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March 2006

Pediatric School Psychology: Opportunities and Perspectives on Training and Practice

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Sheridan, Susan M.; Power, Thomas J.; Shapiro, Edward S.; DuPaul, George ; Bradley-Klug, Kathy ; and Ellis, Cindy , "Pediatric School Psychology: Opportunities and Perspectives on Training and Practice" (2006). *Posters, Addresses, & Presentations from CYFS*. 28. <http://digitalcommons.unl.edu/cyfsposters/28>

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Pediatric School Psychology: Opportunities and Perspectives on Training and Practice

Susan M. Sheridan (Chair)

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George DuPaul

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Cindy Ellis

Symposium Presented at the Annual Conference
of the National Association of School Psychologists

March, 2006

Anaheim, CA

Comprehensive Care in Pediatric School Psychology: Programming across the Intervention-Prevention Continuum

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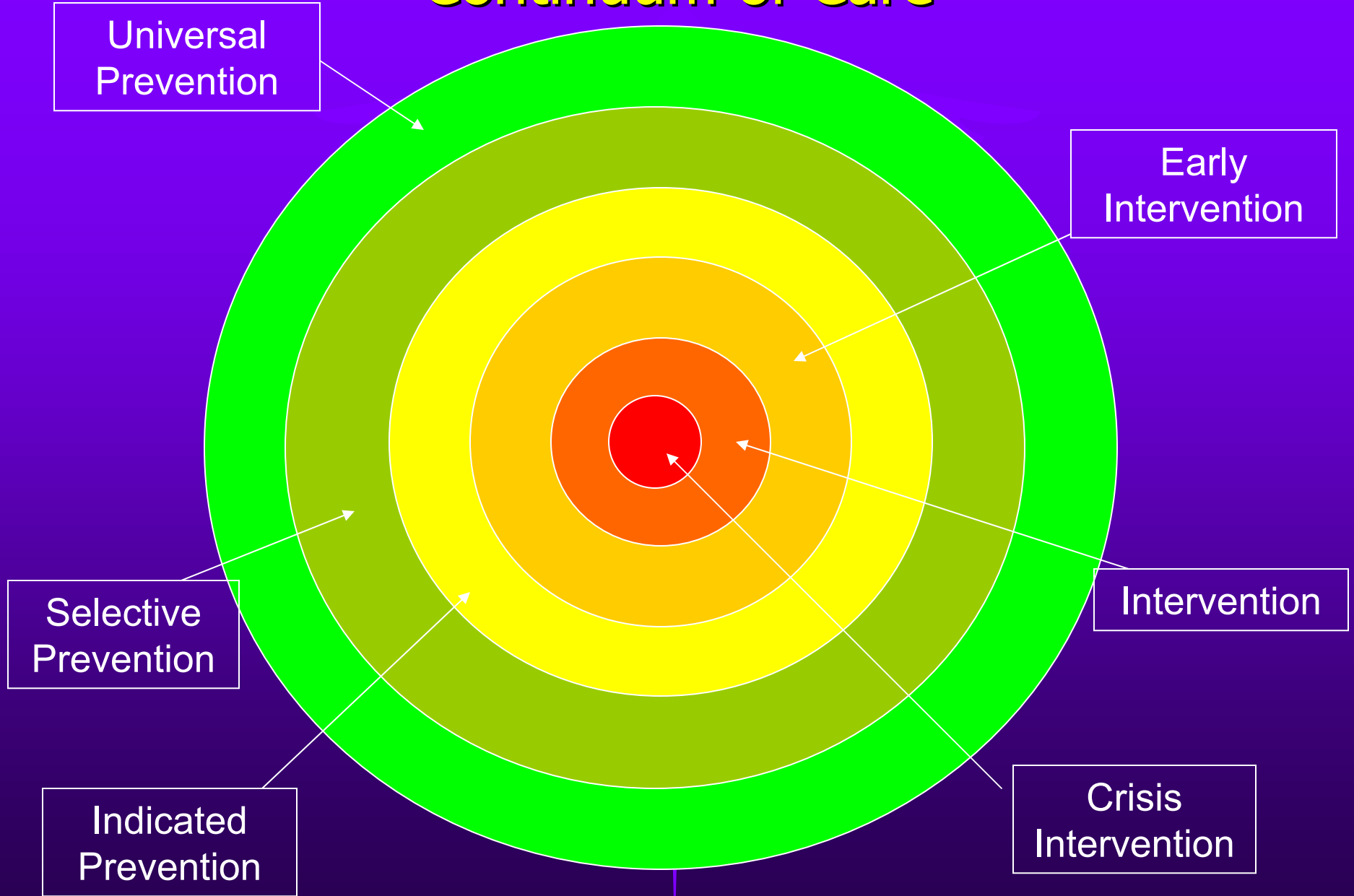
Historical Perspective – Pediatric School Psychology

