

Psych

perspectives



A Publication of the West Virginia School Psychologists Association

Fall

2006

President's Letter

By
Tanya Cook

Let me begin by saying Thank You for allowing me to represent the WVSPA as your president this year. It is truly an honor. My first experience with the leadership of this organization began when I replaced Lex DeGruyl as Region E Representative. I have also served as Membership Chairperson, Treasurer and President Elect. School Psychologists in West Virginia should be very proud of the many accomplishments they have been recognized for through the years. You are a hard working group of professionals who strive to keep the best interest of children and students in mind while performing your jobs! The leadership of the organization strives to prepare conferences that will provide the members with information to keep WV School Psychologists on the cutting edge professionally. The Executive Board welcomes suggestions and participation from members at large; we can't provide what you need without your input!

Allow me to introduce myself to those I have not yet had the pleasure of meeting. I have enjoyed a 28-year career with the McDowell County School System. It is the southern most county in WV. I spent the first 6 years as an Itinerate Teacher of the Learning Disabled Students covering approximately one-third of the schools. The next 8 ½ years I served one Elementary School as an LD/MI/BD Teacher. In 1991 I began to pursue a Masters in Psychology and an Ed.S. in School

Psychology. I hold a Level II License from the WV State Board of Examiners of Psychologists. I spent 11 years at the McDowell County Career and Technology Center as Vocational Evaluator/School Psychologist. The county's Alternative School was housed at the CTC at that time, which allowed me the opportunity to provide a full range of services as a School Psychologist and then some! I have been very fortunate!

Approximately six years ago a grant provided several people in RESA I to go to Alabama to be trained to teach using the *Language!* Program. It is an Orton-Gillingham based system that is being used in several areas to teach students who have difficulty learning to read using the basal series. In our county it has been used at the Middle and High School levels. Some of our Elementary Special Education and Title I Early Literacy Facilitators were trained in Pennsylvania in the Spring of 2006 in Orton-Gillingham interventions to be used in the classrooms. This summer I was afforded the opportunity to go the California to be trained by Susan

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Barton to diagnose Dyslexia. There were three other professionals from WV at that training. This year one of our Elementary Schools was chosen to be an RTI school. I hope to be able to use my knowledge to help with their Tier II interventions.

McDowell County is fortunate to have nine schools trained in Responsible Students through School-Wide Positive Behavior Support. Dr. Frances Clark, State Department of Education, has helped us to provide a better school climate for many of our students with RS-SWPBS.

As the field of education continues to change to meet the requirements of No Child Left Behind and IDEA 2004, rest assured that the leadership of your organization is doing all that we can to provide the information you need. Our liaison at the State Department of Education, Kay Johnson, has consistently provided us with up dates from the state level, allowing us to attempt to keep pace with the changes as they come along. "No man is an island unto himself" and your Executive Board continues to "scurry" to keep the field of School Psychology in the foreground of the educational process. We would like to hear from any and all School Psychologists who are "Making it Happen" in their counties! Please forward your accomplishments to us at any time! We can use Newsletter Articles at any time! Hope all of you are having a WONDERFUL and EXCITING year! Good Luck to all! See YOU at the Conference. Visit the website for information concerning our Fall Conference October 3rd and 4th. www.wvspa.org Ψ

Kathy Showen

2006

WV School Psychologist

of the Year

By
Charles Szasz



Kathy Showen was selected as the 2006 West Virginia School Psychologist of the Year at the WVSPA Spring Conference. Kathy has worked as a school psychologist in Jackson County and is currently a school psychologist for Putnam County Schools. Kathy's husband Trip, who is pictured above, with Kathy, provided the photos on this page and page 4.

Preston County Schools was selected for the Outstanding Delivery of School Psychological Services. Lanai Jennings, Preston County School Psychologist, accepted the award for her hard work at a Response to Intervention pilot school in Preston County.

Linda Palenchar was also awarded the Special Friends of Children Award for setting up RtI pilot schools last school year. Linda is the coordinator of specific learning disabilities at the West Virginia Department of Education. Ψ

**Change of address notices and articles
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**Jim Mullins
and
Bonnie Vickers**
**Kanawha County Schools
2006
Co-School Psychologists
of the Year**
By
Charles Szasz



Jim Mullins and Bonnie Vickers were selected as Kanawha County Schools' 2006 Co-School Psychologists of the Year. Jim Mullins has served as a school psychologist for 21 years. Jim has a doctorate in educational psychology from West Virginia University.

Bonnie Vickers has been a school psychologist for 32 years. She was employed by RESA III before joining Kanawha County Schools last year. Bonnie received her Ed.S. from the West Virginia Graduate College in 1984. Bonnie served as the coordinator of Response to Intervention pilot school, Flinn Elementary.Ψ

**Test Review:
WISC-IV Integrated: The Process
Subtests**

**Reviewed by
Milton J. Dehn, Ed.D., NCSP**
*(School Psychology in Illinois, Vol. 27, Issue
2, 2006)*

Within the past decade several new standardized measures of processing have been published, and research from a number of fields has continued to identify the relationships between various cognitive processes and specific types of learning (Dehn, 2006). With the recent passage of IDEA 2004 and anticipated changes in state SLD criteria, the assessment of specific cognitive processes remains a vital component of learning disability evaluations. For those practitioners who continue to use the WISC-IV, an in-depth processing supplement is available.

DESCRIPTION

The WISC-IV Integrated (Wechsler et al., 2004a) is the combination of the Wechsler Intelligence Scale for Children-Fourth Edition (Wechsler, 2003) and the revision of the Wechsler Intelligence Scale for Children-Third Edition as a Process Instrument (Kaplan et al., 1999). It is the addition of 16 optional process subtests to the WISC-IV. The purpose of the WISC-IV process subtests is to provide additional information about the cognitive processes that underlie performance on the WISC-IV core and supplemental subtests. This is based on the assumption that a combination of cognitive processes contribute to performance on any one subtest or task. Following up with process subtests may allow identification of the cognitive processes that account for subtest scores. Basically, the standardized process approach eliminates the need for informal testing of limits. After completing the regular WISC-IV battery (the processing portion does not stand alone), the examiner selects optional process subtests based on the hypotheses she/he wants to test. The process subtests can be administered up to 95 days after the initial WISC-IV administration. (Continued on page 5.)

