EDCP 889
Internship Seminar in School Psychology
Spring 2012
Instructor: William Strein
Office Hours by appt.
Selected Thursdays 5:15 – 7:15 pm
Schlossberg Conference Room

The primary purpose of this internship seminar, as continued from last semester, is to serve as a structured learning experience to allow interns to synthesize learnings from their capstone internship experience. One of the presumptions of the Spring semester is that, given your growing experiences providing school psychological services, you may have different or more informed perspectives on various issues than you did during your pre-internship graduate work. One of the goals of this semester’s seminar is to use our meetings as a true “capstone experience”, helping you to integrate your formal training, your accumulating real-world experience and your own conceptual and perceptual frameworks regarding professional school psychology. Although the seminar will include instructor-defined and led topics as well as intern-defined and led topics, the predominant mode of learning will be collegial, professional sharing of experiences, knowledge and learnings from the internship experience.

Seminar Leadership: Over the course of the semester, each seminar participant will be expected to take the responsibility for leading one of the seminars, including identifying background information and any activities for the seminar. I will help you, in advance, with preparation.

Round-Robin Open Sharing: Each seminar will begin with open-ended sharing or updating, on a voluntary basis, of any relevant issue or experience arising from interns’ current work.

Portfolio Production and Assessment: The primary product from this seminar across both semesters will be the continuing development of an internship portfolio. This will include both assignments and documented exemplary work that you wish to include, as well as administrative documentation, such as monthly internship logs. You should make two copies of your portfolio materials - one to submit to me and one for yourself. Your copy of your portfolio should serve you for purposes such as seeking employment and credentialing. The Program will archive your portfolio for one year after the completion of your internship, after which only the administrative documentation will remain.

Grading: Students will receive one grade for “internship” and “internship seminar” based on reports from the field and seminar performance. Seminar performance will be judged primarily through the folio assessment process and evaluation of contributions during the seminar discussions.

Academic Integrity: In all class work and assignments, we expect the highest personal and professional standards which reflect the objectives of UM and our professional ethics. Students will be held accountable for violations of standards of academic integrity in writing and presentation of scholarly and professional ideas through established UM procedures. Proper citations, paraphrasing and proper quotations are essential in all your work.
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<tr>
<th>Date</th>
<th>Topic(s)</th>
<th>Description</th>
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| 2/2   | Introduction to Seminar                             | Topical Issue: NASP Internship Guidelines; Revision of CDSPP Internship Guidelines  
                | Review of seminar; review of portfolio assignments; identification of topical areas of interest; sharing and updating of recent experiences;  
                | *Portfolio Assignments:* Signed Internship Logs (Dec)                       |
| 2/16  | Job Searching – How to/ Where to - Bill             | “Case” Presentation – Katie Lynch  
                | *Portfolio Assignments:* Signed Internship Logs (Jan);                      |
| 3/1   | School Refusal - Katie                              | “Case” Presentation                                                      
                | *Portfolio Assignments:* Sample Psychological Assessment Report            |
| 3/15  | Wellness - Jill                                     | “Case” Presentation                                                      
                | *Portfolio Assignments:* Signed Internship Logs (Feb.)                     |
| 4/12  | DSM V Revision - Courtenay                         | “Case” Presentations – Laura  
                | *Portfolio Assignments:* Sample Consultation/Intervention Report           |
| 4/19  | Autism Assessment - Mike                            | “Case” Presentation – Jill  
                | *Portfolio Assignment:* Signed Internship Logs (March)                     |
| 4/26  | Activity-Based Counseling/Therapy – Liz             | School Psychologist’s Role in Identification of Students with ED  
                | “Case” Presentation – Laura  
                | *Portfolio Assignments:* Outcome Based Evaluation of Service               |
| 5/10  | Wrap-Up and End-of-Internship Celebration            | *Portfolio Assignments:* Signed Internship Logs (April)                    |
1. **Monthly Internship Logs**: Completed brief daily logs of professional activities, cumulated monthly,
   Due: ___ 2/2 (Dec); ___ 2/16 (Jan.); ___ 3/15 (Feb.); ___ 4/12 (Mar.) ___ 5/10 (Apr.)
   May and June logs and final summary due within 2 weeks of end of internship.

2. **Sample Psychological Assessment Report**. Due: 3/1. Submit a sample psychological assessment report. This should be a copy of the actual report submitted to your school, with identifying information removed. (If you are not doing formal evaluations, please submit a second consultation/intervention report.)

3. **Sample Consultation/Intervention Report**. Due: 3/29. Submit a brief sample report of a consultation or intervention case. This may be either an actual write-up that you did for the school, if applicable, OR a write-up for this seminar. This summary should not exceed 3 pages (unless an actual report prepared for the school was longer). You must exclude the client's or consultee's identifying information.

4. **Outcome Based Evaluation of Service**. Due 4/26. Submit a write-up of a specific piece of your work (assessment, indirect or direct interventions) in which you can, and do, document measurable change in the student(s) who are the ultimate goal of your work (i.e. “the client”). Both the process of outcome-based assessment (i.e., how you will measure your outcome) and the actual results must be documented. This case may, or may not, be the same as the sample cases in Assignments 2 and/or 3. If you submitted this in the Fall semester, you need not do so again. See the attachment below for a more complete description of this requirement.
Outcome-Based Case Report

Purpose and Overview

The purpose of the Outcome-Based Case Report is to allow the student to demonstrate that her work produces demonstrable positive outcome(s) for one or more service recipients. This report is a component of the Embedded Specialist Program’s Comprehensive Requirements (the other being the PRAXIS exam). The student will submit this report based on work completed during his internship year. The report will be evaluated, using the attached scoring rubric, by the program’s internship coordinator and one additional program faculty member.

