Letter to a First Year School Psychologist

By Julia E. Szarko

The hoops are behind you, the papers are all written, the exams taken ... You have made it officially into the field of school psychology! Congratulations is the obvious reaction, but I want to say thank you for joining us! We need you and we are excited you are here. Welcome to a career and a calling that is honorable, rewarding, impactful, meaningful, and difference-making. This job is not for the fainthearted; it requires carrying the weight of what we face day to day. It requires digging deep at times to get through overwhelming deadlines and demands, an urgency to meet children’s needs, and resolving the difference between best practices in school psychology and the state of the reality of the real world. I wish I could say that since day one this work has been easy and that I took a very smooth path to becoming the 2021 National School Psychologist of the Year.

My first year after my doctoral internship, I was the school psychologist at four assignments. That was the situation in 1998 and I cried a lot that year. Most of that year I felt frustrated and disappointed about the disconnect between what I was trained and able to do and what I was doing (the hamster wheel of test and place, test and place...). At Penn State University, we were trained to be system changemakers and rather than give up, I knew I had to impact change. Up until recently, I spent my career with a ratio double+ that of the recommendation by NASP, all the while trying to be a system changemaker. I am now “seasoned” and see the end of this career on the horizon, but I can feel all those feelings from that first year like it was yesterday. There is a reason you became a school psychologist and there are so many... [continued on page 25]

Gun-Violence Risk in Youth: Prevention, Response Efforts, and Considerations for School Psychologists

By Sarah M. Pryor, Breanna L. King, & Jacqueline R. Anderson

Due to the emotional and social burden on Americans stemming from firearm injury and death, school psychologists (SPs) must be equipped with an understanding of risk factors that could lead to students engaging in gun violence. SPs are ideally situated due to their training and expertise in promoting healthy development in children and youth, as well as their unique position within school systems to advocate for the psychological well-being of students (APA, 2020). Though perpetrators of gun violence have varying motives behind their actions, understanding causes of gun violence is critical to prevention efforts.

The complex equation. Predicting gun-violence injuries is typically based on a limited, imperfect equation that simplifies the causes of gun-related deaths and injury: access to firearms + violent or aggressive behavioral tendencies or risk factors + psychiatric disease or mental illness causing a defect of reason and impaired judgment = gun-related injuries/death (Sanchez et al., 2020). Yet, based on the nuance and complexity of the cur-

Comprehensive Autism Evaluations: Research and Reality

By Zachary A. Bella

Early detection of autism spectrum disorder (ASD) in health settings is associated with positive outcomes. A breadth of literature establishes positive associations between early detection of ASD and subsequent proximal and distal benefits for the child and family (see for example Anderson et al., 2014; Koegel et al., 2014). Early detection of ASD can occur in both health settings and educational settings in different but “parallel” processes (Esler et al., 2022). Early identification/detection of ASD allows for clinical intervention through mental health and behavioral health supports, as well as potentially providing individualized services/supports in the educational setting.

Importance of Early, Accurate Eligibility Determinations

Although early diagnosis of ASD in health settings is associated with positive outcomes, sociodemographic factors such as race (i.e., minoritized children) contribute to later diagnoses of ASD (Constantino et al., 2020) and access to intervention in health settings (Smith et al., 2020). The educational setting serves as an important additional realm within which children may be classified with autism and provided support and individualized intervention. The Individuals with Disabilities Education Act (IDEA) mandates that school districts conduct evaluations to find children who may qualify for individualized support and intervention through special education programs, including developing an... [continued on page 15]
Autism Evaluations
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Individualized Education Plan (IEP; IDEA, 2004). This mandate, otherwise known as Child Find, necessitates evaluations for children/students between the ages of 3–21 and 0–3 (IDEA, 2004). Children can qualify for an IEP through various special education classifications, including for example, autism. As such, the educational setting represents an arena where a child who has not been previously diagnosed with ASD in a health setting, can qualify for and receive individualized intervention and support. Recent research supports that many children will receive autism intervention in educational settings only and not a diagnosis/intervention in health settings (Esler et al., 2022; Wiggins et al., 2020).

IEPs and Early Intervention
After diagnosis of ASD in health settings, children and families are commonly recommended comprehensive autism intervention packages or approaches to intervention (e.g., applied behavioral analysis). These intervention packages may differ slightly from what is typically included within the special education programming that an IEP offers. However, the National Research Council recommends that an IEP should support goals involving verbal/nonverbal communication as well as behavior (Kanne et al., 2008). These goals frequently inform treatment packages within health settings. Furthermore, Morse (2010) explains that many components of empirically supported ASD intervention packages are recommend for inclusion in IEPs (e.g., analytic approaches to understanding behavior, structured/enriched environments). Considering the number of children who may receive a classification and intervention/support in educational settings only, and the overlap in programming offered between health and educational settings, Myers and colleagues indicate that “educational interventions, including behavioral strategies and habilitative therapies, are the cornerstones of management of autism spectrum disorders” (Myers et al., 2007, p. 1163).

