendations will be considered first and followed, if possible. However, school staff may not feel comfortable administering a medical procedure which a physician recommends and use of this document provides a method of resolving conflicts which may arise between physician recommendations and school staff recommendations. Schools must also be prepared to consider hiring additional staff in order to support the student with special health care needs in the school setting. Health aides, who conduct their duties under direct supervision of a registered nurse, will become increasingly employed in public schools as more students enter school needing complex medical procedures.

Specialized health care procedures must be performed by qualified personnel who have received appropriate and up-to-date training. Training must be child-specific and should be provided by a person with the appropriate health care training and certification. While school nurses should be involved in all phases of the process, schools may need to seek assistance from community health care providers in arranging training for staff. The school nurse, who may be responsible for providing on-going staff supervision, and all staff members who will be conducting health procedures should receive the training.

Competency guidelines for child-specific training of nonlicensed care providers were developed by Caldwell, et. al. (1991). These include:

1. Staff member can verbalize a description of the child's medical condition and related health maintenance requirements.
2. Staff member uses a guideline to review the child's health status to include but not limited to mental/emotional, heart, lung, nutritional, skin, neurological, and musculoskeletal status.
3. Staff member can verbalize the essential steps of the prescribed health procedure.

4. Staff member can verbalize warning signs and symptoms and precautions specific to the child's health procedure, abnormal physiological responses, and equipment failure.

5. Staff member demonstrates 100% competency in the delivery of procedure in accordance with written guidelines for a minimum number of times.

6. Staff member is able to troubleshoot, determine problem, and conduct emergency procedures in cases of equipment malfunction, and/or abnormal physiological responses of the child.

7. Staff member demonstrates clear and concise documentation of child's functioning and responses to care.

8. Staff member responds appropriately to "what if . . ." questions posed during training.

9. Staff member identifies procedures to request technical assistance from licensed personnel to provide ongoing supervision and rechecks.

In Henderson County, training needs and timelines for delivery of training are documented on the student's Health Services Plan. Documentation of training is provided using a program plan and training form\*. Forms have also been developed for the documentation of delivery of health services.

### **Guidelines for Instructional Staff**

The child with special health care needs should be regarded foremost as a child who has the right to as normal a childhood as possible. Regular class placement should thus be the first option considered. The health condition should not restrict the range of experiences provided for the child. Initial staff concerns regarding the ability of the school to serve a child with special health care needs should be addressed but should be reduced with time, training, and appropriate support.

While providing equal opportunities for these children, school staff should also be aware of the impact of health-related factors on the child's classroom functioning. Normal childhood illnesses, changes in medications, and seizures are examples of factors which may affect a child's ability

to function well at school. Instructional staff need to become proficient in identifying behaviors which may indicate an impending seizure or illness.

School staff need to recognize the important role that parents hold as experts on their child with special health care needs. Their input and expertise should be valued. Parents may serve as the primary case manager, linking school and medical staff together. Frequent communication between the school and the parents is vital to the child's successful intergration in a regular classroom setting.

Finally, school staff can assist in implementing strategies to promote health and prevent further illness for the child with special health care needs. Factors promoting health and factors leading to illness should be identified as an initial step in developing appropriate prevention strategies. For example, monitoring a student's height and weight may aid in detecting subtle growth changes. Documentation of growth patterns may prompt dietary changes that promote good health. A medically fragile child may need to leave school during an influenza outbreak or limit contact with peers and school staff.

### **Conclusion**

Developing educational programs for students with special health care needs will become an increasingly familiar task for schools as the move toward more inclusive educational settings continues. School staff will be called upon to develop identification procedures, participate in training, and acquire skills in performing special health care services.

School psychologists can provide invaluable assistance in coordinating the development of Health Services Plans for these students. They can also assist instructional staff in developing appropriate goals and objectives for students with special health care needs and can provide consultation and technical assistance support for both teachers and parents. Such support will be a crucial factor in a school's ability to meet the challenge of serving students with complex medical needs.

Note: Items in the text followed by an asterisk are available free of charge by contacting the author c/o Henderson

County schools, 1805 Second Street, Henderson, KY 42420. Forms were adapted from several sources, including *Kentucky Systems Change Project's Manual on Services for Students with Special Health Care Needs* and *Children Assisted by Medical Technology in Educational Settings: Guidelines for Care* by Haynie, et al

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## APA Announces The Inauguration of a New Center for Psychology in Schools and Education

The American Psychological Association is pleased to announce the inauguration of its Center for Psychology in Schools and Education (CPSE). The APA Center for Psychology in Schools and Education was recently instituted as a new organizational unit and based within the Education Directorate. The Center was created to promote psychology's consistent and visible presence in policy and programs for schools and education. It provides a distinctive focus on schools and education within the Association - a center by which members, policy-makers, and the public can identify psychology's commitment to schools and education. Another function of the Center is to increase psychology's credibility and effectiveness in advocacy, securing external funding, and establish relationships with government agencies and other professions.

The Center is responsible for coordinating APA programs that bring the knowledge and methods of psychology to bear on national issues of social reform related to schools and education, including educational research, practices, and policies. The Center coordinates planning, implementation, and evaluation of initiatives to achieve these ends including federal, state, and regional advocacy; and within APA does so through inter-directorate, inter-division, and inter-organizational collaboration. The office monitors functions with national, educational, and scientific societies outside the APA, federal agencies, and the general public.

### PURPOSES OF THE CENTER

The APA Center for Psychology in Schools and Education

1. provides a mechanism for coordination of central office activities related to schools and education;
2. provides a visible vehicle to promote the presence of psychology in schools and education, both within psychology and outside of psychology;
3. focuses and coordinates policy and advocacy efforts on education issues;
4. facilitates the establishment of liaisons with education-related professional and scientific organizations; and
5. enhances the APA's ability to secure education-related extramural funding.

Activities of the APA Center for Psychology in Schools and Education will be directed by Dr. Ronda C. Talley Center Director, and Assistant Executive Director for Education at the American Psychological Association. For further information on activities and publications of CPSE, call 202/336-5970 or e-mail [rct.apa@email.rct.org](mailto:rct.apa@email.rct.org).

**The fall convention of the Tennessee Association of School Psychologists (TASP) will be held October 18-21, 1995 at the Marriott Hotel-Airport in Nashville, TN.**

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