Canadian Association of School Psychologists
L'Association canadienne des psychologues scolaires
Canadian Psychological Association
Société canadienne de psychologie
PSYCHOLOGISTS IN EDUCATION / PSYCHOLOGUES EN EDUCATION

JOINT NEWSLETTER Fall Issue 2013

In This Issue

Message from the Chair, Words from the President

Another year has passed. I am still Chair of the Psychologists in Education section while continuing on as CASP President. As mentioned last year, two heads would facilitate the task of looking forward and backward at the same time. I had toyed with the idea of direct collaboration with Juanita Mureika, our section Chair-Elect and key CASP executive member, on this welcome message to present a brief rundown of our successes of the past year and our plans for the current academic year in progress. Instead, Juanita's message is in tandem to this one. Perhaps, this year, two heads would facilitate reading of these messages simultaneously rather than sequentially.

CPA in Québec was a success! The overall program was great; so, too, was our section's contribution to the posters, papers, symposia, and workshops. Our section had accepted over 80 submissions, mostly posters but also a mix of symposia, workshops, and conversation sessions. The eagerly anticipated section keynote address entitled *School Based Mental Health: Such a Great Idea, Why Didn't I Think of That!* presented by Alan Leschied of Western University was well worth the trip to the extremely modern and spacious brand new convention centre in the heart of the quaint, charming, and crowded tourist attraction. As usual, I enjoyed walking, eating, and drinking coffee in the walled part of Québec City.

Allen Leschied gives his keynote address in Quebec City
Photo courtesy of Barry Mallin

Janine Montgomery, Ph.D., Central Correspondent, University of Manitoba

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All this seems like yesterday. But the planning for the 2014 CPA Convention (in Vancouver!) is underway. We have not selected a keynote speaker yet. CPA has issued a first call for submissions. I'm looking forward to this conference.

The Canadian Journal of School Psychology [CJSP] continues to be the crowning achievement of CASP. Some journals present occasional highly touted 'special issues'. All issues of CJSP are special. Some are single topic issues, guest edited. This year's guest edited issue dealt with school-based mental health. If you have not seen it, join CASP. CJSP is a benefit of membership in CASP. A guest edited issue on the topic of Positive Behaviour Support in Canada is in the works.

As to my transition to Chair of the ED section, I did follow up on my few words at a previous section annual meeting: The goal was three committees to be struck as follows:

1. Revision and updating of the section By-laws;
2. Student awards including CPA convention travel support;
3. Use of the proceeds from the CANSTART project.

Please see Juanita's section update for progress on #1. We do have a couple of volunteers for #2. Maybe #3 will come to be by the next newsletter.

And our involvement with the CPA Task force on publicly funded psychology continued on and on throughout the year. Details are in Juanita's report.

The CASP membership drive continues. It's not too late to join/renew for 2013 and as a member receive the School-based mental health issue (See the appended CASP membership form).

And as I said last year … that's not all, folks: Our amazing newsletter continues on getting better and better thanks to Troy.

Last but not to least, I would also like to thank Gina Harrison for her decade on the ED section executive.

Joseph Snyder
Chair, Psychologists in Education
President of CASP

Message from the Editor

Welcome to our newest issue of the joint CASP/CPA Psychologists in Education newsletter. This issue contains many features that should be of interest to all who practice in school psychology or have an interest in educational psychology

more broadly. In this issue, we have several important updates on section happenings including the most recent CPA convention and section AGM. There are two feature articles in this issue. The first is by 'yours truly' and is on debriefing assessment results. The second is an article on explaining play therapy in schools. A new feature in this edition of the newsletter is two book reviews that may be of interest to school psychologists. These reviews were undertaken by some graduates students from my program at the University of Alberta in our School and Clinical Child Psychology Program. We hope you enjoy this read and feel free to share this with others and encourage them to join CASP and our Psychologists in Education section of the CPA.

Troy Janzen, Ph.D., R. Psych. (AB)
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Section Update

The CPA Psychologists in Education section provided a full and interesting variety of presentations and posters at the CPA convention in Quebec City, including a very well-attended keynote presentation on School Mental Health by Alan Leschied from Western University. Following a lunch and reception, the section Annual Meeting was held. A number of "happenings" were addressed.

