

Case Four: Parent Consultation in the Era of COVID-19

Sara is a school psychology intern who began her internship in Fall of 2020 during the ongoing pandemic. Luckily, Sara had completed her practicum hours during her second year of her program at the same school district, so she has some familiarity with the teachers and many of the students from her experiences the previous year. However, like many districts in her area, this school began the school year in a completely virtual environment. All students receive instruction remotely throughout the Fall and the district administration has recently announced that remote instruction will continue until at least January of 2021. With this news, Sara and the rest of the school mental health and Child Study Team professionals begin to hear more concerns from parents who are having difficulty managing their children's instruction from home. Given that many of the parents are working parents, they are reporting that they are overwhelmed with managing various academic and behavioral issues with their own work demands. Sara has begun to communicate frequently with one parent in particular, Mrs. Jackson, who is extremely concerned with her first-grade son's academic and behavioral progress and ability to manage the virtual school environment.

When Sara asks the first-grade teacher about this student, Sean, the teacher does not report any major concerns. She indicates that he seems to be progressing academically and she does not have any major concerns with how he is doing with remote learning. This is different from what Sara is hearing from his mother, Mrs. Jackson. Mrs. Jackson indicates that Sean is not able to follow along easily with what is happening virtually in the class and that it takes him hours to complete academic lessons and assignments. He struggles with managing how to open apps and other websites on the computer and needs his mother's assistance both with the logistics of managing the virtual day and with his academic assignments. His mother is extremely frustrated because she is also trying to work full-time in a virtual environment, and she is interrupted throughout the day to aid Sean. She believes that the teacher only thinks that Sean is progressing because the teacher does not see the extraordinary amount of one-to-one assistance that she must give him in order to successfully make it through his school day.

Sara would like to offer additional support to Mrs. Jackson through a parent consultation model. However, when she approaches her supervisor about this, her supervisor speaks to the teacher and then comes back to say that she does not think it is necessary because the teacher has not noted any major concerns. Sara's supervisor believes that consulting with this parent is not worthy of Sara's time, given the large caseload that they both already have. However, Sara continues to receive emails from this parent about the major

concerns and decides to begin a formal consultation process with the mother. When she approaches her supervisor again about the mother's ongoing concerns, her supervisor indicates that Sara can engage in consultation with the mother but does not feel like it will do much to help.

Sara begins this process by conducting observations during the virtual environment. After the first two observations of the virtual class, Sara and Mrs. Jackson discuss the fact that Sean does seem to have difficulty following the on-screen instructions that the teacher is giving. Sara and Sean's mother collaboratively decide to focus on increasing Sean's ability to independently follow multi-step instructions from the teacher to find materials, websites, and begin independent assignments. Sara wants to collect baseline data but does not want to put this extra burden on Mrs. Jackson, given that she is already feeling overwhelmed with the demands on her during the virtual school day. Therefore, Sara devises a plan in which she can collect data herself, even though she is completing these observations in a virtual environment.

Sara conducts additional observations of the virtual environment and collects latency data, by recording how long it takes for Sean to respond to the teacher's request or instructions compared to an average peer. She records this data during both the Language Arts and Math block, which both take place in the morning. Both blocks include 30 minutes of instruction and 15 minutes of independent work time. It is noted that Sean will often turn off his camera after instructions about independent work are provided by the teacher. His mother indicates that he has learned to turn off his camera when he is going to ask his mother for assistance in finding the materials needed per the teacher's instructions. Therefore, Sara also records how many times Sean's camera is turned off during each block of instruction. See Table 2.1 and Figures 2.4 and 2.5 for Sara's depiction of the data.

In analyzing the data, Sara determines that Sean is having more difficulty than the average peer in his class, in that it takes him far longer to respond to instructions and he often turns his camera off right after instructions are given. This is presumably to go to seek out his mother's assistance, a fact that his mother confirms. Now that the problem behavior and areas of concern are defined, Sara begins the process of determining appropriate interventions that can be implemented in the home. She seeks out supervision from her supervisor at school, but the supervisor does not seem to have ideas, since working in this virtual environment is so new to her as well. Sara's supervisor tells her that she does not have any ideas or time to research the ideas. Therefore, Sara sets out to search the recent literature to determine whether she can find suitable interventions for the virtual school environment and seeks out peer supervision during her University-led internship class. Before

Table 2.1 Baseline Data for Sean and an Average Peer

	Sean	Average Peer
Baseline Day 1		
# Teacher Requests/Instructions	8	8
Mean Time in Seconds until Instruction Followed	189	83
# of Times Camera Turned off	7	1
Baseline Day 2		
# Teacher Requests/Instructions	12	12
Mean Time in Seconds until Instruction Followed	175	62
# of Times Camera Turned off	10	0
Baseline Day 3		
# Teacher Requests/Instructions	9	9
Mean Time in Seconds until Instruction Followed	211	75
# of Times Camera Turned off	9	1

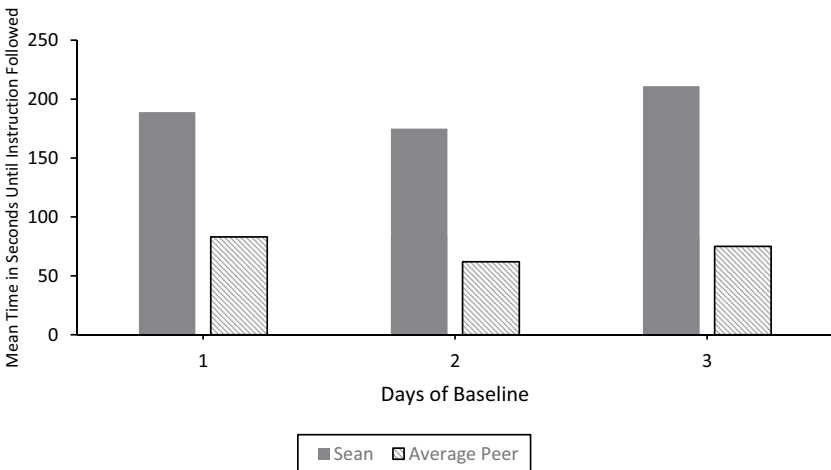


Figure 2.4 Latency Data During Baseline Phase

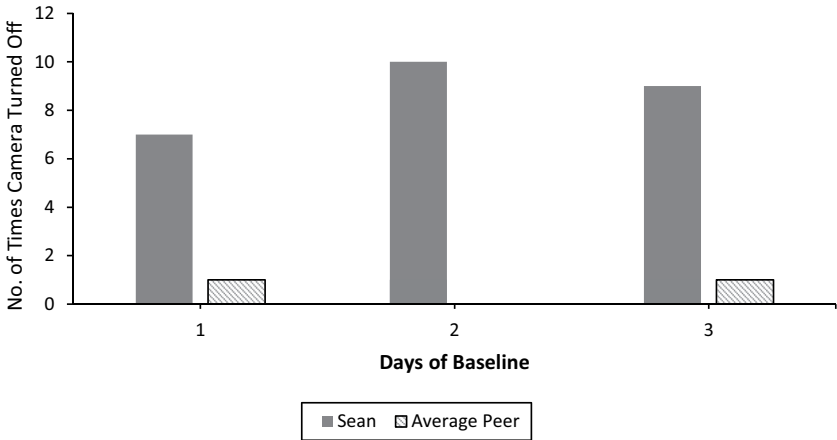


Figure 2.5 Webcam Usage During Baseline Phase

beginning to explore interventions, Sara is interested in collaborating with Mrs. Jackson to create a reasonable goal. She holds a virtual meeting with Mrs. Jackson to discuss the baseline data and collaboratively decide upon reasonable goals for Sean specifically regarding decreasing the amount of time for him to respond to teacher instructions and in needing support from his mother (measured by number of times camera is turned off).