- 1995-2000 (Power, DuPaul, Shapiro, Parrish, 1995)
 - Targeted children with chronic illnesses and disorders
 - Primary focus on problem solving
 - Based in hospitals and schools
- 2000-present (Power, DuPaul, Shapiro, Kazak, 2003)
 - Expansion to incorporate a public health model that includes all children
 - Emphasis on building resources and solving problems
 - Base in school, primary care, other community settings

Expanded Model: Address Continuum of Need

- Intervention – problem solving approach
 - Crisis intervention – urgent need
 - Targeted intervention – moderate to severe problems
 - Early intervention – emerging to mild problems
- Prevention – public health approach
 - Indicated prevention – for at risk children
 - Selective prevention – for children with characteristics that may place them at risk
 - Universal prevention – for all children

Continuum of Care



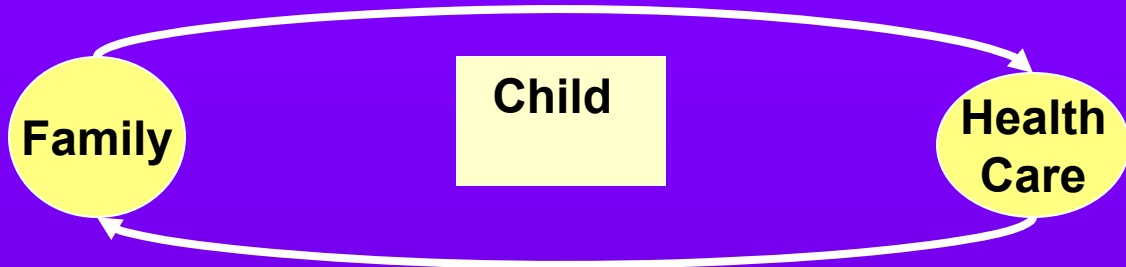
Targeted Intervention

(Power, DuPaul, Shapiro, & Kazak, 2003)

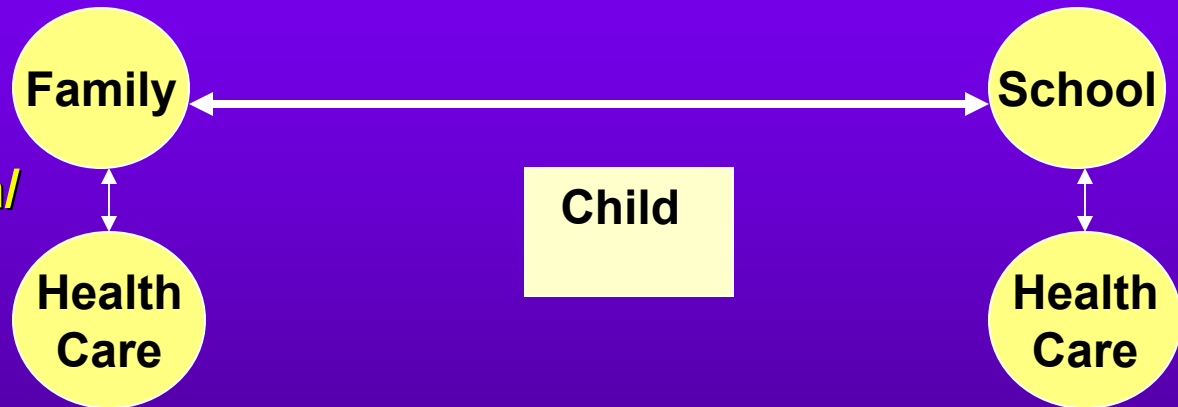
- School Reintegration – children with cancer and traumatic brain injury (TBI)
 - Multisystemic intervention
 - Family
 - Healthcare team
 - School team
 - Emphasis on system preparation
 - Supporting family
 - Assisting family and healthcare team to work collaboratively
 - Preparing family for school collaboration
 - Preparing school for family collaboration
 - Implementing conjoint behavioral consultation model

