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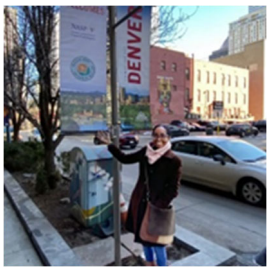
Haydn Gardner , *Painting1*, undated. | Learn more about the artist on page 2



A Message from FASP President Paula Lewis

Dear Colleagues,

It has been a busy time since transitioning into my new position as FASP President. I began my year with orienting new FASP Board members and training our existing Board members on strategic planning procedures. Board members are in the process of identifying their targeted activities for the rest of the year to support the five strategic priorities. We continue to focus on reducing the current school psychologist to student ratio, expanding and increasing school-based behavioral and mental health services, promoting safe and healthy school climates, ensuring fair and equitable school-based practices, and engaging in professional advocacy. We must engage all strategic priorities. FASP workgroups, committees, and liaisons are identifying areas of need to continue to provide you, our members, the resources to protect and support our students in Florida.

In January, we were fortunate to have our first executive board meeting for the year in Orlando. Some of our board members were able to meet in-person to connect and collaborate organically. Prior to the Board meeting, FASP hosted the LGBTQ+ Town Hall "Student Experiences" with student advocates, Jack Petocz and Will Larkins, and community advocates, Tom Lander (representing Safe Schools South Florida) and Noelle De La Cruz (representing Equality Florida). We were able to hear from these advocates of change and learn from their experiences. The video from this event is coming soon and will be made available on fasp.org.

I was able to attend the National Association of School Psychologists (NASP) Regional Leadership Meeting (RLM) and the NASP Convention in beautiful Denver, Colorado in February. It was an inspiring experience and a wonderful opportunity to network with other association presidents around the country. The theme reverberated loudly throughout the conference and refocused attendees on the power of Radical Hope and Authentic Healing! Dr. Celeste Malone, the 2nd Black woman president of NASP, delivered an address that carried this theme throughout the conference week. Dr. Shawn A. Ginwright, guest speaker and author of The Four Pivots, was amazing in leaving you focused on the need for system change, the need to connect with our communities, transform, heal, and pivot to a new future.

The Public Policy and Professional Relations committee hosted the FASP Inaugural Advocacy Academy in early March at the University of South Florida in Tampa. More than 60 graduate students, early career professionals, and other career level professionals attended this event. We had amazing presenters to include Dr. Kelly Vaillancart, the NASP Director of Policy and Advocacy and Dr. Katie Eklund and Dr. Andy Garbacz from the University of Wisconsin-Madison. These experts were able to motivate our attendees in the work of advocacy. For example, FASP advocates, members and allies were recently called to action to support Florida Senate Appropriations Committee on Education Chair Keith Perry's proposal to retain the Mental Health Allocation and increase the allocation to $160 million. The current $140 million Mental Health Allocation is at-risk as the House is currently planning to remove it from the budget.

We hosted the FASP Virtual Recruitment Fair on April 10-14

In This Issue

Sponsors

On the Cover: In honor of Autism Awareness Month, we celebrate the art of Haydn Gardner. Haydn explores people's relationships with mental health and works to create a physical manifestation of this relationship. "As children we create monsters from our fears and emotions. When we grow older we leave these monsters behind, but for some individuals creatures remain in the mind in new forms. The unpleasant thoughts that plague their confidence and wellbeing are the monsters they brought along with them."
https://messymiscreation.wordpress.com

and April 17-21, 2023. This was an opportunity for school psychologists around the country to chat with Florida school district recruiters who are actively hiring school psychologists. More than 40% of Florida's school districts participated, hosting meet and greets with prospective candidates.

As I write this message, I want to bring to your awareness that there is a deliberate narrative to change the language of existing practices, principles and systems in our state that have proven to help students. As school psychologists, we depend on empirical research, data, evidence-based interventions, and multi-tiered layers of support for students to be successful. This legislative season is already presenting many barriers to protecting students. Day by day this is changing the landscape of education. We must ask ourselves, anything that is approved legislatively, is it good for students? We have a responsibility to ensure that ALL students can learn in a safe and supportive environment. Our duty is to utilize evidence-based interventions and strategies that have proven to support students. We must continue to follow our professional ethics. A different narrative or agenda that does not align with our ethical standards cannot supersede our obligation to students. We have an ethical duty to respect the dignity and rights of all persons, to perform with professional competence and responsibility, follow a standard of honesty and integrity in professional relationships, and be responsible to schools, families, communities, the profession, and society. Again, this is our duty!

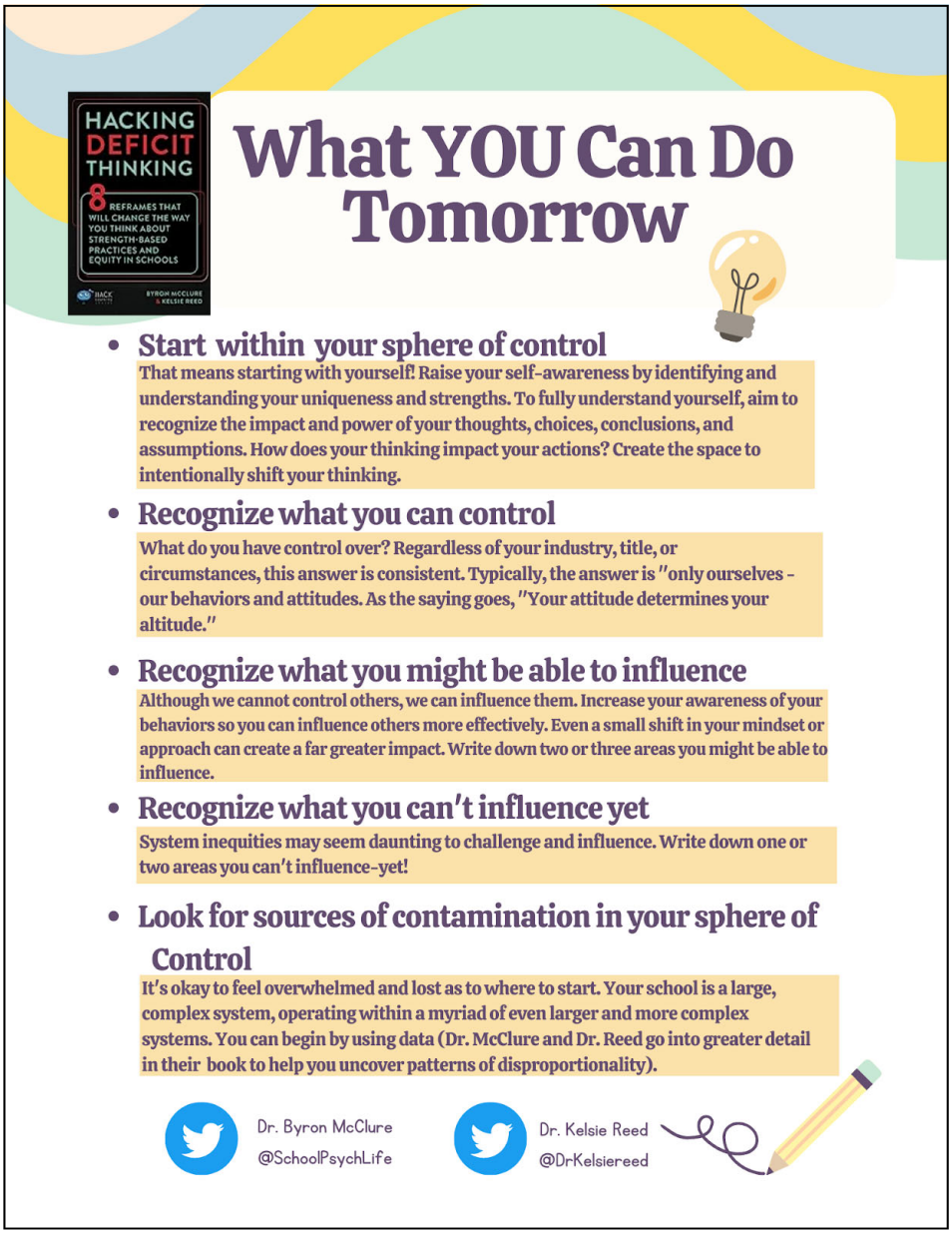
Dr. Byron McClure and co-author, Dr. Kelsie Reed's book, *Hacking Deficit Thinking*, shares what we can do with systemic problems to be an agent of change. We must start within our sphere of control, recognize what you can control, recognize what you might be able to influence, recognize what you can't influence yet, and look for sources of contamination in your sphere of control. Their message is timely! I was granted permission and support to share this information with you. Take this information and post it in a place to keep you centered and focused on what is necessary to influence change.

The power is in our voices! It is important that you write your local and state legislators for any change to happen. Change is in the power of voting! Make sure you are registered to vote or have updated your voter's registration. We need your commitment and time. We can change the trajectory of decisions that are counterproductive and not best for students.

I want to thank our Public Policy and Professional Relations committee and FASP's Lobbyists for their tireless efforts. They will continue to advocate for bills that benefit the students of Florida. To our members, thank you for your tireless efforts in supporting students! Keep showing up for students through your work and problem-solve through any barriers that interfere with the success of students! Be inspired and never lose hope!

