

Chapter 1

The Counseling Role in School Psychology

OVERVIEW

What makes the counseling role of the school psychologist different from that of others who work with children's and adolescents' mental health concerns? In this chapter we address this question by defining the role of the school psychologist as counselor. We also trace the history of school psychologists providing counseling services, review training standards and ethical guidelines related to the counseling role, and introduce the concept of evidence-based practice. The chapter also will orient the reader to the organization of this text.

OBJECTIVES

After reading this chapter, readers should be able to do the following:

- Describe how counseling fits into the larger role of the school psychologist.
- Recognize the relative importance of counseling training and services in the history of school psychology.
- Identify the current training standards with respect to counseling skills for school psychologists.
- Apply the salient ethical principles to novel counseling situations.
- Define “evidence-based practice” for counseling services.
- Explain how response to intervention can be applied to a range of counseling activities in a school setting.

Definitions and Background

Although school psychologists have always been concerned with the welfare of children and adolescents, counseling has never been the focal point of the profession. However, many school psychologists have developed an interest in counseling activities and have been able to incorporate counseling into their broader professional role and function. Before we look at school psychology and counseling historically, we first offer a definition of counseling that differentiates it from other school psychologist roles and from the counseling roles of other professionals.

For the school psychologist, *counseling* refers to the set of interventions designed to promote the social, emotional, and behavioral well-being of children and adolescents. Individual and group counseling sessions are the most direct way of addressing these areas of functioning, but they are certainly not the only ways that school psychologists function as counselors. Of the broad, traditional roles of the school psychologist (assessment, intervention, and consultation), counseling would seem to fit squarely in the intervention role. As we will see later, the lines are not as rigid as they may seem.

Counseling, psychotherapy, and therapy are terms that are used in the literature to describe interventions, and there may be some confusion about the proper use of these terms. The confusion is exacerbated by the fact that the terms are sometimes used interchangeably.

Counseling is sometimes characterized as brief, focused, and advice oriented, whereas therapy or psychotherapy is often described as a treatment for more chronic or serious problems (with the implication that those providing psychotherapy may require more specialized training). For example, Greenberg (2003) argues that the school counselor's role does not include the activities of psychologists, noting that "school counseling ... is directed at the child who does not present severe emotional problems or clinical disorders." (p. 2). Some professionals use terminology that matches their training and licensure, and some licensing bodies may restrict the use of some terminology (e.g., jurisdictions may prohibit the use of "counseling" in advertising for those who are not licensed as counselors).

These distinctions may not be useful for a number of reasons. Because the terms are indeed used interchangeably, the distinctions can be muddled and confusing to consumers. Moreover, if duration of services is used as a differentiating factor (e.g., counseling is brief, psychotherapy is not), then the emergence of *brief psychotherapy* raises questions about the utility of this distinction. Individuals who report that they provide counseling, therapy, or psychotherapy may come from a variety of disciplines and training backgrounds. A psychologist may call herself a counselor or a psychotherapist, a social worker may say that he provides psychotherapy, and so forth.

To avoid confusion in this text, we use the term *counseling* to describe the interventions used by school psychologists (and other mental health professionals) to improve the social, emotional, and behavioral functioning of children and adolescents. We do not define counseling so broadly as to encompass advice from peers, mentoring from teachers, or disciplinary action from school administrators. Rather, we limit the use of the term to planned and structured activities by trained professionals in the context of a specified relationship with clear boundaries and identified goals and objectives.

Counseling services are designed to meet specific, measurable goals and objectives. Clinical psychologists, clinical social workers, and counseling psychologists are also invested in achieving these goals and consequently overlap with school psychologists' roles and functions (Fagan & Wise, 2007). What differentiates school psychologists from some other mental health professionals is the context of the school and the emphasis on supporting the overall educational goals of students. Moreover, in some school districts, school psychologists may be those responsible for delivering counseling services that are part of a student's Individualized Education Program (IEP). Students with an IEP receive special education services, and counseling may be provided as a related service to support the IEP.

That being said, the school psychologist as counselor may use a wide range of techniques, methods, and activities to further counseling goals. These may include, but are not limited to, individual and group therapy (using a variety of theoretical orientations and techniques); assessment to determine a need for counseling and to monitor counseling progress; consultation with parents, teachers, and other professionals; crisis prevention and intervention; and social skills training. Given the wide variety of activities that fall under the counseling role, we find it easier to describe counseling by its goals, with an understanding that there are many ways to reach those goals.

History

The birth of school psychology took place in the early 1900s with the child study movement (Phillips, 1990). The first individuals to identify themselves as school psychologists were primarily concerned with the assessment of learning difficulties and intellectual disabilities of students, but these pioneers had not been trained as school psychologists. Over time, the roles and functions of the school psychologist expanded, training standards developed, and school psychology matured into a more clearly defined profession.

Psychological Service for School Problems, written in 1930 by Gertrude Hildreth, reflected the emphasis on applying the science of psychology to address the perceived problems in the schools. The book's focus was squarely on applied educational psychology to improve learning outcomes, with counseling services mentioned in passing. Hildreth listed 11 problems that can be solved by applying psychological techniques. Among those problems listed were instructional problems in the classroom, assessment of achievement, interpretation of test results, instructional groupings of students for optimal outcomes, vocational guidance, curriculum development, and "investigation of the problems presented by exceptional pupils, including the mentally subnormal, the gifted, the specially talented, the physically handicapped, the nervous, and the delinquent" (p. 9).

Hildreth's book comes closest to addressing counseling as a professional role in the context of what she called "mental hygiene" and "a program of reëducation [sic]." Though counseling receives a relatively small number of pages, notions of addressing students' self-confidence, fears, and repressions predominate, along with the importance of collaborating with teachers and families. She also advocated for comprehensive assessment of the child and his or her ecosystemic context preceding intervention.