The section elected three new members of the Executive, two by prior nomination and one nominated from the floor. Discussion as to whether bylaws allowed nomination from the floor ensued, and it was agreed that we welcome all nominations! Our new members of the Executive in alphabetical order are Laurie Ford, Debra Lean and Adam McCrimmon.

The section has had two lines of communication this past year. CPA hosts two types of distribution lists for all sections, however neither allows for inclusion of documents. In response, the section Executive developed a separate distribution list [cpa.ed.section@gmail.com], and through that list, a number of documents of interest and job postings have been sent out. The membership was asked if they approved – "yes", and if they wanted to be openly identified or bcc'd (as has been our practice). Bcc was the preference, and so it will remain. The distribution list is updated as needed, based on CPA membership information.

Our section by-laws are outdated, and will be revised for approval at the section Annual Meeting at the 2014 convention. The most important update will be a change of the name of the CPA section to the "section of Educational and School Psychology," a change that the membership indicated they approved through a poll on our new distribution list. It is felt that this name more accurately defines the goals and membership of the section. Among other anticipated by-law changes will be adding the ability of the section to vote

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electronically during the year with due notice, rather than having to wait for all votes to be face-to-face at the annual convention. It is hoped that these changes will allow the activities of the section to be more dynamic in the future.

Interestingly, we had a chance to preview our "electronic voting" procedures before they were officially entered in the new By-laws. Since our secretary/treasurer Ken Cole was unable to attend the meeting, the financial report and 2014 budget were not tabled for discussion and approval. It was agreed to do this using our new distribution list, and voting took place after this discussion to result in approval of the financial report and 2014 budget. The system works!

The CPA Task Force on Publicly Funded Psychology was disbanded at the 2013 Convention and the work of each of the sub-groups was passed along to the appropriate section. Our section will oversee liaising with the CPA Board and Head Office on issues related to school psychology. The Position Paper which was developed by the School Psychology group was not accepted by the CPA Board because of inconsistencies with the doctoral entry level and doctoral only accreditation requirements of CPA. However, it was agreed that the paper had value, and as a result, it will be revised to eliminate the CPA links. The work of advocacy for master's level school psychologists and school psychology programs will be assumed by CASP.

We anticipate an active and exciting year ahead for the section!

Your CASP Executive: From left to right: Ashley Vesely, Don Saklofske, Laurie Ford, Adam McCrimmon, Juanita Mureika, Joseph Snyder.
Photo courtesy of Barry Mallin

Juanita Mureika,
Chair Elect, Psychologists in Education

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FEATURE ARTICLE

Psychological Assessment Debriefing:

Considerations for providing feedback to parents and teachers.

By Dr. Troy Janzen, Ph.D.

The purpose of this article is to explore the practice of oral dissemination of psychological assessment results in schools. This practice may be also referred to as a feedback session or "debriefing".

For me, the first question that arises, especially in my role as a trainer of school psychologists in Canada, is how should we best train/teach students to debrief psychoeducational test results? Clearly, this is an important task and some might argue that the verbal debriefing of results is the place where psychological assessment results can move from assessment to intervention. Often it is the debriefing where many parents, teachers, and others involved in the education of the child, can come together and where recommendations can turn into action steps. In other words, this is the place where knowledge translation and transfer can take place.

To answer the question of how to train a student to debrief results, one must first conceptualize the purpose(s) of the debriefing of an assessment as well as consider the role or approach one takes when debriefing test results. There are several valid purposes of the debriefing. These include (a) conveying information (The what and the why); (b) developing a therapeutic alliance with parents/school teachers/other professionals in moving towards intervention; and (c) seeking buy-in from parents/teachers/others about the client's diagnosis (change in perception) and interventions (treatment integrity) and the development of positive goals.