In solidarity,

Paula M. Lewis, Ed.D.
FASP President 2022-2023
fasppres@gmail.com



McClure, B., & Reed, R. (2022). *Hacking deficit thinking: Reframes that will change the way you think about strength-based practices and equity in schools.* Times 10 Publications.

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The Power of Connection

50th Annual Conference
November 1-4, 2023

Save the Date and Tell a Friend!

Drs. Paula Lewis, President, Alicia Scott, President-Elect, and Donna Berghauser, Conference Chair, are excited to welcome you back to our *fingers-crossed* first in-person event in 4 years!

Our Call for Proposals and Featured Presentations will be announced soon, but expect quality continuing education sessions, collaborative spaces, and time to enjoy the local community. Of course, we're planning networking and social events, and we'll be recommending fun things to do in downtown St. Pete (#DTSP) and its nearby beaches too.

If you're eager to book your room, online reservations using the FASP rate ($160 per night) can be made here.

We can't wait to see you there!

HILTON ST. PETERSBURG BAYFRONT

HOTEL

$160/night

2023 Diversity Awareness Calendar

Below is a list of the widely recognized awareness months and days for a specific group, culture or cause. These awareness months and days are intended to help raise awareness and understanding for the group, culture or cause, not trivialize them.

JANUARY

All Month	National Poverty Awareness in America Month
January 4	National Braille Day
January 16	Martin Luther King, Jr. Day
January 22	Chinese New Year (Year of the Rabbit)
January 27	International Holocaust Remembrance Day

FEBRUARY

All Month	Black History Month
February 4	Rosa Parks Day
February 11	International Day of Women & Girls in Science
February 20	World Day of Social Justice

MARCH

All Month	Women's History Month Developmental Disabilities Awareness Month
March 8	International Women's Day
March 15	Equal Pay Day
March 25	International Day of the Remembrance of the Victims of Slavery and the Transatlantic Slave Trade
March 31	International Transgender Day of Visibility

APRIL

All Month	Celebrate Diversity Month Arab American Heritage Month Autism Awareness & Acceptance Month National Volunteer Month
April 14	National Day of Silence (LGBTQIA+)

MAY

All Month	Asian American Heritage Month Jewish American Heritage Month Haitian Heritage Month Mental Health Month
May 5	Cinco de Mayo
May 17	International Day Against Homophobia, Transphobia and Biphobia
May 21	World Day for Cultural Diversity for Dialogue & Development

JUNE

All Month	LGBTQIA+ Pride Month
All Month	National Caribbean American Heritage Month
June 12	Loving Day
June 19	Juneteenth
June 20	World Refugee Day

JULY

All Month	French American Heritage Month
July 11	World Population Day
July 18	International Nelson Mandela Day
July 26	National Disability Independence Day
July 30	International Day of Friendship

AUGUST

August 7	Purple Heart Day
August 9	International Day of the World's Indigenous People
August 19	World Humanitarian Day
August 21	Senior Citizens Day
August 26	Women's Equality Day

SEPTEMBER

Sept. 15–Oct. 15	Hispanic Heritage Month
All Month	National Guide Dog Month Suicide Prevention Month
September 4	Labor Day
September 16	Mexican Independence Day
September 22	National Native American Day
September 26	European Day of Languages

OCTOBER

All Month	LGBTQIA+ History Month Breast Cancer Awareness Month Filipino American Heritage Month German American Heritage Month Italian American Heritage Month Polish American Heritage Month
October 9	Indigenous People's Day
October 10	World Mental Health Day
October 11	National Coming Out Day
October 22	International Stuttering Awareness Day
October 31	Día de Muertos (Day of the Dead)

NOVEMBER

All Month	Movember (awareness of men's health issues) National Native American, Ameri can Indian, & Alaskan Native Heritage Month
November 11	Veteran's Day
November 20	Transgender Day of Remembrance

DECEMBER

All Month	HIV/AIDS Awareness Month
December 3	International Day for People with Disabilities
December 5	International Volunteer Day
December 10	International Human Rights Day

Source: https://unexpectedvirtualtours.com/dei-team-building-calendar/

It's Almost Time to Renew!

FASP
Florida Association of School Psychologists

BENEFITS

- Professional Development
- Information and Publications
- Legislative and Regulatory Representation
- Leadership Opportunities
- Employment Opportunities
- And, so much more!

MEMBERSHIP YEAR
June 30 to July 1

JOIN/RENEW
Watch your email or visit www.fasp.org

QUESTIONS?
Contact Kim Berryhill, Membership Chair

NASP Regional Leadership Meeting: Tackling the Critical Shortage of School Psychologists

Alicia Scott, Ph.D., FASP President-Elect

Prior to this year's NASP Convention, FASP President Paula Lewis, Florida's NASP Delegate Monica Oganes, and I had the opportunity to participate in NASP's Regional Leadership Meeting (RLM). RLM brings together state association leaders and NASP leaders and staff to address strategic issues in school psychology. This year's meeting focused on critical shortages.

RLM started with regional meetings. We had an amazing opportunity to meet and discuss successes and challenges with state association leaders from the Southeast. It was really helpful to connect with these leaders as we all share commonalities and have unique perspectives.

The remainder of the meeting included two plenary sessions and related breakout sessions. The first plenary session discussed strategic priorities for the profession and problems of practice impacting shortages in school psychology. Paula, Monica, and I each participated in different breakout sessions exploring the root causes of the critical shortage. The second plenary session addressed specific strategies that have been proven to be effective at remedying root causes of shortages in school psychology. The breakout sessions that followed explored recruitment and retention strategies for addressing the identified root causes.

Our meeting closed with affinity group networking discussions. The purpose of the affinity groups was to 1) provide RLM attendees with shared or similar backgrounds with the opportunity to discuss issues important to them; (2) help RLM attendees develop new relationships for mutual support; and (3) provide space for RLM attendees to gain insight about the experiences of other school psychologists.

I appreciate the support of FASP to attend this meeting. It was a powerful experience! I look forward to continuing to work with Paula, Monica, and the rest of the FASP Executive Board to apply what we learned to benefit our members and the field of school psychology in Florida.

It is Time to Embrace a Second Generation of Intelligence Tests: We Can Do Better

Jack A. Naglieri, Ph.D. & Tulio M. Otero, Ph.D.

Traditional intelligence tests have been widely used in the US and other parts of the world for more than 100 years since Binet's initial scales. These tests have played a pivotal role in nearly all aspects of psychology and education. Despite the enormous contribution these tests have made to our ability to measure the concept of intelligence, they have important weaknesses. For example, (1) nearly all intelligence tests were not initially built on a theory of intelligence which led to an ill-defined blueprint for test development and placed undue responsibility for interpretation on the user; (2) test questions that demand verbal and quantitative knowledge present a threat to equitable assessment of those with limited opportunity to learn which amplifies race and ethnic differences; (3) the subtests and scales on nearly all intelligence tests have failed to account for more variance beyond general ability (5) scores from subtests and scales continue to have little no relevance to instruction (see Naglieri (2015) and Naglieri and Otero (2017) for a summary of the evidence regarding these limitations). Some have argued that traditional intelligence tests should be abandoned, we think practitioners need recognize that their flaws and, therefore, carefully consider alternatives.

A REALISTIC VIEW OF TRADITIONAL INTELLIGENCE TESTS

Perhaps the most important limitation of traditional intelligence tests has been uncovered by researchers who have measure general ability 'g', and little more (Benson, Beaujean, McGill & Dombrowski, 2018; Canivez, Watkins & Dombrowski, 2017). This focus is consistent with the intentions of the first test authors. Recall that when Binet published the 1905 edition of his new test, it yielded one score. Shortly thereafter, Yoakum and Yerkes published the Army Mental Tests (1920) upon which the Wechsler intelligence scales (originally published in 1939) were largely based. These tests all contained verbal, quantitative, and nonverbal test content, and even though the first Wechsler intelligence test yielded Verbal IQ and Performance IQ scores it included a Full Scale score which represented general ability (*g*). "Dr. Wechsler remained a firm believer in Spearman's *g* theory throughout his lifetime. He believed that his Verbal and Performance Scales represented different ways to access g, but he never believed in nonverbal [or verbal] intelligence as being separate from *g* (Kaufman, 2006).

It is also important to note that in the early 1900s general ability was not well defined. Pintner explained that: "psychologists borrowed from every-day life a vague term implying all-round ability and knowledge, and in the process of trying to measure this trait [we] and are still attempting to define it more sharply and endow it with a stricter scientific connotation (Pintner, 1923, p. 53)." Recent efforts to improve 100-year-old traditional intelligence tests have largely focused on going beyond 'g' by increasing the number of scales the tests yield. Importantly, recent research on intelligence tests confirms that the most valid score on, for example, the Wechsler Intelligence Scale for Children – Fifth Edition (Canivez, Watkins, & Dombrowski, 2017; Watkins, & Canivez, 2022), Stanford-Binet Fifth Edition (Canivez, 2008), Differential Abilities Scales (Canivez & McGill, 2016), and the Woodcock-Johnson Fourth Edition (Dombrowski, McGill & Canivez, 2017) is the total score that estimates *g*. That is, the scores which represent different parts of these tests do not have enough specific variance to be considered interpretable. A recent reanalysis of Carroll's survey of factor-analytic studies by Benson, Beaujean, McGill, and Dombrowski (2018) concluded that nearly all the specified abilities presented by Carroll "have little-to-no interpretive relevance above and beyond that of general intelligence (p. 1028)." The only exception to these findings is research reported by Canivez (2011) regarding the Cognitive Assessment System (Naglieri & Das, 1997).

