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Training in pediatric school psychology: A model for interdisciplinary collaboration

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Training in pediatric school psychology:
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Training in Pediatric School Psychology: A Model for Interdisciplinary Collaboration

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Background on Pediatric School Psychology

- Approximately 20% of children and adolescents are affected by a mental disorder (National Institute of Mental Health, 2005); 22% suffer from obesity, and an additional 10% suffer from asthma (Creer & Bender, 1995).
- Educational reform emphasizes that schools must begin to address how mental and physical health issues are potential barriers to learning (Adelman & Taylor, 1998).
- An interdisciplinary approach is necessary to meet the multiple needs of children across systems (Power, DuPaul, & DePaola, 2003).
- The National Institute of Mental Health (NIMH), American Psychological Association (APA), and the National Association of School Psychologists (NASP) have developed specific training guidelines for intersystemic collaboration (Power, DuPaul, & DePaola, 2003).
- Recently, pediatric school psychology training has been recommended to promote interdisciplinary collaboration and communication (Power, DuPaul et al., 2003; Shaw, 2003).
- To address this need, a collaborative partnership between the School Psychology Program at the University of Nebraska-Lincoln (UNL) and the Munroe Meyer Institute at the University of Nebraska Medical Center (UNMC) was developed to provide school psychology doctoral students with interdisciplinary training.
- This partnership, an interdisciplinary approach to working with children and families was developed through the application of CBC in a pediatriic setting.

Interdisciplinary Conjoint Behavioral Consultation

- Conjoint Behavioral Consultation (CBC) is an interdisciplinary service delivery model identified as “highly useful” to address the health needs of children and families across multiple systems (Power, DuPaul et al., 2003).
- CBC is a partnership-centered, indirect model of service delivery wherein parents, educators, health professionals, and consultants work collaboratively to meet a child’s developmental needs, address concerns, and achieve success by promoting the competencies of all parties (Sheridan & Krotowski, in press).
- The four stages of the CBC process include: (1) joint needs identification; (2) joint needs analysis; (3) treatment implementation; and (4) treatment evaluation.
- Research has demonstrated CBC is an effective and acceptable model for addressing the needs of children who are at risk for academic, behavioral, and/or social difficulties (Sheridan, Eagle, Cowan, & Mickelson, 2001).
- The CBC model provides a framework for (1) aligning the family, school, and health-care systems to facilitate the integration of children with health problems into schools and (2) integrating systems of care into the problem-solving process” (Power, DuPaul et al., 2003).
- Preliminary research has demonstrated that CBC can be an effective model for addressing the multiple needs of children in a pediatriic setting (Sheridan et al., 2004).
- A more structured approach to training in interdiisiplinary collaboration and CBC in a pediatriic setting is warranted.

**Table 1**

<table>
<thead>
<tr>
<th>Outcome Objectives</th>
</tr>
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<tbody>
<tr>
<td>1. Obtain comprehensive and functional data over extended temporal and contextual bases.</td>
</tr>
<tr>
<td>2. Establish consistent treatment programs across settings.</td>
</tr>
<tr>
<td>3. Improve the skills, knowledge, or behaviors of all parties (e.g., family members, school personnel, and the child).</td>
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<tr>
<td>4. Monitor behavioral change and side effects systematically via cross-setting treatment agents.</td>
</tr>
<tr>
<td>5. Enhance generalization and maintenance of treatment effects via consistent programming across settings.</td>
</tr>
<tr>
<td>6. Develop and reexamine the competence in specific assessment and treatment options.</td>
</tr>
</tbody>
</table>

**Table 2**

<table>
<thead>
<tr>
<th>Training Elements</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Didactic Instruction</td>
<td>10%</td>
<td>25%</td>
<td>10%</td>
</tr>
<tr>
<td>Field-Based Experience</td>
<td>50%</td>
<td>40%</td>
<td>55%</td>
</tr>
<tr>
<td>Supervision</td>
<td>40%</td>
<td>25%</td>
<td>10%</td>
</tr>
<tr>
<td>Research</td>
<td>25%</td>
<td>10%</td>
<td>5%</td>
</tr>
</tbody>
</table>

**Challenges for Pediatric School Psychology Training**

- Teachers, psychologists, and medical professionals have different goals, language, and approaches to working with children and families (Perros, 1999).
- Health reimbursement systems may not support many of the activities outlined as best practices by the NIMH, APA, and NASP training guidelines (Power, DuPaul et al., 2003).
- Trained faculty need to provide students with intensive training in both interdisciplinary intervention and health-related issues, both of which are lacking in training programs (Power, DuPaul, & DePaola, 2003).
- Training in pediatric school psychology may require students to spend additional time in preparation to become psychologists (Power, DuPaul et al., 2003).

**Research/Future Directions**

- Program evaluation research needs to investigate the outcomes (e.g., knowledge and skill level, future employment) of this specialized interdisciplinary training model.
- Research needs to evaluate the effectiveness and social validity of interdisciplinary CBC to address the needs of children and to strengthen partnerships across family, school, and medical settings.
- Identification of the role of specialized school psychologists in addressing cross-cutting issues across multiple systems (i.e., school reintegration, adherence to treatment programs, and pharmacological management) is necessary.