The experiences of today's school psychologists vary greatly, with some fully engaged in counseling services as their primary role and others who have little to no opportunity to function

as counselors. Moreover, training programs vary in the degree to which they emphasize counseling as part of their preparation for future school psychologists. Typically, specialist-level programs offer fewer opportunities for counseling coursework and field experiences compared with doctoral-level programs, though there may be some exceptions.

By the 1950s, the counseling role of the school psychologist came into sharper focus, and the words “counseling” and “therapy” began to appear in the professional literature. The 1954 Thayer Conference in West Point, New York, focused on school psychologists’ roles, function, and training. The American Psychological Association’s published report of the conference, edited by Norma Cutts (1955), identifies counseling as part of the school psychologist’s role. “His training should give him a special part in assisting in the development of mental health and sound emotional attitudes. He can help children solve personal and social problems and learn to live with others” (p. 29). Still, many school psychologists at the time focused their energies on assessment and referred counseling interventions to agencies. Citing a New York state report on school psychology (and psychiatry), the Thayer report identified school psychologists as potentially instrumental in the prevention of mental illness and recognized the need for individual work with students.

The role of school psychologist as counselor emerged in the late 1960s and early 1970s, as evidenced by the more detailed discussion of training, competencies, and models (Bardon & Bennett, 1974; Smith, 1967). At the time, training standards varied from state to state, and not all school psychologists had training in counseling. Those with counseling competencies engaged in individual, group, and crisis counseling. Bardon and Bennett expressed a preference for the word *counseling* over *psychotherapy* for school psychology because the latter suggests a medical model of treatment for illness. Moreover, they noted concerns that children served by school psychologists would be perceived as “ill” if the term *psychotherapy* were used.

The late 1960s and early 1970s were also defined by growing pains. Smith (1967) recognized growing interest in counseling and psychotherapy, as well as controversy regarding training standards, guild and turf issues, and economic competition (not to mention status and ego). Given the increasingly specialized nature of counseling skills and techniques, Smith advised against a rigid role definition of the school psychologist as counselor. Rather, he suggested “some tentative guidelines to follow” that take a practical approach to counseling’s application to the unique setting of the school (p. 143). In other words, Smith recognized that schools are unlike other settings and that counseling in school must take into account this context. For example, in his discussion of the appropriateness of short-term versus long-term therapy in the schools, Smith noted that schools “cannot be all things to all children” (p. 149).

Today’s school psychologists are diverse, though national training standards (discussed in the next section) have brought greater uniformity to the field. Nevertheless, the degree to which school psychologists across the country have embraced the counseling role varies. According to NASP membership survey data, the percentage of school psychologists who provide no individual counseling to children and adolescents has been steadily decreasing over the past two decades, and the average percentage of work time spent in individual and group counseling is under 9% (Castillo, Curtis, Chappel, & Cunningham, 2010). By contrast, school psychologists spend approximately 47% of their time on special education evaluations.

Present-day counseling services provided by school psychologists are characterized by two related trends: an increased emphasis on evidence-based practices and an integration of counseling services within the framework of response to intervention (RTI). Consequently, today's school psychologists in the counseling role are working hard to provide services that have demonstrated efficacy in the peer-reviewed literature. Moreover, best practices necessitate that counseling services be provided at tiered levels of intensity that are appropriate to the student's needs.

Training Standards

Perhaps the most concise report on contemporary school needs and necessary training competencies is the document *School Psychology: A Blueprint for Training and Practice III*, published by the National Association of School Psychologists (Ysseldyke et al., 2006). Developed by a task force, *Blueprint III* is the profession's effort to publish a clear vision of training and practice guidelines (the first *Blueprint* was published in 1984). A number of significant professional conferences have also addressed training and practice standards, and interested readers can find details about these meetings in sources that trace the history of the profession (e.g., Fagan & Wise, 2007; Phillips, 1990). Recognizing that mental health should be promoted by school psychologists, the task force that developed *Blueprint III* clearly articulates the position that the well-trained school psychologist is prepared to address mental health concerns.

In addition to *Blueprint III*, NASP has published the following set of four documents that are intended to be used collectively to identify training and credentialing standards, professional practices, and ethical guidelines:

- *Standards for Graduate Preparation of School Psychologists* (2010)
- *Standards for the Credentialing of School Psychologists* (2010)
- *Model for Comprehensive and Integrated School Psychological Services* (2010)
- *Principles for Professional Ethics* (2010)

These NASP documents make explicit reference to counseling as part of the role and function of the professional school psychologist and underscore the importance of counseling skills in the preparation and credentialing of school psychologists. Under the broader domain of Interventions and Mental Health Services to Develop Social and Life Skills, the standards for both preparation and credentialing cite counseling interventions as an example of the kinds of knowledge and skills that school psychologists should possess.

The *Model for Comprehensive and Integrated School Psychological Services* (NASP, 2010a) is packaged for use in association with the *Principles for Professional Ethics* (NASP, 2010b) and with the standards for preparation and credentialing. It also is the document that is most likely to communicate the role and function of school psychologists to non-school psychologists. In its fifth revision (the first was published in 1978), the model delineates services that might reasonably be expected to be available from most school psychologists and specifically mentions individual and group counseling among those services. Thus, although school psychologists have primarily been associated with assessment in recent decades, current NASP literature certainly supports the counseling role. The *Principles for Professional Ethics*, the fourth document in the set, addresses the

ethical issues related to school psychologists and counseling, which are discussed in the next section.

The American Psychological Association's (APA) Commission on Accreditation publishes the *Guidelines and Principles for Accreditation of Programs in Professional Psychology* (2009). The guidelines address counseling in a general sense, in a description of the curriculum of training programs. Students in approved programs should be competent in "diagnosing or defining problems through psychological assessment and formulating and implementing intervention strategies (including training in empirically supported procedures)" (p. 7). Consequently, APA-accredited programs are given some latitude with respect to the integration of counseling and psychotherapy in the curriculum.