These important research findings pose a professional quandary for all those who rely on intelligence tests in applied and theoretical research. That is, if we only use the total score, then the scales provided by authors or publishers get ignored. Can we make important decisions based on the profiles of subtests and scales based only on clinical judgment? Again, the answer from the most recent research (McGill, Dombrowski & Canivez, 2018) suggests, as McDermott, Fantuzzo & Glutting (1990) said 30 years ago, is no. McGill et al., go on to state: "Given these complexities, it is imperative that practitioners develop a skill set that helps them to discern when claims made in the assessment literature are credible… (p. 118)."

HOW TO REDEFINE THE CONSTRUCT OF INTELLIGENCE AND ITS MEASUREMENT

Some test authors have provided alternatives to traditional intelli-

gence tests. An example is the Kaufman Assessment Battery for Children (K-ABC; Kaufman & Kaufman) first published in 1983 which offered a different way to describe and measure intelligence. The Kaufmans emphasized measuring cognitive processes and bravely took the position that the verbal and quantitative subtests should be taken out of the measurement of ability. (Note that they modified this position in the second edition of that test when they provide a CHC interpretation of the second edition of their test.) A second effort to advance the conceptualization and measurement of intelligence was provided in 1997 when Naglieri and Das published the Cognitive Assessment System (CAS). That approach was like the one taken by the Kaufmans in 1985 in so far as there was an emphasis on measuring cognitive processes. The CAS was unique in that it contained four scales following A.R. Luria's (1980) view of four neurocognitive processing abilities. The goal was to provide a new way of defining ability based on cognitive and neuropsychological theory and to develop a test to measure these basic psychological processes. The CAS was specifically built on a theory of intelligence defined as brain function and therefore it departed from the traditional intelligence approaches. In fact, this was the only test of intelligence to be explicitly developed to measure Planning, Attention, Simultaneous and Successive (PASS) neurocognitive processes based on one conceptualization of intelligence – that described by A. R. Luria.

Das and Naglieri relied on the many works of A. R. Luria. For example, in *The Working Brain: An Introduction to Neuropsychology* (Luria, 1973). Luria described four neurocognitive processes associated with different parts of the brain. The first is Planning, which is a mental activity that provides cognitive control; use of processes, knowledge, and skills; intentionality; organization; and self-monitoring and self-regulation. This processing ability is closely aligned with frontal lobe functioning (third functional unit) and the concept of Executive Function. Attention is the ability to demonstrate focused, selective, sustained, and effortful activity over time and resist distraction associated with the brain stem and other subcortical aspects (first functional unit). Simultaneous processing provides a person the ability to integrate stimuli into interrelated groups or a whole usually found in tasks with strong visual-spatial demands associated with the occipital-parietal areas. Successive processing ability involves working with stimuli in a specific serial order including the perception of stimuli in sequence and the linear execution of sounds and movements associated with the temporal regions of the brain. Note that this tests was explicitly designed to measure thinking (intelligence defined as PASS cognitive processes) in a way that is minimally influenced by knowing.

In Luria's time there was a lack of the sophisticated neuroscientific resources that exist today. Nevertheless, his conceptualizations of how the brain functions still stand today as valid. For example, studies using imaging technology, like functional magnetic resonance imaging (Avram et al. 2013; Zaytseva et al. 2014; Yeo et al. 2011) have shown that each area of the brain participates in numerous large- and small-scale functional systems within and across cortical and subcortical brain structures (see Koziol, et al, 2014 and Koziol, et al, 2016 for supportive research in the neuroscience literature). The importance of the brain networks associated with the first and second functional units (frontal and parietal cortices), have been shown to include important processing areas for intelligence, but integrity of hard connections across the entire brain and its functional units, or spontaneous harmonic coactivation among distant regions appear also to be relevant (Colom et al, 2010; Dubois,et al, 2018). This theory of brain function as it relates to neurocognition (for further review see Naglieri and Otero, 2018) provided a blueprint for test development and a pathway to a more valid and equitable approach to intellectual assessment.

To maximize fair assessment, Naglieri and Das (1997) explicitly excluded tests that demand knowledge (e.g., Vocabulary, Arithmetic), expecting this would make the CAS a more equitable measure. This approach is consistent with the concept of fairness when equity is related to test content (see the *Standards for Educational and Psychological Testing*, AERA, APA, NCME, 2014). Brulles, et. al. (2022) provided a summary of research involving the CAS, the CAS2, and the CAS2: Brief along with many other individually and group administered tests of intelligence. Their findings support the view that tests which demand knowledge yield larger differences by race and Ethnicity than those that do not rely on measuring intelligence using questions that demand academic knowledge.

Building a new test of intelligence that is based on a psychological processing conceptualization on brain function provides many advantages. Although the evidence of validity and reliability as well as the clinical utility of the PASS conceptualization of intelligence is beyond the scope of this article, Naglieri and Otero (2017) have reported that PASS scores (a) are more predictive of achievement test scores than any other ability test; (b) show distinctive and stable profiles for students with different disabilities; (c) can be used for SLD eligibility determination consistent with Federal Law when the Discrepancy Consistency Method is applied to PASS and achievement test scores; (d) offer

the most equitable way to measure diverse populations; and (e) can be readily used for instructional planning and interventions. These findings suggest that we can do better than the latest editions of 100-year-old approaches to measuring intelligence.

CONCLUSIONS

Change in any field is not always easy. Perhaps the hardest part is looking at how we currently conduct our assessment with a fresh perspective. The two second generation tests noted here illustrate that greater emphasis on measuring psychological processes provides new ways of thinking about and measuring intelligence. There is enough evidence to support a consideration of a change in our field. It is also important that NASP Professional Standards emphasize the school psychologists promote fairness and social justice (Guiding Principle 1.3) and that we work as change agents to correct school practices that are unjustly discriminatory (Standard I.3.2). I suggest that researchers and practitioners embrace this transition with the understanding that an evolutionary step in our field is most definitely needed considering all we have learned in the past 100 years. Only through substantial change can we improve the evaluation of human intelligence.

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Celebrating Black History And Diversity

Freda Reid, FASP Diversity Committee Chair

Black History Month began in 1925 as Negro Week History with Carter G. Woodson's desire to educate people about Black history and culture and to honor the achievements of Black Americans. Woodson chose February to celebrate Negro History week to coincide with the birthdays of Abraham Lincoln and Fredrick Douglass. In 1976, President Gerald Ford officially recognized February as Black History Month.

Some people may question the need for Black History Month questioning its relevance or thinking that it should be integrated into the collective history. As long as the Eurocentric model of history dominates, the significant contributions made to the building and maintaining of America by diverse groups will be understated and too often go unrecognized. To ignore diversity is harmful to everyone as it robs people of their identity while keeping others uninformed. Diversity is all around us in the architecture of buildings; in the options of restaurants to dine; in clothing and financial planners recommend diversifying one's portfolio for better outcomes. Observe the beauty of the landscape and you will see a variety of trees, flowers, birds, and animals and yes people. Diversity is woven into the fabric of our lives, our society and is here to stay. Recognizing the diversity of America is empowering. When certain groups are hindered from fully participating in all aspects of society, brain power is lost and creativity is hindered. "Research has shown that diversity inspires thinking in a way that homogeneity does not." Diversity brings different experiences, different perspectives, and different ways of problem solving all which can all spur creativity and innovation.

History informs us of our past and helps us learn from our mistakes. Abraham Lincoln stated about history:

"History is not history unless it is the truth."

When we celebrate the history of marginalized groups by focusing a month, we inform and keep the truths alive of their struggles and achievements. They become a part of our collective histories. To see and/or hear about the accomplishments of someone that looks like one's self is empowering and motivating.

As a result of Black History Month, most people have become aware of Dr. King, Rosa Parks, Harriett Tubman, President Obama, and Ruby Bridges. However, a plethora of history-making Black Americans have been missed. The following are a few examples of past and present note worthy Black Americans:

- **Captain Janet Days**
  In February 2023, Days was sworn in as the first African American Commanding Officer of Naval Station Norfolk, the world's largest naval base.

- **Kizzmekia S. Corbett, Ph.D.**
  A research fellow at the National Institutes of Health (NIH), Corbett led the team that developed the Moderna COVID-19 vaccine.

- **Jack E. White, M.D.**
  Born in Stuart, FL, White was the first black surgeon trained at Memorial Sloan Kettering Cancer Center. Dr. White led Howard University to become the 16th National Cancer Institute designated a "Comprehensive Cancer Center."

- **Doris "Dorie" Miller**
  Miller was the first Black American awarded the Navy Cross, the highest decoration awarded by the Navy. During the attack on Pearl Harbor, Mess Attendant Second Class Miller manned an anti-aircraft machine gun. Although he was untrained, he is thought to have shot down four to six Japanese planes. Miller died during active duty, aboard an escort carrier that was sunk by the Japanese. A frigate warship, the USS Miller, was commissioned from 1973-1995. In 2020, the U.S. Navy announced construction of an aircraft carrier in Miller's honor.