Discussion Questions

1. Parent consultation seems to be increasingly in demand during virtual instruction and the ongoing pandemic. What are some best practices in how parent-based consultation sessions should proceed? Do you agree with Sara's decisions thus far in how she has proceeded with this parent consultation case? (**D2, D7**)
2. Sara decides to use the number of times the camera is turned off during lessons as a measure of whether Sean can follow teacher instructions. She assumes that the number of times that the camera is turned off is indicative of the number of times that he seeks assistance from his mother. Is this an accurate assumption? Although an imperfect measure, is this a reasonable measure, given the difficulties in obtaining data in virtual environments? Are there other ways that she could have obtained this information (without adding to the burden of Mrs. Jackson during home instruction)? (**D1, D7**)
3. Sara does not seem to get much supervision from her school-based internship supervisor on this case. Why might that be? How and why

might their priorities be different in this case? As the supervisor, what additional supervision would you have provided Sara? (D10, O5)

4. In their best practices chapter, Sullivan et al. (2014) discuss the importance of school-based supervisors understanding the research on supervision standards and practice. They also discuss the idea that interns appreciate when their supervisors are organized and deliberate in providing supervision overall and with specific cases. In what ways did Sara's supervisor not meet this expectation as a supervisor and how could this experience be improved for Sara in the future? (D10, O5)

Advanced Applications

1. Sara's next step is to collaboratively decide upon goals with Mrs. Jackson. What might be reasonable goals for Sean in the virtual environment? How did you arrive at this decision? (D1, D2, D7)
2. In looking at the data thus far, do you feel like the comparison peer also could improve upon their reaction time to teacher requests? Is it possible that a class-wide intervention by the teacher might be needed to increase understanding of instructions for all students in order to increase academic engaged time for all? (D4, D5)
3. Research and suggest at least interventions that could possibly be used to assist Sean in becoming more independent from his mother in proceeding through his virtual day. (D4)
4. Sean's academic progress has not been explicitly discussed and/or evaluation thus far in this case. Moving forward, what steps can be taken to evaluate Sean's academic performance in the virtual environment, given Mrs. Jackson's stated concerns that she does not feel like he is making adequate progress? What specific measures would you suggest and why? (D3)

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Providing Services in Academic Interventions and Instructional Supports

3

Domain 3: Academic Interventions and Instructional Supports

“School psychologists understand the biological, cultural, and social influences on academic skills; human learning, cognitive, and developmental processes; and evidence-based curricula and instructional strategies. School psychologists, in collaboration with others, use assessment and data collection methods to implement and evaluate services that support academic skill development in children.” (NASP, 2020, p. 5)

The ability to use evidence-based academic and instructional strategies to assist children in their academic development is a critically important role of a school psychologist. School psychologists should have a thorough understanding of curriculum, pedagogical principles, and instructional design for all grade levels so that they can offer their expertise in support of academic development in all children. Since school psychologists understand the connection between academic success and the mental health, social and behavioral development of children, they are in the position of assisting students, parents, and staff in supporting academic development for the benefit of the whole child.

School psychologists assist in appropriate assessment and data-based analyses to pinpoint academic difficulties with the purpose of driving sound

intervention design based on identified areas of need. When a clear understanding of academic needs is evident, school psychologists can research and suggest specific instructional interventions that are evidence-based. School psychologists can also provide support by assisting with the monitoring of student progress. With their understanding of intervention science, school psychologists are in the unique position to guide decisions regarding assessment, intervention, progress monitoring, and intervention integrity and acceptability. Additionally, school psychologists have expertise in the areas of cognition and learning and can offer this expertise to ensure that instructional decisions are in line with best practices and research findings in these areas. School psychologists utilize their consultation skills to provide indirect services in academic and instructional intervention for students and to work collaboratively with other professionals in their school-based teams.

School psychologists must also ensure that they use assessments that are both culturally responsive, appropriate, fair, and necessary to make decisions about students' responsiveness to intervention and need for further academic support through special education services. The over-arching goal of assessment procedures always must be to better understand the students' strengths and weaknesses in their academic functioning in math, literacy, and other content-specific areas.

The four cases within this chapter are designed to highlight various ways in which school psychologists can engage in the support of children's academic development. The cases highlight a range of different academic difficulties and include a wide range of age/grade levels to allow discussions regarding appropriate types of responses to many different types of situations. The first case focuses on the support that a school psychologist provided a child through effective intervention design after utilizing CBM data to fully understand the area of concern within mathematics. The second case involves a student with a writing difficulty and focuses on how school psychologists can intervene to support academic progress in writing. The final two cases both focus on reading, with the third case focusing on a younger child and the fourth case focusing on an older child with reading-related concerns impacting academic progress.

Case One: Math Skill by Treatment Interaction

The school psychologist intern, Ms. Jenkins, was listening in a grade-level team problem-solving meeting as the team was discussing their concern for a student, Jordan, who scored low on the recent math benchmark assessments.

Jordan has lived in the United States since he was 2 years old when his family immigrated from Vietnam. Jordan speaks only English, although he reportedly understands his parents when they communicate with him in Vietnamese at home.

His teachers report that he is consistently failing his class unit tests and scored below the 10th percentile overall (see Table 3.1). Jordan's conceptual understanding scores on the benchmark were in the 31st percentile, slightly below average. Jordan's computation skills were in the 11th percentile range, well below average. At the end of the meeting, the intern offered her support to help provide a math intervention for Jordan. The teachers were thrilled to have extra help for the student.

Ms. Jenkins asked the teachers if she could review his recent assessments and classwork to assess his specific skills and needs. Upon reviewing his classwork, she noticed that he consistently made errors in addition with regrouping. After inspecting the data, Ms. Jenkins felt that the Concept-Representational-Abstract (CRA, EBI Network, 2014) intervention that she had learned about in her recent class might be an appropriate intervention to try with Jordan. She had read about the importance of the instructional hierarchy and skill by treatment interaction (Burns et al., 2010) in her earlier coursework and thought this might be a good opportunity to try to apply those theories in her own problem-solving. Based on the instructional hierarchy, CRA is an acquisition level intervention, which she felt would strengthen his conceptual understanding first. She collected more specific baseline with the student first by administering double-digit addition with regrouping CBM probes. In a two-minute probe, the student scored about two-digits correct per minute with 50 percent accuracy. She proceeded to meet with the student individually three times per week for 20-minutes per session. In that time, she

Table 3.1 Student Math Benchmark Assessment Fall to Spring

Third Grade	Fall Benchmark: Form A		Spring Benchmark: Form B	
	Standard Score	Percentile Rank	Standard Score	Percentile Rank
Concepts	90	31	80	10
Computation	81	11	87	18
Application	75	6	85	14
Total	80	9	88	17