Process of School Reintegration

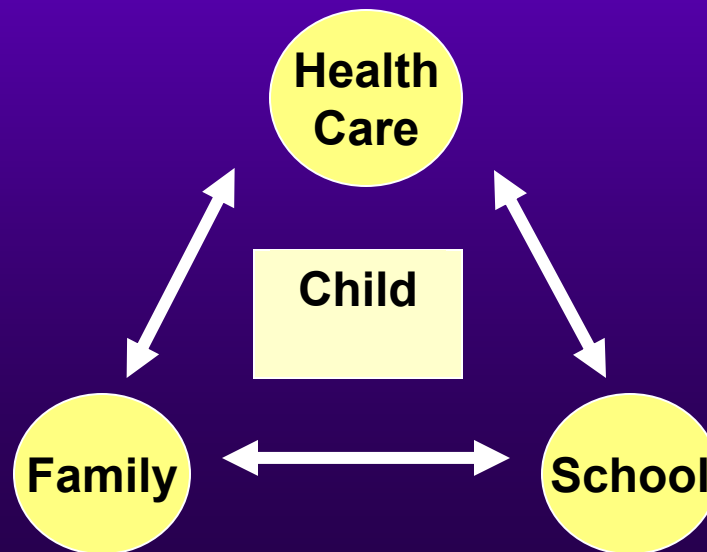
**Step 1:
System Preparation**



**Steps 2 and 3:
System Preparation/
System Integration**



**Step 4:
Integration**



Targeted Intervention

(Cohen, Bradley-Klug, Armstrong, Carey, & Dixon, 2005)

- Sickle Cell “Hop To It” Program
 - Collected data on students with SCD
 - Reading & Math CBA
 - Behavior rating scales and teacher interviews
 - Attendance
 - Quality of life
 - Focus groups
 - Outcomes
 - Revised community-based tutoring program for students with SCD to include focus on math
 - Met with parent group of children with SCD – focus on advocacy
 - Presented research at local, regional, & state conferences to increase knowledge of educational personnel on SCD

Indicated Level of Prevention

(Luginbuehl, Batsche, & Bradley-Klug, 2004)

- Sleep Disorders Screening
 - Sleep Disorders Inventory for Students (SDIS)
 - Rule-out sleep disorders
 - Correlations between behavior problems, academic skills deficits, and sleep concerns
 - Outcomes
 - School district use of SDIS
 - Referrals to sleep specialists for further assessment
 - Improvement in school performance
 - Open discussion at county school district level to change start times of elementary, middle, and high schools
 - Added strand in Regional Sleep Disorders Convention specifically for psychologists and educators

Indicated Level of Prevention

- Mental health screening in primary care
 - Focus groups - PCPs, support staff, parents
 - Mental health screening during well-child visits acceptable and feasible for parents and support staff
 - MH screening acceptable to PCPs only with guidelines for children who screen positive
 - Pediatric Symptom Checklist – 17 item
 - Inattention (ADHD symptoms)
 - Internalizing (anxiety, depression)
 - Externalizing (defiance, conduct problems)
 - Nurse administers PSC-17 in exam room before PCP arrives
 - Children screening positive (at risk) receive follow-up from PCP
 - Evaluation using ADHD Toolkit (Am. Academy of Pediatrics)
 - Education
 - Referral

Universal Level of Prevention

(Leff, Costigan, & Power, 2004)

- Violence Prevention – Playground-based
 - Collaborate with playground aides
 - Plan organized activities
 - Provide active supervision throughout playground
 - Monitor progress
 - Observe children's behavior (cooperative play, rough-and-tumble play)
 - Observe playground context (presence of organized games, presence of active supervision)
 - Outcomes
 - Cooperative play observed during 78% of intervals in which there were organized games (26% without games)
 - Rough-and-tumble play observed during 26% of intervals in which there were NOT organized games (13% with games)

Universal Level of Prevention

- Steps to A Healthier Hillsborough County Initiative
 - Collected data on high school students
 - BMI
 - Food and Activity Choices
 - Outcomes
 - School added healthy choices to lunch menu
 - Eliminated fryer machines in school cafeteria
 - Added fresh cheese & crackers and fruit cups to vending machines
 - School district requested follow up research; mandated all PE and Health teachers to participate in data collection

Implications for School Psychologists

- Collaboration across systems
- Applications in a range of settings
- Impact on the community
- Feasibility of training
- Opportunities for research

Interdisciplinary, Intersystemic Collaboration in Pediatric School Psychology

Susan M. Sheridan, PhD
University of Nebraska-Lincoln

Cindy Ellis, MD
University of Nebraska Medical Center

Purpose/Rationale

- A child's development and learning is influenced by many interacting systems. Collaboration among the major spheres of influence (e.g., families, schools, health care systems) may optimize outcomes.
- An interdisciplinary, cross-system collaborative model involves families, schools and health care providers "working with one another, establishing shared goals, mutually developing intervention plans, sharing responsibility for the implementation of those plans, and collaborating on assessing outcomes" (Paavola et al., 1994, p. 23).