2006 WVSPA Spring Conference Paparazzi



**Tanya Cook
WVSPA President**



**Kathy Showen,
WV School Psychologist
of the Year**



**Dr. Cecil Reynolds,
WVSPA Keynote Speaker**



**Linda Palenchar
Special Friends of Children**

STRUCTURE AND SUBTESTS

The 16 process subtests are grouped under four domains—Verbal, Perceptual, Working Memory, and Processing Speed. Typically, only some of the process subtests are utilized during an evaluation. Thus, there is no standard administration sequence. However, subtests from different domains should be interspersed and consecutive administration of Working Memory subtests should be avoided to reduce interference effects. Some of the subtests use the same items as the core or supplementary subtests but vary the mode of presentation or response format. For example, all of the Verbal process subtests use identical items but use a multiple-choice response or present the items in picture format. Other process subtests are variations that include new item content and changes to response and/or presentation format. Three of the process subtests have no corresponding core or supplemental task. No composite or index scores are available from the process portion of the WISC-IV Integrated.

TECHNICAL PROPERTIES

Norms. The WISC-IV Integrated was normed on a rather small national sample of 730 children aged 6:0 to 16:11. Based on 2000 U.S. census data, it was stratified by age, sex, race/ethnicity, parent education level, and geographic region. About 6.1% of the sample consisted of children in special education. Norms for 2 of the 11 age groups (ages 6 and 7) were based on only 50 subjects while the remaining age groups were composed of 70 participants. When interpreting WISC-IV Integrated results be aware that the subtest scaled scores are based on different samples. The WISC-IV core and supplemental subtests (and the new process scores introduced with the WISC-IV) are derived from the WISC-IV standardization sample, whereas the process subtest scores are based on a separate and smaller sample. Also, the Block Design Process Approach subtest was not standardized with the WISC-IV Integrated. Thus, its norms are from the WISC-III as a Process Instrument (WISC-III PI), published in 1999.

Reliability. Averaged across age groups, the internal consistency reliability coefficients for the subtests range from .67 to .91, generally an improvement from the WISC-III PI. Of the 21 scaled scores available, 14 have average internal consistency reliability coefficients above .80. Typically, those subtests

composed of the fewest items have the lowest reliability coefficients. An internal consistency reliability study of children from special populations found the majority of the coefficients to be similar to or higher than the coefficients reported for the general sample. Of the 19 averaged test-retest reliability coefficients, 14 are .70 or higher. The manual reports inter-scorer agreement as ranging from .98 to .99.

Validity. The construct validity evidence presented in the WISC-IV Integrated technical and Interpretative Manual (Wechsler et al., 2004b) consists mainly of correlational studies providing convergent and discriminant evidence. As predicted, scaled scores within a domain generally had higher correlations with each other than with scores from other domains. Of the four domains, the Verbal process subtests have the highest intercorrelations. The pattern of correlations within working memory suggests that working memory divides into visual-spatial and auditory-verbal processes. Correlations between core/supplemental subtests and their respective process subtests adaptations were mostly moderate to high, although these are less consistent than the correlations within a process domain. Given that the intent of the process subtests is to parse out component processes, the inconsistent correlations are to be expected. No factor analytic studies of the WISC-IV integrated have been reported.

The 13 special group studies conducted during standardization support the construct and criterion validity of the test, generally finding patterns of processing weaknesses that would be predicted for each disability and also finding results consistent with the WISC-IV special group studies. Subjects in the WISC-IV Integrated studies were matched with normal controls from the WISC-IV standardization data. A WISC-IV Integrated study conducted with a sample of 45 children

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World Wide Web Site
at:
<http://www.naspweb.org>
or
Visit WVSPA Web
at:
<http://www.wvspa.org>



with a reading disorder is particularly relevant, given the body of research that has found processing deficits to be related to reading disabilities. Compared to a matched control group, the reading disordered sample had significantly lower scores on many of the Working Memory process subtests. They did not, however, differ on Spatial Span Backward, lending support to the claim that children with a reading disorder perform better on working memory tasks that are visual-spatial as opposed to auditory-verbal. In fact, all of the learning disordered groups demonstrated difficulties with tasks involving short-term and working memory.

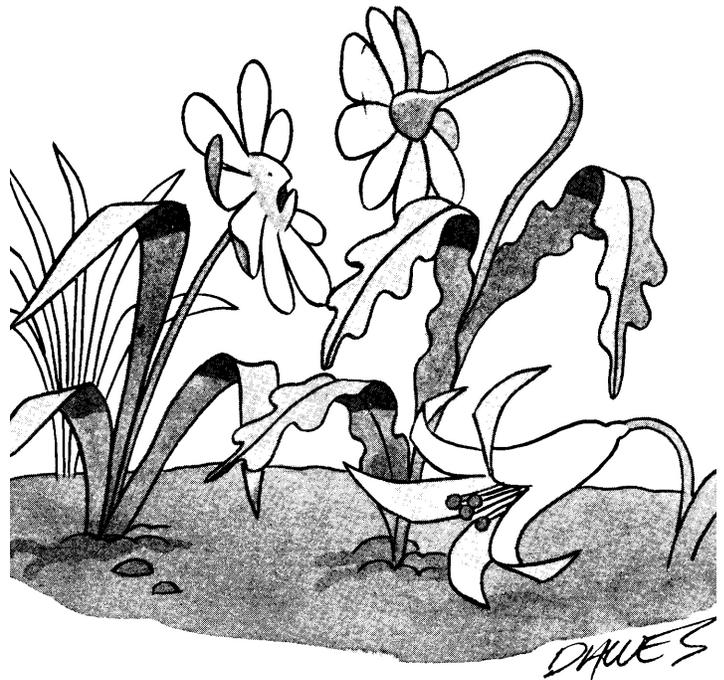
INTERPRETATION

Discrepancy comparisons are the essence of the process approach interpretation. The following pairwise comparisons can be checked for significance and base rate: between core or supplemental subtests and the corresponding process subtests; between process subtests; and between two scores from a single process subtest. For some process subtests, or portions of subtests, there are no scaled scores available, only base rates.