Approach of Debriefing/ Role

The approach/role you take to the debriefing may be that of the expert (giving advice and interpreting) a collaborator (sharing ideas) and/or facilitator (assisting understanding of the client and generating intervention ideas). It is important to remember that this might mean that an assessor will at times be more collaborative and other times more directive in debriefing assessment results. These are not mutually exclusive approaches (Gutkin, 1999). There are several good models to choose from in terms of approaching the debriefing of assessment results, however, I believe that the models that are most helpful are found within collaborative problem solving models (Gutkin 1999), consultation models (Athanasiou, Geil, Hazel, & Copeland, 2002) and even borrowing some concepts from single session therapy models (Perkins, 2006). The following is an effort to bring together readings on collaborative problem solving, consultation and single session models into one cohesive conceptualization of debriefing of assessment results. These are presented below in terms of the typical stages of assessment debriefing.

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Stages of Debriefing of Assessment Results

1. Opening

The goal in this stage is to establish comfort with those attending the debriefing and to allay any fears. The opening is the opportunity to set this up as more of a collaborative meeting where you are part of many interested parties that would like to see positive outcomes for the client. During the opening the school psychologist will often (though not always) be looked at to take the lead and so it is important to set the stage and describe the purpose of the meeting and how you see your role.

2. Restatement of the Reason for Referral

The next stage of the debriefing is an opportunity to restate your understanding of the reasons that gave rise to the assessment referral. At this stage you should reiterate the issues/questions that all interested parties have raised. It is important to be open to the possibility that *new* questions or issues may have arisen that were not part of your initial referral. While you should always be careful to try to elicit any hidden agendas it is possible that, in the month it may take to assess a child, new issues may have arisen. Often parents might try to bring this up at the debriefing. If this happens, we recommend to our trainees that they communicate the importance of the issue and be prepared to immediately address any issue that is a crisis (e.g., self-harm, high risk behaviours) or which can totally change the meaning of test results. An example of this latter circumstance is when someone makes a revelation about something that could completely change the conclusions of an assessment or the recommendations. However, if the new issue is less severe or does not change the existing assessment or reason for referral, we advise our students to try to get agreement with the person raising the issue to come back to it and gain further information before trying to problem solve.

3. Communicating the results of the actual assessment

At this stage there are several important issues/questions/principles to keep in mind:

a) **How will you convey the results?**

Will you relay results in a test by test fashion? or sequentially walk them through a report? Or will you use a more thematic approach? Will you invite or leave room for parents/teachers to get words in edgewise here? Will you use visual aids to help the parents understand test scores? Often the answers to these questions are often a matter of training and preference. In our training program, we prefer a more collaborative approach and recommend that students not try to plod through results of a report in a test by test fashion. We instruct our trainees that a school psychologist should not simply read or regurgitate their written report to those present. Collaboration requires providing opportunities for all present to provide insights, comments, questions or other opinions. Regardless of the manner in which results are portrayed most would likely agree that information should always be clear, concise, and use language that is most easily understood by

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those present. Generally, a typical debriefing will take one to two hours, so results need to be conveyed in a clear and concise manner. The goal is to paint the larger picture that helps everyone present to understand this child better and to set the stage for recommendations. Providing some details from the assessment may help create the big picture or make it clearer. However, it is important that the client doesn't get lost in the detail so they can 'see the forest through the trees'. Balance the results between sharing both strengths and weaknesses. An important point here is that this does not mean that the school psychologist will 'sugar coat' any deficits present. Rather, deficits must be presented honestly, with compassion, and with a view toward intervention.

b) **Communicate that you saw the *Person* of the client**
By this I mean that it is important that you do not simply communicate data but somehow convey an integrated perspective of the client, their issues, including both strengths and weaknesses and relevant information pertaining to personality.

c) **Be open to new information or corrections /challenges to information in your report**
While we'd like to think we have received most of the critical information, it is not unusual that new information comes up at the debriefing. It is also important that we recognize we can have received erroneous information. One strategy is to utilize active listening skills by checking back with parents and ensuring that what is shared seems to resonate as true to the parent or teacher. Remember that psychological assessment reports are documents that CAN be changed**.** Errors of fact or key missing information might have to be incorporated after a debriefing. For this reason, I have often tried to have a preliminary report that I use for debriefing and then I finalize my report after the debriefing. While this is not always practical or achievable, the advantage of this is that you can include documentation of agreed-on plans of action for helping a child. This can sometimes increase treatment integrity.

d) **Clear Communication**
Just as with written reports we must be aware that many will not understand psychological jargon. Typically, parents or teachers may even nod along as you relay jargon as if they understand it, but this cannot be assumed. Use your counselling skills here and *Check Back* for comprehension from time to time.

