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# The Development of School Psychology Assessment Centers as Training, Service Delivery, and Research Sites

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# The Development of School Psychology Assessment Centers as Training, Service Delivery, and Research Sites

## **Cover Page Footnote**

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## Introduction

According to the National Association of School Psychologist (NASP) Ethical Principles (2010), School Psychologists have an ongoing responsibility to promote and support the development of healthy schools, families, and communities while also contributing to the knowledge and research base, mentoring, teaching, and supervision of future psychologists. School Psychologists should ensure implementation and alignment of the mentioned NASP objectives in any setting in which they work, including schools, welfare agencies, and private practices. While a third of School Psychologists are not registered with the National Association of School Psychologists (NASP), six percent of those registered with NASP work in college or university settings (Sulkowski & Joyce, 2012). According to Merrell, Ervin, & Peacock (2012), APA Division 16 reports fewer membership numbers (2,200 in 2009), which is attributed to a need for a doctoral degree for full membership. Less than 30 percent of School Psychologists have a doctoral degree. A majority of School Psychologists (83.1%) work in school settings, while 4.1% work in private practice (Merrell, Ervin, & Peacock, 2012). Training programs in School Psychology seek to meet components of learning and practice by providing their students with opportunities to engage in meaningful research, learn effective service delivery, participate in outreach services, and continue in professional development. School Psychology Assessment Centers on a university campus, embedded within a training program, provide the opportunity to acquire these essential skills.

A School Psychology Assessment Center (SPAC) framework is developed through models identified in the literature. While these models are similar, not one model is cohesive enough to be identified as a primary framework in which to build a strong foundation of a Center. This paper will begin with an overview of commonly used models and systems that School Psychologists and other professionals employ and how those support systems apply to all areas

of school psychology. It will then discuss how School Psychology Assessment Centers incorporate these systems as well as key points from assessment centers that are similar to a SPAC and assist in building a strong foundation. Developmental methods in creating a Center will examine how to create a successful Center proposal, develop a mission statement, design the organization of the Center, and find resources for prescribing a budget. Further, the paper will discuss how to create required paperwork, adequately train personnel, market rendered services to the university and community, and outline recommendations for maintaining the life of the Center. This paper will also discuss the limitations and implications identified in creating the Center at Stephen F. Austin State University (SFASU).

#### Review of the Literature

*Models for assessment centers.* According to Lyon, Charlesworth-Attie, Stoep, & McCauley (2011), five major domains are recommended as a model for conceptualizing program implementation of a school-based health center (SBHC). These five recommendations include: intervention characteristics, outer setting, inner setting, individual characteristics of staff, faculty, and students, and the implementation process. Intervention characteristics include core components, adaptability to its environment, and peripheral elements (Lyon et al., 2011). This suggests that such centers should pay close attention to their culture and agendas as well as the outer settings of the greater system in which they fit. Outer settings are dependent upon the economic, political, and social context in which the organization exists. The inner setting relies on the individual characteristics of practitioners and implementation-team members' personal and professional values, interests, and affiliations. A strong inner setting focuses on shared receptivity to change and organizational context in which implementation occurs. To ensure success in the inner setting, faculty, staff, and students in these positions must remain cognizant of the outer setting and the expectations they are in. The final domain is simply implementation

of the full conceptualization model (Lyon et al., 2011). Lyon et al. (2011), assert that similar centers define and follow these steps in order to establish and maintain success within their environment.

According to Merrell, Ervin, & Peacock (2012), faculty School Psychologists at a university provide services as a consultant or work part-time in school settings. As recommended by Sulkowski & Joyce (2012), university-based School Psychologists can assist student clientele through three tiers of prevention efforts: primary prevention, secondary prevention, and tertiary prevention. Broad student intervention can be found on the tier-one level, by consulting with administration about retention, motivation, good teaching strategies, and critical incident preparedness. The second tier focuses on identifying students with disabilities and coordinating resources for these students; assisting with stress reduction and adjustment issues students may encounter. The third tier focuses on individual students to support those with significant needs or disabilities by providing career coaching, counseling, therapy, psycho-educational assessments for disability accommodations, psychiatric services, and performing threat assessments (Sulkowski & Joyce, 2012). The primary difference between the second and third tier is the intensity and individualization of services.

*Positive behavior support systems.* A positive behavior support system has been described as the “integration of valued outcomes, behavioral and biomedical science, empirically validated procedures, and systemic change with the collective objective to enhance quality of life and minimize or prevent problem behaviors” (Sugai & Horner, 2006, p. 246). The integration or implementation of a positive behavior support system in schools may increase the likelihood of adaptation and sustainment of effective mental health practices. Primary, secondary, or post-secondary schools will truly benefit from such a system. A key note to utilizing the positive behavior support system is employing it for school-wide efforts to prevent and change patterns of

problem behavior (Sugai & Horner, 2006). Programs in School Psychology have interests in creating impeccable training environments and educating communities on the profession. The development of School Psychology Assessment Centers, which infuse the ideals of positive behavior support systems, are excellent investments in helping meet the positive goals School Psychologists seek to achieve.