SUMMARY

The WISC-IV Integrated should be a welcome addition to the practitioner's array of cognitive measures, especially for those who are interested in assessing processes. When evaluating children with a suspected learning disability, the WISC-IV Integrated may help to identify specific processing strengths and weaknesses. The WISC-IV Integrated should be particularly useful when additional information about a child's working memory functioning is desired, as it delves into assessment of the various sub-processes of working memory. The merger of the processing component with the WISC-IV has several advantages, among them, the convenience of investigating processing hypotheses without having to use another scale or rely on testing of the limits. Despite the assets of the WISC-IV Integrated, such as improved psychometric properties, there are several limitations: the normative sample is small and different from the WISC-IV sample; the Block Design Process Approach norms are from the WISC-III PI; several of the subtests have average internal consistency reliability coefficients below .80 and average test-retest coefficients below .70; and only base rates can be derived for some of the process scores. Also, interpretation of WISC-IV Integrated

results can be complex and challenging because all of the interpretation must take place at the subtest or intra-subtest level. Ψ



“I understand they passed a bill in Congress to get us to produce more oxygen.”

News From NASP

By
Beverly Winter

The following is a few of the news items from NASP. Please contact me if you need any information about or from NASP, or if you have concerns you would like to have taken to the NASP governance. NASP represents all school psychologists.

ADVOCACY:

Priorities for the year – RtI, Diversity, and CPI

- The Advocacy Tool Kit has been developed and is being revised per comments from the initial reviewers. This is a great resource for school psychologists. Look for it soon!
- There is a new structure for some workgroups: Multicultural has added to African Americans, Native Americans, Asian Americans, and Hispanics. Also added to the Gay, Lesbian, Bi-Sexual, Transgender workgroup the Questioning

children---now is GLBTQ, National Emergency Action Team, Communications

- CEU Modules are available on-line to members. These trainings are provided free to members and are NASP approved CEUs.
- NASP is developing documents that have “talking points” about common issues to use as a resource when talking with educators, legislators, press, etc.
- School Psychology Week is upon us!!! (See related article in the WVSPA newsletter) Check the NASP website, Member Services for materials, banners and newspaper articles to use in your county.

CONVENTION

- March 27-31, 2007
- Hilton, New York
- \$200/night is cheap, especially for Manhattan—share the room with someone else. Roommate service is available at nasponline.org/convention. Check this service after January 1, 2007.
- Take the train for a hassle free trip, or car pool
- Do not eat/drink in hotel—too expensive. There are delis everywhere around the hotel on the streets all around the hotel.

NASP SOUTHEASTERN REGIONAL MEETING

- Tanya Cook, Karen Edgell, Bev Winter have confirmed attendance to date
- Louisville, Kentucky
- October 27 - 29
- Workshop on Communication Strategies

POSITION PAPERS IN REVISION

- Corporal Punishment
- Effective Parenting: Positive Support for Families
- Interagency Collaboration to Support the Mental Health Needs of Children and Families
- Gay, Lesbian, Bisexual, Transgender and Questioning Youth

IDEA PROJECTS AND TECHNICAL ASSISTANCE

- New position paper on Learning Disabilities and Young Children: Issues of Identification and Intervention



GOVERNMENT AND PROFESSIONAL RELATIONS

- Westlaw Program will allow NASP to alert states of pending legislation that may affect school psychologists national and state level
- GPR Public Policy Institute being planned for 2007
- Need a volunteer to be NASP SPAN (School Psychology Action Network) contact for WV. If you are interested, contact Beverly Winter at bevwinter@charter.net

PUBLICATIONS

NASP Publications will be on sale at the state conference. If you are a NASP member, you can purchase at the “bulk” rate, which is the cheapest rate you can purchase the publications. This offer is only made at state conventions. Non-members may pay at the non-member rate.

New Publications available now are:

- Children’s Needs III
- Tool Kit for Assessment
- PREPARE: School Crisis Preparedness, Prevention, and Intervention Training Curriculum

Plus, all your standard publications now in print will be available to order to the WVSPA conference.

Publications to be released soon:

- Best Practices in School Psychology V
- Understanding Reading Problems to be released this summer
- Population Based Services (working title) now in progress
- Six other books in pipeline: Effective Supervision, Response to Intervention are the two that are the best developed new books being written at this time.

NASP CHILDREN’S FUND AUCTION

- NASP expresses thanks for the thoughtfulness of the WVSPA for the donation of the handmade gifts from West Virginia
- Money goes to special projects, mini-grants, service grants
- For a full report regarding the services provided through the NASP Children’s Fund, visit the NASP website. Ψ

Therapeutic Games

(Reprinted from the *Louisiana School Psychologist*, Vol. 16, No. 3)

Looking for ways to enhance your interactions with students this year? Need some resources to increase the impact of group interventions or individual counseling sessions? Consider including therapeutic games in your bag of intervention tricks (see sources at end of this listing).

Conversations

By Richard and Lucianne Boardman

Ages 7 to adult' two or more players—Intended for use by trained professionals only.

Over 100 situational cards depict various high and low stress events. Players can focus on improving their understanding of situational dynamics, and problems, and deal with feelings, behaviors, and conversations that relate to peer and family interaction.

Coping and Decisions

By Richard and Lucianne Boardman

Ages 6 to 14—Intended for use by trained professionals only

Players increase awareness of specific positive and negative coping skills, identify typical feelings encountered in daily living situations, and promote improved decision-making skills. Use of the multiple game boards and a variety of cards allow unique combinations of games to address specific issues or skills.

Talking, Feeling, and Doing Game

Richard A. Gardner, M.D.

Ages 4-15—Intended for use by trained professionals only

The first published therapeutic game has now been updated and revised, and is still one of the most popular tools for child psychotherapy. The child's responses to the questions and directions help reveal the issues that are most important at the time, and serve as a point of departure for meaningful therapeutic discussion.

Talking, Trusting, Feeling Game

Ages 6-12; 1 to 6 players

Created by a child and family therapist, this therapeutic game helps children deal with their feelings about divorce, alcoholic parents, and a variety of family problems. It is useful in either individual or group sessions, and helps children confront issues that may be difficult to verbalize.

Ungame

Ages 5 to adult; two to six players

Enhances communication while teaching listening skills. Two decks of cards ask both serious and light-hearted questions. Players progress along the playing board as they engage in a serious exchange of thoughts, feelings, and ideas.