- **Charles Drew, M.D.**
  An African American physician, Drew developed the procedure to process and store blood plasma (blood without cells). Whole blood can be stored for only two days while plasma can be frozen and stored for up to a year. During World War II, Drew organized shipments of plasma overseas resulting in the saving of countless lives. He also created two of the first blood banks.

- **Guion Bluford, Jr.**
  A NASA astronaut, Bluford was the first African American to fly into space. He was also an aerospace engineer, retired Air Force officer (F4C fighter pilot) and an engineering executive.

As we progress through the year recalling the struggles and celebrating the history of the accomplishments of marginalized groups, remember the words of American sociologist, historian and author, James W. Loewen:

"The antidote to feel-good history is not feel-bad history but honest and inclusive history."

RESOURCES FOR MORE BLACK HISTORY

- The History Makers: Digital Repository For The Black Experience. https://www.thehistorymakers.org/

Continued on page 23

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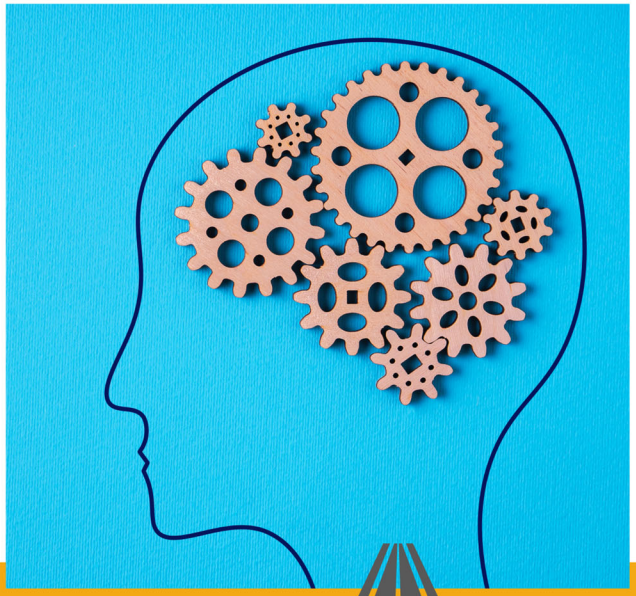

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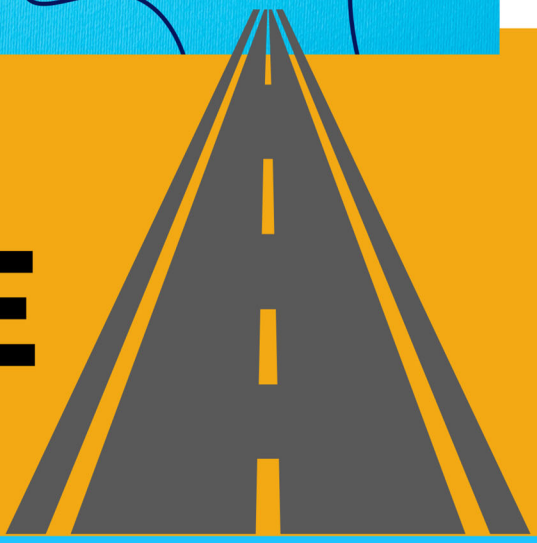

YOUR PATH TO STRENGTH-BASED PRACTICES

A Virtual Event

Addressing the Diverse Needs of Students with Developmental Disabilities Who Have Experienced Trauma

Elvira Medina-Pekofsky, Diversity Committee

Students with developmental disabilities, including intellectual disabilities and autism spectrum disorders, have diverse educational needs. School psychologists play an important role in identifying, evaluating, and supporting these diverse students. In order to provide the most appropriate services, school psychologists deliberately consider relevant biological, developmental, and social factors that may impact academic growth, social and emotional functioning, and mental health (NASP Practice Model, 2016).

Children with developmental disabilities experience childhood adversity and traumatic experiences at higher rates than children without developmental disabilities (Horton et.al., 2021). Felitti and colleagues (1998) discovered that early adverse childhood experiences (ACEs) can have detrimental effects on a person's physical and mental health. Recent epigenetic studies confirmed that ACEs result in impaired neurological development, which leads to mental health challenges and social difficulties, and dysregulated immune and endocrine systems, which result in physical diseases (Morgart et.al., 2021).

The most common adverse experiences impacting all children include physical and verbal abuse; physical and emotional neglect; living with family members addicted to substances or engaged in abusive behaviors; and losing a parent to separation, incarceration, divorce, or death. The Trauma and Intellectual/Developmental Disability Collaborative Group (2020) has found that children with developmental disabilities may experience these adverse events differently due to their neuro-diverse cognitive abilities, physical limitations, social adaptive disabilities, and reduced communication skills. These diverse children are more vulnerable to life-long behavioral, social, and emotional challenges due to ongoing bullying and name calling by peers, high rates of physical and emotional neglect and maltreatment by caregivers, restraints and seclusion interventions by educators and caregivers, co-occurring medical conditions that require painful medical procedures and repeated hospitalizations, and the restrictive educational and residential placements that disrupt their personal relationships, trigger feelings of abandonment and rejection, and lead to social exclusion (Horton et.al, 2021).

When their cognitive, social-adaptive adaptive, and communication competences hamper their ability to explain what is going on, these children demonstrate sudden and significant irritability and moodiness, skills regression, and aggressive or self-injurious behaviors. These behaviors are their way to communicate that they are suffering overwhelming trauma symptoms. Frequently, adults assume these changes are related to their disabilities rather than exploring if they are suffering from the effects of toxic adversity and trauma. The tendency to attribute symptoms or behaviors to underlying disabilities rather than considering other comorbidities or environmental conditions is known as diagnostic overshadowing (Morgart et.al., 2021). When these children develop signs and symptoms of mental health disorders, these go underdiagnosed, misdiagnosed, or undertreated, with parents and caregivers noticing that something is "off," but getting limited guidance on how to build their children's resilience to endure toxic stressor or trauma-informed strategies and interventions to address their ongoing behavioral and mental health needs (Horton et.al, 2021). Unfortunately, even in cases where the trauma is recognized, mental health and medical professionals, behavioral specialists, and school psychologists are not familiar with how to adapt research-validated trauma treatments and interventions to the diverse needs of these students (Earl et.al., 2017).

Trauma-informed school psychologists recognize and assess the signs and symptoms exhibited by students with developmental disabilities to ensure that the developmental regression, social withdrawal, deteriorating self-care, increased executive difficulties, and dysregulated, aggressive or self-injurious behaviors are appropriately addressed. It is critical to adapt the process of screening, assessment, diagnostic interpretation, treatment selection and implementation, and resilience and recovery support to the specific neuro-developmental profile, risk factors, and symptom presentation of the students with developmental disabilities (Trauma and Intellectual/Developmental Disability Collaborative Group, 2020). The following resources are available to support school psychologists interested in implementing trauma-informed practices to support their diverse students with developmental disabilities, including intellectual disabilities and autism spectrum disorders.

RESOURCES

Adverse Childhood Experiences, Toxic Stress And Trauma

- Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study by Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss, & Marks (1998) in the American Journal of Preventive Medicine, Volume 14, Issue 4, p. 245-58. https://pubmed.ncbi.nlm.nih.gov/9635069/ doi: 10.1016/s0749-3797(98)00017-8

- Facts on traumatic stress and children with disabilities by Charlton, Kliethermes, Tallant, Taverne, & Tishelman (2004) from The National Child Traumatic Stress Network https://www.nctsn.org/resources/facts-traumatic-stress-and-children-developmental-disabilities

- Identification of post-traumatic stress disorder in individuals with autism spectrum disorder and intellectual disability: A systematic review by Kildahl,

Bakken, Iversen, & Helverschou (2019) in the Journal of Mental Health Research in Intellectual Disabilities, Volume 12, Issue 1–2, p. 1-25. https://doi.org/10.1080/19315864.2019.1595233

- Adverse childhood experiences and developmental disabilities: risks, resiliency, and policy by Morgart, Harrison, Hoon, & Wilms Floet (2021) in Developmental Medicine & Child Neurology, Volume 63, Issue 10, p. 1149-1154. https://doi.org/10.1111/dmcn.14911

- NASP Model for Comprehensive and Integrated School Psychology Services (2016) https://www.nasponline.org/standards-and-certification/nasp-practice-model

Screening, Assessment, and Diagnostic Considerations

- The impact of trauma on youth with intellectual and developmental disabilities: A fact sheet for providers by the Trauma and Intellectual/Developmental Disability Collaborative Group (2020) from The National Child Traumatic Stress Network. https://www.nctsn.org/sites/default/files/resources/fact-sheet/the_impact_of_trauma_on_youth_with_intellectual_and_developmental_disabilities_a_fact_sheet_for_providers.pdf
- Guidance for Trauma Screening in Schools by Eklund & Rossen (2016) from the National Center for Mental Health and Juvenile Justice's Defending Childhood State Policy Initiative, available at NASP online https://www.nasponline.org/x37269.xml

Trauma Informed Interventions and Mental Health Treatments

- Trauma and Autism Spectrum Disorder by Earl, Peterson, Wallace, Fox, Ma, Pepper, & Haidar (2017) by the Bernier Lab, Center for Human Development and Disability in the University of Washington https://tfcbt.org/wp-content/uploads/2019/05/Bernier-Lab-UW-Trauma-and-ASD-Reference-Guide-2017.pdf