*Assessment center clientele.* In the last 15 years, school-aged children and adolescents have shown an increase of diagnoses in pervasive developmental disabilities. Pervasive developmental disorders are distinguished through impaired social interactions, poor language and communication, and often stereotypic behaviors. An increase in these diagnoses may contribute to a more pronounced awareness from society (Chakrabarti & Fombonne, 2014). With these facts, School Psychology Assessment Centers should provide services to school-aged children and adolescents in the surrounding community to assist in identification of struggles with academic performance, social-emotional-behavioral disorders, and pervasive developmental disabilities. On average, School Psychologists who serve as faculty at a university may work part-time or consult to local school districts without a directly established link of these services through the university (Merrell, Ervin, & Peacock, 2012). Some universities across the country, including Oklahoma State University and Southern Illinois University Edwardsville, have established school psychology assessment centers. Further, Oklahoma State University's Center is housed with a Clinical and Counseling Psychology Center, combining services for the community. These services include "assessment, consultation, and intervention to young people, families, and schools" (Oklahoma State University, 2015, p. 1). Though some university programs actively develop Centers for graduate students, the literature does not address an examination of how to create these centers and the effectiveness of these programs. This lack of

information may contribute to limited understanding of all the services School Psychologists offer to the public and the possible settings in which these services may be provided.

While the literature does not directly state the reasons, it is presumed that School Psychology programs and Counseling programs are often separated from each other because of the specific areas in which practitioners work. School Psychologists at the specialist level primarily work in school settings and have long held the traditional role of assessing students identified as possibly having a disability. Counseling and Clinical Psychologists, on the other hand, mainly work in private practice, have little to no experience with the school system, and focus on client-practitioner roles. Although many primary and secondary schools provide such services, administrators and parents may desire additional supports and expertise.

Primary and secondary schools usually offer school psychology services, with little assistance offered at the post-secondary level. Difficulties with psychological functioning have become more pronounced in college students, creating the prevalence of severe and impaired functioning (Sulkowski & Joyce, 2012). Since 1990, depression treatment rates have doubled and suicide rates have tripled, while other disorders such as anxiety, substance abuse, and impulsivity have also become more prevalent. Students born between the years of 1982-2002, referred to as “millennials,” currently make up the majority of college enrollment. These students are perceived to be increasingly more dependent by other generations, value strong family and interpersonal relationships, mentorship, enjoy group work, and tend to seek more praise and feedback than older generations. While transitioning from secondary education, college life may exacerbate pre-morbid and subclinical health issues or new problems may develop, as students are in a new environment and learn to support themselves with little to no assistance from parents. Even with these perceived difficulties, institutions are now viewed as

more responsible for the outcomes of students and their mental health status; which if impaired, could lead to difficulties with retention and dropout rates (Sulkowski & Joyce, 2012).

In recent years, needs on a college campus have changed to address three primary problems: (1) an influx of students coming to campus with mental health impairments, (2) an influx of diverse cohorts of students on campus with various academic needs, and (3) an increased attention is paid to student's mental health issues. These primary issues highlight concerns and areas of necessity and target the focus of mental health interventions. Developing connections and contributing to a campus-wide culture-sharing of health and caring involves reaching out (Asidao & Sevig, 2014). Psychologists, particularly School Psychologists training future practitioners, must be aware of the needs of students beyond the primary and secondary education levels. School Psychology Assessment Centers should be sensitive to these pertinent issues in relation to the mental health of post-secondary students. Awareness of these factors help psychologists contribute to the betterment of people, application of knowledge and skills, and commitment to high ethical standards (Roberts et al., 2005).

Many authors have addressed best practices in school-based mental health services and their use (Asidao & Sevig, 2014). Very little information is available on establishing a practice or assessment center in school psychology within university settings (Smith-Baily, 2003). While some of the process is similar, there is a dearth in the literature related to the creation, development, and maintenance of such centers. Below, the existing research in developing a Center of Psychological Services will be discussed.

*Creating a successful proposal.* To develop a successful center, a proposal must be created to present to the university that discusses the necessity of such a program, its anticipated effectiveness, and the benefits this Center would possess not only to the university but the community as a whole. Consideration of the rules and regulations of the outer settings must be



examined (Lyon et al., 2011). This implies that it is important to know the rules and guidelines of creating a new program and how it impacts the existing services available, university needs, and community needs. The extent of what is available in research is composed of what is available online through existing centers and university campus mission statements.

*Describing principle activities.* Principle activities are those that take precedence in establishment of a Center, which may include goals such as research, service delivery, outreach, student services, and faculty and student development. For example, research is recognized as a core service in the Amphitheater School District school psychology sector and is provided by staff members. Each staff member is expected to provide summaries of research to present in workshops and seminars. Additional services stem from research of current problems discovered within the school district. In the Amphitheater School District, Direct Intervention Services were created to combat difficulties of students who struggle with social skills, crisis intervention for suicidal high school students, divorce recovery, depression, stress management, substance abuse, test-taking and study skills, self-esteem, sexual and physical abuse, communication skills, and problem-solving skills (Franklin & Duley, 1991).