Ethical Guidelines

Although this chapter addresses ethical guidelines and principles, it does not provide a comprehensive review of ethical issues related to the counseling role of school psychologists. A number of excellent resources are available in this area, including *Ethics and Law for School Psychologists* (Jacob & Hartshorne, 2007), *Professional Ethics for School Psychologists: A Problem-Solving Casebook* (Williams, Armistead, & Jacob, 2010), and *School Psychology for the 21st Century: Foundations and Practices* (Merrell, Ervin, & Peacock, 2006). This section touches on ethical principles and standards that are germane to the counseling role and directs interested readers to additional resources.

Professional school psychology has two significant primary sources for ethical standards and principles: the APA's 2010 *Ethical Principles of Psychologists and Code of Conduct* and NASP's *Principles for Professional Ethics* (2010b). These documents provide guidance to practitioners about professional expectations of ethical conduct and apply broad principles, such as autonomy, to relationships that school psychologists have with children, adolescents, families, and other professionals.

As the profession matures and evolves, the APA and NASP codes of ethics will be revised to meet changing needs and expectations of the field. For example, contemporary service delivery models that use a tiered approach present unique challenges to ethical decision making. Involvement in activities such as screening, consulting, and observing (Tier 1 and Tier 2 approaches) might not resemble conventional psychological services and might also be conducted by other professionals. Therefore, school psychologists are advised to think carefully about the application of ethical standards to the work they do and to consult with colleagues as needed.

The *Principles for Professional Ethics* (NASP, 2010b) is organized using four broad themes: respecting the dignity and rights of all people; professional competence and responsibility; honesty and integrity in professional relationships; and responsibility to schools, families, communities, the profession, and society. Under each of these broad themes are specific principles, and under each principle is a set of standards. What follows is a brief overview of these themes, principles, and standards, with examples specific to the counseling role of the school psychologist. Readers interested in broader applications of NASP's 2010 code of ethics may consult the resources at the end of this chapter.

Respecting the Dignity and Rights of All Persons

Three principles fall under the theme of dignity and rights: (a) autonomy and self-determination (consent and assent), (b) privacy and confidentiality, and (c) fairness and justice. The first of these principles, *autonomy and self-determination* (Principle I.1), concerns the rights of individuals to participate in the decisions that affect them. The standards related to autonomy and justice reflect an understanding that school psychologists work with minors and that parents participate in the decision-making and consent process.

For the school psychologist as counselor, autonomy and self-determination become most salient in the context of informed consent and assent. NASP’s 2010 code of ethics defines *informed consent* to mean that “the person giving consent has the legal authority to make a consent decision, a clear understanding of what it is he or she is consenting to, and that his or her consent is freely given and may be withdrawn without prejudice.” *Assent* refers to “a minor’s affirmative agreement to participate in psychological services or research” (p. 3). Essentially, the school psychologist must provide parents with sufficient information about counseling services so that parents can make an informed choice. Seeking student assent is encouraged by the code but may be omitted “if the service is considered to be of direct benefit to the student and/or is required by law” (p. 4). If assent is sought, the student’s wishes should be respected.

To satisfy the “informed” component of informed consent, parents should be provided with the following information:

- The reason counseling services have been recommended
- The goals of counseling
- The anticipated frequency and duration of counseling services
- The format, techniques, or methods proposed
- The anticipated benefits
- Possible risks
- Alternatives to the services proposed

These elements can be incorporated into a letter or form for parents to read before giving consent. Of course, any such letter or consent form ideally would be preceded by face-to-face contact to discuss the behaviors of concern that have been observed in school. A sample letter is provided in Table 1.1.

Informed consent should be given in writing, and the process should be voluntary. In some cases, parents may feel pressure from social situations, such as in the context of the IEP committee or student support team meetings; therefore school psychologists should be aware of such pressures and work to minimize them (Lasser & Klose, 2007). Any effort to coerce parents into consenting to a psychological service would be unethical.

In rare cases students are provided counseling services without parental consent, but those situations should be approached carefully. For example, the *Principles for Professional Ethics* (NASP, 2010b) notes that school psychology professionals may ethically provide counseling “without parent notice or consent in emergency situations or if there is reason to believe a student may pose a danger to others; is at risk for self-harm; or is in danger of injury, exploitation, or maltreatment” (p. 4). Of course, practitioners must also take school district policies and state law

TABLE 1.1. Sample Informed Consent Letter

Dear Parent,

I would like your consent for your child to participate in a counseling group. The group will meet every week during first period with five other children to improve anger management skills. I am recommending this service because your child’s teacher has observed several angry outbursts, and your child’s participation in the group may help decrease those behaviors.

Although I anticipate that this activity will have a positive effect for your child, unwanted outcomes sometimes occur. These could include increased outbursts, disclosure of sensitive information, or scapegoating in the group. Potential benefits include improved social skills and better anger management.

The group will consist of eight sessions during which I will lead the group in fun activities and discussions about controlling anger. Your child will miss first period each day that he attends the group.

If you have any questions, you may contact me by phone or e-mail. By signing below, you are indicating that you understand this letter and agree to your child’s participation in the group.

Sincerely,

[School counselor]

into consideration. The code also recommends that school districts inform all parents (through handbooks, websites, or other means) that emergency counseling without parental notification or consent may be provided.

According to the code, counseling may also be ethically provided to self-referred minors for “one or several meetings” to assess the need for services and the degree to which the minor may be in danger. Counseling may continue without parental consent if permitted by district policy and state law. In the absence of such provisions, parents must be notified and consent must be obtained to continue. Alternatively, minors can be referred for services that do not require parental consent outside of the school district. However, in rural populations, services may be very limited or nonexistent.