Friendship Island Game

Includes separate games for grades 1-2 and for grades 3-4

Includes three friendship skills: making friends, being a good friend, and resolving disagreements. Players must learn how to cooperate with each other to earn points.

Win-win games for all ages

By Sambhava and Josette Luvrnour

This sequel to the best-selling *Everyone Wins* is designed to enhance harmonious relationships. Forty new games and activities help participants to get to know one another better and deepen relationships. Thirteen initiatives focus on group problem solving activities.

Don't Be Difficult

Ages 7-12; 24 players

This game for children with oppositional and defiant behaviors helps them experience the difference between the 'Hard Way' and the 'Right Way' to behave. As children go around the board, they might find themselves on the hard road, a convoluted path that goes nowhere. To get off the hard road and back onto the right road, they have to earn positive emotional currency in the form of kindness, trust, respect, cooperation, and affection.

Angry Monster Machine

Ages 5-19; 2-4 players

This highly engaging game is designed to have a high play value for children who have problems with anger control. Each player uses a truck to pick up play doh monsters and carts the monsters back to the transforming machine, where he must say something that makes him angry. He then selects adaptive ways to transform the anger into something positive, and must transform the play doh & monster too! The game is designed to be used alone or it can be used as a companion to the Angry Monster Workbook (sold separately). There is also a Spanish version.

Angry Animals

By Katelyn Mariah

Ages 4-12; up to 12 players

This colorful board game promotes healthy expression of anger. Players respond to problems presented by choosing what they believe to be appropriate responses.

Bullies to Buddies

Grades 12 to 5; six players

Players learn how to take a stand against bullying while enjoying this game. They also learn the difference between tattling and telling.

Mad, Sad, Glad Game

Ages 5-12; 3-6 players

Kids race to match feelings and situations in a fast action board game that combines fun and important lessons. Can be played competitively or cooperatively. An additional deck of "advanced feelings" cards is included for older children.

One Step at a Time

Two games: 1) ages 3-6 and for non-reading elementary students and 2) ages 6-8 and for children who read at the first and second grade level. For 2-6 players (or 12 players in teams of two).

A cooperative board game that teaches young students how to make good decisions. Both games use the same board. Children cooperatively decide if the activities are appropriate for children of their age.

Circle of Respect

Three sets of rules make it simple to adjust the difficulty level for different elementary age groups.

Success in school and in life are enhanced by understanding the concept of respect and developing the ability to show respect in a variety of situations at school, with peers, with family members and in the community. Players learn to identify situations in which respect is important, including respecting differences, respecting rules, and respecting the environment. Players learn that showing respect is the best way to receive respect, and specific ways that they can show respect. A guide to introducing the game, use in the classroom, and post-play discussion is included.

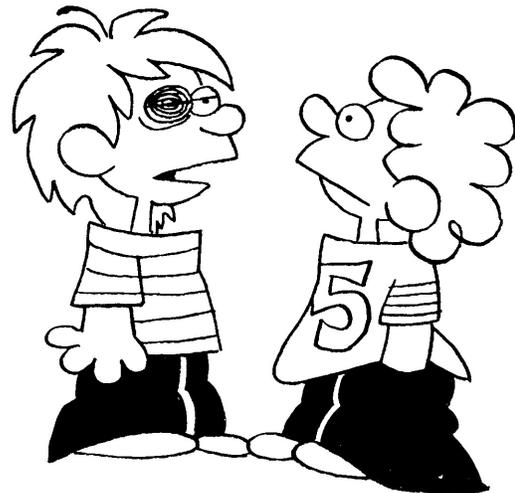
Sources for Therapeutic Games:

<http://www.selfhelpwarehouse.com/games.html>

<http://www.gamesforgroups.com/coping.htm>

<http://www.play2grow.com/therapeutic.asp>

<http://www.educationalmedic.com> Ψ



Gladbergen

"It is hereditary...I got it from my sister."

Promoting Your Role and School-Based Mental Health Services

**School Psychology Awareness Week,
November 6-10, 2006**

**By Katherine C. Cowan, NASP Director
of Marketing and Communications**

The National Association of School Psychologists (NASP) has designated **November 6-10, 2006 as National School Psychology Awareness Week**. School psychologists and school psychology organizations around the country will be highlighting their role in promoting student success. Effective communication is vital to achieving the goals and objectives of school psychology, whether you are trying to improve services at the building level, secure funding at the state level, or shape policy at the national level. Failure to communicate well can result in negative outcomes and missed opportunities.

Focus on Mental Health

Our focus this year is on children's mental health and the importance of school-based services in fostering children's learning and development. There is growing recognition that mental health has a direct impact on student academic achievement and well-being and is related to issues such as school climate, behavior, discipline, social skills, resiliency, violence, social-emotional development, family problems, and risk behaviors. Indeed Congress is considering school-based mental health services in anticipation of the reauthorization of ESEA (NCLB) and SAMHSA. NASP participated in a Senate briefing on school-employed mental service providers last March and is working with school counselors, social workers, and APA on a briefing for the House of Representatives early next year. Specifically, we will be raising awareness of:

- The importance of children's mental health.
- The relationship between children's mental health and their learning and development.
- What schools can—and should—do to support students' good mental health and school success.
- How school psychologists help schools provide

quality, evidence-based services and programs that are appropriate to the learning environment, respect and engage families, and coordinate with necessary community resources.

Communications Planning and Message Development Process

Following are a few brief communications strategies and key messages on school-based mental health services based on work being done by NASP at the national level. A more comprehensive fact sheet is available on the NASP website at www.nasponline.org/communications.

- Define the problem you are trying to address. NASP has articulated the following.
 - Too many children and youth with mental health problems are not getting the help they need. Mental health problems interfere with life and school success.
 - Too few schools provide the comprehensive mental health services necessary to support students' needs and promote improved outcomes. School psychologists need to secure their role as school-based providers.
- Assess the situation. (What are your opportunities and obstacles.)
- Define your goals. (These can be short and long-term.)
- Identify your target audiences and address their priorities. (Messages even on the same issue should be tailored to the specific audience because they have different perspectives.)
- Collaborate with colleagues and allied professionals.
- Select the appropriate strategies. There are three broad categories of communications. "Calling Card" that simply provides helpful information (e.g. fact sheets; brown bag lunches) and raises awareness; Action Request that seeks audience buy-in and a decision to do something (e.g., provide funding/approve a program); and Crisis Management intended to minimize potentially damaging consequences of a situation (negative legislation/school shooting). Many communications efforts involve both "Calling Card" and Action Request strategies, depending on the goal.