In utilizing research, outreach programs can be developed that assist students and community members. For example, to develop a new outreach program, Asidao & Sevig (2014), service providers of a counseling clinic on a university campus, introduced the campaign of “do something,” providing a Semester Survival activity with wellness-focused goody bags, pet therapy animals, music, Legos, and more. This activity generated well over 300 students on the campus. Following this campaign, a “Do something and Play Day” (encouraging new connections, petting dogs, eating pizza, learning a new craft such as knitting) was introduced and became a once-a-semester routine, generating over 1,000 students and counting for participation. Question, Persuade, and Refer (QPR), a nationally recognized suicide prevention program, was

also introduced to acquire help for individuals who may be struggling with suicidal ideations. The QPR program trained staff, students, and faculty on key warning signs, questions, and ways of persuasion to referring individuals to obtain the help that is necessary (Asidao & Sevig, 2014). These outreach services provide an opportunity to engage the community and connect the university to students on a personal level while increasing faculty and student development. Although this example is limited by primarily addressing outreach services only, it is more commonly seen in counseling and clinical centers.

*Creating organization of a Center.* A correctly functioning Center is established through the organization and flow of its processes. If a system does not work properly, it will impact how services are delivered and can impede clients receiving needed care. For example, the Illinois Department of Children and Family Services (IDCFS) underwent major reform and many changes in 2000, to incorporate a new system of how psychologists and consultants assist students in the system because of organizational flaws. An ethnically diverse expert panel was created to address major issues, leading to the discovery that many psychology forms (referral and official assessment reports) did not address needs, lacked quality, and were difficult to read and understand. Two primary goals went along with the recommendations: to improve the quality of clinical decision making among child welfare staff and to empower caseworkers to use their social work skills and not just rely on psychological evaluations when working through clinical issues (Brenner & Holzberg, 2000).

Previously, the IDCFS had vague and unfocused referral questions, many caseworkers could only rely on psychological evaluations, and consulting psychologists' reports were confusing and left little to understanding and assistance with interventions. After assessment of clients, many psychologists were unavailable for contact to clarify any misunderstandings with client status. Four recommendations were made from an expert panel composed of some school

and licensed psychologists, and they include: (1) develop a focused, standardized referral process for targeted referral questions and deliver psychology providers with necessary information, (2) hire a staff of psychology consultants for timely assistance of evaluations, (3) develop a selection system for identifying psychologists interested in providing testing, and (4) create a fair and reasonable pricing structure as a model for the providers who conduct the evaluations and pricing for clients receiving services (Brenner & Holzberg, 2000). This suggests that in order to avoid such structural difficulties in the initial development of a Center, the professionals involved will need to be determined and clear guidelines and goals for services they will provide should be established to ensure a more cohesive structure for the Center.

*Marketing to the public.* Although clinical competence is important, it is not enough to market to the public. In establishing an effective practice, an initial offer of services to the community for free will help (i.e. speeches at schools and community centers), and be willing to network with various professionals such as physicians, allied health professionals, educators, and leaders in faith communities (Paterson, 2011). The key and final point Paterson (2011) makes, is to utilize technology to the greatest advantage possible, such as developing a strong website. With these recommendations, it appears that it is most essential to market services within and outside the context of the inner setting in which the Center will reside (Lyon et al., 2014). Notifying students of a Center that is available to them conveys a clear message their well-being matters; a combination of clinical services, with a focus on prevention and education, can assist in the path to mental and emotional health (Asidao & Sevig, 2014).

*Staff and faculty involvement.* Research shows faculty involvement is crucial for maintaining the life of a program. For example, staff and faculty members of the Amphitheater School District are trained with standardized testing procedures, assault prevention, and job performance goals to meet requirements of continuing education annually. The Amphitheater

School District also recognized the need for development internally to maintain up-to-date services for all students in need and initiated an organizational development services plan that focused on workshops and seminars for the district and community. This permitted the Psychology Department to maintain an active participation in society and the community (Franklin & Duley, 1991). This suggests that faculty and student involvement are the lifeline of a program.

The research described primarily focuses on Counseling and Clinical Centers and how these centers have focused their efforts to develop an organized location for the surrounding community to receive services. This literature is missing many links, including a direct description of how to begin a Center within a University and obtain the necessary resources. While minimal supports are described, it is not directly outlined. An Assistant Professor in School Psychology at Stephen F. Austin State University recognized missing links within the community and training program and how to provide for what did not currently exist, in creation of a center for the School Psychology doctoral/specialist program. Below is a description of the necessary steps taken to create, organize, and maintain a School Psychology Assessment Center, including the creation of a proposal, developing a mission, organization, locating resources and describing a budget, developing the correct paperwork, training of personnel, marketing to the community and university, and maintaining the life of the Center.

### Developmental Methods in Creating School Psychology Assessment Centers

#### Creating a Successful Proposal

In seeking to develop a successful proposal for a School Psychology Assessment Center (SPAC), a mission statement for the Center should be developed to describe principle activities, assert main goals and objectives, describe the organization of the Center, establish funding sources, and finally, create a budget for the Center. This mission should be aligned with the

university mission statement and strategic planning goals as well as the mission and goals of the college, department and program in which the Center will be housed. This may entail determining whether the university, school, or organization requires a specific formatting for the formal Center proposal. For example, Stephen F. Austin State University (SFASU) center proposal guidelines (2014) state “A center proposal must include a description of the mission of the center, its goals and objectives, and how the center will be structured, funded, or otherwise supported by the university” (pp. 1).