Interdisciplinary Collaboration in Pediatric Contexts

- Systematic mechanisms are necessary by which pediatric service providers (e.g., pediatric psychologists, pediatricians), school personnel, and families can exchange meaningful information, create effective and responsive interventions, and sustain positive outcomes for children.
- Skills in consultation, data-based decision making, evidence-based interventions, children's health and mental health, family systems, and school-based services are necessary.
- School psychologists are in ideal positions to orchestrate and activate interdisciplinary, intersystemic collaboration.

Interdisciplinary Collaboration in Pediatric Contexts

- Conjoint Behavioral Consultation (CBC)
 - Links school psychologists, medical specialists, teachers and families in collaborative and joint decision making within and across systems (interdisciplinary)
 - Focuses on integrated, versus parallel, services across home, school, and health care systems (intersystemic)
 - Role of school psychology consultant is to create a bridge across systems to support coordinated services for a child with medical needs

CBC in a Pediatric Context

- Provides a framework for multi-directional communication and education
 - Collaboration rather than simple information sharing
 - Bidirectional influences across home, school, and medical center
- School-linked consultants can educate
 - health care providers about realities of schools
 - school personnel about medical issues
 - family members about ways to work with schools, medical specialists

School Psychology Leadership Specialization in Family-Centered Interdisciplinary Collaboration

- 4-year doctoral training tract to develop students in school psychology into leaders in interdisciplinary collaboration across medical, educational, and family systems
- Collaborative project:
 - University of Nebraska – Lincoln
 - Department of Educational Psychology
 - University of Nebraska Medical Center
 - Developmental Medicine, Munroe-Meyer Institute for Genetics and Rehabilitation
- Funded by the U.S. Department of Education, OSERS

School Psychology Leadership Specialization in Family-Centered Interdisciplinary Collaboration

Four Year Training Program

Year 1 - UNL

- CBC Training – Didactic course/Practicum within school psychology doctoral curriculum

Year 2 - MMI

- Interdisciplinary Leadership Training Curriculum in conjunction with the MMI Interdisciplinary Leadership Training Program

Year 3 - MMI

- Field-Based Interdisciplinary Consultation Practicum based in the MMI Developmental Pediatrics clinics

Year 4 – MMI/UNL

- Advanced Supervision Practicum

Project Faculty

UNL - Department of Educational Psychology

Sue Sheridan, Ph.D.

- Willa Cather Professor and Professor of Educational Psychology with an extensive resume of teaching, research and publishing in CBC
- Director, Nebraska Center for Research on Children, Youth, Families and Schools

MMI - Nebraska Center on Disabilities

Mark Smith, M.S.

- Consumer/Family Coordinator serving in a networking, mentoring and training/informational support role to consumers and families across Nebraska
- 21 years prior experience as a Behavior Management Specialist at the Eastern Nebraska Office on Developmental Disabilities; background in school psychology

Project Faculty

MMI - Developmental Medicine

Cindy Ellis, M.D.

- Associate Professor of Pediatrics and Psychiatry with 15 years experience in Developmental Pediatrics
- Board Certified in Developmental/Behavioral Pediatrics and Neurodevelopmental Disabilities

Howie Needelman, M.D.