- Trauma-specific treatment for individuals with intellectual and developmental disabilities: A review of the literature from 2008 to 2018 by John M. Kessler, found in the Journal of Policy and Practice in Intellectual Disabilities, Volume 17, Issue 4, p. 332-245 https://onlinelibrary.wiley.com/journal/17411130

Trauma-Sensitive Schools

- Creating trauma-sensitive schools: Brief tips & policy recommendations by NASP (2016) Available on NASP Online https://www.nasponline.org/x53285.xml

- The role of schools in supporting traumatized students by Rossen & Cowan (2013) in Principal's Research Review: Supporting the principal's data-informed decisions, Volume 8, Issue [handout] Available at NASP Online https://www.nasponline.org/Documents/Resources%20and%20Publications/Handouts/Safety%20and%20Crisis/prr_nov13_trauma_sensitive_schools.pdf

- The road to recovery: Supporting children with intellectual and developmental disabilities who have experienced trauma. Trauma and Intellectual and Developmental Disabilities (IDD) Toolkit

- This is a free in-depth training curriculum with videos and resources developed by the National Child Traumatic Stress Network (2015) to teach basic knowledge, skills, and values about working with children with IDD who have experienced trauma. It covers trauma-informed practices to ensure recovery and well-being. https://learn.nctsn.org/enrol/index.php?id=370

Supporting Parents

- Children with intellectual and developmental disabilities can experience traumatic stress: A fact sheet for parents and caregivers by Horton, Evans, Charkowski, D'Amico, Gomez, Henderson Bethel, Kraps, Vogel, & Youde (2021) from The National Center for Child Traumatic Stress https://www.nctsn.org/sites/default/files/resources/fact-sheet/children-with-intellectual-and-developmental-disabilities-can-experience-traumatic-stress-for-parents-and-caregivers.pdf

The Florida School Psychologist

Contact Newsletter Chair
Nikema "Nikki" Hudson
(travelistaaaa@gmail.com)
for information about the newsletter or to submit an article for the summer issue. Wondering what to write about? We accept research articles, professional book reviews, articles about an interesting professional project.

The mission of the Florida Association of School Psychologists is to promote and to advocate for the mental health and educational development of Florida's children, youth, and families and to advance school psychology in the state of Florida for the benefit of all students.

Mental Health and Black Americans

Faye Henderson, Retired School Psychologist

I struggled with a topic for this article as we are experiencing such division in our country, state, and communities regarding our acceptance and treatment of others outside our social and familial milieu. Individuals are experiencing feelings of helplessness, confusion, anger, and frustration. The worry that the intensity of these feelings could lead to explosive behaviors is palpable. There are several theories and observations that have led to books written, documentaries produced, and social media platforms created trying to provide reasons for this societal chaos and solutions for calmness. Compounding this atmosphere of angst and confusion is the political climate that seizes our emotions and our daily lives. It is with this explosion of feelings that I am aware that our mental health can really take a toll. As a result, I want to concentrate on mental health, particularly as it affects our Black/African American community.

My interview with one of our local Black Clinical Psychologist, Dr. John Robertson, reflect that according to the U.S. HHS Office of Minority Health:

- Adult Black/African Americans are 20 percent more likely to report serious psychological distress than adult whites.
- Adult Black/African Americans are more likely to have feelings of sadness, hopelessness, and worthlessness than are adult whites.
- And while Black/African Americans are less likely than white people to die from suicide as teenagers, Black/African American teenagers are more likely to attempt suicide than are white teenagers.
- The most recent CDC data reflect suicide rates among persons aged 10-24 years increased significantly during 2018-2021 among Black persons.

While the exact data point percentages can be a moving target based on parameters of the research and the year in which data was collected, it is evident that mental health is a critical area needing attention in the Black/African American population and in our schools. Oftentimes aggressive behaviors are mistaken for “bad” behavior rather than a student in crises trying to cope with the stresses at home or/and the school setting. A student who is quiet may be mistaken for being a “good” child but is despondent and going through the mechanical motions of the day. It is critical to know the signs of severe stress or mental health crisis that often impact a student’s performance in school, academically and socially.

Historically, Black Americans have resisted acknowledging their emotional struggles as we have often received comments, such as “you are too young to be emotionally distraught” or “you need to pray about it.” While the latter may be valid with individuals who rely on their individual faith to carry them through the day, it often goes unnoticed that additional help is needed as many mental illnesses become entangled with environmental, physiological and medical based issues compounded by social dynamics. It is also important to be aware of stressors as adults as we work with teachers, parents and school personnel and know of resources to provide support. It is appreciative to hear from prominent personalities regarding their struggles, such as Alicia Keys (musical artist), Wayne Brady (game show host/TV personality), Jennifer Lewis (TV personality on “Black-ish”), professional sports icons and other national figures express their experiences with depression, suicidal thoughts or feelings of helplessness during the course of their careers. We all can become susceptible to mental health crisis whether it is transient or long-term. It is important for it not to be ignored.

It is critical for individuals in our profession as school psychologists, to be “informed” resources for serving students, parents, and school staff in working comprehensively with the challenges in our school settings. Realizing that school psychologists enter the profession with different expertise across the prevention and intervention strata when it comes to mental health support, it is important to understand those areas of strengths and weaknesses to create resources to either provide direct intervention or referral sources for intervention. In addition, it is always best practice to be aware of prevention strategies that are culturally sensitive in the school setting to promote supportive and healthy learning environment. NAMI provides great resources for Black/African Americans and across cultures in mental health spanning from children to adults. Also, check your local resources of doctors, therapists, and counselors to create a comprehensive resource guide for reference. It is urgent that we remain vigilant in understanding and addressing the mental health needs throughout our communities, and to become an advocate for those individuals in crisis.

Supporting children and youth through emergency and planned grants.

Questions?
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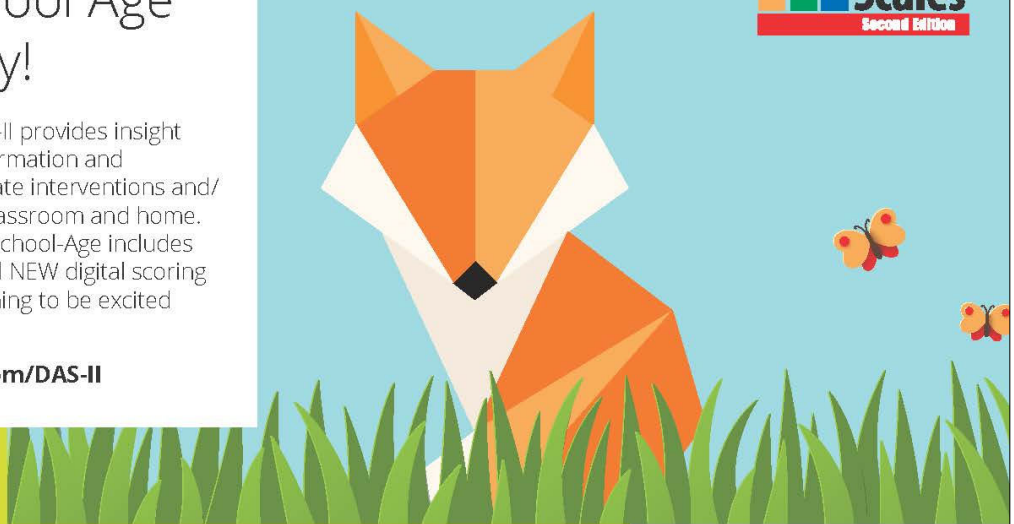

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ACES High: Were Adverse Childhood Experiences the Real Killer of Kurt Cobain and What Can MTSS Do About It?

Gary Schaffer, University of South Florida Ph.D. Student

Pop culture and the musical artists within it are not without their controversies and conspiracy theories. After all, aren't Elvis and Tupac still alive? Isn't Jay-Z a time-traveling vampire who founded the Illuminati? Didn't Justin Bieber morph into an enormous lizard person in the Australian outback? Each of these tongue-in-cheek questions and their answers have been explored (Blum, 2021; Payne, 2015), but none remains more ominous or has highlighted the need for increased social-emotional support for children than the curse of the "Forever 27 Club."

The club consists of a growing laundry list of musicians, such as Jimi Hendrix, Janis Joplin, and Amy Winehouse, who passed away too early at the age of 27 through homicide, substance abuse, transportation-related accidents, or suicide (Bellis et al., 2012). With each passing of some of music's biggest stars, the cultural phenomenon and mystery of the Forever 27 Club grew and was often cited in scholarly journals, social media, newspapers, and magazines (Bellis et al., 2012). Arguably, the most well-known member of the Forever 27 Club, and the one who helped to propel interest in it, was Kurt Cobain, lead singer of the rock band Nirvana (Schaffer, 2023a). At the height of his fame, Cobain would take his own life at his home in Seattle, WA on April 5, 1994. In the months and years that followed, a number of theories were posed as to who killed Kurt Cobain. Some skeptics argued that Cobain is still alive and well or have pinned the responsibility for his death on his wife, Courtney Love, lead singer of the band Hole. Others have claimed that Cobain was the victim of a homicide that Love did not orchestrate. In 2021, after more than 25 years of keeping a secret conspiracy theory file on Cobain, the FBI released its findings to the public. Within the file, one fan wrote the agency to express their denial that Cobain committed suicide and instead suggested that he was murdered stating, "this bothers me the most because his killer is still out there" (Federal Bureau of Investigation, 2007, p. 3).