The SPAC at SFASU was established to address a missing link for training in psycho-educational assessment (social, emotional, behavioral, cognitive, achievement, adaptive, and curriculum-based assessment) for students. According to the SFASU Mission Statement and Strategic Plan (2015), the institution is dedicated to excellence in teaching, research, scholarship, creative work, and service and through the personal attention of faculty and staff, students are engaged in a learner-centered environment and are offered opportunities to prepare for the challenges of living in the global community (p. 1). The SPAC supports this mission by ensuring that students receive training needed to be effective as future School Psychologists and also doctoral-level Licensed Psychologists. Further, the center addressed university and community needs by examining services that were established in comparison to services that were missing. Details of how this was addressed will be explained below.

*Developing the Center Mission.* In developing the mission of the proposed Center, close attention must be dedicated to the needs of the community, school, and environment in which it will reside. Consider the goals and objectives of the department, program, university, and the greater community in which it will serve. The greater community’s primary needs must be reviewed and often include: considering most requested types of services, identifying missing links in the region and how the Center can “bridge the gap”, defining characteristics that make

the Center different from other available community services, and establishing who will benefit from the services offered. Further descriptions of those who will assist in upholding the mission of the Center must be provided. During the creation of the SPAC at SFASU, the director took time to educate herself on the services offered at the SFA University Counseling Center and the Graduate Counseling program also housed in the Human Services Department. She also educated herself on services that were once offered in the SFA Psychology Program, yet were no longer available to the university or the community at the time of the SPAC creation. This included understanding the current student population, asking university and community officials about needs, while ensuring that unique and needed services would be provided. Overall, clear and direct descriptions of the practices used in the Center had to be expressed. An example of Stephen F. Austin State University's SPAC mission statement can be found at <http://www.sfasu.edu/humanservices/560.asp>.

Within the mission, describe those activities that take the most precedence when detailing the function of the Center. These are identified as principle activities and instill a foundation that aligns goals and objectives as community members are informed of services provided by the Center. In defining these goals, it is important to not only name the activity, but allocate the percentage of time dedicated to each objective. For example, within the proposal of the SPAC at SFASU, research and service delivery are described as the most important objectives for the Center with at least 50 percent of time allocated to this part of the mission.

Principle activities described. In describing the activities, first consider the mission in relation to the services the Center will provide. This includes such goals as research, service delivery, outreach, student services, and faculty and student professional development.

School Psychologists have an ongoing responsibility to promote and support the development of healthy schools, families, and communities while also contributing to the

knowledge and research base, mentoring, teaching, and supervision of future psychologists (National Association of School Psychologist Ethical Principles, 2010). Though a large percentage of school psychologists (Licensed Specialists in School Psychology) work in primary and secondary school settings at the Specialist and Master's level, about 30 percent have Ph.D.'s and also earn a license as a psychologist, go into private practice, work in a university, and other settings. (Merrell, Ervin, & Peacock, 2012). For these future psychologists, additional training is needed in research, assessment, and intervention.

A fundamental element of any center is research. Research can be used to further improve service delivery to clients who display a wide array of symptomology observed with various clients of different ethnicities, socio-economic status, age, and education levels. Since data is consistently collected from psycho-educational assessments, evaluation of services, and outreach programs, it is important to make use of it in order to improve service delivery and client experiences. The SPAC at SFASU is involved in furthering the understanding of psychological problems and their treatments through research. The Center is able to provide potential access to a clinical population for research (both faculty as well as student directed) on a variety of topics. Clients are invited to participate in research projects; while participation is not required to receive services of SPAC, it is encouraged. Further, the SPAC ensures that clients sign a consent allowing psycho-educational assessment data collected from them to be utilized in future research analysis upon Institutional Review Board approval. This allows the collection of data points for the development of empirically-supported interventions and for the purpose of scholarship.

Next, modes of service delivery must be clearly defined. These are made clear through the refinement of distinct goals and objectives of services that will be rendered. Service delivery provides psychological assessment services for the measurement of disorders that affect

psychological, emotional, academic, and occupational functioning. Affordability and quality are two primary goals in delivery of services to the campus community and area residents. Service delivery modes were of great consideration for the SPAC at SFASU. Descriptions of the type of services offered, who are eligible to receive these services, types of assessments used, the overall scope in service, whether intervention methods are taught or explored, and methods employed by the Center were all included as the foundation for service delivery objectives. This ensures that those involved are aware of the services provided and their significance.

Outreach and student services are often combined since they include similar efforts centered on ensuring that potential clients are aware of opportunities to receive not only various academic assessments, but social, emotional, and behavioral interventions and supports as well. The director of the SPAC took time to talk to fellow School Psychology colleagues (in and out of the program) to determine the needs of the students and also the greater community. As the teacher of all assessment courses in the program, she also asked students in the program about skills they needed and desired most, while studying the modes of teaching future School Psychologists and Psychologists skills that would make them most successful in the future and field. One of the missing links in the curriculum expressed by all consulted was a need for more intensive practice in assessment beyond theory to help and inform intervention. Armed with this information, the director set up meetings with program faculty, Department Chair, Dean of the College of Education, Director of Disability Services, Dean of the Student Affairs, the University Medical Center Director and the Director of Counseling Services to discuss ways that services could be rendered through the School Psychology Program while benefitting not only students learning in the program, but the university and greater community. Further, the director, a Licensed Specialist in School Psychology and National Certified School Psychologist currently completing training as a Licensed Psychologist, with the help of the Department Chair, reached



out to supervisors with appropriate credentials to develop relationships and ask for their expertise and dedication to supervising assessment work within the Center. Within the proposal, the director of the SPAC at SFASU described distinct goals and objectives of outreach and student services through descriptions of the ways the Center will differ from similar centers in the area, how clientele would be reached, the identification methods of underserved populations, and the offering of sliding scale fees for those who may not have the funds for such services. For example, within the SFASU SPAC proposal, a special focus was on uninsured and underinsured individuals on campus and in the community of families in the surrounding areas. This section also defines how assessments within the Center are utilized to receive other campus and community services, such as SFASU Disability Services, Counseling Services, and various community services.