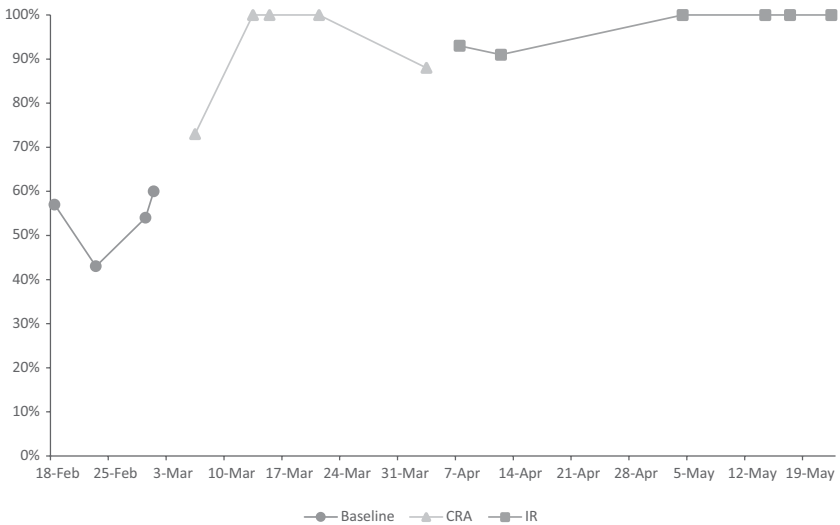


Figure 3.1 Percent Accuracy on Double Digit Addition With Regrouping

wrote a problem on a white board and provided base-ten blocks for the student to visually represent the equation. After Jordan completed the problem correctly, Ms. Jenkins would give Jordan five more similar problems to complete with feedback. The base-ten blocks were used to represent the problem and corrective feedback was provided. Jordan made immediate improvement with this strategy. Accuracy improved to 100 percent (see Figure 3.1). Fluency also improved but was still not at grade-level.

Based on the data and her understanding of the instructional hierarchy, Ms. Jenkins decided to switch gears with the intervention. Once Jordan demonstrated strong conceptual understanding and accuracy, she felt it was time to switch to a fluency strategy. Ms. Jordan then moved to the Incremental Rehearsal strategy (IR, Evidence Based Intervention Network, 2014; Burns, 2005) for fluency/proficiency, math flashcard practice with a ratio of 90 percent known problems and 10 percent unknown repeatedly interspersed. After switching to the IR strategy, the student made steady progress on the computation fluency goal (see Figure 3.2).

At the next benchmark assessment in the spring, Jordan had made progress overall, moving from a total score in the 9th percentile to the 17th percentile (see Table 3.1). Despite the rapid progress on fluency and accuracy of computation, the student's computation benchmark increased from the 11th percentile to the 18th percentile, but not substantially. The student was still scoring below average. The teachers were thrilled with the progress and wanted to

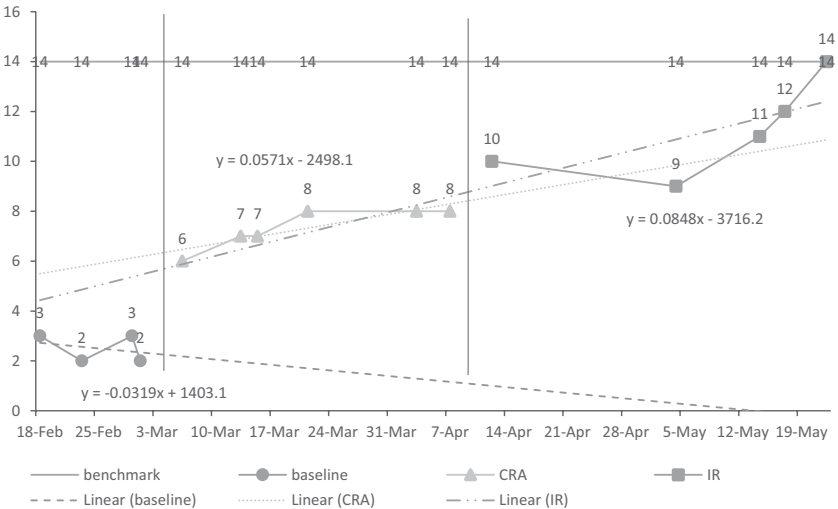


Figure 3.2 Correct Digits per Minute on Double Digit Addition With Regrouping

learn more about the strategies that were used. However, they were also still concerned about the student's benchmark assessments and unsure what to do next considering he was still so far behind on the spring benchmark. Ms. Jenkins realizes that she should seek out additional supervision from both her university-based and site-based supervisors to get additional ideas for how to continue supporting the teachers.

Discussion Questions

1. How did the use of assessment inform intervention decisions for this case? What types of assessment data were the most helpful for making intervention decisions? (D1, D3)
2. How might the team view the student differently if they only had the benchmark data, fall and spring, to review at their meetings and not the weekly progress monitoring data? (D1)
3. In this case, the intern provided direct service for the interventions. What are the advantages and disadvantages of direct academic service provision versus indirect? (D2, D3)
4. At the conclusion of the case, the teachers are excited about the intervention strategy. How should the intern proceed if she wants to begin

- moving this case from direct services to indirect services to help give away the skills of the intervention and assessment? (D2, D3)
5. Given the data at the end of the case and teacher concerns, what should be the next steps? Is a special education evaluation warranted here? Why or why not? (D1, D2, D3, D10)
 6. Are there cultural and language considerations that should be taken into consideration in this case? If yes, what should the team and Ms. Jenkins consider? (D7)
 7. Ms. Jenkins is an intern so she continues to have access to supervision from both her university-based and site-based supervisors. However, once she completes her internship, she will likely not have access to the same types of mentorships. Why is it important to seek out mentors as a new school psychologist? What are suggestions for how to seek out support for professional development, consultation, and coaching in the role of the school psychologist? (O3, O5, O6)

Advanced Applications

1. Role play a conversation between the school psychology intern and the math teacher, reviewing the data graph, to determine the next steps. (D1, D2, D3)
2. Plan the next step for assessment. What curriculum-based measurement probes would you utilize next? Explain your rationale. (D2)
3. Role play a multidisciplinary meeting to review the progress-monitoring data and benchmark data to determine if further evaluation for special education services is needed. If yes, discuss what disability is suspected and what assessments or data would be needed given the referral concern. (D1, D10)

Case Two: Preempting Pre-Referral?

Mrs. Key, a long-time third-grade teacher, believed her student Amelia had a writing disability. Amelia is a third-grade student in Mrs. Key's class who identifies as White. Mrs. Key did not want to delay services to Amelia by following the school's pre-referral process, so she tried to work-around the school's typical process by sharing her concerns with Amelia's mother during her parent-teacher conference. Mrs. Key advised Amelia's mother to write a request for a meeting to discuss possible formal evaluation by the

Child Study Team. At the multidisciplinary team meeting, Ms. Dewmore, the school psychologist, recognized that no pre-referral problem-solving had been conducted prior to the meeting. She was concerned that without pre-referral problem-solving, including a trial of evidence-based interventions and progress monitoring data, the team would have a hard time ruling out lack of appropriate instruction as part of a determination of a specific learning disability in the area of writing. Ms. Dewmore did not feel comfortable proceeding to a formal evaluation without attempting this first. She offered to assist by conducting informal writing curriculum-based assessments (CBA) and curriculum-based measurements (CBM) to design and implement an intervention concurrent with an informal occupational-therapist (OT) and physical therapist (PT) screening for fine motor concerns. The team agreed and decided to reconvene in 6 weeks to allow time for an intervention trial period, with weekly data collection.