Surprisingly, the author of the letter in Kurt Cobain's FBI file might not be too far off or be responsible for proposing a conspiracy theory at all. The killer of Kurt Cobain and other members of the Forever 27 Club might not only be still on the loose but actively taking new victims during their most impressionable years. Who or what really killed Kurt Cobain and in such a violent and cold fashion? As Sherlock Holmes would put it, "it is simple Dear Watson, Adverse Childhood Experiences likely played a large role in Cobain's death."

Adverse Childhood Experiences or ACEs for short, are potentially traumatic events that occur in childhood between 0 and 17 years of age (Felitti et al., 1998; Oral et al., 2016). Examples of ACES include emotional and physical neglect, parental separation or divorce, and sexual abuse. The National Child Traumatic Stress Network (2008) reports that one in four school-aged children has experienced or been exposed to a traumatic event that influences their learning or behavior and in many instances, both are affected and can be recognized in schools. It has long been documented that traumatic events in childhood alter brain structures and functioning and have been linked to a myriad of health, social-emotional, and academic difficulties including obesity, asthma, heart disease, PTSD, depressive symptomology, attentional concerns, literacy challenges, and school dropout (Ormiston et al., 2021).

In a study of 1,489 musicians reaching fame between 1956 and 2006, Bellis et al. (2012) revealed that ACEs likely predisposed many famous artists to health-damaging behaviors, such as substance abuse and suicide. Unfortunately, Kurt Cobain was one of these artists and provides a case study as to how a child's early experiences can impact their behaviors and actions throughout their adolescence and adulthood with dire consequences. In evaluating interviews with Cobain and biographies about his life, a twisted tale emerges over how the lead singer of one of the most popular bands in modern history was exposed to many ACEs and how he struggled to cope with social-emotional difficulties in youth (Schaffer, 2023b). Below is a comparison of some of the types of questions asked by the ACEs study and experiences from Cobain's life before he committed suicide as highlighted in an article by Whitlock (2018). With an ACE score of four or more, a person's odds of committing suicide are 1,120% higher than someone with an ACE score of zero (Felitti et al., 1998). From what can be gleaned from these interviews, and his biography, Cobain's ACE score was likely at least a five or higher.

Prior to your 18th birthday:
1. Did you often or very often feel that no one in your family loved you or thought you were important or special? Did you ever feel that your family didn't look out for each other, feel close to each other, or support each other (Felitti et al., 1998)?

In speaking about his father, Cobain said (Schnack, 2006):

- *"I felt like I never really had a*

father. I've never had a father figure who I could share things with."

- *"I was one of the last things of importance on his list."*
- *"I hate mom. I hate dad (From a poem on Kurt's bedroom wall).*

2. Did a parent or other adult in the household often or very often swear at you, insult you, put you down or humiliate you, or act in a way that made you afraid that you might be physically hurt (Felitti et al., 1998)?

"If we were in social situations or at restaurants, my dad would…if I had spilled a glass of water, he'd put me in a head lock and would dig his knuckles into my head and would smack me in the face. I never understood that — why a parent would be so embarrassed by or be so intimidated by what other people would think of you in a restaurant just because your child spills something on accident and would have to punish them for having an accident. That is a weird psychological trip to play on a child because I still put myself down and cuss myself out for knocking things over, and I get really upset with myself because I've been conditioned not to spill things, not to have accidents, to not have human error (Schnack, 2006)."

3. Were your parents ever separated or divorced (Felitti et al., 1998)?

At age 9, Cobain's parents got divorced (Schnack, 2006). In speaking about the divorce, Cobain said:

"I had a really good childhood until the divorce and all the sudden my whole world changed. I couldn't face some of my friends at school. I desperately wanted to have the classic typical family. Mother, father. I wanted that security so I resented my parents for quite a few years because of that (Savage, 1993)."

4. Was your mother or stepmother often or very often pushed, grabbed, slapped, or had something thrown at her (Felitti et al., 1998)? Was your mother or stepmother sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard (Felitti et al., 1998)?

"If [Kurt's] feelings for Jenny [his stepmother] were a mixture of affection, jealousy, and betrayal, his feelings for Wendy's [his mother] boyfriend, Frank Franich, were pure anger. Wendy also began to drink heavily, and intoxication made her more acerbic. One night, Franich broke Wendy's arm — Kim was in the house and witnessed the incident — and Wendy was hospitalized. When she recovered, she refused to press charges. Her brother Chuck threatened Franich, but there was little anyone could do to change Wendy's commitment to him." (Cross, 2001)

5. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs (Felitti et al., 1998)?

In living in a home with drugs, Kurt said:

"One time my mom knew we were smoking pot, and she tried all of these psychological angles to try to get me to stop, and she had some pot. She had some in her jewelry drawer, and I'd sneak some" (Schnack, 2006).

Unfortunately, the threat that ACEs pose to youth is not limited to only members of the Forever 27 Club. At age 41, former lead singer of the band Linkin Park, Chester Bennington, took his own life after years of openly discussing his struggles of trauma experienced during childhood as a result of sexual abuse at age 7, and his parent's divorce when he was 11 (Goodwyn, 2011; Wright, 2017). In one interview Bennington noted, "If I think back to when I was really young, to when I was being molested, to when all these horrible things were going on around me, I shudder" (Goodwyn, 2011). In his final interview before his death, Bennington would highlight his social-emotional struggles saying, "I know for me, when I'm inside myself, when I'm in my own head, it gets…This place right here [points to his head], this skull between my ears, that is a bad neighborhood, and I should not be in there alone" (Wright, 2017).

Lastly, the Notorious B.I.G.'s album *Ready to Die* can be viewed as a blueprint for how future hip-hop artists could rap about the trauma they experienced in childhood (Gee, 2018). On the album, the Notorious B.I.G's songs and lyrics touch on oppressive systems, community violence, and drug use. The final track on the album entitled Suicidal Thoughts provides a haunting exploration of the artist's mental state in light of growing up in poverty and the impact of losing face with his mother with Biggie rapping, "Except when I cross over, there ain't no comin' back" and Puff Daddy subsequently pleading with his friend to stick around saying, "Yo, I'ma call you when I get in the car" (Wallace, 1994).

MTSS AND TRAUMA-INFORMED SOCIAL-EMOTIONAL RTI

From the song lyrics and interview excerpts that have been highlighted throughout this article, ACEs not only greatly impact the development of a child but have lifelong implications. Additionally, beyond music's biggest stars, ACEs are extremely prevalent with children being increasingly exposed to many frightening, violent, and traumatic events over the past decade, such as school shootings, coup d'état of government leaders, natural disasters, war, and global pandemics like COVID-19 (Schaffer, 2023b). Social media and technology have only augmented children's exposure to such deleterious traumatic events and experiences.

Consequently, schools and educators within them need to provide a safe and trauma-informed environment to best help their students succeed. Trauma-informed practices involve schools becoming prepared and sensitive to children impacted by trauma (Schaffer, 2023b). Schools can

become trauma-informed by building individual capacity for supporting children who have experienced the adverse effects of trauma and avoiding retraumatizing affected students (Schaffer, 2023a; Schaffer, 2023b). One way that schools can easily adopt trauma-informed practices into their existing structures is by leveraging and adapting their current Multi-Tiered Systems of Support (MTSS) framework to include the intervention service delivery model of trauma-informed social-emotional RTI (Schaffer, 2023b). While MTSS is an overarching model that houses intervention service delivery models, such as school-wide positive behavior support or trauma-informed social-emotional RTI, intervention service delivery models are triangular three-tiered frameworks utilized to provide evidence-based supports and interventions to children (Schaffer, 2023a). Figure 1 provides a visual of common intervention service delivery models housed under an MTSS framework as adapted from the text *Multi-Tiered Systems of Support: A Practical Guide to Preventative Practice by Schaffer (2023b).*

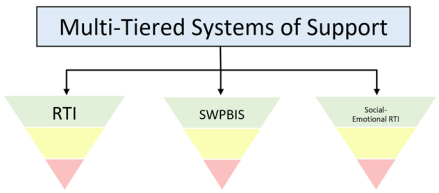

Figure 1

Educators who are not familiar with trauma-informed social-emotional RTI should not fret as the intervention service delivery model is new. In fact, only five studies have reviewed the evidence of trauma-informed practices utilizing MTSS in schools and have mainly focused on Tier 2 and Tier 3 supports (Stratford et al., 2020). Still, embedding trauma-informed practices into social-emotional RTI adds another layer to the model to best benefit the well-being of children and the initial results of including such practices into social-emotional RTI appear promising (Stratford et al., 2020). Moreover, like any intervention service delivery housed under MTSS, trauma-informed social-emotional RTI utilizes universal screening, varying levels of evidence-based supports, progress monitoring, and data-based decision-making. Each of these aforementioned components can be utilized to best assist children who have experienced ACEs, like Kurt Cobain, and have been briefly described below.