e) **Test scores**
Will you report scores? Which scores will you report? Will you show graphs to communicate the results in a more visual way? What scores are parents likely to understand/misunderstand? Again this might be a matter of preference here. Remember that our ethical obligation is to prevent the misuse of test scores (Scholton, Pettifor, Norrie and Cole, 1985; Also See CPA code of Ethics at

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http://www.cpa.ca/aboutcpa/policystatements/#ethical). This includes ensuring that we only provide scores in a way that improves understanding, increases supports for the child, and increases the likelihood that a child will be better served by providing these scores.

f) **Communicating a difficult diagnosis**

This issue relates to giving an unexpected or difficult diagnosis to parents or teachers of a child. Diagnoses like Autism Spectrum Disorder, Intellectual Disability or even a Specific Learning Disorder can lead to a wide variety of reactions. Remember that you may get a reaction that ranges from grief/loss (i.e., denial, anger, bargaining or any other stage of grief) to relief (i.e., "Finally we have an answer as to why they behave the way they do!"). Just as important as a clear diagnosis is the meaning of this diagnosis to a parent. That is, what will this mean in terms of day to day care, prognosis, family life, supports required, is this life long or temporary, is it treatable, etc.? At times this kind of conveying information also may have a persuasive component to it (see 1 c above). E.g., "he's not lazy or deliberately ignoring you he has ADHD"). A final important question is the timing of when to give a difficult diagnosis. Will you lead off with the diagnosis and then explain how you arrived at it and what it means? Will you first review all your results and process and then convey the results? The answer to this may be a matter of preference but could also depend on which diagnosis one is making. For example, a diagnosis of a Severe Cognitive Impairment or Autism Spectrum Disorder versus a Learning Disorder may require different sensitivity.

g) **Integration of information – The "Big Picture" and "Summarizing"**

Remember that one of the big jobs in debriefing is to try to bring a considerable amount of information together to provide the parents with a clear picture. It is very easy to lose parents in all the details. This could be like "information overload." Many parents may go away having heard many things but not really feeling that they now have a better understanding of their child or what to do about their child's issues or problems. So, use periodic summaries that try to integrate the pieces of information and paint a big picture for the parents. Check back what they are understanding or taking away from what you are telling then. (e.g., "Now that I've described some of the results I like to check back to make sure that I made sense. What are the things that you will take from what I've just said? Does this sound like your child? Can you name the one to three most important things you learned about your son/daughter?").

4. **Intervention Planning and Resource Sharing – Recommendations**

This phase of the debriefing is when you get to convey your recommendations for addressing referral concerns, problems arising (i.e., areas of problem or weakness that were identified that might not directly relate to the reason for referral.). At this phase you can either go over recommendations in a sequential and systematic way or you can choose to highlight those recommendations you feel are critical and should be acted

on first. Often there is limited time and you may not be able to go over each recommendation in detail. It is often at this phase where you can speak to things like:

- The relative importance or priority of your recommendation
- The rationale for your recommendation
- Providing some information so those receiving the recommendation can have confidence that your recommendation will work (i.e., is this recommendation evidence-based) and thus increase the probability of treatment integrity.
- Commitment on action items. That is, whose responsibility is it and when will it be done?
- How will follow-up happen to monitor progress and evaluate effectiveness of the intervention recommendations?

One of the important points made by Gutkin (1999) here is that it is at this part of the debriefing where a school consultant might engage in more directive consultation without being coercive.

As a final word, I would recommend that school psychologists plan some sort of follow up after they have debriefed an assessment with members of a school team. While this does not often happen it often of upmost importance to ensure that there is opportunity to trouble shoot treatment options, ensure treatment integrity to behavioural plans, and to encourage and support positive steps in the student's progress.

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Play therapy in schools: Not all just fun and games.

By **Jennifer Bartlett**

Abstract

Play therapy is an effective method of treatment for children. However, school psychologists who wish to practice play therapy in school settings often encounter a myriad of challenges which can be difficult to overcome. This article will outline some of the key challenges that school psychologists' face and the ways in which they might overcome them, with particular emphasis on the importance of collaboration with educational staff.