- Assistant Professor of Pediatrics with 24 years experience in Neonatology and 10 years Developmental Pediatrics
- Board Certified in Neonatal Medicine and Developmental/Behavioral Pediatrics

Brigette Vaughan, MSN, APRN

- Masters of Science in Nursing
- 10 years experience in Mental Health Field

Munroe-Meyer Institute Training Site

- MMI is an interdisciplinary program with over 150 professional staff in health and rehabilitation related fields:

Nursing	Developmental pediatrics	Physical therapy
Nutrition	Endocrinology/diabetes	Audiology
Psychology	Pediatric dentistry	Recreation therapy
Public health	Molecular genetics	Health policy
Social work	Occupational therapy	Health administration
Genetics	Speech-language pathology	

- MMI is the major interdisciplinary diagnostic and evaluation center for children with neurodevelopmental disabilities in Nebraska and the surrounding region
- For over 30 years MMI has received federal funding for its core interdisciplinary training program. Over the past 10 years, over 2000 long-term students received training at MMI

MMI - Developmental Medicine Training Site Clinical Services

- Assessment, diagnosis, and treatment planning for infants, children and youth with developmental, behavioral, and emotional disorders in Developmental Pediatrics and Interdisciplinary Clinics
- Ongoing follow-up/medical management for patients with *complex* neurodevelopmental and psychiatric disorders
- ADHD, Autism Spectrum Disorders, Developmental Delay, Mental Retardation, Cerebral Palsy, Anxiety, OCD, Disruptive Behavior Disorders

Interdisciplinary Leadership Training Curriculum

The 2nd year of training is focused on *interdisciplinary* and *leadership* education:

1. Orientation
2. Didactic and Self-Study Curriculum
3. Leadership Development Activities
4. Service Coordination and Family Services Activities
5. Cultural Competency Training
6. Research
7. Developmental Medicine Practicum Experience

Interdisciplinary Leadership Training Curriculum

Orientation

- 2-year interdisciplinary advisement program
- Development of an Individualized Study Plan
- Interdisciplinary Observations
 - Developmental Pediatrics
 - Nursing
 - Speech/Language Pathology
 - Occupational Therapy
 - Physical Therapy
 - Psychology
 - Nutrition
 - Social Work
 - Administration
 - Family Services
 - Business Services
 - Genetics Labs
 - Recreation Therapy
 - Pediatric Dentistry
 - Audiology
 - Education/Child Development

Interdisciplinary Leadership Training Curriculum

Didactic Curriculum and Self Study Curriculum

Weekly Student Seminars

- family-centered interdisciplinary care
- cultural competency
- advocacy
- leadership skills
- teamwork
- public health
- policy development
- research

Clinical Topics Seminar

- prematurity
- chromosomal/genetic disorders
- metabolic & nutritional disorders
- CNS disorders
- sensory defects
- sleep problems
- feeding and eating problems
- elimination disorders
- interdisciplinary roles
- therapeutic interventions

Interdisciplinary Leadership Training Curriculum

Research

- Didactic curriculum
- Student research project
- Oral project presentation
- Presentation in MMI Poster Session