Central to any intervention service delivery model within MTSS is their utilization of varying levels of evidence-based supports. Varying levels of evidence-based supports include students being assigned to tiers (e.g., Tier 1, Tier 2, and Tier 3) that increase in intensity and duration based on their lack of responsiveness to interventions at a prior level (Schaffer, 2023a). Aside from varying levels of evidence-based supports, sound trauma-informed social-emotional RTI models make use of universal screening. Universal screening involves a systemic brief assessment of the school population three times a year to identify children at-risk for academic, behavioral, or social-emotional deficits (Schaffer, 2023a). Examples of universal social-emotional screeners include the Devereux Student Strengths Assessment-mini and the Behavior and Emotional Screening System (BESS) (Schaffer, 2023b).

In addition to universal screening, schools implementing trauma-informed social-emotional RTI should make use of progress monitoring. Progress monitoring involves the repeated assessment of skills and strategies learned to determine whether a child is responding to the interventions and services being provided (Shapiro, 2013). Finally, trauma-informed social-emotional RTI makes use of data-based decision-making. Data-based decision making entails schools utilizing data to determine if a child needs a more intense level of intervention, whether a child is responding to the instruction or interventions being offered, or whether a change in intervention approach may be necessitated. The remainder of this article will briefly outline how schools can easily embed social-emotional RTI with trauma-informed practices across each Tier.

Tier 1

Of welcome news to educators is that the low-intensity strategies being implemented across Tier 1 of School-Wide Positive Behavior Support and Social-Emotional RTI are also applicable to creating a trauma-informed school environment. Tier 1 trauma-informed social-emotional RTI consists of 80 to 85% of students and involves schools creating a warm, caring, and safe school environment (Schaffer, 2023b). Schools can create a warm, caring, and safe school environment by posting school rules, modeling school expectations, having a school motto, and using supports, such as the Good Behavior Game. In addition to these practices, schools incorporating a trauma-sensitive approach teach children to appropriately label and express their feelings, establish relationships, develop respect for differing perspectives, and utilize self-soothing techniques when upset, such as listening to music or practicing deep breathing (Moy & Hazen, 2018).

In reviewing school protocols and procedures, trauma-sensitive schools should consider how emergency drills may impact a child to relive their scariest memories. For example, schools may consider how a smoke alarm may impact a child who has survived a house fire. Consequently, educators, and in-particular school psychologists, may consult with the child and their parents/guardians to best assist them in preparing for an upcoming emergency drill. Similarly, trauma-sensitive schools at Tier 1 should consider how assignments, readings, images, and certain environments may lead to children reliving frightening memories. For instance, in having children read about World War II, schools may consider the impacts that these readings might have on youth who have come from countries impacted by combat, such as the war between Ukraine and

Russia or the ongoing turmoil in the Middle East.

Finally, Tier 1 of trauma-informed social-emotional RTI may include universal training for all school staff regarding trauma and the effects of trauma on children (Zakszeski et al., 2017). Given their unique training in mental health and assessment practices, school psychologists can both educate school personnel about trauma-informed classroom practices as discussed earlier and the importance of using social-emotional screening measures, such as the DESSA-mini (Ormiston et al., 2021). In training school staff, school psychologists should utilize a trauma-informed approach to help school staff: (1) realize the impact of trauma on the child, the child's family, and the greater community; (2) identify trauma triggers, such as certain smells or sounds; (3) recognize the signs and symptoms of trauma, such as confusion or difficulty sustaining attention; (4) resist in retraumatization through creating a caring and safe school climate; (5) respond by integrating knowledge about trauma into school policies, procedures, and practice (Zakszeski et al., 2017).

Under trauma-informed training, educators should be made aware of groups who are at higher risk of encountering adverse childhood experiences. Groups of students who may be more at-risk of encountering adverse childhood experiences include students with disabilities, LGBTQ youth, children from military and veteran families, children who are homeless or whose families are facing economic hardship, youth residing in neighborhoods with high crime rates, youth who have fled war-torn countries, and youth from marginalized backgrounds (Herrenkohl et al., 2019). At Tier 1, students are typically universally screened three times per year with the exception of schools utilizing the DESSA-Mini, which only has to be administered one time per year (Kilpatrick et al., 2018). For children who have experienced ACEs, like Kurt Cobain or the Notorious B.I.G., schools implementing sound universal supports may provide the only safe and secure environments these youth experience in their lives.

Tier 2

Tier 2 of trauma-informed social-emotional RTI consists of 10% to 15% of students and entails adding trauma-based programs and supports into the existing social-emotional RTI framework (Schaffer, 2023a). For example, a school might incorporate the Students Exposed to Trauma (SSET) program into their existing repertoire of interventions and supports. The SSET program is a manualized curriculum that seeks to help children between 10–14 years of age who have been exposed to traumatic events learn how to manage their distress (Schultz et al., 2012; Support Students Exposed to Trauma, n. d.). Although the program has been designed for children between 10 to 14 years of age, the authors indicate that it will likely work well with students in fourth to ninth grade (Schultz et al., 2012; Support Students Exposed to Trauma, n. d.). The SSET program is designed to help schools and school systems that do not have consistent access to school-based clinicians, such as school psychologists, and is designed to be used by teachers and school counselors (Support Students Exposed to Trauma, n. d.). Consequently, if Kurt Cobain or Chester Bennington's teachers had access to the SSET program, they could have provided immediate and evidence-based support to help both young men learn how to manage their distress and better advocate for their social-emotional needs.

Ultimately, at Tier 2, greater emphasis is placed on having students recognize their responses to trauma and how they can engage in self-care to cope with responses to events or circumstances that may trigger maladaptive behaviors and feelings related to traumatic events (Ormiston et al., 2021). Students in Tier 2 are progress monitored on a bi-weekly to weekly basis. School psychologists can assist school teams navigate Tier 2 by helping them to select and implement evidence-based interventions and progress monitoring measures, review fidelity of implementation, and assist teams in making data-based decisions (Ormiston et al., 2021).

Tier 3

Tier three of trauma-informed social-emotional RTI is designed for the one to five percent of students experiencing significant emotional or behavioral problems as a result of being exposed to trauma. To address deeply engrained trauma in students who have not been responsive to Tier 2 efforts, the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program has shown strong evidence (Franco, 2018). Although related to the SSET curriculum and based on cognitive behavior therapy, CBITS is designed to be used by skilled school or community-based mental health practitioners, such as school psychologists or mental health counselors (Cognitive Behavioral Intervention for Trauma in Schools, n. d.; Franco, 2018).

The CBITS curriculum takes place weekly over ten weeks and consists of groups of six to eight children ages 10 to 15 (Franco, 2018). Each session is one-hour long and utilizes CBT techniques such as psychoeducation, relaxation, cognitive restructuring, and exposure (Cognitive Behavioral Intervention for Trauma in Schools, n. d.). CBITS teaches participants about six CBT techniques: (1) education about reaction to trauma; (2) relaxation training; (3) cognitive therapy; (4) real-life exposure; (5) stress or trauma exposure, and (6) social problem-solving (Franco, 2018). For children who are five to eleven years of age, the Bounce Back Program has been developed and is based on CBITS.

As an alternative to CBITS, trauma-focused cognitive behavior therapy (TF-CBT) may prove useful as a Tier 3 counseling approach. TF-CBT is typically completed in individualized 60 to 90-minute sessions that take place over the course of 12 to 16 weeks (Franco, 2018; Murray et al, 2008). School psychologists using TF-CBT emphasize the use of exposure,

stress management, parental treatment, and cognitive processing and reframing (Franco, 2018). TF-CBT has been shown to reduce internalizing and externalizing symptoms in traumatized youth (Franco, 2018; Murray et al, 2008).

CONCLUSION

There is no shortage of conspiracy theories when it comes to pop culture and the famous musicians engrained within it. However, one fact that remains true is that ACEs are no conspiracy theory and have greatly contributed to taking the lives of some of music's biggest stars including Kurt Cobain, Chester Bennington, and even the Notorious B.I.G. While MTSS and trauma-informed social-emotional RTI may not be the cure-all of adverse childhood experiences, it ultimately could very well be the trump card in educators' and school psychologists' sleeves if ACEs are high in a school. Still, more research is needed in implementing and evaluating the model to effectively prevent and treat children's exposure to trauma in educational settings.

Luckily, many of the interventions and supports utilized in trauma-informed social-emotional RTI can be incorporated into the existing MTSS framework that many schools are implementing. Through utilizing trauma-informed social-emotional RTI within an MTSS framework, schools will be better equipped to quickly screen and identify students for social-emotional concerns, deliver interventions and supports to help students feel safe and secure, and provide them strategies and techniques to help them cope with ACEs. By embedding trauma-informed social-emotional RTI into an MTSS framework, schools can help to ensure that the FOREVER 27 Club remains part of American folklore rather than a reality for many children growing up with ACEs.

RESOURCES

Some resources that may assist in implementing MTSS and trauma-informed social-emotional RTI include the following:

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School Mental Health Collaborative: Research, Training, and Technical Assistance Center (SMHC Center) at USF

Nathaniel von der Embse, Ph.D.

The University of South Florida (USF) recently recognized the establishment of the *School Mental **Health Collaborative: Research, Training, and Technical Assistance Center (SMHC Center)*** within the College of Education. The SMHC Center at USF is an extension of the School Mental Health Collaborative (SMHC), established between school psychology faculty at the University of South Florida and the University of Wisconsin - Madison in 2019 with the goal of partnering with researchers across the United States with a shared mission and vision of improving access to evidence-based, school mental health services. Given the rising rates of mental health concerns in school-aged children and the fact that schools are a common and potentially equitable setting where children and youth receive mental health services, the SMHC Center is positioned to meet a critical need in the delivery of school mental health services.