Key Messages on School-Based Mental Health

Define your main points. Key points on mental health include:

- School mental health services are integral to student success.
- Mental health is not simply the absence of mental illness; it is also the capacity to cope with life's challenges.
- Mental health (resiliency/social skills) exists on a continuum with mental health problems (mild signs and symptoms interfering with performance) and mental illness (diagnosable disorders).
- There is a growing and unmet need for mental health services for children and youth.
- Schools provide an optimal context to provide mental health services because almost all children are accessible and familiar there.
- Students who receive social-emotional support and prevention services achieve better academically.
- Meeting children's mental health needs is a wise investment because prevention/earlier intervention are more cost effective than remediation/incarceration/lost productivity.
- School-based services must be part of a continuum of care for children's mental health.

Translate main points into key messages. Use simple language. Avoid jargon.

- Mental health matters.
- Good mental health is essential to success in school and life.
- Schools are a natural place to meet children's mental health needs.
- Children who receive mental health support are happier and do better in school.
- School-based mental health services are a wise investment.
- School psychologists can provide a continuum of mental health services in school. (See graphic below.)

Follow the "recipe" for communications success.

- Be relevant. (Relate issue to state/local context and an issue people care about, e.g., school safety, suicide prevention, behavior, substance abuse, crisis, resiliency, gang participation, stress)
- Pick your main message. State it at the outset.

Example: "Bullying is unacceptable, preventable behavior that undermines student's well-being and academic achievement."

- Back it up with 2-3 key messages and how the issue creates a barrier to learning.
- Provide personal examples and stories to put a "face on the message".
- Offer specific "solution" suggestions.

Resources Online

Non-NASP members can access a series of communications materials and suggested activities for School Psychology Awareness Week online at <http://www.nasponline.org/information/spweek2006.html>, including an 8 ½ x 11 color PDF of our 2006-2007 poster "Building Steps to Success. Lowering Barriers to Learning. Supporting Mental Health Matters." NASP members receive a full size poster in the mail and can access additional adaptable topical and communications resources in NASP Member services.

Questions? Ideas? Accomplishments? Please send questions and updates on your communications efforts and School Psychology Awareness Week to NASP Director of Marketing and Communications, Kathy Cowan at kcowan@naspweb.org.

Adapted with permission from the Communications Matters column and handout in the September 2006 *NASP Communiqué*. Ψ

Psych Perspectives Articles and Ad Rates

Articles should be submitted by e-mail as a Word® document using Times Roman 12 point font with five space indentation for the first line of each paragraph and the title centered.

Ad rates are \$100 for a full page and \$50 for a half page. Further details can be obtained from Charles Szasz: cszasz@mac.com

Testimonial:

Joseph's Amazing Scale of Many Colors

By Henry E. Davis, Contributing Editor

(Reprinted from *School Psychology in Illinois*, Vol. 27, Issue I, 2005)

After over a quarter century of compiling research and making necessary revisions, Jack Joseph has successfully developed an expanded, enhanced version of his self-concept scale. The Joseph Picture Self-Concept Scale (JPSCS) is more diverse and multifaceted than its predecessor. While the original scale, The Joseph Preschool and Primary Self-Concept Screening Test (JPPSST), developed in 1979, could be used with young children aged 3-6 to 9-11, this new scale is designed for children from ages 3-0 to 13-11.

The Joseph Scale is based on the premise that a child's self-concept develops through interactions with the environment, and in response to the evaluations of others. For example, during my turbulent teenage years, a supportive friend once said to me, "Hank, the reason you feel inadequate is because you are!" (After years of treatment, I finally recovered last week from this comment). The title of the article has a variety of meanings. In addition to the obvious Biblical reference, the many colors of the title refers to two specific themes. First, there are light-skin and dark-skin versions (in conjunction with gender specific forms), making it easier for a larger number of children from different ethnic backgrounds to identify with the pictures. The two versions differ only in their skin and hair shading. Second, the allusion to colors also refers to the many different ways this instrument can be used in various settings, with a variety of age groups. The scale has been designed for use in research, educational decision-making, or clinical applications. The current Joseph scale, as was the case with its predecessor, may help school psychologists identify those children who are "at risk" for behavioral and educational difficulties.

DESCRIPTION

The Joseph scale has two forms: Form Y and Form O. Form Y is designed for younger children ages 3-0 to 7-11, while Form O is designed for children aged

7-0 to 13-11. Therefore, the two forms overlap at age 7, giving the examiner flexibility to use either form with seven-year-olds. For mass screening of preschoolers, a 10-items short form is included in the Appendix of the Manual. An expansion of the scale into adulthood is currently in publication. During the administration of the JPSCS, children are shown pairs of pictures representing everyday self-appraisal situations and asked to choose between an illustration representing positive self-concept and another representing negative self-concept. For example, one picture depicts a child playing with many children and the other picture shows a child playing alone. The subject is then asked which picture represents what most often happens to him or her. Each form yields an objectively scored Total Self-Concept score, as well as an analysis of items of concerns in three theoretical dimensions of self-concept: Significance (*interpersonal), Competence (feelings of skill and mastery), General Evaluative Contentment (personal feeling of satisfaction). Form Y consists of an Identity Reference Drawing (IRD), and 21 objectively scored dichotomous picture pairs. The IRD uses an outline of a unisex blank face and shoulder, in which the child draws his or her own features. After drawing the IRD, the picture is kept in view as an identity reference, as well as providing additional data for later interpretation of possible emotional indicators. Next, the child is shown the picture pairs. Form Y takes about 10 to 15 minutes to administer. In Form O, most of the 30 items use neutral contrast pictures of children as the reference, rather than the clearly contrasting pairs. Form O usually takes about 15-20 minutes to administer. Scoring and interpreting the results is relatively quick and easy.