Case study:

Having just finished a play therapy session with a seven year old child, Joey, the school psychologist walks towards the staff room for lunch. The psychologist encounters a group of teachers in the staff room, including the child's teacher, to whom the psychologists smiles. To her surprise, the teacher does not return the smile and instead appears angry and hostile towards the psychologist. The psychologist, initially confused, later discovers that Joey's teacher and his classmates feel that Joey is being rewarded for his poor classroom behaviour by being allowed to leave his lessons and "play" with the psychologist. It is clear that the students and staff are misinformed about the school psychologist's role, but the psychologist is unsure of how to correct this misunderstanding.

The challenges and barriers that school psychologists face when using play therapy

Play therapy is an invaluable skill that can be used to help children both inside and outside the school. However, as demonstrated in the above scenario, there are a number of challenges to implementing play therapy within the school setting that school psychologists must face and overcome.

One of the most commonly cited barriers to conducting play therapy at school are the limited time with which psychologists have to work. Many school psychologists felt it was difficult to find the time necessary to conduct play therapy during school hours (Shen, 2008; Ebrahim, Steen & Paradise, 2012; Ray, Armstrong, Warren & Balkin, 2005). A second commonly cited barrier was a lack of competence or inadequate training in play therapy, which hindered the use of this modality in schools (Shen, 2008; Ebrahim, Steen & Paradise, 2012; Ray, Armstrong, Warren & Balkin, 2005). A lack of required resources and materials was also a barrier to adequately conduct play therapy, including funding and play materials (Ebrahim, Steen & Paradise, 2012; Ray, Armstrong, Warren & Balkin, 2005). More specifically, one study outlined school

counsellor's difficulty in obtaining particular types of play materials that were related to aggression, such as toy weapons. Such toys can be crucial in exploring the source of child aggression and working through aggressive behaviours. However, school counsellors identify having met resistance from school staff and administration in fear that such toys would encourage aggression rather than discourage it (Ray, Muro & Schumann, 2004). Additional barriers included resistance or a lack of support from school administration, staff and parents around the use of play therapy and insufficient space in which to conduct therapy (Ebrahim, Steen & Paradise, 2012; Ray, Armstrong, Warren & Balkin, 2005). There were also challenges in effectively communicating with teachers and parents about the play therapy process. Communication with parental figures is important so as to explain the purpose, value and benefits of play therapy. Conversely, communication with teachers is an important component to collaboration, and this communication can facilitate a more holistic understanding of a child's struggles and successes (Ray, Muro & Schumann, 2004).

How can school psychologists overcome these barriers?

Although there are numerous challenges to successfully conducting play therapy within the educational system, there are methods with which school counsellors can use to overcome these barriers. In an effort to remedy insufficient training, school psychologists can engage in self-education through reading books and journals, attending conferences, seeking out professional development opportunities and receiving supervision from an experienced play therapist (Ebrahim, Steen & Paradise, 2012). There are several ways psychologists can respond to the time restrictions imposed in the school setting. Firstly, psychologists can extend their work day in order to accommodate the use of play therapy during school hours. Secondly, rather than doing individual therapy, psychologists can conduct group play therapy sessions to make more efficient use of their time. Alternatively, psychologists can conduct play therapy regardless of the time limits they face and simply work with the child in the time they are given (Ebrahim, Steen & Paradise, 2012). In an effort to gain support, psychologists can educate both parents and teachers about the purpose and benefits of play therapy (Landreth, Ray & Bratton, 2009). This may involve incorporating information into a school newsletter, distributing brochures or meeting with parents individually (Ebrahim, Steen & Paradise, 2012). Furthermore, professional development opportunities may be of particular benefit to teachers and school administrators to provide an in-depth understanding of the value of and rationale behind play therapy (Landreth, Ray & Bratton, 2009; Ebrahim, Steen & Paradise, 2012). Teachers and school psychologists have different, albeit overlapping, skill sets. The tool that is most commonly shared by these two professionals is the use of play in working with children. There is often a perceived division of roles in working with children where teachers work exclusively within the classroom and school psychologists work exclusively outside the classroom. While this may be true, a collaborative relationship and a sharing of knowledge would arguably produce the best

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possible treatment and care for children in need. Teachers have the greatest access to children in school, and as such it is crucial that they have some knowledge of play therapy in order to effectively contribute to the child's behavioural progress between sessions (Muro, Petty & DakoGyeke, 2006).