Description and Requirements

The student will submit a brief “case” report on an intervention (direct or indirect) that includes quantitative outcome data documenting the apparent effects resulting from the student’s intervention. “Case” does not, necessarily, refer to a person; “case” may refer to one or more specific individuals (i.e., “clients” or “consultees” as typically defined in professional psychology), or an organizational unit that provides educational or psychological services, e.g., a classroom, a school building, or a school system. Regardless of the unit of intervention the case report must demonstrate the apparent effects that the student, himself, has had as the agent of change. So, for example, a case report describing building-level consultation performed by the student herself and which apparently resulted in measurable change in office referrals would meet these requirements, whereas a student-conducted program evaluation of a a social competency training intervention planned and executed by others would not meet these requirements. Examples of acceptable “cases” include, but are not limited to, individual or group counseling, behavioral interventions conducted by the student, case- or consultee-centered consultation (with client- and/or consultee-based measurable outcomes, appropriate to the case), and systems-level consultation (at any level wherein the student was the agent of change).

All high-quality interventions are informed by some sort of assessment (needs assessment, psychoeducational assessment, instructional assessment, etc). The assessment(s) that informed the intervention should be documented briefly in the report, and the report should include a rationale, based on the assessment(s), for why the intervention was chosen.

Demonstrating positive outcomes is best accomplished by establishing goals of the intervention either in advance, or early in the intervention as issues become more clear, and identifying quantifiable measures of those goals. Accordingly, this case report must clearly identify the goals and outcome measures that were identified at the start of the intervention. The basis for planning the intervention and the meaningfulness of the outcomes should be given careful consideration. Goals and outcomes must not be defined in an excessively narrow or trivial way (see comments on “clinical” or “practical” significance below).

Outcomes must be measured quantitatively. However, what types of quantitative data or types of analyses used may be dependent on the case and/or the student’s conceptual approach to the case. For example when the unit of direct or indirect intervention is a client or group of clients, one student might use any one of the traditional single-subject designs to assess change and analyze the data using the single-subject effect size “d”, percentage of non-overlapping data (PND) procedure, or one of the several techniques for accounting for trends in the data (e.g., see Scruggs & Mastropieri, 1998). Another student might use a standardized, normed clinical rating scale, such as the BASC, MASC, or CDI and analyze the change with reference to norms and scale-defined cut-points, taking into account SEMs and known re-testing effects (e.g., see Kendall et
al, 1999). Still another student might use student-made, client- or situation-specific ratings (e.g., see Friedberg & McClure, 2002) and document change with some defensible procedure. When the unit of intervention is an organization (classroom, school, school system, etc.) the student might, for example, use outcome data aggregated at the group level, or use some quasi-quantitative measure such as goal attainment scaling (e.g., see Kiresuk, Smith, & Cardillo, 1994).

The purpose of this report is to demonstrate, to the extent possible, that the student’s work has produced a positive outcome. Measuring outcomes is addressed above. Having measured outcomes, what constitutes a “positive” outcome? Obviously, no change or negative change in the outcome measures, would not qualify as a positive outcome. However, assessing the impact of an observed, positive change in the quantitative outcome measures is dependent highly on the context of that observed change. For example, a 20% increase in on-task academic behavior from 10% to 30% may have little “real world” impact on state-mandated tests or the student’s grades, whereas an increase from 60% to 80% on-task might translate into achievement gains that would make the difference between retention in grade or promotion. Hence, in addition to demonstrating positive measurable change, the student needs to provide a rationale for that change representing “clinical” or “practical” significance (e.g., see Blanton & Jaccard, 2006; Jacobson & Truax, 1991).

References
Embedded Specialist Program

Scoring Rubric for Outcome-based Case Report

Key: 1 = Needs Development; 2 = Meets Expectations; 3 = Exceeds Expectations

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<tr>
<th>Component</th>
<th>Rating</th>
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<tr>
<td>1 Brief discussion of assessment procedure (but this is not the focus of this report).</td>
<td>1 2 3</td>
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<tr>
<td>2 Explanation of the intervention, rationale for choosing this intervention, and brief discussion of the research base for it. Relationship of intervention with the assessment must be clear.</td>
<td>1 2 3</td>
</tr>
<tr>
<td>3 Outcomes must be measured quantitatively. Justification of the outcome measures and their relationships to functioning in a practically significant way must be explained. Time frame for demonstrating change must be presented.</td>
<td>1 2 3</td>
</tr>
<tr>
<td>4 Intervention must result in positive outcome for the client(s), consultee(s), or organization. Outcomes should be interpreted and described in terms of how they benefit the client or organization.</td>
<td>1 2 3</td>
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<tr>
<td>5 Change must be “clinically” or “practically” significant. “Clinical” or “practical” significance must be explained in the report.</td>
<td>1 2 3</td>
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Overall Evaluation

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<tr>
<th></th>
<th>1 Needs Development</th>
<th>2 Threshold Development</th>
<th>3 Meets Expectations</th>
<th>4 Substantially Developed</th>
<th>5 Outstanding</th>
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<tr>
<td></td>
<td>Multiple ratings of 1</td>
<td>At least four ratings ≥ 2</td>
<td>No more than one rating of 1; and items 3-4 each rated ≥ 2</td>
<td>All items ≥ 2; multiple ratings of 3</td>
<td>All items rated 3</td>
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