In the interest of respecting the autonomy of others, school psychologists try to ensure that participation in counseling is voluntary. The code notes that student assent may be bypassed “if the service is considered to be of direct benefit to the student and/or is required by law” (p. 4). However, the notion of direct benefit may be slippery, as all parties may not agree about purported benefits. Also, bypassing assent to provide counseling to an unwilling student may limit a practitioner’s ability to realize the desired benefits. The code notes that if assent is sought and the student refuses services, the school psychologist should “honor the student’s choice.” The code also states that a parent’s refusal of services should be honored, and that in such cases, school psychologists may make appropriate referrals. In such cases, school psychologists should consider other forms of intervention that may be more acceptable to the family (e.g., consultation, mentoring).

The second principle that falls under the theme of dignity and rights pertains to privacy and confidentiality (Principle I.2). *Privacy* is a right of students and families, whereas *confidentiality* is the ethical obligation of school psychologists. When facilitating counseling groups, school psychologists also ask group members to maintain confidentiality. At its most basic level, this principle allows individuals to determine how their private information may be shared.

Practitioners must safeguard private information and must collect only information that is relevant to the provision of services. The school psychologist as counselor should not seek information that is not needed and must be thoughtful about recording information that is not pertinent, particularly if the disclosure of such information to a third party could place the student or family at risk.

At the outset of services, the school psychologist should, as part of the informed consent and assent process, explain the limits of confidentiality to students and parents. Typically, these limits are related to subpoenas and to disclosures of harm to self or others. The explanation given to children must be developmentally appropriate and in language that can be easily understood. For example, the school psychologist seeking informed assent from a 12-year-old child might say, “Everything we talk about in counseling will be kept private; I won’t tell anyone what you tell me. However, because we care about you, we have to tell someone if you’ve been hurt, or if you plan on hurting someone else or yourself. Sometimes a court may also require me to share private information.” To a 6-year-old, the school psychologist might say, “I promise to listen to you, and your words will stay with me. I won’t tell anyone what you say here. But if you’re being hurt, then I’ll have to tell to keep you safe.” The school psychologist should also check with the student to ensure that the explanation was understood. Informing students and families about the limits of confidentiality should occur not only at the outset of services but also on an ongoing basis. States differ with regard to reporting requirements in situations involving danger to self or others. School psychologists are advised to seek specific reporting guidelines for the state in which they practice.

Most states have laws that require professionals who work with children to report suspected neglect or abuse (Child Welfare Information Gateway, 2010), though the requirements vary across states. Failure to report suspected neglect or abuse may result in fines, imprisonment, and disciplinary action from licensing or certification boards. The identity of the reporter is generally kept confidential, though some states permit the release of the reporter’s identity in certain circumstances.

School psychologists do not reveal confidential information to third parties without the consent of students and families. For example, if a child’s pediatrician calls the school and asks for the child’s counseling records, the school psychologists cannot provide those records to the pediatrician without the parents’ or guardian’s written consent (or the written consent of an adult student). The assent of students should be sought before releasing confidential information to a third party, including information to be shared with the student’s parents.

In school settings, confidential information may be shared with other professionals on a need-to-know basis. For example, the results of a confidential assessment may be shared with the members of an IEP team, which may include the principal, teachers, and specialists. However, sensitive information that is shared in confidential counseling sessions requires greater caution. Therefore, the counselor has the burden of exercising caution and judgment when determining what should or should not be shared with others in the school setting. Soliciting the student’s assent may help in determining what should be disclosed to others.

The most recent version of the *Principles for Professional Ethics* (NASP, 2010b) acknowledges that the sexual orientation, gender identity, or transgendered status of a student, parent, or employee is particularly sensitive information. The code unambiguously states that such

information must never be shared without the consent of the student, parent, or employee. For example, the school psychologist would not disclose a student's sexual orientation to his or her parents without the student's consent.

The final area addressed under privacy and confidentiality is sensitive health information. The code recommends that school psychologists consult state laws and departments of public health for guidance if they believe that a student poses a health risk to others; however, it generally advises that sensitive health information not be disclosed without an individual's or parent's consent. Moreover, school psychologists respect the privacy of students, family members, and colleagues regarding sensitive health information. For example, a school psychologist should not disclose to others that a colleague has HIV.

Also under the theme of dignity and rights is the principle of *fairness and justice* (Principle I.3). This principle calls for school psychologists to promote a safe and welcoming school climate for all individuals and to treat others fairly in words and actions. The code specifically mentions that discrimination should not be based on a number of characteristics, as follows:

School psychologists do not engage in or condone actions or policies that discriminate against persons, including students and their families, other recipients of service, supervisees, and colleagues based on actual or perceived characteristics including race; ethnicity; color; religion; ancestry; national origin; immigration status; socioeconomic status; primary language; gender; sexual orientation, gender identity, or gender expression; mental, physical, or sensory disability; or any other distinguishing characteristics. (NASP, 2010b, p. 8)

The code goes beyond mere nondiscrimination; it also calls for school psychologists to educate themselves about the ways in which diversity factors may affect learning, behavior, and development. The school psychologist as counselor should attend to cultural differences in communication, expression of feelings, nonverbal gestures, and acculturation. School psychologists must avoid stereotyping yet be aware of cultural trends and patterns. Ultimately, those with whom school psychologists work should be seen foremost as unique individuals. Careful and sensitive assessment can reveal the extent to which diversity factors play a role. Thus, the code urges school psychologists to "take into account individual characteristics" (NASP, 2010b, p. 8).

School psychologists are also asked to address injustices when they observe them and to take corrective action, such as by calling attention to discriminatory school policies. Such practices may affect students, parents, or employees, and school psychologists should not sit passively by when they become aware of injustices. School psychologists also should work to ensure equal opportunities for children and families, such as through equal access to psychological services, including counseling.