One of the greatest drawbacks in using a self-report measure to assess emotional development is the possibility of misleading results, due to response bias, comprehension, or expression issues. Each form contains response validity scores, such as Confusion scores (when a child cannot properly identify the meaning behind the pictures), and 1-point (noncommittal) Scores. Form O also includes the Response Distortion Index (RDI). The RDI consists of four items written so that one response represents an unrealistic denial of one's minor imperfections, while the other acknowledges these blemishes. For example, Item 14 contrasts someone who never gets upset with a person who sometimes gets upset. The number of RDI responses leads to the consideration of a range from lack of distortion to severe distortion. A score of

7 or 8 points on the RDI would totally invalidate the profile. The RDI may be a means of detecting positive embellishment tendencies, resulting from the child's desire to appear well adjusted or socially appropriate. This tendency to "fake good" may also be a defense mechanism used to keep negative self-appraisals out of conscious awareness. "Faking bad" is also possible, especially if there is a payoff for appearing worse off (i.e. to win a lawsuit).

INTERPRETATION

In the Manual, Joseph outlines the order of interpretation as follows: 1) assess the validity of the results 2) evaluate overall self-concept score 3) interpret items responses 4) evaluate IRD (for younger children) 5) integrate results with data from other sources of information 6) determine if intervention is needed. When interpreting the Total Self-Concept Score, one compares the results with the normative sample. The ranges relating to overall self-esteem include: High Positive (generally competent); Moderate Positive (strong self-concept, with a few acknowledged weaknesses); Watch List (child may exhibit problems of adjustment); Poor (appreciable risk for psychological self-concept disturbance); High Risk Negative (child may exhibit disruptive or self-defeating behaviors); Very High Risk Negative (greater level of urgency regarding severe, pervasive deficits in self-concept). Clinical depression is common among this latter group, and suicidal individuals often score in the Very High risk Negative range. An overuse of 1-point responses (when the subject is undecided about which of the children to identify with) may indicate a positive embellishment response style. The child may be trying to appear healthier than he or she really is. Of course, validity measures must be evaluated in conjunction with corroborating data. To further understand the meaning of particular responses, an inquiry method may be utilized, following the complete administration of the scale (Davis, 1986). During this inquiry, the examiner asks what was meant by particularly noteworthy responses.

STANDARDIZATION AND PSYCHOMETRIC PROPERTIES

The standardization sample for the JPSCS consisted of 934 individuals, ranging in age from 3 to 13. The demographic characteristics of the sample are generally representative of the 2000 U.S. Census. However, the lowest SES category is grossly underrepresented in this sample (e.g. 3.3% in the sample, compared to 19.6%

in the 2000 Census). The sample did not include any subjects from the West region of the U.S.

Total self-concept raw scores are converted to T-scores, with a mean of 50 and a standard deviation of 10. Since the original Joseph scale was first published in the late 70's, many favorable reviews have established that the original Joseph scale is a reliable and valid measure of self-concept in young children. The new Joseph scale has demonstrated comparable reliability and validity. Internal consistency reliability has generally been established 9.77 for older children). However, internal consistency was not as high for younger children (only .67). Lower reliability for younger children can be expected, because of their plasticity at that age. Test-retest reliability on Form O was .95, and .85 for Form Y, indicating a high degree of stability for both forms.

The item selection process was based on the results of a pool of items collected by the author, reflective of self-concept theory. Thus, content validity is supported. Construct validity has been shown by demonstrating a positive relationship with other measures of self-concept (e.g. .92 correlation with the JPPSST and .85 with the Piers-Harris Children's Self-Concept Scale). Criterion-related validity studies demonstrate the tests discriminate validity, with a significant difference between referred and non-referred populations (e.g., p less than .001 when comparing typically developing individuals with students classified as having emotional or behavior disorders).

SUMMARY

The Joseph Picture Self-Concept Scale gets a high rating from this reviewer, as an individually administered measure of global self-concept for children of ages 3 through 13. Its unique picture format places decreased emphasis on verbal expression and gives a less threatening frame of reference from which to respond. This pictorial format is particularly helpful with younger children. While the black- and-white drawings appear too old fashioned to this reviewer, this potential drawback has not posed a problem in the field. The psychometric qualities of the Joseph are solid, as was the statistical support for its predecessor, the JPPSST. The white/non-white stimulus cards make the Joseph applicable to a wide variety of populations, of different ethnicities. The inclusion of a response distortion scale for older children makes it easier to detect a positive embellishment response style.

The new Joseph scale can be used in school psychological evaluations, clinical settings, as a means

of collecting data for research, and evaluating the effectiveness of interventions over time. The scale has been successful in discriminating between typically developing populations and referred populations. With such diversity in its utility, the new Joseph Scale is truly a test of a different color. The JPSCS may be purchased from the publisher, Western Psychological Services (WPS). Kits for younger children are \$180, and kits for older children are \$110 (not as many pictures are used). The Manual and forms may be bought separately. Autoscoring forms make hand scoring quick and easy. No computer scoring software is available at this time. It appears that the two biggest mistakes that Jack Joseph has made over the past twenty-five years have been in not starting out with a high quality publisher, like WPS, for the original Joseph scale, and in his failure to hire this reviewer when he applied for an internship position in Skokie many moons ago. (Apparently, this latter faux pas continues to have a deleterious effect on the self-concept of this columnist). Ψ

Building Resiliency: Helping Children Learn to Weather Tough Times



Adversity is a natural part of life. At some point, we all face difficulties, such as family problems, serious illness, a personal crisis, or a painful loss. Being resilient is important to dealing with adversities like these. While most parents hope that their children never face extreme adversity, successfully facing tough situations can actually foster growth and give children the skills to be more resilient in the future.

Most people have a natural tendency to adapt and bounce back from adversity. However, parents can help their children learn to face challenges successfully, whether it is the stresses of everyday life, such as academic difficulties or problems with friends, or severe adversity, such as losing a home and being displaced from normal routines for months. Following are five ways to promote resiliency in your children and help protect them from long-term ill affects of difficult experiences.

1. Think positive!! Modeling positive attitudes and positive emotions is very important. Children need

to hear parents thinking out loud positively and being determined to persist until a goal is achieved. Using a “can do” problem-solving approach to problems teaches children a sense of power and promise.