Faculty and student professional development activities are a core component of a center. While excellent service delivery to clients is a necessity, strengthening skills of assessment and intervention for the faculty and students providing services is of immense importance, especially since students are not only training to serve in primary and secondary settings but also as future psychologists serving populations beyond Kindergarten through 12<sup>th</sup> grade. Faculty members are awarded professional development opportunities through the supervision of student case study experiences and training in the rendering of direct services. These supervised experiences contribute to completing various psychological licensure requirements for faculty supervisors as well as students. Further, this Center serves as a practicum site for students training in psychology to develop skills and experience, not only in assessment but in the intervention of academic, psychological, and behavioral disorders.

*Creating the organization of the Center.* When solidifying the organization of a center, provide a structural foundation and order of operations for not only services that are offered, but also for the experiences of faculty school psychologists and students who provide services there.

Those involved in the creation of the SFASU SPAC considered many aspects concerning a solid organization and structure to support the best service delivery outcomes. Specific duties were identified, such as the determination of who the Center would report to (department chairs, deans, supervisors, administrators, etc.), the identification of the SPAC director and their responsibilities (an Assistant Professor in School Psychology), the determination of who would provide supervision (licensed school psychologists, licensed psychologists, student supervisors, etc.), steps to enact if these individuals were to change duties, and the designation of those who would assist in daily operations (data collection, treatment provision, client databases, website maintenance, and involvement with ensuring constant communication between the director and other service providers). Since this Center is housed on a University campus and many duties would be incurred by those who work there, additional time for Center responsibilities and the possibility of course releases were discussed. Since the proposed director had two graduate assistants from the doctoral program in School Psychology at the time to assist in duties, the request was made for an additional part time graduate assistant to help with clerical duties, securing of paperwork, filing of client records, collection of research and evaluation data and more. For this effort, those involved in the Center and its duties were deemed to be providing service to the department and community.

*Finding resources for the Center and describing the budget.* In the process of proposing the SPAC at SFASU, a great issue of concern was how funds would be obtained to start, maintain, and adequately operate the Center. For those interested in this type of center creation, the desired location of a center (i.e. university campus, k-12 campus, public agency, etc.) must

be considered and funding resources may or may not be available. The director of the SPAC at SFASU had to research if there were internal or external sources of funding (reserved educational funds, grants, and contracts) available within the context of the location. For example, since the SPAC is housed on a university campus within the Human Services Department, and the School Psychology program, the Center director (Dr. Nina Ellis-Hervey), consulted with the Department Chair to determine if departmental funds, Higher Education Funds (funds for items that assist in the teaching of students and future practitioners), or any other funding opportunities were available. The SFASU School Psychology doctoral program was relatively new and had a strong commitment from university administration representatives (i.e., College Dean, Dean of the Graduate School, Provost) who allocate funds for additional staff required in training (e.g., contract employees serving as supervisors of faculty and students' licensure and certification requirement) and required assessment materials. Funds were used to purchase cognitive, achievement, social-emotional-behavioral, adaptive, and other assessment tools. Through an application for Higher Educational Funds, which included a descriptive rationale for items needed in the SPAC, funds were made available to assist in the purchasing of needed assessments, protocols, and Center items. In addition, administration was consistently informed of the doctoral courses in which the Center would serve as part of students' training (i.e., first year courses in intellectual assessment and achievement, the third year family assessment course, third year doctoral assessment practicum). Licensed Specialists in School Psychology, who were also Licensed Psychologists, were hired to provide individual supervision to students training in assessment in the courses. The director and associated graduate assistants and students also completed HIPAA (Health Insurance Portability and Accountability Act) training, which was funded by the Department. Other specific items considered in start-up included filing cabinets for client records, file folders, common office supplies (pens, pencils,

paper, and printing abilities), computer(s) for scoring assessments, and graduate assistants and/or personnel to assist with the daily duties of the Center. Because these were standard expenses supported by the Departmental Operations and Maintenance account, no additional funds for the Center were required. It was also asserted that funds from revenue earned from assessments and the future securing of grants and contracts would assist in the funding of the SPAC. The director of the SPAC attended university training on accounting and budgeting and, subsequently, a Center account was created to store and accrue funds earned through services rendered. (Pricing for Center Services is discussed below.)

Beyond establishing funding sources for assessment tools, identifying space dedicated to assessment efforts and client record-keeping was also pertinent. This quest is somewhat of a challenge because of limited, usable space for this purpose. Collaboration with similar, clinical, service-related training programs in the same and different departments allow for space to be shared. At SFASU, this included collaborations with the Neuropsychology Laboratory, Speech-Language Pathology Clinic, Counseling Clinic, and the University Medical Center to source areas dedicated to assessment efforts. In compliance with National Association of School Psychologists (NASP), American Psychological Association (APA), and Health Insurance Portability and Accountability Act (HIPAA) ethical standards of privacy and confidentiality and also for all electronic communication (virtual disk encryption, file folder encryption and e-mail), client records were secured in locked file cabinets behind a locked office door of the office of the SPAC Director.