Ms. Dewmore consulted with Mrs. Key after the meeting. Reluctantly, Mrs. Key agreed to meet weekly with Ms. Dewmore to work together via the Instructional Consultation (Rosenfield, 1987, 2014) process for Amelia's case. They met weekly and Mrs. Key shared her concerns in more detail while also multitasking, including filing papers and grading. Ms. Dewmore tried to clarify and understand more about Amelia's skills. Mrs. Key explained that Amelia's writing was illegible. Additionally, she was concerned about Amelia's reading comprehension and math fact fluency. Ms. Dewmore then conducted Instructional Assessments (Gickling et al., 2016) in reading, writing, and math to better analyze Amelia's skills and instructional starting points. Contrary to Mrs. Key's perspective, Amelia demonstrated strengths in both reading comprehension and math fact fluency. In reading comprehension, Amelia was able to verbally retell a grade-level reading passage in detail, she could also answer specific questions accurately about the text. Ms. Dewmore could see that legibility of her written responses to reading comprehension questions was likely what was making it difficult for Mrs. Key to accurately assess Amelia's comprehension skills. Amelia's written responses were illegible. In terms of the math fact fluency, it appeared that Amelia performed poorly on math computation assessments in class because the teacher was scoring illegible answers (e.g., number five written backwards) as incorrect even when the answer was technically accurate. Amelia's math fact computation was fast and accurate; however, the numbers were sometimes just transposed. It appeared that her handwriting was affecting her teacher's perception of her math accuracy.

After Ms. Dewmore shared the assessment results with Mrs. Key, they prioritized handwriting legibility, specifically correct letter and number formation,

for intervention. Ms. Dewmore helped Ms. Key by collecting writing CBM data as a baseline and monitoring progress weekly. Mrs. Key did not have any new ideas as to what interventions would help. She said that she didn't teach handwriting until the end of third grade when they started the cursive unit. She also explained that they don't spend as much time on handwriting during the school day like they once did when she was a younger teacher. Ms. Dewmore conducted some research on handwriting development and interventions. She learned about a specific handwriting intervention (Graham et al., 2000) and shared that information with Mrs. Key. The intervention consisted of 15 minutes of handwriting instruction and fluency practice per day with letters that have similar formation strokes. This intervention did not address number formation, so Ms. Dewmore thought it would help to use prompt-fading worksheets for practicing the number five. She created worksheets where the number five had an outline of a cobra snake around the five to illustrate how you start at the head and trace around the body. The cobra outline was faded to tracing the five, then gradually to dotted lines and then freewriting the five.

Mrs. Key did not see any possible way that she could spend 15 minutes on this type of instruction given her busy class schedule. Ms. Dewmore was frustrated with Mrs. Key's resistance because she was concerned about Amelia's progress and wanted to have data to assess response to intervention. Ms. Dewmore pushed forward, despite some of these barriers and resistance from the teacher. She suggested that the intervention could be implemented by the paraeducator, not the classroom teacher. Mrs. Key agreed because it did not interfere in her own instruction and she could see how a few other students in her class could benefit from a similar intervention. They decided to create a small group for the paraeducator to work with to implement the handwriting intervention. The teacher did agree to use the math number five practice worksheets with Amelia as a warm-up in math class. She felt that this was easy to implement without significantly changing instructional time.

With these interventions in place, Amelia made rapid progress. Mrs. Key was pleasantly surprised by the noticeable changes to Amelia's writing in class. In fact, now that the teacher could read Amelia's writing, she thought Amelia may be advanced in writing, due to her creativity and expression. Mrs. Dewmore shared the graphed data and pre-post writing samples at the follow-up multidisciplinary team meeting (see Figure 3.3). The team decided no further formal evaluation was needed because the parent and teacher no longer suspected a disability. After the team meeting, Mrs. Key reflected about the value of the consultation process. She felt much more positive about pre-referral problem-solving as a result of her experience working with Ms. Dewmore.

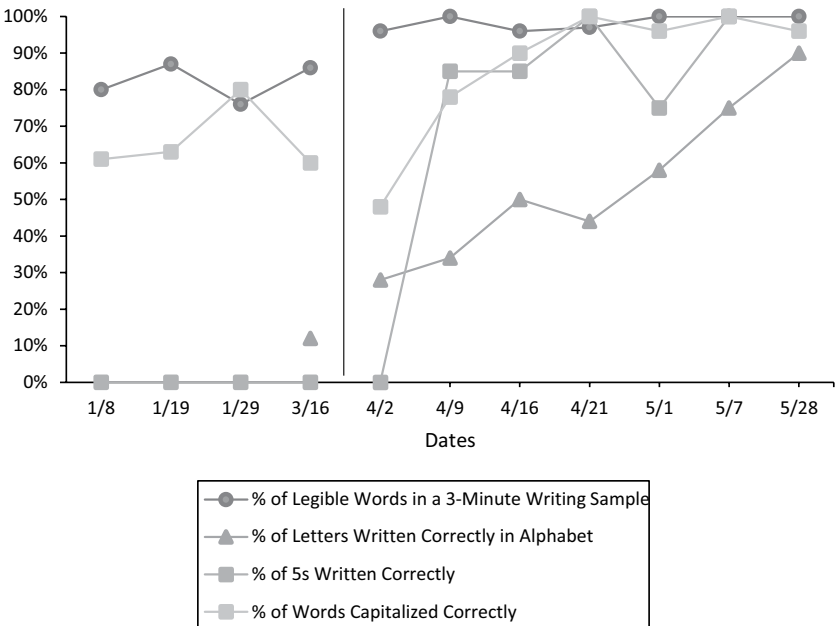


Figure 3.3 Percent of Legible Words in a 3-Minute Writing Sample

Discussion Questions

1. What might have happened if the school psychologist did not offer a collaborative consultation approach for this case? How might the outcomes for this student be different? (D2)
2. What could the consultant have done differently from an indirect service delivery perspective? What could be done in a future case with this teacher to emphasize the teacher outcomes of the case? (D2, O1)
3. Teachers judge students' writing content more negatively if there are significant legibility concerns (Graham et al., 2000) and handwriting is often not taught explicitly in schools as it once was. What is the school psychologist's role in sharing handwriting development and intervention information with teachers, providing professional development, and assisting with this type of intervention via consultation or coaching? (D2, D3, D5)
4. The parent seemed to be easily persuaded to view this as a special education or disability concern from the parent-teacher conference but was also equally open to trying other options first once presented by Ms. Dewmore. What does this mean for the role of school psychologist in

educating parents about the value of problem-solving prior to suspecting a disability, as well as what that process could look like? What would you suggest Ms. Dewmore do to educate parents in the school about pre-referral problem-solving? (D2, D7, D10)

Advanced Applications

1. Review the Graham et al. (2000) research article and create an intervention script for a teacher based on the description of the intervention in the article. (D3, D9)
2. Using that same intervention, create a method to assess intervention fidelity (e.g., an observation checklist, a teacher self-assessment checklist, permanent product review). (D1, D2, D3, D9)
3. Role-play a consultation conversation between Ms. Dewmore and Mrs. Key. In the role of Ms. Dewmore, plan to address the teacher multitasking in an open, but non-confrontational way, and to try to shift from more direct service to indirect service. What communication skills or motivational interviewing skills would be helpful here? (D2)
4. It would be helpful to be able to evaluate how consultative and indirect service delivery models impact student outcomes. How might the service delivery in this school be evaluated? (O1)

Case Three: Pitfalls and Plateaus

A school psychology intern, Ms. Eager, attended her first Student Support Team (SST) meeting at her internship site. At the meeting, she listened carefully to the referring teacher's concerns about her student, an English learner (EL), Mario. The teacher, Ms. Stewart, relayed her concerns to the team about his lack of reading progress and work completion. She said, "He just won't do the work! I think he's going to need more intensive services" Trying to better understand the concerns, Ms. Eager asked the referring teacher a clarifying question. Ms. Eager asks, "What is the work that Mario is having trouble completing?" Another teacher on the team rushed to Ms. Stewart's defense saying, "Oh no! She knows her students!" She appeared offended that Ms. Eager would question the teacher. Ms. Eager recognized that she must have overstepped as a newcomer to the school. She apologized and explained that she wasn't questioning the teacher's judgment and was just trying to get a clearer picture of the concern.