Professional Competence and Responsibility

School psychologists try to benefit others through their work and to avoid harm. To do so, they must practice within the limits of their competence, make data-based decisions, provide high-quality data to others so those parties can make informed choices, and take responsibility for their actions (NASP, 2010b). The theme of professional competence and responsibility encompasses

five principles: (a) competence, (b) acceptance of responsibility for one’s actions, (c) responsible assessment and intervention practices, (d) responsible school-based record keeping, and (e) responsible use of materials.

The first principle under this theme, *competence* (Principle II.1), states that school psychologists will limit their practice to activities for which they are qualified and competent. A school psychologist who has received no training, supervision, or experience in counseling should not provide counseling services. Of course, this raises important questions about competence. For example, how much training is enough for one to be qualified? If one’s training in counseling is limited to cognitive–behavioral therapy, can one provide nondirective play therapy? The standards listed under this principle address such details.

The standards state that school psychologists assess their own capacities and seek supervision or consultation with colleagues as needed (or refer the student’s case to another professional). Essentially, the professional school psychologist has the responsibility to reflect on his or her training and experience to determine whether activities are within his or her competence.

Competence extends beyond clinical skills and includes *cultural competence*, or an understanding of the diverse languages, practices, values, and beliefs of the students and families they serve. The *Principles* note that school psychologists must have the knowledge and experience necessary to serve diverse clients, or either obtain the necessary training and supervision or refer to a competent practitioner. For example, a fifth-grade boy from Pakistan has been referred to the school psychologist for counseling, but the school psychologist has no experience working with children or families from Pakistan and knows nothing about Pakistani culture (in fact, the school psychologist confesses that he isn’t sure what languages are spoken in Pakistan, nor does he feel confident that he could find Pakistan on a map). The school psychologist needs to learn more about Pakistani culture to competently serve the client and is advised to consult with a colleague who has such competency or to refer the case to a professional outside the school.

Competence is not static, and school psychologists must recognize when personal problems limit their capacity to help others. In such situations, school psychologists seek assistance from others such so that children and families receive effective services. For example, if the school psychologist finds that the loss of his father impairs his ability to facilitate a grief support group for children, he should recognize this limitation, seek assistance, and perhaps find someone else to facilitate the group.

School psychologists are lifelong learners who continuously update their knowledge and skills. Workshops, continuing education opportunities, and training help maintain and enhance competence so that they can provide high-quality services to children and families. Those who hold the Nationally Certified School Psychologist (NCSP) credential are required to obtain and document continuing education, and most states have similar requirements.

The second principle within the theme of professional competency and responsibility concerns individuals accepting responsibility for their actions (Principle II.2). School psychologists are responsible for checking the accuracy of their reports and other documents. Signing the report indicates approval of and responsibility for the contents of the document. Errors and omissions found subsequently can be addressed by adding a signed and dated addendum. For example, a school psychologist has conducted an assessment to determine whether an adolescent is eligible for

counseling as a related service, but the report contains errors in reported behavior rating scales. Though the report had already been signed and distributed to members of the school team, the school psychologist can add a dated and signed addendum to the report to address the error.

School psychologists also take responsibility by monitoring the implementation of recommendations and interventions. When providing counseling services, school psychologists must collect data to determine whether counseling interventions are effective. If the data indicate that progress is not being made, school psychologists have an ethical responsibility to change or discontinue the intervention or seek consultation or supervision. The ethical guidelines do not specify how long an intervention should be tried before it is modified or discontinued. Consequently, school psychologists must exercise clinical judgment to make such determinations.

Sometimes school psychologists make recommendations that lead to unanticipated negative outcomes. For example, a school psychologist as counselor may recommend that parents set more limits and boundaries at home. Following this advice, the well-intentioned parents implement more rules and consequences with their child; unaware of the child's developmental needs, they place unreasonable expectations on the child, who in turn becomes more aggressive and destructive in response to these new limits. In this case, the school psychologist should take responsibility for the unanticipated negative outcomes, correct the misunderstanding, and work closely with parents to set more appropriate limits at home.

Responsibility also extends to school psychologists who are supervising graduate students, and the *Principles* note that supervisors take responsibility for the work of their students. In an assessment context, a supervisor reads a student's report closely, and by signing the report indicates approval and responsibility for the work. The counseling context may not be as clear. Though school psychologists and graduate students may cofacilitate counseling groups, graduate students may provide counseling services in the absence of their supervisor and then discuss cases later in supervisory meetings. In such cases, taking responsibility for the student's work may be more challenging for the supervisor. In such cases, the burden is on the supervisor to take the necessary precautions or actions to ensure responsible treatment. For example, the supervisor could meet with the referred child, review the evaluation for counseling, participate in writing the counseling IEP, and review with the supervisee the progress toward goals and objectives. Should counseling inadvertently produce negative outcomes (e.g., worsening of social, emotional, or behavioral concerns), the supervisor must take responsibility and work to address these concerns.

The third principle within the theme of professional competence and responsibility addresses responsible assessment and intervention practices (Principle II.3). Most of the standards related to this principle concern assessment, though some directly address counseling services as well. Following a brief overview of the assessment-oriented standards (school psychologists conduct assessments to determine the need for counseling services and to evaluate the efficacy of counseling services), this section focuses more closely on the counseling activities. First, according to the standards, assessment should be driven by research-based practices using valid and reliable instruments. Second, school psychologists should evaluate computer-assisted scoring systems for accuracy and validity. Third, administration procedures for standardization should be followed. Finally, school psychologists should always consider the effects of current instruction and behavior management practices before diagnosing or classifying children.

With respect to intervention, “school psychologists use intervention, counseling and therapy procedures, consultation techniques, and other direct and indirect service methods that the profession considers to be responsible, research-based practice” (NASP, 2010b, p. 8). Consistent with this approach, school psychologists use a data-based, problem-solving approach that relies on published, scientifically proven methods. Moreover, the *Principles* also state that school psychologists involve parents in interventions and link efforts at home and school, taking into account ethnic and cultural differences and family resources. Also, in consideration of autonomy and assent, school psychologists communicate with students about intervention plans and, when appropriate, collaborate with students in the development of interventions. Thus, competent and responsible intervention is characterized by carefully selected and developed plans and activities that are evidence based and collaborative, connected to the home, and in alignment with the child’s or adolescent’s needs.