#### Creating Required Paperwork for the Center

The creation of effective and comprehensive paperwork is a vital part of the Center. The contents of initial and ongoing paperwork must flow in a manner that allows for simplicity in administrative duties, providing more time for client assessment. Efforts must also be dedicated

to ensuring that specific questions are asked and answered so the client assessment process is consistent with modes of problem identification and problem-solving. All of these points were considered in the creation of SPAC paperwork at SFASU.

At the SFASU SPAC, the creator and director developed an intake packet of materials that was simplistic and cohesive. The director implemented practices and policies used in her previous work and practicum/internship experiences at Oklahoma State University. The client intake file includes: information about Center services, client referral for services, permission for testing, consent to obtain and release information, pricing lists (general and reduced), proof of financial hardship, and complete documentation of services. The information about Center services form includes information for the client and community about the overall referral process, who will provide the assessments, what data will be collected, expected timeline, and tips to follow before assessment occurs. The client referral for services and permission for testing forms include basic contact information of the client and guardian (if needed), description of the presenting issue, acknowledgement of permission to test the client, and statements of confidentiality and privacy. The consent to obtain and release information form grants permission from the client for the Center to contact, receive, and send details about the client's history to other clinical settings. The general pricing list includes prices for client intake fees (a set flat fee which includes the initial intake meeting as well as the client feedback meeting) and specific assessment fees (intelligence, achievement, continuous performance, neuropsychological, personality, adaptive, social-emotional-behavioral, and curriculum-based assessments) which have an individual price to be added to the client intake and feedback fee. This form is given upon intake so that clients are aware of the general pricing range of the Center services and an estimate of the total amount their testing may incur. Individuals on this campus and surrounding community are traditionally underserved in psycho-educational assessments because of

affordability. For this reason, the reduced pricing form was created and includes the same assessments as the general form. The proof of hardship form is provided to those who request the reduced pricing list and is used to document the client has other circumstances that indicate financial hardship. The final form is the complete documentation of services form which is used for tracking provided services and contact with the client. It should be noted that all Center paperwork (and updates) was reviewed by University Counsel and approved by the legal team before public use.

During the initial meeting with a new client and after a referral form is collected, the client is provided with a short behavior checklist so that their clinician may know some of the difficulties they feel they are encountering. After this a permission and consent for assessment form are signed, which also request permission for taping of testing sessions and use of testing information for future research. Potential clients are notified that it may take one to two weeks to hear from the person they will work with. They are also given a “What Now” form which explains the steps to psycho-educational assessment, what is needed, who will provide services, an estimated timeframe from assessment intake to feedback and limits of privacy and confidentiality. They are also briefed on how to prepare for assessment, what they might expect to find in their assessment report, and what happens if they are diagnosed with a disability. Upon their first appointment, background information is collected using a standard background information form, or Behaviors Assessment System for Children Structured Developmental History Form. Clients are asked for and sign a permission to obtain and release information form to collect records and data from previous tests of intelligence and educational achievement. After this initial meeting, the intake fee is collected at this time. From this point, appointments are set to gather ratings of social, emotional and behavioral functioning, adaptive functioning, cognitive and achievement assessments, and curriculum-based assessments. After all assessment

meetings have occurred (three to four meetings), clients are given a timeline for the completion of their report and feedback meeting to receive the results of their assessment. Assessment and practicum students work with their supervisors to provide a concise and clear report and a feedback meeting is attended by the supervisor and student clinician in which feedback is provided and the client leaves with a signed report (signed by student clinician and all supervisors). Upon receiving the report, the final invoice for services is given and paid by the client.

### Training Personnel for the Center

Personnel in the SPAC are composed of faculty supervisors (Licensed Specialists in School Psychology who are also Licensed Psychologists and training Psychologists), student clinicians (practicum students), and graduate assistants. Faculty supervisors include university-, field-, and community-based school and licensed psychologists. These professionals collaborate to ensure that students receive the state, NASP, and APA standards of group and individual supervision requirements. Student clinicians who work within the SPAC must complete required courses and are usually senior level within the School Psychology Doctoral Program. All of these professionals and students secure professional liability insurance and receive training in the Health Insurance Portability and Accountability Act (HIPAA).

Before experience in the SPAC, many students volunteered to participate in a department-supported School Psychology Program Assessment Workshop, which was facilitated by the Center Director. This was a three-day workshop offered in the summer semester, which included extensive review of administration, scoring, and interpretation of cognitive, achievement, adaptive, social-emotional-behavioral, and specialized assessments. This assessment workshop was created by the Center Director to address observed assessment skill deficits among students prior to practicum and internship placement. Students were also trained

on the Question, Persuade and Refer program. Additional workshops and trainings are offered throughout the year and include cross-battery assessment, ethics, and Special Education.

Assigned graduate assistants carry out daily tasks in the Center such as data collection, treatment provision, building databases, and development and maintenance of the Center website.

Assistant(s) are expected to maintain involvement through direct consultation with service providers along with the Director of the Center.