After the meeting, Ms. Eager went to Ms. Stewart to check-in and apologize again. She also offered consultative services. The teacher agreed to meet weekly prior to the next scheduled SST follow-up meeting. After collecting some data on Mario's reading skills and needs, they prioritized letter and sound identification, focusing on folding-in one letter and sound at a time with a high number of repetitions daily. Mario started making progress, with an immediate increase in letter recognition on the graph that Ms. Eager was helping the teacher to create weekly (see Figure 3.4).

Weeks later, Mario missed a few weeks of school due to a broken leg. Then, Ms. Stewart missed a few weeks of school due to an elective surgery. When she returned, Ms. Stewart was concerned about Mario's lack of progress (see Figure 3.4). She felt he had plateaued for several weeks. Ms. Stewart wanted to refer Mario for a special education evaluation. Ms. Eager agreed that the data indicated a plateau. However, she recognized that this plateau may be due to lack of consistent implementation of the intervention, while the teacher and student were both absent at different times, Ms. Eager showed Ms. Stewart a graph with vertical lines indicating implementation stops and starts to help the teacher connect the lack of progress with lack of implementation. Ms. Eager shared information with Ms. Stewart about the exclusionary criteria for specific-learning disability, including lack of appropriate instruction, as well as the long-term process of language acquisition for EL students, including the differences between the acquisition of interpersonal communication skills and cognitive and academic language proficiency.

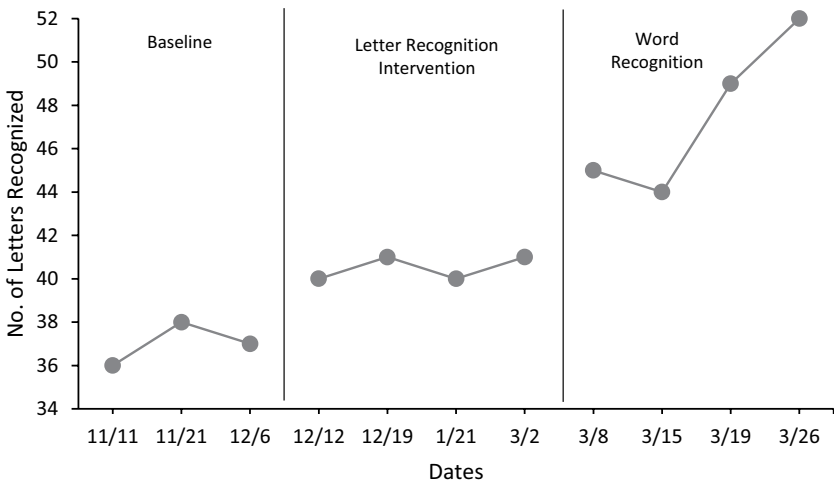


Figure 3.4 Case Progress Data: Number of Upper and Lowercase Letters Recognized

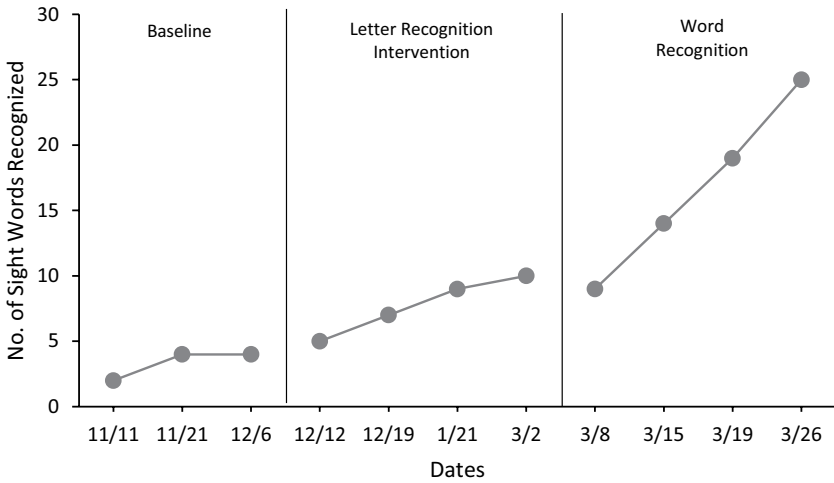


Figure 3.5 Case Progress Data: Number of Words Recognized by Sight

Ms. Stewart agreed that they should focus on implementation before returning to the team, to rule out lack of intervention. Ms. Stewart was concerned about the lack of reading progress and the amount of time that had passed, so they also switched the intervention design to a word-level intervention, in hopes of boosting his progress. They now used the folding-in technique for word recognition, rather than letter/sound recognition, via “pocket cards,” and reading words in context of a “teacher-made story” with the target words and known words (Gickling et al., 2016). The student made rapid progress with words and letter/sounds once they switched to this intervention, even with stopping the letter/sound intervention (see Figures 3.4 and 3.5). It appeared that the student was making more sense of letters and sounds once they were learned within the context of learning words. The teacher began to realize that this student could learn quickly with the right intervention and implementation. They shared progress with the team and decided no further evaluation or services would be needed.

Discussion Questions

1. Although Ms. Eager asked an innocuous question, what went wrong in her first interaction? (D2)
2. How did Ms. Eager have to repair potential relationship damage from the initial perceived misstep at the meeting? (D2)

3. What did the teacher's reactions at the team meeting indicate about the culture of the school regarding beliefs around student problems and/or how academic problems are solved? What about the teacher's quickness to refer for special education evaluation after lack of progress? What can be done about that as a school psychologist? (D2, D5, O2)
4. Why was it critical that Ms. Eager visually displayed intervention phase lines on the graph to indicate when the intervention stopped and started? (D1)
5. Discuss the cultural aspects of this case. Why was it important that Ms. Eager introduce a problem-solving approach for this case in particular? Why might it have been more effective to switch to working on words rather than letters/sounds for this student? (D8, D3)
6. Discuss the legal aspects of this case. What are the inclusionary and exclusionary criteria of specific learning disability? (D10)

Advanced Applications

1. Create an intervention script and treatment fidelity measure for the folding-in or "drill sandwich" intervention (Gickling et al., 2016). (D1, D3)
2. Role play the conversation with the teacher around the data plateau, her concerns, and next steps. (D2)
3. Plan a faculty in-service session introducing your role as a school consultant, supporting academic interventions and instructional support. Include rationale for the importance of a problem-solving approach prior to or during the special education referral process (D5, D10, O1, O4, O5)
4. Within the case, there is a mention of the long-term process associated with acquiring a second language with proficiency in cognitive and academic language. Research the process of second language acquisition. With knowledge of that long-term process, analyze how schools should consider second language acquisition for EL children who are considered by the school to be behind academically. (D1, D8)