Record keeping has critical importance in the delivery of psychological services, and the NASP code of ethics classifies this requirement under the theme of professional competence and responsibility (Principle II.4). School psychologists keep records to facilitate treatment and transfer of care, to document their activities, and to monitor progress. Because records contain private information, school psychologists have an ethical responsibility to maintain the confidentiality of records. To that end, school psychologists ensure that records are not released to other agencies or individuals without parental consent in writing. School psychologists also limit the access to private records to those school professionals who have “a legitimate educational interest” (NASP, 2010b, p. 8).

Parents and students may not understand how school records are stored, who has access to such records, or how long records will be maintained before they are destroyed. Therefore, school psychologists should explain record-keeping practices to parents and students (the *Principles* uses the phrase “parents and adult students”) as part of the informed consent process. Moreover, the *Principles* explicitly mentions electronic records and states that school psychologists should notify families of the storage and transmission of such records and associated risks. School psychologists protect electronic records with passwords or encryption to prevent unauthorized release or modification. School psychologists must also take care to prevent the loss of records, electronic or otherwise.

School psychologists must strike a balance between having information that is sufficiently detailed to be useful and including only information that is relevant. The record should have enough detail that it can be used by another professional and withstand challenges in adversarial proceedings, but should not include irrelevant information, nor should data from unreliable sources be reported.

Though providing parents with access to school records is a legal requirement through the Family Educational Rights and Privacy Act (FERPA), sharing school records with parents is also an ethical obligation. The *Principles* states that “parents have a right to access any and all information that is used to make educational decisions about their child” and that “school psychologists [will] respect the right of parents to inspect, but not necessarily to copy, their child’s answers to school psychological test questions, even if those answers are recorded on a test protocol” (NASP, 2010b, p. 8). The protection of data on test protocols is addressed further in the discussion of the fifth principle.

Some school psychologists keep private notes apart from a student's official school or counseling records. These notes, sometimes referred to as "sole possession records" (because the practitioner is the only one with access to such records), are often used by professionals as a memory aid, particularly when the professional does not want the information in the private note to be part of the student's records. The *Principles* states that although keeping private notes is "ethically permissible ... any and all information that is used to make educational decisions about a student must be accessible to parents and adult students" (p. 9). Moreover, a court may subpoena private notes. In school settings, private notes may be of little use to school psychologists and could inadvertently result in the disclosure of sensitive information. Those who wish to keep private notes should carefully consider the implications in the context of the *Principles*.

Last, the principle of responsible record keeping addresses the importance of school psychologists working to establish school district policies concerning record storage and disposal that are in line with legal and ethical standards. Specifically, school psychologists advocate for policies that grant parental access to records, provide schedules for review and disposal of outdated records, obtain parent (or other appropriate) permission before destroying outdated records, and ensure that obsolete records are destroyed such that they cannot be recovered.

In accordance with the last principle, school psychologists have an ethical obligation to use materials responsibly (Principle II.5). In a professional counseling role, the school psychologist may use published tests to help determine the need for counseling or to monitor progress. Responsible use of such tests includes maintaining test security. Although there is considerable disagreement regarding parents' rights to view test protocols, the code states that parents have a right to view their child's responses to test items but not to view the protocols (NASP, 2010b). In some cases the parents may request that copies of the protocols be sent to another qualified professional for interpretation.

Many tests are restricted, which is to say that only qualified professionals can use those measures. Consequently, school psychologists do not condone or promote the use of tests by anyone who is not qualified to do testing. For example, a school psychologist could not condone a teacher's use of the Roberts Apperception Test: 2. Similarly, asking an unqualified school staff member to administer, score, and interpret psychological tests would be unethical.

Ethical principles also require school psychologists to respect the intellectual property of publishers of tests and intervention materials. For example, photocopying test protocols instead of purchasing them would violate the copyright protections for those materials. This concern stems from issues related to test security. For tests to remain valid, test items cannot be distributed. Respect for intellectual property also extends to scholarly materials such as books and journal articles. The code of ethics notes an important exception to intellectual property rights: "At times, parents' rights to examine their child's test answers may supersede the interests of test publishers" (NASP, 2010, p. 9).

Honesty and Integrity in Professional Relationships

Of the four themes listed in the *Principles for Professional Ethics* (NASP, 2010b), the theme of honesty and integrity is the broadest. Consequently, this theme overlaps considerably with the content of other themes. The principles that make up the theme of honesty and integrity are

discussed below, but the theme essentially concerns (a) telling the truth; (b) accurately explaining services, roles, and competencies; (c) collaborating and showing mutual respect; and (d) avoiding multiple relationships that could lead to conflicts of interest.

An important part of honesty and integrity is the accurate representation of one’s professional qualifications (Principle III.1). When interacting with children, families, and school personnel, school psychologists must always represent themselves accurately with respect to “competency levels, education, training, experience, and certification and licensing credentials” (NASP, 2010b, p. 9). Graduate students should represent themselves as students rather than licensed and credentialed professionals. School psychologists should not suggest that they have more training than they actually have and should not feign competence in an area in which they have none. For example, if parents ask a school psychologist whether she can help their child who engages in self-mutilation, the school psychologist who lacks training and experience in this area should make a referral to a qualified practitioner. When a third party misrepresents the qualifications of a school psychologist (e.g., refers to a master’s-level practitioner as Dr. X), the school psychologist must correct the error. Blatant misrepresentation is clearly unethical, but so are subtle exaggerations of competencies or skills.