### Marketing Assessment Services

A key point to marketing includes exposing the name and services of the Center.

Depending upon where a center is located (university campus, k-12 campus, public agency, etc.), marketing efforts should not only be focused on those within the organization, but to the community at large. Marketing brochures, business cards, drafted informational letters for neighboring service providers, and announcements from campus administrators and officials are essential in assisting in this effort.

*Marketing to the University.* In the creation of the SPAC at SFASU, the Center Director (Dr. Nina Ellis-Hervey) wanted to maintain clear marketing strategies for the campus. During the initial marketing process, the SPAC Director found it most appropriate to set up informational meetings with various campus officials. These officials included counselors of the University Counseling Services, Student Services, and Disability Services and the director of the University Medical Center. In the course of these meetings, campus officials were asked about the needs of the students they served and were informed of services the SPAC provides, which would best serve their client base. Beyond campus officials, specific courses taught on campus were also targeted. For example, the SFASU SFA 101 Freshman Seminar course is designed to provide incoming students with information, skills, resources, and motivation to support retention and successful academic outcomes throughout the student's college experience. Those



over these courses were informed of assessment services students may be interested in utilizing early in their academic careers to further support retention and academic success.

*Marketing to the community.* While marketing to the inner settings is essential, ensuring the outer settings are well-informed of services available to them is equally important. Through outreach opportunities, attending meetings for the community, and advertisements, it is crucial to expose the name of the Center to the public. Professionals of the SFASU SPAC created simple brochures, appealing business cards, and designed a website for attracting potential clients in the community. The website is adjacent to the home page of SFASU and includes a description of services and an easy-to-print referral form for students and members of the community to complete and submit. A physician's campaign including letters of introduction were sent out to local family psychiatrists, physicians, psychologists, and mental health clinics, informing them of the newly created School Psychology Assessment Center, with a description of services provided. These efforts yielded favorable results as many community officials refer potential clients for assessment.

*Working with specific organizations on center development efforts.* To extend on marketing to the community, new centers should also target agencies that spread information about valuable resources to the community at the large. The SPAC at SFASU recognized the value in contacting specific community organizations to spread the word of the Center. The SFASU SPAC presented about the Center to the Nacogdoches Texas Inter-Agency Coalition, which is designed to create exposure and collaboration among organizations within the community. Professionals from the SPAC attended several of the monthly meetings, which offered the opportunity to connect with the Nacogdoches Parent Resource Center, a center which shares opportunities for families to work as a team with the school and community to prepare students for their future. The SPAC also partnered with the Burke Center, which is a center

supporting high-quality personal and professional mental health services to surrounding communities in various community projects, such as the Mission Possible Conference, which informs the community of mental health disparities. These connections continue to generate prospects for potential clients, which allows the SPAC to provide services to the greater community.

### Maintaining the Life of the Center

In maintaining the life of the Center, many objectives and goals must be developed to keep service delivery aligned with the mission. Faculty and student involvement is essential to the development and maintenance of the Center. Both faculty and students must be aware of the mission, purpose of services, goals of assessment, and remain up-to-date on professional development opportunities to strengthen their clinical and interpersonal skills.

*Student and faculty involvement.* During the development of a Center, the collaboration of faculty and students should remain at the forefront. In the SFASU SPAC, students learn skills of effective service delivery and gain invaluable clinical experiences under the supervision of faculty members who are school and licensed psychologists. Beyond clinical skills, students learn the flow of paperwork involved in the assessment process of clients. Faculty and students are all made aware of continuing education seminars and additional training opportunities. Faculty and students are also able to brainstorm ideas for future research projects in psycho-educational assessment. Students are also able to assist faculty in outreach initiatives, such as community mental health workshops and conference participation. Finally, faculty supervisors and students are able to invite fellow professionals (and other students in training) from the inner and outer settings to participate in multidisciplinary assessments.

## Implications and Limitations

The overall process of creating and maintaining a SPAC is definitely a quest for the diligent, hard-working, and dedicated professionals who have a specific mission and goals for their greater community. Though the creation of the SFASU SPAC was a lengthy and labor-intensive process, it is one that has been seen as rewarding, collaborative, and necessary. This necessity is spurred from graduate students in need of practicum and internship sites, a national increase in disability identification at the post-secondary level, and the surrounding community's need for services that were not available through other venues. Before outlining the limitations associated with the School Psychology Assessment Center as identified in this research paper, it is important to highlight positive attributes that are identified with such a novel program.

First, the SPAC is not only a center that provides services to the campus and surrounding community, but also serves as a graduate training facility for the School Psychology Program. The process of becoming a psychologist overall is complex, laborious, and lengthy. It is proposed that graduate school training in psychology may be viewed in terms of "professional infancy" in which an individual begins the field with limited professional awareness, skills and understanding, and an undeveloped sense of professional identity (Eckel-Hart, 1987). Thus, the SPAC serves as a training institution that nurtures and promotes growth in prospective psychological professionals and is more easily accessible to graduate students. Further, students training beyond the specialist and into the doctoral level as not only Licensed Specialists in School Psychology but Licensed Psychologists will serve populations beyond the kindergarten through 12<sup>th</sup> grade collective.