Although it can be difficult to incorporate play therapy into a school setting, some schools have had great success with this approach in reducing disruptive behaviour from behaviourally dysregulated children (Ray, Muro & Schumann, 2004). Teacher involvement in play therapy sessions can be highly educational, rewarding and can improve teacher-student sensitivity and communication within the classroom (Muro, Petty & DakoGyeke, 2006). Therefore, it is crucial that teachers become actively engaged in the school psychologist's work and become a part of the collaborative process of play therapy.

Concluding remarks

In conclusion, it's evident that play therapy is an effective method in working with children with behavioural and emotional disturbances. The difficulty lies in effectively incorporating play therapy into the educational system and successfully navigating the barriers that present themselves. A key component to the successful integration of play therapy into the school system is the need for collaboration between school psychologists and teachers. Not only will collaboration enhance the likelihood of therapeutic success, but it may also contribute to overcoming some of the barriers to practicing play therapy in schools.

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Book Review: Executive Function and Child Development by Marcie and Daniel Yaeger, 2013, Available at Norton Publishing

Review by Marnie Hutchison

Executive Function and Child Development is written by two clinical social workers, Marcie Yeager and Daniel Yaeger. As clinicians, the authors endeavored to produce a resource for parents, teachers, and pediatricians seeking to expand their repertoire of interventions to improve childhood self-regulation. The book is divided into three sections, the first addresses the concepts of self-regulation and executive function (EF); the second uses a developmental lens to understand the difficulties that can arise when executive functions are impaired; and the third offers interventions to support the promotion of self-regulation and EF.

In part one, the authors acknowledge that EF is a complex construct with many theoretical bases; however, the ideas presented throughout the book are primarily based on the work of Dr. Russell Barkley. Barkley's definition states that executive functions are "actions we perform to ourselves and direct at ourselves so as to accomplish self-control, goal-directed behaviour, and the maximization of future outcomes". Case studies are used throughout this section to illustrate how executive functions (i.e., working memory, response inhibition, shifting focus, and goal orientation) relate to the everyday lives of children and how they impact self-regulation. The case studies are not tied to individual disorders, such as ADHD; instead, they describe situations that caregivers might encounter with any child experiencing difficulties regulating their behaviours. In turn, the book applies to a wider audience than it would if the authors discussed EF deficits within the context of individual disorders.

In part two, the authors describe how self-regulation and EF develop from infancy through childhood. For example, they use Vygotsky's zone of proximal development to discuss how skills (i.e., learning to ride a bike) lie along a continuum from a skill that is within the child's appropriate developmental skill set and can be independently completed, to one that is just beyond their developmental readiness and can be completed with assistance, to one that is very much outside the child's capabilities because the underlying competencies necessary to complete the skill have not developed yet. The authors recommend assessing children's performance along this continuum, examining not only what the child can do independently, but also what they can achieve with different levels and forms of support. This type of assessment, they suggest, can optimally inform the provision of interventions, which they discuss in part three.

Part three opens with a sound message that behaviour management strategies, such as offering rewards or punishments, will not be effective for children who are not developmentally ready for the particular skill being

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targeted. This message is tied into the authors' suggestion to implement interventions at the point of performance – the real life circumstance in which the child is having difficulty with self-regulation – and to engage the child as an active partner in their own treatment. They elaborate on the case studies, and develop intervention plans using play, scaffolding techniques, and collaboration between home and school.

The authors of *Executive Function and Child Development* sought to explain to parents and professionals "how EF develops in children, what EF difficulties look like, and what creative and effective interventions can meet their needs". It is evident that they approached the topic from an applied perspective, using language that would be accessible and informative for parents, and refreshing and practical for clinicians. In turn, their work affords both parties the opportunity to work together to foster developmentally appropriate self-regulation in children.

Book Review: *Treating Child & Adolescent Mental Illness: A Practical All-in-one Guide* by Jess P. Shatkin, MD, MPH; Available at Norton Publishing.