According to the second principle, school psychologists should be forthright in explaining professional services, roles, and competencies (Principle III.2). When collaborating with others, school psychologists must clearly define their role while respecting the roles of others, as well as communicate to collaborators their commitment to making the rights and welfare of children their priority. Because loyalties can result in conflicts, school psychologists must make an effort to communicate “priorities and commitments in advance to prevent misunderstandings” (NASP, 2010b, p. 10).

School psychologists who make announcements or advertise for products and services must ensure that only factual and professional information is communicated, and they must take responsibility for their own publications, products, and services. For example, a school psychologist advertising her private practice should not exaggerate her years of experience.

School psychologists work with a wide range of professionals, including but not limited to teachers, administrators, nurses, social workers, counselors, paraprofessionals, and administrative support personnel. When working with other professionals, school psychologists must be cooperative and respectful (Principle III.3). Collaboration and mutual respect help meet children’s needs effectively and promote the use of all available resources. Often, children receive similar services from more than one professional (e.g., a school psychologist in a counseling role and a school counselor). In such cases the school psychologist should work to coordinate services.

Referral is an important part of collaboration and is guided by ethical principles. When referring children and families to other professionals, the school psychologist should provide multiple appropriate referral options from which clients can choose. When a student is referred to another professional, “school psychologists [must] ensure that all relevant and appropriate individuals, including the client, are notified of the change and reasons for the change” (NASP, 2010b, p. 10). An example is a school psychologist who is working with a student to help him decrease his anxiety, and the student discloses that he was sexually abused. The school psychologist does not have training or experience in working with individuals who have been sexually abused

and transfers the student's care to another professional who is competent in this specialized area. The referring school psychologist should notify the student and his parents of the referral and why it is being made.

Mutual respect of others also extends to reports written by other professionals. Outside of a supervisory role with graduate students, school psychologists may not make changes to other professionals' reports without their permission. If a school psychologist wants someone's report to be altered, he or she should discuss the concern with the other professional in a respectful manner. Multiple relationships and other conflicts of interest should be avoided to prevent harm (Principle III.4). Although the NASP *Principles for Professional Ethics* briefly addresses the issue of multiple relationships, the American Psychological Association's (2010) code of ethics provides a more detailed description:

APA Ethics Code, Ethical Standard 3.05: Multiple Relationships (a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person. A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists. Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

The school psychologist as counselor may find herself in a multiple relationship if she is providing counseling services (professional role) to a child who is also her nephew (other role). Both the NASP and APA codes do not prohibit multiple relationships but rather state that they should be avoided because there is the potential for exploitation or harm. Harm may result from the school psychologist's impaired objectivity or efficacy. Multiple relationships can often be avoided by simply referring clients to other practitioners, though opportunities to do so may be very limited in small communities, where multiple relationships may be common. When multiple relationships present problems, school psychologists must make every effort to resolve the concern in a way that benefits the client.

Some of the standards that fall under Principle III.4 are not directly related to multiple relationships and conflicts of interest, but they are nevertheless significant. For example, NASP's code of ethics is intended to guide professional rather than private conduct. "School psychologists in their private lives are free to pursue their personal interests, except to the degree that those interests compromise professional effectiveness" (p. 10).

Sometimes a school psychologist's religious or personal beliefs influence the services provided. For example, a school psychologist who believes that homosexuality is a sin may be unwilling to work with an adolescent who seeks assistance accepting his sexual orientation. The NASP code

states that in such cases, the school psychologist should inform clients and other parties of this fact. When personal beliefs or other conflicts of interest pose a risk of interfering with effectiveness, “school psychologists ask their supervisors for reassignment of responsibilities, or they direct the client to alternative services” (p. 11). (For a detailed analysis of ethical considerations regarding requests for help changing sexual orientation, see Lasser & Gottlieb, 2004.)

Responsibility to Schools, Families, Communities, the Profession, and Society

The last theme—responsibility to schools, families, communities, the profession, and society—consists of one principle. Although not directly related to the school psychologist’s counseling role, this theme emphasizes prevention through proactive work beyond the school level. As this book demonstrates, prevention and early intervention are consistent with tiered service delivery models and fit well with contemporary models of social–emotional support and intervention.

If one views the role of counseling from an ecosystemic perspective, fostering healthy environments contributes to healthy outcomes for individuals who live in those environments. Therefore, school psychologists work to promote safe and healthy schools, families, and community environments (Principle IV.1). Working effectively within multiple systems requires collaborating, partnering, and coordinating across those systems (e.g., schools, families, and communities). The code of ethics states that the school psychologist should be an advocate for “policies and practices that are in the best interests of children and that respect and protect the legal rights of students and parents” (NASP, 2010b, p. 12).

School psychologists also should have knowledge of and respect for the laws pertaining to school psychology and must consider both the code of ethics and the law when selecting a course of action. When they encounter conflicts between legal and ethical demands, they should work to resolve such conflicts “through positive, respected, and legal channels” (NASP, 2010b, p. 12).

The *Principles for Professional Ethics* was developed, in part, to maintain the public’s trust in school psychologists. To address possible ethical concerns, school psychologists should monitor their own behavior and that of colleagues by these standards. The code of ethics helps school psychologists understand and apply the principles to actual work scenarios. When school psychologists suspect that their colleagues may be behaving unethically, they should try to resolve the concern “through a collegial problem-solving process” (NASP, 2010, p. 12). Though not defined in the code, this process typically involves clarification (that is, discussing the concern with a colleague; perhaps there was a misunderstanding), education (perhaps the colleague was unaware that the behavior in question was unethical), and collaboration (perhaps they can develop a plan for corrective action together). Of course, if this problem-solving approach is not effective, the school psychologist may have to bring the concern to a supervisor, the state ethics committee, or NASP, through a formal complaint process.