The ***vision*** of the SMHC Center is to advance research that informs policy and practice related to the promotion of social-emotional and behavioral success of all students and to generate tools, resources and guidance that help educators and parents promote the mental health and well-being of children and adolescents. The ***mission*** of the Center is to conduct, disseminate, and facilitate access to high-quality, evidence-based school mental health assessments and interventions and inform school mental health practices at the local, state, and national levels.

Goals of the SMHC Center include the following:

- Establish a ***central hub for school-based mental health resources and research*** in the state of Florida and serve as the operational and logistical home of a broader collaborative with research centers across the U.S. with the shared vision to improve access to school mental health services.

- Collaborate with faculty across multiple colleges to conduct high-impact, ***interdisciplinary research*** promoting the mental health and well-being of children and adolescents. The SMHC Center will increase the capacity for USF researchers to conduct applied research, and shape policy and practice relevant to best practices in student mental health services at the district, state, and national levels.

- Develop ***research-practice partnerships*** between university researchers and state/local education and community agencies. These partnerships foster program evaluation of educational practices, design of new school mental health initiatives, and the formation of mutually beneficial research projects aligned with SMHC research objectives and stakeholder priorities.

- Provide ***technical assistance*** to state and local education agencies, supporting their adoption and implementation of various evidence-based practices. The SMHC Center is active within multiple spheres of influence including partnering with local schools to promote implementation of high-quality school mental health services, and interfacing with policy makers and key stakeholders to inform decision-making at the state and federal level.

- Promote the ***dissemination*** of evidence-based practices to key stakeholders, including educators, students, parents, and policy makers, to inform school mental health policy and practice.

- Provide ***training*** to the next generation of school mental health researchers and practitioners through rigorous pre-doctoral and post-doctoral training programs, and ongoing professional development for practitioners.

In keeping with its mission, the SMHC Center is currently:

- Developing and formalizing school-university partnerships focused on conducting research and providing technical assistance to facilitate implementation and program evaluation of school-based mental health assessments and interventions.

- Adapting, evaluating, and implementing promising mental health practices in Florida schools aligned to State DOE requirements.

- Completing empirical studies to evaluate promising assessment and intervention methods that are critical aspects of best practices in comprehensive school mental health services.

- Disseminating evidence-based interventions, assessment tools, advocacy and resources guides that are accessible through our **center website**.

The SMHC Center currently has approximately $15 million in publicly and privately funded research projects focusing on a variety of school-based mental health research and support. Additionally, the Co-Directors have engaged in multiple local, state, and national partnerships with school districts and community agencies. Below are a few current projects being conducted in the state:

- *Promoting Well-Being in Middle School Students—Project SOAR (Strengths, Optimism, Achievement, and Relationships).* This multi-site project focuses on evaluating the efficacy, feasibility, acceptability, and cost of the Well-Being Promotion Program with middle school students in Florida and Massachusetts. The WBPP is an innovative Tier 2 positive psychology intervention for use by school mental health teams within a multi-tiered system of support.

- *Project MIDAS (Multi-informant Decisional Assessment System).* Project MIDAS is focused on developing an online system to integrate and use multiple sources of data, from multiple informants, for accurate and efficient identification of social-emotional and behavioral (SEB) concerns in middle school students. This project is focused on calibrating, testing, and refining the MIDAS system to inform real-world decision-making within school settings.

- *Project SMARTS (School Mental Health Assessment, Response, and Training for Suicide prevention).* Project SMARTS is focused on facilitating youth suicide prevention and early intervention strategies across multiple delivery systems for youth. Project staff provide training to school-based personnel and community professional across multiple school districts. In the upcoming months, the team will provide suicide prevention trainings to school leaders to enhance their suicide prevention and intervention policies and supports.

DIRECTORS AND STAFF

Our SMHC Center is committed to our overall vision in facilitating effective school-university partnerships to promote equitable systems for school-based mental health. Below is an outline of our three Co-Directors, Program Director and SMHC Center Staff. Learn more about our center staff.

Nathaniel von der Embse, Ph.D., Center Co-Director, Professor of School Psychology at the University of South Florida, and Associate Editor of the Journal of School Psychology. Dr. von der Embse utilizes a social justice framework to examine the intersection of education policy and school mental health.

Shannon Suldo, Ph.D., Center Co-Director, Professor and Director of Clinical Training in the School Psychology Program at the University of South Florida, and Associate Editor of School Mental Health. Dr. Suldo is a Licensed Psychologist and has expertise in positive psychology assessment and intervention, as well as stress management among high-achieving adolescents.

Evan Dart, Ph.D., Center Co-Director, Associate Professor and Director of the School Psychology Program at the University of South Florida. Dr. Dart is a licensed psychologist and board-certified behavior analyst. His research interests are best summarized as school-based behavioral interventions implemented within a multi-tiered system of support.

David Wheeler, Ph.D., Program Director. Dr Wheeler is a bilingual and licensed school psychologist with over 30 years of experience. Previously, Dr. Wheeler was a state consultant in school psychology for 14 years and member of the 2020 NASP Professional Standards Writing Team. Dr. Wheeler has been instrumental in developing educational and school psychological policies and practices at the state and national levels. Dr. Wheeler was also a recipient of the Willard Nelson Lifetime Achievement Award (FASP) and the President's Certificate of Achievement (NASP).

SMHC Center Staff. Across the projects and partnerships within the SMHC, there are multiple staff members who work directly with our school partners and facilitate school-based research. Drs. Kai Shum and Cheryl Gelley are the SMHC Center Research Assistant Professors. Additionally. Drs. Kristen Mahony and Joseph Latimer are the SMHC Center post-doctoral research fellows. All four direct various grant-funded projects housed within the SMHC Center and oversee over a dozen graduate student research assistants. All SMHC staff bring a wide variety of skills in school-based mental health assessment and intervention.

The SMHC Center is committed to developing partnerships with district and school leaders looking for guidance on how to address mental health needs in their schools and communities.

If your district is interested in partnering with the SMHC Center, please reach out to our email (smhc@usf.edu) or visit the School Mental Health Collaborative website at **smhcollaborative.org**.

Serendipity, Synchronicity, and School Psychology

Stuart F. Langenthal, Ed.D.

Many years ago, I read a fascinating book entitled *There Are No Accidents: Synchronicity and the Story of Our Lives*. This national bestseller addressed the seem-ingly odd coincidences that occur in our lives and how they influence our behavior. Exploring synchronicity as it relates to our careers in school psychology provides for enhanced professional practice and opportunities for growth.

This summer will mark my 46th year as a school psychologist in Florida. In 1977, I completed a school psychology program in New York City and moved to Florida soon thereafter. I was hired as a consultant for the Broward County Public Schools that summer and in the fall was offered a full-time job as a county-certified school psychologist. In 1982, I was licensed as a school psychologist and opened a part-time private practice in Tamarac. As of this writing, my private practice is limited to virtual counseling and I'm gradually moving towards retirement, and I thought that I would share some interesting synchronous experiences that I have encountered over the years.

In my role as a consulting school psychologist, my job description included administering either STANDARD or DELUX batteries of tests to referred children. These batteries often included the Bender Gestalt. WISC, the Detroit, and the WRAT.

As a full-time school psychologist working for the Broward County Schools until 1985...with the latter years functioning as a part-time school psychologist at a local middle school. During that time I also served as a vice president of the Broward Association of School Psychologists. My main responsibility was to arrange for speakers at our monthly meetings. I also had the pleasure of teaching graduate education courses at Nova University, now Nova Southeastern.

During my time at Nova, I made many acquaintances and by chance one of them happened to have been a gentleman running for the state legislature. We discussed the inability of school psychologists to get a licensing bill passed in the state, and the political influences limiting forward movement in. He was very supportive of the importance of allowing school psychologists to function privately as well as in public and private schools. He graciously helped me arrange a meeting with BASP and the Broward delegation of legislators. We were told by the delegation leader that this was the year that licensure was going to be accomplished and that they would make every effort to do. As it turned out, the other mental health groups — social workers, marriage and family therapist, counselors, and school psychologists — banded together and this ultimately resulted in licen-sure. The year was 1982. I have license number 4 in the state, and I often wonder who has license numbers 1, 2 and 3? More importantly, a chance meeting with a student had a significant payoff.

In subsequent years, RTI emerged as a service deliv-ery model. It was strongly suggested that my private practice was going to be compromised because of the changes in assessment protocols and the need for school psychologists to offer evidence-based interventions. I, however, looked at it as an opportuni-ty to expand my practice and offer targeted cross-battery assessments. I also did some homework on evidence-based interventions and this proved to be successful.

Fast forward to Covid and the stresses that the virus placed on our children, parents, and staff. I had to close my physical office and was forced to explore other service delivery options particularly virtual tel-etherapy, which I had put on the back burner but was now forced to adapt and learn. Thus the unfortunate appearance of the virus had a positive effect on my practice and was certainly an unforeseen event.

We all encounter synchronous and serendipitous events in our lives. They all have individual meanings for each of us and influence how we interact with our colleagues and our chosen profession.

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