Interdisciplinary Leadership Training Curriculum

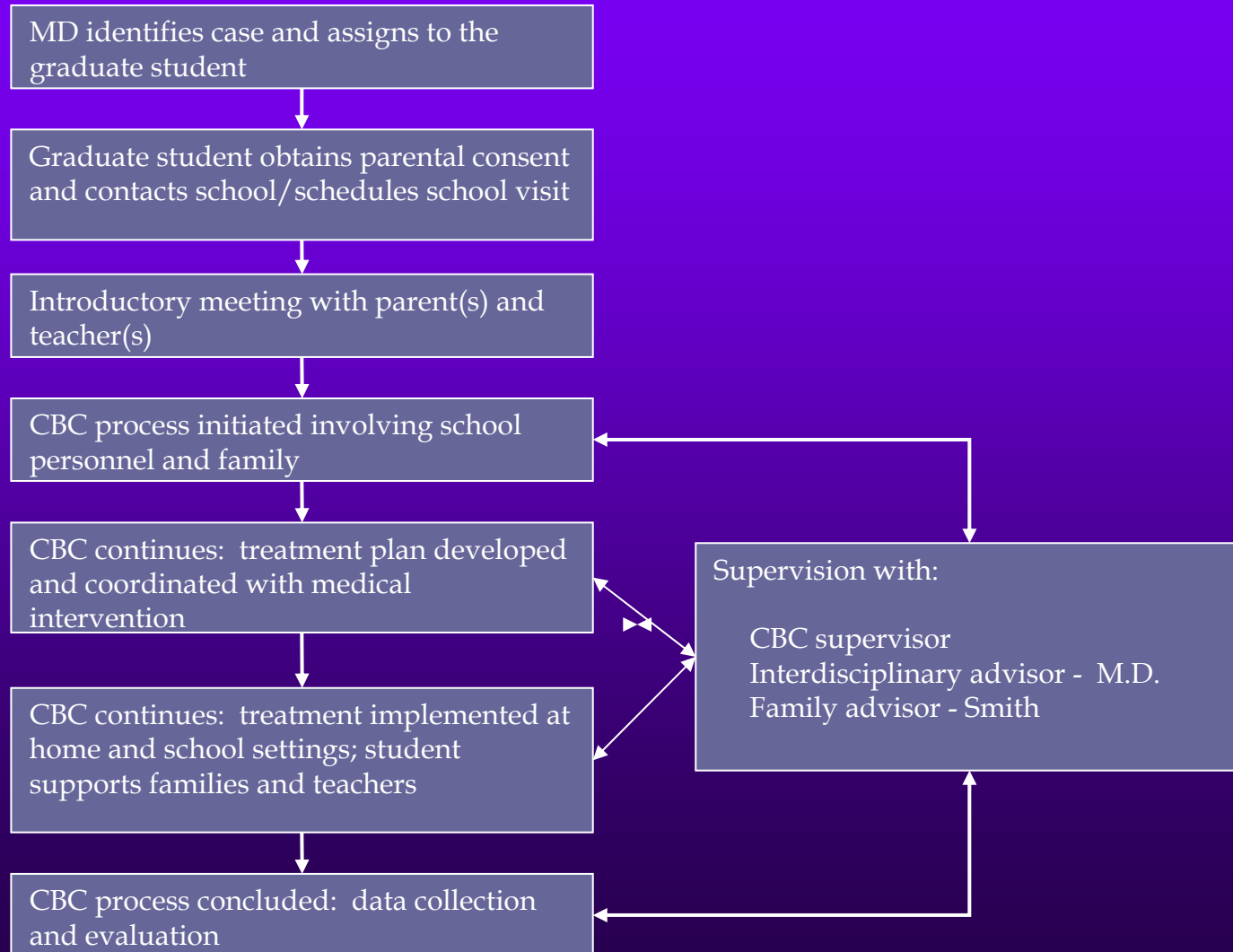
Developmental Medicine Clinic Practicum Experience

- Students initially observe new patient evaluations and follow-up visits in a variety of medical clinics
- With experience, students participate as a resource for patients, parents, and physicians regarding issues such as:
 - school and/or home behavior problems
 - IEP questions
 - interpreting psychoeducational testing

Field-Based Interdisciplinary Consultation Practicum

- 3rd year of training program
- Provides opportunities for students to integrate knowledge gained in pediatric clinics, observations, and seminars with CBC experience
- Consultation services are provided for children referred by a physician through the developmental pediatric (or related) clinic
- Services take place in schools, with parents, teachers, and other specialists and school personnel working collaboratively to address a child's unique needs

Field-Based Interdisciplinary Consultation Practicum



Key Elements of Interdisciplinary CBC

- Referral:
 - Typically made by physician; consultant can attend family visits with physician
 - Referrals are often based on challenges presented over time due to complex medical issues with misunderstandings between families and educational personnel
 - General information gathering is part of this stage
 - Rapport building with families, and with school personnel is critical
 - Cross-system “bridge building” often becomes paramount in order to address presenting needs

Key Elements of Interdisciplinary CBC

- Needs Identification:
 - Assessment (including consultation interviews and observations) across multiple contexts is facilitated by consultant
 - Beyond assessing perspectives of parents and teachers, consultant shares information and educates consultees about relevant health issues
- Needs Analysis:
 - Observations and relevant medical information are integrated to formulate case hypotheses
 - Consultant shares assessment and observation information with physician to guide medical management of case

Key Elements of Interdisciplinary CBC

- Plan Development and Implementation:
 - Intervention plans are co-constructed from a broader, integrated knowledge base
 - Consultant coordinates intervention plan based on cross-systems data, that is implemented across natural home and school contexts
- Evaluation:
 - Outcomes include degree to which child concerns are addressed; relevance and utility of information shared across settings; long-term communication and relationships across systems
 - Decisions related to child outcomes are data-based
 - Physician apprised of intervention outcomes as necessary

Case Study

Amanda

- 13-year-old Caucasian female seen in developmental pediatric clinic
- Diagnoses: Tourette's Syndrome, ADHD-Inattentive type, and Learning Disability
- Medication: Tenex and Clonidine to manage symptoms of ADHD and motor tics
- Reason for Referral:
 - Medication effects on behavioral/academic performance
 - Home-school relationship issues/communication problems
- Systemic issues:
 - Difference in problem perception across home and school
 - Lack of communication