2. Express love and gratitude! Emotions such as love and gratitude increase resiliency. Praise should always occur much more often than criticism. Children and adolescents who are cared for, loved, and supported learn to express positive emotions to others. Positive emotions buffer kids against depression and other negative reactions to adversity.
3. Express yourself! Resilient people appropriately express all emotions, even negative ones. Parents who help kids become more aware of emotions, label emotions appropriately, and help children deal with upsetting events are giving them useful life skills.
4. Get fit! Good physical health prepares the body and mind to be more resilient. Healthy eating habits, regular exercise and adequate sleep protect kids against the stress of tough situations. Regular exercise also decreases negative emotions such as anxiety, anger, and depression.

Foster competency! Making sure that children and adolescents achieve academically is great protection against adversity. Children who achieve academic success and who develop individual talents, such as playing sports, drawing, making things, playing musical instruments or playing games are much more likely to feel competent and be able to deal with stress positively. Social competency is also important. Having friends and staying connected to friends and loved ones can increase resiliency. Social competency can even be created by helping others.

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

Adapted from: “Resiliency: Strategies for Parents and Educators,” Virginia Smith Harvey, *Helping Children at Home and School II: Handouts for Families and Educators*, NASP, 2004. Ψ

Intervention and Instructional Strategies That Enhance Working Memory Performance

By

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Working memory is defined as the limited capacity to retain information while simultaneously manipulating the same or other information for a short period of time (Swanson, 2000). The capacity of working memory is quite restricted, even in individuals with normal working memory capacity. The typical individual can manage only five to nine pieces of information at a time. Unless the information is being manipulated, it will only remain in working memory for a short interval, typically a maximum of 20 to 30 seconds. Given the inherent limitations of working memory, efficient utilization of its resources is important for all individuals, not just those with working memory deficits or those with learning disabilities.

Working memory plays a critical, integral role in most higher level cognitive activities, including reasoning, comprehension, learning, and academic performance (Dehn, 2006; McNamara & Scott, 2001). The cognitive processes that are closely linked with working memory include executive functioning, fluid reasoning, processing speed, and long-term memory encoding and retrieval (McNamara & Scott). In regards to academic learning, reading decoding, reading comprehension, math reasoning, and written expression all depend heavily on the adequate functioning of working memory.

Research has consistently found students with learning disabilities (LD) to display poor working memory performance, especially in auditory working memory (Swanson & Berninger, 1996). However, some researchers theorize (Swanson, 2000) that a working memory deficit is not entirely a capacity deficit. That is, students with LD often possess sufficient working memory resources and the ability to apply effective strategies but fail to use these strategies spontaneously.

Working memory can be divided into four main subprocesses—auditory/verbal, visual/spatial, executive, and the recently added episodic buffer. The classic three-part model of working memory, first proposed in

1974 by Baddeley and Hitch, has withstood research and controversy and is currently compatible with neuropsychological evidence (Baddeley, 2006). The executive part of working memory has the central role of controlling the other three subsystems and regulating the cognitive processes involved in working memory performance, such as allocating limited attentional capacity. Auditory/verbal working memory (also known as the phonological loop) is divided into two subcomponents—a temporary phonological store and a subvocal rehearsal process (Minear & Shaw, 2006). Visual-spatial working memory (also known as the visuo-spatial sketchpad) is divided into the same two subcomponents and involves short-memory for objects and their location. The episodic buffer is assumed to be a temporary storage system, consciously accessible, that interfaces with long-term memory and constructs integrated representations based on the information from long-term memory and the other working memory subsystems (Baddeley).

Developmentally, working memory span expands two- to three-fold between the ages of four and 14, with more gradual improvement after age eight (Gathercole, 1999). Longer working memory spans may be due to more than increased working memory capacity. For example, increases in processing speed, retrieval speed, and speech rate may account for some of the improvement (Henry & Millar, 1993). Moreover, executive processes and strategy use develop and increase with age (Andreassen & Waters, 1989); thus, increased use of strategies, such as verbal rehearsal and chunking, is at least partially responsible for the apparent expansion in working memory (Minear & Shah, 2006). Also, acquiring automaticity, which is the performing of mental operations with little awareness or conscious effort, will free up working memory resources, giving the appearance of increased working memory capacity.

Evidence-Based Working Memory Interventions

Most interventions for working memory involve the teaching of a strategy. Research has found that the majority of individuals naturally employ some type of strategy, typically a subvocal rehearsal strategy, during working memory tasks, and that strategic individuals recall more information than those who are non-strategic (McNamara & Scott, 2001). Strategy use is the result of experience and practice and is usually domain specific (Ericsson & Chase, 1982). Unless the trainee is encouraged to apply the strategy to different situations, generalization of strategy use seldom occurs. Continued strategy use may also depend on the individual's

awareness of the benefits of strategy use.

Rehearsal

The development of subvocal verbal rehearsal strategies is thought to be at least partially responsible for increased working memory span as children develop (Minear & Shah, 2006). Although children may begin using a simple rehearsal strategy as early as five or six years of age, rehearsal is not a widespread strategy until the age of 10 (Gill, Klecan-Aker, Roberts, & Fredenburg, 2003). Rehearsal, a serial repetitive process, allows information to be maintained in working memory for a longer period of time (Gathercole, 1999), thus facilitating long-term storage encoding. Children with disabilities often fail to develop or utilize verbal rehearsal strategies. Several studies have found explicit rehearsal training to significantly improve the working memory performance of children with and without disabilities (Comblain, 1994; Conners, Rosenquist, & Taylor, 2001). Moreover, there is evidence for the maintenance and durability of rehearsal training, especially during the initial training phase (Broadley, MacDonald, & Buckley, 1994).

Rehearsal strategies involves repetition of verbal stimuli, such as a list of words to be remembered. The teacher should instruct the learner to say the to-be-remembered words aloud as many times as possible during the procedure. If one word is introduced at a time, then that word should be repeated continually until the next is added, and then the new word along with the previous words should be repeated (Turley-Ames & Whitfield, 2003). At first, students should be directed to say the stimuli aloud, but as the intervention progresses they may whisper the words or subvocalize. The difficulty level can be adjusted by increasing the number of stimuli. Once learners engage in auditory rehearsal with minimal cuing, they can be taught to visualize the instructions as a way of keeping the information active. Gill and colleagues (2003) discovered that adding a visualization component to the rehearsal strategy increased its effectiveness and long-term application.