Case Four: "Dystaughtia"

Kenya's mother, Ms. Chapman, is increasingly becoming concerned now that Kenya is in high school and is still significantly struggling in reading. Kenya, a Black female, is starting her sophomore year in high school in a suburban

school district, in a predominantly white school. Kenya has struggled with reading for several years now. It wasn't apparent to Ms. Chapman at first because Kenya had a strong start in Kindergarten and was on or above grade level at times, according to her teacher. Kenya loved her Kindergarten teacher. Her mother was also very pleased with that teacher because she could tell she was a highly effective teacher. The teacher was so effective that she left the Kindergarten team to become the Reading Specialist for the school. Kenya's reading difficulties did not start to appear until about second or third grade. Ms. Chapman was concerned that Kenya had inconsistent reading instruction during those years because throughout the time she had long-term substitute teachers due to teacher maternity leave or other reasons. At the time, Ms. Chapman couldn't believe the odds of having that happen three years in a row. She hoped it didn't matter, but always wondered if that was part of Kenya's difficulty with reading. By the time Kenya was in the fifth grade, her reading difficulties were very clear to Ms. Chapman. Kenya's reading benchmark scores were well below grade level in the fall of that year. In early fall, after seeing the score report, Ms. Chapman requested a Student Support Team (SST) meeting to raise her concerns.

At the SST meeting, the fifth-grade teachers all reported that Kenya was a positive, cooperative, and a sweet child. They did not appear overly concerned about her reading level. The teachers felt that she could do better academically if she would just focus more. They felt she was task-avoidant at times and thought that was getting in the way of her reading achievement. They mentioned that she would talk to her peers and would need to be redirected frequently to do her work. After hearing Ms. Chapman's concern about reading, they agreed to offer Kenya some reading support. The SST plan indicated that she would get reading intervention. The intervention plan was for Kenya to come in during lunch to read with a peer during lunch and play sight-word games one time per week. They also said that a paraprofessional would work with Kenya one additional time per week on reading strategies. Kenya's mother was skeptical that this would help and was not quite sure what to say or how to advocate for something more or different. She did not want to "rock the boat," so felt it would be best to give the team a little time to try their suggestions.

At the follow-up SST meeting, in the winter, the teachers reported that Kenya was doing well. They felt she was making good progress because she was getting 80–90 percent on the reading assignments in class. Ms. Chapman was concerned because according to the winter benchmark assessment report that was sent home, Kenya's scores appeared to be about the same as the fall. Ms. Chapman was hoping there would be other weekly progress monitoring

data to review other than teacher input or quiz grades. It did not make sense to her that Kenya could perform well on quizzes, but then perform so poorly on benchmark assessments. She felt that it must be a sign of other reading difficulties. Kenya's mother had read online about the Response to Intervention (RTI) approach. She asked if the school had been graphing data weekly to monitor progress. The school psychologist said, "oh we do RTI, we just don't do the data graphing part." Ms. Chapman felt frustrated and a bit helpless about what to do to advocate with the school team for what she thought might be better. She was not convinced at all that the agreed-upon intervention plan had even been implemented. However, the team felt it was important to stay the course. At the next SST meeting, the spring benchmark data were available and Kenya's score declined slightly from winter to spring. In fact, she was now scoring below the 10th percentile in the reading assessment. At that point, her mother was adamant that something different must be done.

After agreeing to a special education evaluation, at the beginning of sixth grade, Kenya was found eligible for special education as a student with a Specific Learning Disability in Reading. The school psychologist shared the data from her report. See Tables 3.2, 3.3, and 3.4.

The school psychologist's report stated that Kenya was a student who had average cognitive abilities with significant deficits in working memory and

Table 3.2 Summary of WISC-V Composite/Index Scores

Scale	Index/ Composite Standard Score	Percentile Rank	95% Confidence Interval	Qualitative Description
Verbal Comprehension Index (VCI)	93	30	85–100	Average
Visual-Spatial Index (VSI)	83	14	78–93	Low Average
Fluid Reasoning Index (FRI)	101	50	93–107	Average
Working Memory Index (WMI)	81	12	76–92	Low Average
Processing Speed Index (PSI)	110	77	101–119	High Average
Full Scale IQ	93	32	88–99	Average

Table 3.3 Bender Gestalt-II Summary: Visual Motor Integration Skills

	Copy	Recall
Standard Score	94	114
Percentile Rank	34	82
Description	Average	High Average

Table 3.4 Woodcock Johnson IV: Academic Achievement Assessment

Standard Battery	Standard Scores	Grade Equivalent
Letter Word Identification	87	4.0
Applied Problems	75	3.1
Spelling	93	5.1
Passage Comprehension	80	3.1
Calculation	86	4.4
Writing Samples	100	6.9
Word Attack	86	3.1
Sentence Reading Fluency	86	4.0
Math Facts Fluency	102	6.6
Sentence Writing Fluency	92	5.0
CLUSTERS	Standard Scores	Grade Equivalent
Reading	83	
Broad Reading	83	
Basic Reading Skills	85	
Mathematics	81	
Written Language	96	

visual spatial skills as compared with processing speed. In terms of academic skills, Kenya was found to be in the low average to average range. The school psychologist indicated that Kenya's deficits in working memory and spatial abilities could have a significant impact on her ability to learn and may explain her low average achievement in reading and math.

In that first year of middle school, and with the newly developed IEP, Kenya's teachers continued to report that she was positive, social, and "a pleasure to have in class." Kenya did well in most of her classes except those with a heavy reading and writing load. In the first quarter of sixth grade, she had a D in Science and Social Studies, and was failing Language Arts. Kenya received special education reading intervention services in a reading intervention class period, in lieu of an arts elective. During that class, she received computer-assisted reading intervention. Her mother was concerned because, once again, Kenya's reading teacher was out for a long-term leave. This time it was a medical leave. Her mother did not want to complain because she felt genuine concern for the teacher on leave, but at the same time she was worried. The new reading intervention teacher was a long-term substitute teacher who was not specifically trained in reading. At the end of the sixth-grade year, Kenya was doing well in terms of grades, but her spring benchmark score remained at around the 10th percentile. Seventh-grade was similar for Kenya. The same reading intervention teacher continued to have medical concerns and Kenya's substitute continued to rely on computer-assisted intervention during that class period. At the annual review IEP meeting, Kenya's teachers praised her for being a hard-working student and earning good grades. Kenya's mother was pleased to hear how well her daughter was adjusting to middle school and that she continued to do well socially and in terms of her grades, yet she was increasingly frustrated about the continued lack of actual reading progress on formal district benchmark assessments.

At the annual IEP review, at the end of Kenya's seventh-grade year, Ms. Chapman asks the team for more specific assessment data to try to understand why Kenya continues to do well in class, but not on major assessments. The team did not feel more assessment would yield new or different results. Knowing something was not working for Kenya, Ms. Chapman tried shifting to changing the IEP services to be more specific. She noticed that the IEP goals felt very vague and perhaps were not targeting the areas that Kenya needed the most help. One goal said,

After reading a short story with a partner or group of peers, Kenya will complete an interactive notebook entry with 2 pieces of text evidence and verbally describe the main characters using 2 pieces of text evidence, one explicit and one implicit to support her analysis in 4 out of 5 trials with 80% accuracy.