Review by Amanda Radil

Dr. Jess Shatkin's *Treating Child & Adolescent Mental Illness* bills itself as a "comprehensive, practical, all-in-on guide" for health professionals who work with children and adolescents. Dr. Shatkin makes the argument that many mental health issues start in childhood or adolescence and that the majority of health practitioners are not trained to treat these issues; consequently, they become greater than they would otherwise be. Thus the need for this resource, which provides information relevant to caring for children and adolescents struggling with mental health issues to health professionals.

The book is indeed a comprehensive look at the various disorders and difficulties that children and adolescents can experience. It covers disorders that can be first diagnosed in childhood and adolescence (e.g. ADHD, Depression, Anxiety) in great detail. Of particular note is that Dr. Shatkin makes it clear that among these disorders, clinical presentations can look very different in children than they do in adolescents; in addition, he explores the differences from adult presentations of the same disorders. The book is well-organized and well-researched. Dr. Shatkin, Director of Training and Education at the NYU Child Study Centre, clearly has a passion for his subject and is immersed in this topic in his daily work. Written in 2009, the book would benefit from an update; much research has been completed since its first publication that would undoubtedly inform a new version. In addition, the consideration of the new DSM-V diagnostic guidelines and categories would strengthen the book.

That said, *Treating Child and Adolescent Mental Illness* is a good desk resource for clinicians to have on hand. It comprehensively examines each disorder, exploring the presentation, etiology, prevalence, clinical course, differential diagnosis and treatment options of many disorders typically first diagnosed in childhood or adolescence. While Dr. Shatkin's elaboration on medications and the mechanisms that they work through may be overly specific

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for this particular audience, the information is there if clinicians are interested in it. Overall, Dr. Shatkin's book does an admirable job of distilling complex information about childhood and adolescent mental illness into digestible and relevant sections while still providing enough depth of information for it to be a suitable resource for students and practising psychologists alike.

NEWS & NOTES

BC School Psychology Internship Program: Pre-Doctoral Internship Opportunities in British Columbia, Canada. The BC School Psychology Internship Program is recruiting for the 2014-2015 academic year. We offer two pre-doctoral internship placements with two or three rotation sites each, as described below.

Provincial Outreach Program for Autism and other Related Disorders (POPARD) and the Child & Youth and Adult Assessment Clinics at UBC. Program Code # 186511

- POPARD is an agency that provides consultation, training, and support services to all public and independent schools across the province of B.C. with a primary focus on increasing the capacity of school district staff to support students with autism spectrum disorder (ASD).
- The Child and Youth Assessment Clinic provides psychoeducational assessments for students (K-11) whose parents or guardians choose to seek assessment through this service.
- The Adult Assessment Clinic provides psychoeducational assessments and/or consultation for students (grade 12 to post-secondary who have questions about their cognitive, academic, social-emotional, or behavioural strengths and weaknesses in order provide diagnoses and/or to develop strategies to meet their individual learning needs.

Simon Fraser University Centre for Students with Disabilities, Kenneth Gordon Maplewood School, and the Child & Youth and Adult Assessment Clinics at UBC. Program Code # 186512

- The Centre for Students with Disabilities at SFU provides disability-related information, support, and counseling, and acts as a liaison between students and faculty in the implementation of disability related services and accommodations.
- Kenneth Gordon Maplewood School is recognized as a leader in teaching children with learning difficulties that include the acquisition, organization, retention, understanding and use of verbal and nonverbal information.
- The Child and Youth Assessment Clinic provides psychoeducational assessments for students (K-11) whose parents or guardians choose to seek assessment through this service.

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- The Adult Assessment Clinic provides psychoeducational assessments and/or consultation for students (grade 12 to post-secondary who have questions about their cognitive, academic, social-emotional, or behavioural strengths and weaknesses in order to provide diagnoses and/or to develop strategies to meet their individual learning needs.

Qualified pre-doctoral students, interested in seeking placement through the BC School Psychology Internship Program are required to participate in the APPIC Match. Applicants submit an online *APPIC Application for Psychology Internship (AAPI)* to the Director of Training of the BC School Psychology Internship Program. The deadline for submission for 2014-2015 is November 9, 2013. Interview notification will be made on December 15, 2013 with interviews to be held between January 6-17, 2014. Rank ordering will be completed and submitted to APPIC by February 5, 2014.