The remaining standards under Principle IV concern teaching, mentoring, and supervising, as well as contributing to the school psychology knowledge base (e.g., participating in, assisting in, or conducting research). These standards relate only remotely to the counseling role so are not discussed here.

Evidence-Based Practice

Educators and social service providers are increasingly being asked to demonstrate that the services they provide are evidence based (or, alternatively, research based or empirically based), meaning that the methods have been evaluated and deemed effective. Definitions of these terms differ, yet the terms are used interchangeably in some contexts. Moreover, the expectation that school psychologists are scientist–practitioners implies that empirical methods support the practice of school psychology. In the coming years, school psychologists will likely be expected to demonstrate that their services meet evidence-based practice standards.

The call for educators and social service providers to use interventions that have been deemed effective comes from many directions: laws and regulations, policy and professional standards, and grantors. For example, the 2004 Individuals with Disabilities Education Act (IDEA) requires that a student's IEP include “a statement of the special education service and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child” (20 U.S.C. §1414(d)(1)(a)(1)(IV)). IDEA does not define “peer-reviewed research,” nor does it provide an explanation of “to the extent practicable.” Nevertheless, the spirit of the law suggests that schools should use interventions that have met some efficacy criteria or standard.

Faced with ambiguity, school psychologists must know where to turn for guidance with respect to evidence-based counseling interventions, and they can find answers in a number of readily available resources. For example, the Task Force on Evidence-Based Interventions in School Psychology (1998–2007) developed the *Procedural and Coding Manual for Review of Evidence-Based Interventions* “to identify, review, and code studies of psychological and educational interventions for behavioral, emotional, and academic problems and disorders for school-aged children and their families” (Kratochwill & Stoiber, 2003). The task force was jointly sponsored by Division 16 of the American Psychological Association and the Society for the Study of School Psychology and was endorsed by the National Association of School Psychologists. The task force established criteria and standardized procedures for evaluating interventions against those criteria (e.g., the coding procedures). Though the task force is no longer active, information (including the manual) can be found on the task force website (<http://www.indiana.edu/~ebi/>).

In less technical language than the coding manual described above, the Coalition for Evidence-Based Policy prepared the document *Educational Practices Supported by Rigorous Evidence: A User Friendly Guide* (U.S. Department of Education, Institute of Education Sciences, & National Center for Education Evaluation and Regional Assistance, 2003). The document presents three basic levels of criteria: strong evidence, possible evidence, and no evidence. An intervention that meets the criteria for strong evidence is supported with randomized controlled trials that are well designed and implemented and show effectiveness in at least two school settings (including a setting similar to that of the school or classroom in which the intervention would be used). Interventions that have been studied but fall short of the strong evidence criteria (e.g., meta-analyses and pre–post studies) fall into the possible evidence category. The document provides additional details and definitions of terms as well as some examples.

Also, a number of websites maintain databases of evidence-based interventions, such as the Promising Practices Network on Children and Families at <http://www.promisingpractices.net> (see Appendix A for a list of other resources). With multiple sets of standards available for evidence-based intervention, meeting one set of standards does not necessarily mean that all other sets of standards have been met. *Model for Comprehensive and Integrated School Psychological Services* states that “NASP’s mission is accomplished through identification of appropriate evidence-based education and mental health services for all children; [and] implementation of professional practices that are empirically supported, data driven, and culturally competent” (NASP, 2010a, p. 1). Even so, neither “evidence-based” nor “empirically supported” are clearly defined. Ultimately, it is the practitioner who is responsible for the selection and implementation of interventions. Using the resources at his or her disposal, school psychologists should make every effort to use interventions that are demonstrated by research to be effective.

Response to Intervention

Schools are increasingly using tiered systems of prevention and intervention that are tailored to different levels of academic and behavioral need. RTI is a tiered approach to assisting students academically, socially, emotionally, and behaviorally through monitoring and by providing assistance at an appropriate level of intensity. RTI aims to provide high-quality educational practices for all students (e.g., instruction, prevention programs, and guidance in education). Tier 1, or universal prevention, practices benefit most students, as indicated by screening of academic and behavioral outcomes. Students who are identified as at risk are provided Tier 2, targeted interventions. Ongoing progress monitoring helps assess the degree to which interventions are working, and those implementing the intervention use progress monitoring data to modify interventions as needed. Students who do not improve following intervention are provided more intensive Tier 3 intervention (National Center on Response to Intervention, 2010).

The lion’s share of RTI attention has been devoted to academic skills, but social, emotional, and behavioral skills are increasingly being addressed through RTI models. For example, Holtzman (2010) used a classroom-wide series of yoga lessons to prevent anxiety (Tier 1), provided group counseling to those who did not benefit from the yoga (Tier 2), and offered individual counseling for those who did not benefit from the groups (Tier 3). School-wide positive behavior supports are also consistent with an RTI approach to behavior (Sugai & Horner, 2009).

SUMMARY

This book was designed with the school psychology practitioner in mind. We have made every effort to provide readers with current research regarding effective mental health interventions for school-age children from a uniquely *school psychology* perspective. To the extent possible, we report evidence-based practices and consider tiered levels of prevention and intervention.

In this first chapter we introduced the counseling role of the school psychologist. We traced the history of counseling in school psychology and identified the relative importance of counseling activities in the contemporary professional literature. After a discussion of ethical standards and

principles relevant to counseling, we reviewed evidence-based practice guidelines and RTI as they apply to the counseling role. Subsequent chapters will focus on specific theoretical orientations, techniques, and unique circumstances of children and adolescents that may warrant counseling services.

KEY POINTS FOR DISCUSSION

1. Why has counseling historically been emphasized less than assessment in the profession of school psychology?
2. What are the primary ethical challenges that school psychologists face in the counseling role?
3. Under what circumstances might a school psychologist justify the use of counseling interventions that do not have an established evidence base?
4. What are the benefits of applying a tiered approach to counseling services in the schools?

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