Case Study

- Consultation Content
 - Target behaviors: Help-seeking and following directions
 - Data collection: Event recording of help-seeking in classroom and number of prompts given per direction at home
 - Intervention: Class-wide help indication system, progress monitoring, parent training in delivering effective commands
 - Provided framework for identifying misunderstandings, sharing information, involving parent, and building partnership between parent and teachers

Case Study

- Consultation Process
 - Achieved entry into school via preliminary meetings with educators and staff (i.e., principal and special education coordinator) to explain CBC process and gain trust
 - Shared behavioral observation data with pediatrician to determine efficacy of combined medical and behavioral treatments
 - Educated caregiver and teachers regarding differences between learned behaviors and disability related issues (e.g., side effects of medication, physiological responses)
 - Promoted collaborative partnership across systems by emphasizing shared perspectives and commonalities, as well as validating differences in opinions to establish mutual respect

Team

- Susan Sheridan, PhD, PI
- Cindy Ellis, MD, Co-PI
- Jennifer Burt, MEd
- Brandy Clark, MA
- Ashley Rohlk, MA
- Michelle Swanger, MA
- Katie Woods, BA
- Carrie Blevins, BS
- Katie Magee, BA

Pediatric School Psychology: 8 Years of Experiences

Edward S. Shapiro, George J. DuPaul
Lehigh University
Thomas Power,
Children's Hospital of Philadelphia

Program's History

- 1997: Instituted Curriculum Changes to provide subspecialization
- 1997 – 2002: Received grant from U.S. Dept of Education – provided endorsement
- 2002 – 2006: Received grant from U.S. Dept of Education – provided endorsement

Components of Leadership Training Project

- Specialized coursework
- Specialized practica
- Research
- Dissemination

Specialized Coursework

- Medical aspects of disabilities
- Comprehensive school health programs
- Prevention of health problems and health promotion
- Leadership development and systems change
- Child development
- Pharmacology
- Working in culturally and linguistically diverse environments

Specialized Practica

- Provide typical school psychological services within school settings
- Collaborate with team of professionals to provide health care services in medical and school settings
- Serve as liaison between schools and health care settings to provide integrated care

			<i>Total Hours</i>	
<i>Project Year</i>	<i>School Site</i>	<i>Health Care Site</i>	<i>School</i>	<i>Health Care</i>
1	2 day/ week, 10 mos, no summer	1 day/ week, 10 mos, include summer	640	320
2	1 day/ week, no summers	2 day/ week, 10 mo, include summer	320	640
<i>Total</i>			960	960

Curriculum Details

- Joint program with Children's Hospital of Philadelphia
- Curriculum spans a student's 3rd and 4th yr
- Coursework taken at both medical school and university settings
- Practicum requirements involve over 1900 clock hours across two year period
- Health care and educational sites have existing relationships

More Curriculum Details

- Both full endorsement and subspecialization are offered
- Subspecialization is less intense practica (400 clock hours over two year period) and includes some of the same coursework

Hospital-Based Practicum

- Students spend 2-3 months in rotations
 - Oncology Programs
 - Feeding and Swallowing Center
 - Center for Management of ADHD
 - Neurorehabilitation Program
 - Primary Care Centers
 - Neuropsychology Program
 - Behavioral Pediatrics Program
- Students provided with experiences in assessment, treatment, consultation

Research

- HIV and drug abuse
- Medication compliance
- Pain reduction
- Educational programs about health-related issues such as nutrition, exercise, lead exposure
- Manuscript in submission about academic achievement and school performance of children with cancer
- The effects of Bupropion Hydrochloride on the classroom performance of children with Attention Deficit Hyperactivity Disorder.

Examples of Types of Student Clinical Experiences

- Consultation with pediatric psychologists regarding children having academic difficulties following cancer treatment
- Creation of materials to provide to schools and families about the school re-entry process following cancer treatment
- Presented inservice on Insulin Dependent Diabetes Melitus for school personnel
- Developed resources for families to assist them with acquiring services for their children through the public schools.

More Examples

- Effective asthma management in children
- Pharmacological treatment of seizure disorders
- School-based relaxation training for children and adolescents with chronic tension-type headache: Direct and collateral effects.
- Inservice presentation for pediatric clinic staff at on Pediatric School Psychology, a new direction for psychological services
- Grant to PA Dept. of Education, A Healthy Start: School Breakfast Promotion. (Funded; will serve as dissertation).