Comprehensive Evaluations of ASD
There is consensus among experts that best-practice, comprehensive evaluations of ASD should include parent or caregiver interviews pertaining to developmental information, standardized direct observation using validated instruments, and assessments of intellectual functioning, adaptive behavior, and language (Hunsely & Mash, 2005; Ozonoff et al., 2005). The use of psychometrically validated instruments that assess the aforementioned areas yields early developmental information critical to the assessment of autism (e.g., parent/caregiver interview), as well as a child’s current social and behavioral functioning. In a review of the psychometrically validated instruments commonly utilized in comprehensive autism evaluations in health settings, Falkmer and colleagues (2013) reported that the Autism Diagnostic Interview–Revised (ADI–R; Lord et al., 1994) and the Autism Diagnostic Observation Schedule–2nd edition (ADOS–2; Lord et al., 2012) demonstrated the highest degree of sensitivity and specificity.

Importance of Best Practice Procedure
The use of assessment tools that are sensitive and specific to autism spectrum disorders and adhering to comprehensive evaluation practices while assessing for autism remains critical, as an insufficient autism evaluation may yield a misclassification or a missed classification (Esler & Ruble, 2015). This issue is of practical importance to school psychologists because they hold critical roles in the evaluation of autism in educational settings and are involved in the “assessment experts” (Brunson McClain et al., 2021). Information that is gathered throughout an evaluation should be used to inform intervention or support goals within an IEP (IDEA, 2004). Extant research and special education discourse caution against the use of nonspecific labels such as developmental delay or other misclassifications for children with autism due to a subsequent lack of potential autism-specific intervention and support (see for example, The Division for Early Childhood, 2009; Hadadian & Koch, 2013).

Without the use of evidence-based, best-practice evaluation methods for ASD, the degree to which practitioners within the schools consider complex differential classifications or rule-in ASD in the context of other co-occurring conditions that qualify for an IEP may be significantly limited.

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evidence-based practices in research is significant. As mentioned, evidence-based comprehensive autism evaluations are resource intensive, requiring substantial funds and extensive training. As a result, there exist significant differences between autism evaluations currently being conducted in schools and evaluation practices set forth through empirical guidelines. State mandated evaluation practices vary markedly, inconsistently requiring psychometrically validated standardized autism evaluation measures (Barton et al., 2016), and practitioners report a low rate of use of best-practice assessment measures. Rubenstein et al. (2018) explain the variation in special education eligibility determinations when comparing children who have clinically diagnoses of ASD and those who are educationally classified with autism may be a result of other co-occurrences. However, the differences may also be due to a lack of clinical training in ASD diagnostic evaluations (Rubenstein et al., 2018).

**BRIDGING THE GAP**

Despite the importance of early detection for ASD through comprehensive evaluations, variable trends exist regarding access to diagnostic services and the subsequent factors among prevalence rates and special education eligibility determinations. As research explains, ASD can be reliably diagnosed by age 2 and age of entry to intervention is critical in targeting positive developmental trajectories (Centers for Disease Control and Prevention, 2020b). However, the current average age of eligibility determination is much later falling between 4–5 years (Esler et al., 2022). Furthermore, there are significant differences currently in state mandated evaluation practices for assessing ASD within the schools. As Barton et al. (2016) explain, many states do not mandate the use of standardized autism evaluation measures. Due to exclusion of mandated assessment measures in state evaluation guidelines, a vast majority of school psychologists have previously reported never using either of the best-practice autism evaluation assessment tools outlined in research (see for example Allen et al., 2008). As a result, a large number of school psychologists have a desire for additional ASD-focused evaluation training within the school setting.

Based on a brief review of the literature, there appears to be a lack of large-scale nationwide rollouts for evaluation team training in assessing ASD. Despite this absence, additional training in the use of best-practice autism evaluation tools would likely reduce the research-to-practice ASD assessment gap within the schools and may also reduce the variability in special educational eligibility determinations. Training and workshops are available, although costly, for the administration of the ADOS-2 and ADI-R. Considering the desire for additional training by many school psychologists (Nathanson & Rispoli, 2021), and the lack of use of these assessment instruments (Aiello et al., 2017), it may be beneficial for schools or districts to fund attendance to workshops similar to those mentioned that focus on assessing ASD. It is likely that some schools and districts fund evaluation training opportunities already; however, an increased emphasis and support for attendance to ASD-focused evaluation trainings may address the current gap. In addition, it is important for school districts to educate professionals in gender-based differences in the expression of ASD symptomology in order to reduce misclassifications or missed classifications.

Preservice training through graduate programs may also be a viable option to increase training for and knowledge of evidence-based ASD evaluation procedures. It is likely that some programs include a more intensive focus on training for comprehensive evaluation tools in ASD assessment; however, widespread inclusion of ASD assessment in university programs for school psychology and related fields may address some of the research-to-practice gaps regarding ASD assessment within the educational setting. Lastly, although much easier to recommend than implement, a nationwide standardized evaluation procedure for ASD within the schools could provide incentive for school psychologists, evaluation team members, and schools/districts to seek additional training opportunities. In addition, standardized evaluation procedures would promote uniformity in evaluations and alleviate some of the variance currently evident in special education eligibility determinations.

The aim of this review was to highlight the research-to-practice gap that exists within evaluations for autism spectrum disorder or educational autism in schools. Lack of training, variability in assessment guidelines, socioeconomic and sociodemographic factors, and the resource-intensive nature of comprehensive evaluations all contribute to the current gap and to deficits in autism-specific support and intervention delivered in educational settings to children who may never receive autism-specific support in health settings.