Who We Are

The learning model for the BC School Psychology Internship Program is based on a developmental process that supports interns in navigating the critical continuum from knowledgeable student to competent, autonomous practitioner. We facilitate this transition drawing on our core commitments to:

- dynamic placements and rotations;
- guided activities to meet expectations across a comprehensive range of competencies;
- supervision by highly qualified and experienced professional psychologists; and
- monthly theme-focused professional development sessions.

Our extensive goals and objectives cover 62 foundational and functional competencies that reflect adaptions of the new APA Competency Benchmarks for Professional Psychology, the Mutual Recognition Agreement of the Regulatory Bodies for Professional Psychologists in Canada, the Canadian Interprofessional Health Collaborative, and the National Association of School Psychologists Model for Comprehensive and Integrated School Psychological Services. They also reflect the BCSPIP Friday Professional Development Program curriculum focus on promotion of mental health and well-being in educational, health, and social settings.

For more information and to access an Internship Program Handbook, please contact the Director of Training, Dr. Barbara Holmes barbara.holmes@ubc.ca, or bcspip.internship@ubc.ca

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Disclaimer "**"The opinions expressed in this newsletter are strictly those of the authors and do not necessarily reflect the opinions of the Canadian Psychological Association, The Canadian Association of School Psychologists, its officers, directors, or employees."**

- Trainers in school psychology, I encourage you as well as your students to get involved and contribute to the newsletter!
- School Psychologists: Share this newsletter with your colleagues.
- **Join or Renew** your CASP Membership today! See **http://www.cpa.ca/CASP/** and look for the link to the 2013 Membership form.
- CPA's 75th Annual Convention will be in Vancouver BC June 5-7, 2014 at the Hyatt Regency. There will be another excellent program for those who are school psychologists so we'd love to see you all there! See **http://www.cpa.ca/convention/** for more details.
- The Manitoba Association for School Psychologists (MASP) is sponsoring a free workshop and panel discussion on October 25, 2013. The morning workshop will be about the changes in the DSM-V regarding Autism Spectrum Disorder featuring Dr. Janine Montgomery, PhD, Associate Professor, Psychology Department, University of Manitoba. The event will be held at the Louis Riel School Division Student Support Services, Monterey Office. For more details see **http://www.masp.mb.ca/event-registration/?ee=21**
- MASP is also sponsoring a full day workshop by James B. Hale on November 14, 2013. The workshop is entitled "Effective Multi-tiered School Psychology Service Delivery". This workshop is being held at the University of Manitoba. For more information and to register see **http://www.masp.mb.ca/event-registration/?ee=20**

Canadian Association of School Psychologists

Application for Membership

Members can renew and new Members can join for 2013 with this one form. Just select "Renewal" or "New member for 2013". Members for 2013 will receive all 4 issues of the Canadian Journal of School Psychology published in that year.

New member? Referred by: _____

Name _____
Mailing Address _____
City _____
Province _____
Postal Code _____
Phone (Office) _____
(Home) _____
Fax _____
E-mail _____
Employer _____
Title _____
Registration(s) _____

Current memberships in psychological associations:

_____
_____
_____
_____

Highest degree(s) in psychology held:

_____
_____

Program and university if currently a student:

_____
_____

Indicate (X) as appropriate ___ New Member for 2013
___ Renewal

Membership Category* (Indicate one (X))

___ Regular	$65.00
___ Student	$50.00
___ Associate (Non-Voting)	$75.00
___ Institutional Affiliate (Non-Voting)	$75.00

Membership Categories

Regular Member: A person employed or trained as a school psychologist or employed by a university and engaged in work related to the field of school psychology.

Student Member: A person training to become a school psychologist.

Associate Member (non-voting): A person in agreement with the overall objectives of the organization but who does not satisfy the criteria for regular or student membership.

Institutional Affiliate (non-voting): An organization with an interest in the practice of school psychology.

*All members, regardless of category, receive a subscription to the Canadian Journal of School Psychology and additional benefits. To become a member or renew an existing membership, please mail this completed application together with a cheque for the appropriate amount to:

CASP Executive Director
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