Ms. Chapman was most worried about the report that indicated her daughter was reading at a third-grade level in terms of word attack. There were

no goals for word-attack skills. There was also no special instruction on the IEP for anything related to phonics. Ms. Chapman tried asking for that to be written into the IEP. The school psychologist replied, “It is not our job as a team to dictate instruction.” Ms. Chapman was speechless and unsure how to push for more at that moment. She thought that was the legal purpose of the team, but was not sure how to ask for more without sounding adversarial. Even if she spoke up, she felt the team was not understanding what she was asking for or did not know what else to do. She was at a loss.

Luckily, the school district started a new program during Kenya’s eighth-grade year. They implemented a universal screening tool, the Advanced Decoding Survey (Really Great Reading©, 2013). Special educators from the school district administered the screening and informed the school of the students who qualified for a phonics intervention. Kenya qualified for services based on her scores. From the survey, Kenya scored in the “low” range for multisyllabic decoding skills and “emerging” for advanced vowel sounds. The district trained the special educators in an explicit phonics manualized intervention program. Kenya would now receive this phonics program during her reading intervention program time, by the special educator trained in this program, rather than the computer-program with the long-term substitute teacher during reading intervention time. To no surprise to Ms. Chapman, Kenya was finally making progress in reading. There was a small bump up at the end of the year benchmark after many years of no progress.

Kenya transitioned to high school the next year and made the social transition well. Once again, her teachers all felt she was a pleasure to have in class and was a hard-worker. She was on honor roll for the first two quarters of the school year, so they had no concerns. Ms. Chapman was thrilled with her daughter’s ability to manage the challenge of high school, especially given how hard she knew her daughter had to work to achieve that level of success. At the same time, Ms. Chapman was anxious about her daughter’s future because on her recent PSAT score report, her daughter scored in the 4th percentile. Ms. Chapman knows that without strong reading skills her daughter will have a very difficult time getting into college and staying afloat once she is in college. Kenya said that her guidance counselor has been talking to her about non-college career paths. Ms. Chapman wants her daughter to know she can take any path that she wants, but she does not want to close the door on college options. Ms. Chapman knows how quickly her daughter can learn, if she has the right instruction.

At the Annual IEP review meeting, at the end of the ninth-grade year, Ms. Chapman was alarmed to hear that Kenya had not been receiving any reading intervention services. She had not realized that this was not a part of

her schedule or program. Ms. Chapman just assumed that it would continue at the new school. The school team were very quick to make the situation right and arranged for immediate reading intervention services for Kenya, but almost a year had passed with no services. The team readministered the Advanced Decoding Survey and Kenya scored very similar to the year prior. Ms. Chapman was upset to have lost so much time and felt like they were starting again from square one. She realized the explicit phonics program that had been added in eighth grade was never written directly into the IEP so it must have been missed in the transition to high school. She requested that specific phonics goals be added to the IEP and phonics intervention for the advanced vowels and multisyllabic word decoding. The team was reluctant to provide any specific program name in the IEP, but did agree to add a goal, “Given a list of 30 multisyllabic words, Kenya will read the words with automaticity and with 80% accuracy.” Ms. Chapman was glad to see that they added the decoding goal, so felt that was a step in the right direction. She left the meeting thinking there may still be something not quite right with an 80 percent goal, but she was not sure what to say about that to the team. In her mind, Kenya would need to be able to read with a much higher accuracy level to truly comprehend what she is reading in class and in real life, but she second-guessed herself at the meeting and did not know how much further she could push back being newer to this high school team.

Discussion Questions

1. What assessment issues are present in this case? What are concerns about some of the specific assessment measures used in this evaluation? **(D1)**
2. What legal issues are present in this case? **(D10)**
3. Was the school psychologist correct in saying it is not the team’s job to dictate instruction? Why or why not? **(D3, D10, O4)**
4. What is the role of the IEP Team in regards to determining specialized instruction? **(D3, D10)**
5. What intervention issues are present in this case? **(D3)**
6. Kenya was receiving reading intervention services in a separate class from Language Arts. She was failing Language Arts. What other supports might have been needed in addition to a reading intervention class? What is the school psychologist’s role in connecting those dots? **(D2, D3, D10)**
7. What is the school psychologist’s role in consulting with the teachers before and after the meeting in this case? If you were the school

- psychologist, how would you have followed-up with the teachers or staff after each meeting? (D2)
8. How did communication in the meetings or after the meetings affect parent/school relationships? How might listening to the parent have improved student outcomes? (D2, D7)
 9. In almost every meeting throughout the years, Ms. Chapman feels unsure and/or unheard. She consistently tries to advocate for her daughter, yet she hits many roadblocks from school-based team members. In what specific ways did the team members contribute to these roadblocks? What specifically could have been done differently in these meetings? (D7)
 10. Discuss the cultural considerations in this case. How might racial bias of the team members have played a role here? What actions may have contributed to disproportionate special education placement for students of color at this school? What could have been done to prevent a potentially unnecessary special education placement? (D8)

Advanced Applications

1. If you were the school psychologist for this case, what assessment steps would you have taken? What specific assessments would you recommend? Why? (D1)
2. Read information on the use of age versus grade equivalencies (e.g., Reynolds, 1981; Smith, 2009). Which should the school psychologist have reported and why? (D1)
3. Evaluate how the data was presented in the report tables. What recommendations would you make for revisions to the data report format? (D1)
4. Review the research on computer-assisted interventions for reading. What programs are evidence-based and meet the needs presented in this case, if any? (D3, D9)
5. Review the research on phonics intervention, specifically for the phonics skills indicated as a need in the later assessment in this case. What interventions or programs are evidence-based and meet the needs presented in this case? (D3, D9)
6. Discuss and determine what a more effective IEP goal would be for this case, for the phonics concern. What are the limitations of the current goal? Write a new goal that addresses those concerns. What measure would you recommend for progress monitoring? What frequency would you suggest this data to be collected? Explain your rationale. (D1)

7. Review the eligibility criteria for a Specific Learning Disability in your state. Would you have qualified this student for special education services, given this information? If no, why not? If yes, using which model, the discrepancy model, response to intervention, or patterns of strengths and weaknesses? Did the student meet the inclusionary criteria? Did the student meet the exclusionary criteria? How would you determine if cultural, environmental, or lack of appropriate instruction? (D1, D10)
8. Scholars have written about the over-identification of Black students in the category of Specific Learning Disability, as well as the potential underrepresentation of research on Black students in reading intervention research (Proctor et al., 2012; Robinson, 2013). Review the research on this and discuss if or how it might relate to this case. What are the implications for school psychologists? (D3, D8)

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Providing Services in Mental and Behavioral Health Services

4

Domain 4: Mental and Behavioral Health Services

“School psychologists understand the biological, cultural, developmental, and social influences on mental and behavioral health, behavioral and emotional impacts on learning, and evidence-based strategies to promote social—emotional functioning. School psychologists, in collaboration with others, design, implement, and evaluate services that promote resilience and positive behavior, support socialization and adaptive skills, and enhance mental and behavioral health.”
(NASP, 2020, p. 5)

School psychologists operate as mental health professionals in schools. They utilize their knowledge and skills in mental health, child development, and behavioral development to advocate within schools for evidence-based interventions to support the social, emotional, and behavioral development of all children. This involves understanding the connection between behavioral and mental health on academic functioning, utilizing developmentally appropriate assessment and intervention strategies with children, and advocating for evidence-based, school-wide programming to support the social, emotional, behavioral, and mental health of all children. The four cases in this chapter focus on various ways in which school

psychologists might be involved in mental and behavioral health services for children.