Examples of Types of Student Experiences

- Developed standard protocol for outpatient assessment of AD/HD at pediatric clinic
- Developed adolescent weight control program in out-patient pediatric clinic
- Implemented and participated in assessment, consultation, intervention within schools as part of MDE team

Examples of Types of Student Experiences

- Developing a research proposal focusing on delivering knowledge to couples planning families or expectant mothers on neonatal lead poisoning
- Working with school and parent to advocate & education school staff about child with neurofibromatosis

Student Outcomes

- 24 students enrolled in endorsement
 - 18 completed endorsement
 - 4 still enrolled
 - 2 left program for academic reasons
- Of 18 completed endorsement
 - 9 graduated and employed
 - 1 currently on internship, will graduate in May 07
 - 3 completing dissertations
 - 2 leaving for internship in 06-07
 - 3 ABD, dissertation proposals pending

Student Outcomes (con't)

- 3 completed subspecialization & 3 graduated
- 3 completed subspecialization, 2 graduated
- 1 currently enrolled in subspecialization, 3 first or second year students stated intent to enroll in subspecialization

Research in Pediatric School Psychology

- Of 9 graduates:
 - 5 dissertations in areas directly related to Ped School Psych
 - Examples:
 - Self-concept of children with asthma: The impact of reference groups
 - Monitoring the effects of medications for students with attention deficit hyperactivity disorder: The role of the school psychologist
 - Understanding the peer relationships of children with asthma: An examination of sociometric status, friendship, and social networks

Survey of Doctoral Training Faculty

n= 70/230 (30.4%)

Item	Not at all/Not very much	Some what	Pretty much/ Very much
Do you believe training programs in school psychology do a good job training students about health problems?	60.0	37.1	2.9
Do you believe training programs in school psychology should offer more intensive training in providing services to children with health problems?	10.0	31.4	58.6
Are training programs in school psychology enhanced by collaboration with a hospital-based training program?	15.7	27.1	57.2
How interested is your program in offering intensive training related to providing services for children with health problems?	21.4	35.7	42.9
How feasible within your program is it to offer intensive training related to providing services for children with health problems?	35.7	28.6	35.7

Survey of Doctoral Training Faculty

n= 70/230 (30.4%)

Item	Not at all/Not very much	Some what	Pretty much/ Very much
How interested are you in offering intensive training related to providing services for children with health problems?	17.1	38.6	44.3
Do you believe that training school psychologists in providing services to children with health problems enhances employment opportunities for graduates?	14.3	22.9	62.8
Do you believe training programs have increased their focus on health issues since 1995?	30.0	44.3	25.7
How IMPORTANT is it for training programs to provide training related to illness prevention and health promotion?	4.2	32.9	62.9
How FEASIBLE is it for training programs to provide training related to illness prevention and health promotion?	22.9	38.6	38.5

Lessons Learned - The Good

- A need exists for doctoral level graduates trained in this area, national survey support this
- Skills of graduates are very well regarded by employees, whether schools, consulting, or academia
- 3 graduates assumed post-doctoral positions, 1 in academic position, 1 in medical school setting, 1 in post-doc
- Core curriculum we started with has held up over the years and will continue into the future
- Student research has been more focused in the area of pediatric school psychology over the last few years

Lessons Learned-

The Good

- Addressing a real need in pediatric settings based on survey of local pediatricians
- Has helped to recruit strong doctoral students from a variety of academic backgrounds
- Has assisted doctoral students in being competitive for APA-approved internships
- Has enhanced understanding of schools and school psychology among medical practitioners

Lessons Learned- Training Challenges

- Course requirements are too heavy
- Need to embed research requirements within the project
- Students need to enter with initial research requirement completed
- Need to maintain 2-days per week in hospital as minimal practicum requirement
- Need to shave unneeded course requirements
- Need to provide on-site supervision in all settings
 - A challenge in hospital sites not equipped with psychological services

Lessons Learned- Dissemination Challenges

- Recognition in Pediatric Psychology is slow to develop
- Capacity to impact pediatric internship opportunities for students
- Need to develop better mechanism for developing professional recognition in related disciplines

The Future

- Doctoral level specialization should continue
- Great option to enhance School Psychology skills
- Need to continue dissemination
- Need to network across training institutions with similar interests and programs



Questions and Panel Discussion

All