Second, a Center in a university setting provides a unique benefit in developing a comprehensive training program for future psychologists. Eight core competencies of assessment were identified by the Psychological Assessment Work Group of the Competencies

Conference that included psychometric theory, the basis of psychological assessment, assessment techniques, outcomes assessment, functional assessment, collaborative professional relationships in assessment, associations between assessment and intervention, and technical skills (Krishnamurthy et al., 2004). In addition, Childs and Eyde (2002) analyzed several APA-accredited clinical psychological doctoral programs' syllabi and program materials that adhered to these competencies. Most of the programs required formal supervision practice in administration, scoring, and interpretation of psychological assessments. Therefore, a Center would also serve as an additional component of a psychology program that adheres to the standards set by NASP and APA. Further, this would enrich the knowledge of students, ensuring that they receive valuable skills necessary for development in professional psychology. Not only will a center serve as a training facility, but also as an accessible medium for fieldwork in a graduate program. It is well known among psychology graduate programs that there is a shortage of psychology-related practicum and internship sites. The number of graduate students who apply for internships exceeds the amount of positions available (Robiner & Yozwiak, 2013). Some students are unable to accept internships that are not local or are out of state. According APPIC match statistics (2015), 4,247 graduate students applied and 3,239 graduate students were matched to an internship; APPIC is a service through which future psychologists in all branches seek internship opportunities. These centers have the potential to continue to grow and if fully staffed, could become part of an internship consortium and opportunity.

Although there are numerous benefits to having a center within a university, there are a few limitations in securing a School Psychology Assessment Center. The first limitation would be funding. The process of purchasing psycho-educational assessment and materials is lengthy and expensive. It is important to seek internal and external sources of income to support purchases needed to build and replenish a center. A Center that is established within a university

may have similar funding opportunities that were outlined above, however a different location may hold different requirements in attaining funding approval. Consideration of whom to contact, where the funds are pulled from, and who must be involved is not easily generalized and each location's director must seek the resources. This is identified as a limitation because of the lack of generalizability in this situation, from one state school to another it may prove to be an easier guideline to follow but more private universities, or locations in primary and secondary schools may prove to be more cumbersome. Another limitation in development of a center, is meeting the demand of the university and community, especially in high needs areas. In the initial phase of development at the SFASU SPAC, the original concern was having enough clients. However, after the groundwork of marketing services to the community has been laid, there is now more demand for future clinicians to serve new clients who are referred. It is important to ensure sufficient faculty and student involvement and an established plan for meeting the demand. This is presented in the form of building a committee to head the operations of the center and creating a client intake plan that is clear, efficient, and provides frequent communication with clients to inform them of the intake process and any waiting periods. Informing Center clients of what is to be expected (due process) as well as expected time for them to be contacted provides them with a clear understanding of the expectations from the Center.

Although School Psychologists are trained in administering psycho-educational assessments, collaborating with the community and other professionals, and developing interventions through all levels of graduate school, they may lack training in areas related to business skills, fiscal responsibility, and understanding the complexities involved in marketing. Paterson (2011) asserts that while clinical competence is essential in the creation of a practice, professionals must accept that this is sufficient training to be best prepared to engage in

marketing with optimal outcomes. Developing skills of marketing is not a core competency in becoming a School or Licensed Psychologist. Therefore, there may be difficulties that pose a limitation in “selling” services to potential clients and for this reason, skills and resources may be difficult to obtain and master. It is recommended that collaboration with various university (inner settings) and community (outer settings) officials and organizations occur to establish a strong clientele and create a service delivery center that will eventually become an integral part of the surrounding community. It is also recommended that future directors network and create connections with other program directors and trainers in their field, understand and effectively explain the work that is to be expected from the Center, and utilize the developed proposal to communicate those goals and how they may align with the mission of the university, college, department, and other service delivery and educational settings.

Time constraints present another limitation, as faculty who are licensed professionals and supervisors of future practitioners also have teaching loads, service, research, and other essential duties beyond the scope of the center. It may be difficult for these professionals to consistently assume duties associated with a program-based training, research, and service center. A recommendation to this limitation is to link the Center to course requirements and ensure that graduate students providing services are enrolled in practicum and internship courses. This way a link between service delivery, program course structure, and supervision are linked within the required curriculum. In addition, working with program faculty to ensure a rotation of students having doctoral assistantships might be key to operation maintenance as well. When considering the help needed for the daily operations of a center, the number of graduate assistants may be minimal. This restriction on the number of resources initially available in creating a center may prove difficult. Graduate students enrolled in practicum and internship courses have developed new opportunities to engage in service delivery beyond the school locations as students report

gaining experience beyond what was expected and faculty are staying abreast of assessment trends and research. Students at the post-secondary level, who have come to the Center to increase awareness of their limitations have benefitted from recommendations to ameliorate their difficulties. Other community services that refer clients to local places for full psycho-educational testing have a readily available resource in such training sites. These benefits are invaluable to the school psychology graduate program and are connected to the communities in which they serve.

### Conclusion

In conclusion, the journey of creating an efficient SPAC will take planning, objective and goal formulation, development of innovative ideas, collaboration with other professionals, and a multidisciplinary view of assessment-related service delivery. To achieve this, many stakeholders will have to be invested in dedicating time, expertise, and other resources to ensuring the longevity of the Center. Finally, revisions of the original mission may have to take place as the center develops its identity and strategizes about pertinent needs for psycho-educational assessment within the community.

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