Examples of how school psychologists can support all children along a continuum of supports are provided by NASP (2020) and include various types of school-based counseling. This may involve individual counseling, group counseling, and various types of skill development (i.e., social skills groups). A focus on the development of effective social and emotional skills, such as “self-regulation, self-monitoring, self-advocacy, planning/organization, empathy, positive coping strategies, interpersonal skills, and healthy decision making” (NASP, 2020, pp. 5–6) is imperative in schools. School psychologists have key knowledge and skills to assist in the development of these skills. The first two cases in this chapter illustrate the need for these different types of counseling services to meet a variety of student needs. Cases One and Two focus on externalizing concerns such as physical and verbal aggression. Case two, “Mounting Pressures,” takes a closer look at how externalizing problems may be masking internalizing issues like anxiety. These cases allow for reflection and analysis of the various counseling theories and techniques that might be appropriate for use in school-based counseling sessions. Case Four, “When the Pandemic Comes Along,” also allows for discussion of the long-term impact of the pandemic on students’ mental health (as well as academic progress) and what services may be needed.

School psychologists also must utilize appropriate assessment techniques to guide problem-solving, not only to identify students in need of support, but also to understand child functioning, including through the adoption of an ecological perspective of the impact of environmental factors, such as trauma, on children’s development. In Case One, “Screening for Intervention,” a universal screening measure of verbal and aggressive behaviors is implemented across a grade-level to identify and provide targeted support to students who were found to be at-risk for aggression. In Case Four, grades are used as a data-point to indicate a change in student performance and need for further intervention. Case Three, “Class-wide Intervention,” utilizes behavioral observation data, at the classroom level, to identify ecological factors to target for classroom-systems-level intervention. The same data was then used to monitor implementation fidelity and progress. School psychologists are also critical to ensuring effective implementation of interventions. Cases one and three allow for the discussion of how to assess and support both treatment acceptability and treatment integrity of interventions that are implemented within the school setting.

School psychologists might be involved in the implementation of class-wide and/or school-wide social-emotional learning programs, parent

education, parent support, and class and school-wide positive behavioral support. Cases One and Three illustrate those types of systems-level direct and indirect mental and behavioral health interventions. To work within a systems-level orientation, school psychologists must also be effective in collaborating with various community agencies, mental health professionals and other medical professionals in providing comprehensive services for children in need of robust social, emotional, and behavioral supports. Similarly, school psychologists should seek to develop positive relationships with families to ensure effective collaboration and coordination of services for children, while also striving to strengthen the home-school connection. Cases One, Two, and Four provide opportunities to analyze home-school collaboration, while Case Three focuses more specifically on teacher consultation.

Each case provides opportunities to reflect on the cultural, developmental, and social influences on academic performance in school. Cases One and Two explicitly allow for open discussion around cultural dynamics, such as potential implicit biases or stereotypes. All the cases span different developmental levels from middle childhood (Case Three), early adolescence (Cases One and Four), to late adolescence (Case Two). Case Four provides a unique opportunity to discuss current social influences affecting development, namely the health pandemic and abrupt shift to virtual instruction, which may influence academic and social functioning.

Case One: Screening for Intervention

A large, urban middle school in a major United States city was interested in reducing aggressive behaviors of their students and helping students cope with anger in more positive and prosocial ways. To this end, the school decided to collect screening data at the end of the sixth-grade year to determine needs for a large-scale, seventh grade social-emotional learning intervention. This middle school was diverse in that 45 percent of students identified as Black, 30 percent of students identified as Hispanic, 20 percent of students identified as White, with the remaining 5 percent identifying as Other. The school had a large proportion of students (70 percent) who qualified for Free and Reduced Meals (FARMS). The school historically has had concerns with the behavior of many students. Punitive discipline measures are routine in the school, with a large percentage of students (65 percent) having been suspended with either in-school or out-of-school suspension in the past two years. The administrators have reported that many of the disciplinary actions are related to physical

aggression, verbal aggression (towards peers and/or teachers), disrespect to teachers, and noncompliance with teacher rules.

The screening measure focused on physical and verbal aggression towards peers and adults and included a 15-item teacher survey that included a five-point Likert scale format (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree). A letter was sent home to parents indicating that this survey would be distributed at the end of the year to all sixth-grade students, unless the parents signed the form and returned it to the school indicating that they did not want their child's teacher to complete the survey for their child. The school only received five letters back from parents indicating that they did not want the survey completed about their child. The results of the screening indicated that 60 of the 200 students in sixth grade (30 percent of the grade) met the pre-determined cut-off score that indicated that they were at-risk for demonstrating physical and verbal aggression towards others. Of these 60 at-risk students, 70 percent were Black students, 23 percent were Hispanic students, and 7 percent were Caucasian students. Additionally, 97 percent of the students identified were males.

Over the summer, it was decided to group these 60 students who were determined to be at-risk into groups of 10 for small group anger management sessions for the seventh grade. The composition of each group of 10 was largely based on their academic schedules and students were grouped together based on their elective and study hall schedule to minimize disruption to any of the core academic classes.

The school psychologist and the school counselor researched and selected an anger management program to use. They hypothesized that the activities presented in this curriculum would be engaging to middle school students and felt that the materials would be easy to follow along with for them as group leaders. When the groups began in the fall for the identified seventh graders, the school psychologist and school counselor met regularly to discuss the progress of the groups. To their surprise some of the groups seemed to be going well with the students engaged and motivated to attend, while other groups had the complete opposite experience, and the children seemed disengaged and unmotivated. Some of the children in those groups indicated that they no longer wanted to attend the group. Several parents had already called the school asking why their children were in these groups and expressing that their children did not want to participate any longer. The school psychologist and school counselor could not understand why this group seemed to be working well in some of the groups, but not in other groups.

Discussion Questions

1. What are the ethical considerations for running this group? (D10)
2. What are some of the issues presented here regarding passive consent for the teacher ratings of aggressive behaviors? Is active consent from parents needed for students to be involved in the actual anger management groups? (D10)
3. What might be some iatrogenic effects of grouping students together? (D10)
4. Specifically, how might the few females have identified for participation in these groups fare as participants? What hypotheses do you have about their potential willingness to be part of these groups? (D8)
5. What process should the school psychologist and the school counselor have taken for identifying the best intervention for this group? (D9)
6. What cultural considerations are needed prior to selecting and implementing an intervention such as this one? (D8)
7. What might the screening data suggest about teacher perceptions about student aggression in the school? What alternate ecological hypotheses could be made about the aggressive behavior? How might changing the hypothesis, alter your decisions about interventions? (D8)
8. What should the school psychologist do to engage teachers in intervention efforts and to promote skill generalization? (D2, O4)
9. How should the school psychologist and school counselor connect with families to gain consent, engage, and promote skill generalization? (D7)
10. Review the research by Pas et al. (2020) about attendance patterns with Tier II and Tier III interventions. How might the school psychologist and school counselor use these findings to conceptualize the attendance problems that they are facing in their groups? (D4, D9)

Advanced Applications

1. The school's original idea to focus on reducing disciplinary issues related to verbal and physical aggression is a potentially positive one. Design a plan for how the school teams should go about assessing factors associated with the disciplinary problems in the school. What types of needs assessments or data collection might be necessary? (D9).
2. Research some anger management counseling programs that might be implemented with whole-classes, small groups or even a whole school approach. Identify some programs and provide information about the