Elaboration

Elaboration not only improves working memory performance but facilitates long-term encoding and retrieval as well. Elaboration occurs when a learner brings associated or related knowledge from semantic memory into working memory and constructs a verbal or visual memory link between that knowledge and the information to be learned (Ritchie & Karge, 1996). To complete the elaboration process, the learner needs to thoughtfully pause in order to create a meaningful link,

such as an inference, with prior knowledge.

Training steps for the elaboration strategy include: explain what elaboration is and why it helps memory; teach how and when to use it; and provide plenty of practice during both encoding and retrieval (Gagne, Yekovich, & Yekovich, 1993). Without explicitly training the strategy, instructors may facilitate elaboration by modeling it, by prompting students to do it, and by allowing time for it. The general approach is to instruct students to think about what they already know about the new material. Examples of specific prompts include directions to paraphrase, summarize, draw inferences, or generate questions (Ritchie & Karge, 1996). Teachers may also suggest specific links. Because of age, young children remember more when teachers provide elaborations (Rafoth, Leal, & DeFabo, 1993). On the other hand, adolescents may benefit more from self-constructed associations.

Chunking

Chunking refers to the pairing or association of different items into units that are remembered as a whole, thereby facilitating short-term retention and encoding into long-term storage. For example, instead of separately remembering the digits “8,6,5” it is easier to recall them grouped as the multi-digit number 865. Chunking develops naturally as children develop automatized reading decoding skills, e.g., the three phonemes in “cat” become one unit instead of three, thereby freeing up working memory resources. In instances where the chunking strategy needs to be taught, follow the steps summarized by Parente and Herrmann (1996): (1) require the student to group single digits into a larger unit; (2) require the student to group a longer list of digits into multiple units; (3) continue training with commonly use numbers, such as phone numbers for practice; (4) continue practicing until the chunking is performed consistently and automatically; and (5) convince the student that the strategy is effective by reporting baseline and post-intervention data.

Classroom Instructional Strategies

In the educational environment, teachers can use effective instructional practices and accommodations to manage and reduce the working memory demands placed on learners (Mather & Wendling, 2005). These practices are designed for use with an entire classroom or for use as individualized compensatory interventions. Instructional practices for working memory limitations (Gathercole, Lamont, & Alloway, 2006) include: brief and linguistically simple directions; frequent repetitions of instructions and new information; child repetition of

crucial instruction; organizers, external memory aides; and other methods that reduce the processing load of the task. Helping students acquire mastery in basic skills also alleviates impositions on limited working memory resources: for example, readers with automated reading decoding skills have more working memory to devote to comprehension.

In general, effective teaching practices, such as organized presentations, guided practice, and frequent review, also prevent frequent and extensive overloading of working memory (Farquhar & Surry, 1995). Many evidence-based reading, math, and written language curricula have embedded instructional procedures and strategies for working memory limitations (Chittooran & Tait, 2005). In fact, documented effective teaching models, such as direct instruction (Gersten & Keating, 1987), may be successful primarily because they address learners' working memory shortcomings (Rosenshine & Stevens, 1986).

Conclusions and Recommendations

As school implement a problem-solving, response to intervention approach, evidence-based interventions and instructional strategies for some processing deficiencies should be included. Because of working memory's strong relationship with all types of academic learning, strategies designed to improve working memory performance should be implemented on a system-wide basis. Ψ

BOOK REVIEW:

Review of: Jackson Whole Wyoming

by JoAnn Clark

(School Psychology in Illinois, Spring 2006)

Can you imagine a world where the rules were kept secret and no one bothered to fill you in? Only when you cross the line and really make a blunder do people inform you of the rules. This is something like the experience of children with Asperger's Syndrome (AS). In her book, *Jackson Whole Wyoming*, JoAnn Clark tells us some heart-warming stories that could be taken from the life of such a student. The story is written from the perspective of a fifth-grade boy, Tyler, who is thinking about the "honor" of being considered Jackson's friend (Jackson has AS). The story is a narrative of Tyler's memories and feelings about Jackson and

a glimpse into the experience of becoming friends. The story is honest and heart-warming, offering a realistic insight into a child's experience of having a "different" friend ("Don't people know I have normal friends?"). The underlying message for the reader is, "It's okay to be different."

Clark describes Jackson's circumspect interests, his fascination with fans, clocks, pinwheels and orderliness. She even shows us how obsessions can sometimes start a trend! In each chapter, we read the sensitive details of Jackson's tendency to take his teacher's instructions literally, his insistence on classmates' compliance with rules, and his difficulty with transitions. It's not hard to see oneself in some of the scenarios, either as a child or an adult. The scenarios are realistic and many of them are humorous. Clark falls short of being moralistic, and leans heavily on the technique of letting the story unfold naturally.

Jackson Whole Wyoming has something for a wide audience of readers—children with disabilities and those without; teachers who are comfortable in inclusive classrooms and those who are not' parents, relatives, and friends of children who have Asperger's Syndrome; school psychologists who work with students and their teachers. Clark's stories provide practical pointers for parents and educators about how to handle a classroom of sniggering fifth-graders and an endless stream of awkward questions. She provides a refreshing version of the uncomfortable moments that adults go through when children ask embarrassing questions. The scenarios are wonderful fodder for role-play scenarios, social stories, communication, and social skill practice.

Diagnosing students with AS is a tricky business, because the autism, Asperger's syndrome, PDD-NOS, cannot be defined by medical tests. Labels are assigned based on questionnaires, rating scales, psychological tests, and other instruments and tools. This means that there is a large degree of subjective judgment and bias in diagnosing and labeling (Kluth, 2003). At the same time, diagnosis does not necessarily provide families, teachers, or other professionals with useful information about what the needs or abilities the student has, or how to teach him or her most effectively. School psychologists who are truly committed to working with students with Asperger's syndrome will seek the expertise and support of others, including the students themselves and their families. They will provide helpful information to educational personnel and teach the students effective strategies for self-advocacy.

Students with Asperger's Syndrome can teach others about the way they experience the world, but as Kluth reminds us, if you know one person with autism, you know ONE person with autism.

My friend lives in a world by himself.
Sometimes he lets me join him.
Sometimes he doesn't

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