From Traditional Practice to Tiered Comprehensive Services for All: Developing a Responsive School Culture for the Future

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In this article, we reflect on the evolution of school psychology practice from the past to the present, and share some thoughts about the future. Although school psychology programs provide training in consultation, prevention, social emotional development, counseling, and mental health interventions, school psychology practice is still dominated by assessment, and the specialty has yet to live up to its promise to address the multiple needs of an increasingly diverse student population. Today's practitioners need to be skilled in systems-level programing that is informed by cultural awareness, knowledge, and skills necessary to responsibly work toward the best outcomes for students and families from all cultural, ethnic, and racial backgrounds. As the demand for mental health and other services in schools continues to increase, we argue for a wholescale adoption of culturally adapted evidence-based practices to address the expanding role of school-based practice. Finally, we offer considerations from the social psychology literature that will help school psychologists prioritize behavioral health while also reducing disparities in educational attainment.

Impact and Implications
Alongside the influence of (a) legislation, (b) advances in psychological science, and (c) advocacy for students (experiencing ACEs, ASD, ELL, LGBTQ, or the school-to-prison pipeline) voicing documented social inequities in school access and success, the adoption of the public health philosophy has greatly expanded school psychology practices. Considerations from the social psychology literature are presented for use by school psychologists in their need to prioritize child behavioral health while also seeking to reduce disparities in educational attainment for children from diverse backgrounds.

Keywords: history of school psychology, children mental health, social emotional learning, culturally adapted evidence-based practices

School psychology practitioners have historically been relegated to the narrow application of the test-and-place model of assessment-to-intervention as key personnel in special education eligibility determination (D'Amato, Zafiris, McConnell, & Dean, 2011; Shernoff, Bearman, & Kratochwill, 2017; Thomas & Grimes, 2008). Although most school psychologists seek to move beyond the role of gatekeeper to special education, the use of

assessment protocols to identify and find which children are in need of services as described in special education law (34 CFR § 300.111; Individuals With Disabilities Education Act [IDEA], 2004) remains a priority for school psychologists. Yet the needs of children, and by extension teachers and families, continue to outpace services offered inside and outside of school, especially with regard to matters of student mental health, resulting in a concomitant expansion of services.

The expansion of services has also been in part due to a variety of additional factors. These include expanded legislative obligations (i.e., iterations of the Every Student Succeeds Act, 2015; IDEA, 2004) that now require school teams to ensure all children are learning, and advances in psychological science on the critical role social–emotional development plays in student academic growth and success. An additional factor is the increased need to advocate for students in need of special education services as well as students who have not been traditionally well served by school

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psychology (e.g., students with multiple adverse childhood experiences, students who are English-language learners [ELLs], sexual minorities, and students placed in the school-to-prison pipeline by disciplinary and other school policies). In short, school psychologists are being asked to serve students for whom school access and success are not assured, whether or not they are eligible for special education.

Perhaps the greatest influence is the adoption of the public health philosophy that has now explicitly identified educational attainment as a health outcome (Eby, Chin, Rollock, Schwartz, & Worrell, 2011; Pearrow & Jones, 2020; World Health Organization, 2008), based on the knowledge that academic success in the school years decreases health care costs in the longer term (Worrell, Campbell, Dailey, & Brown, 2018). In combination, these influences have resulted in a recognition of the need for an expanded conceptualization of school psychology practice designed to meet the needs of an increasingly diverse student body (Moorehead-Slaughter & Worrell, 2016).

A future-oriented school psychology practice will need to address all of these intersecting influences. It will require school psychologists to move beyond the notion of "school as a treatment site" where supports are provided to promote student learning to one of "school as a responsive cultural context" where the goal is the holistic promotion of student development. A responsive school culture is trauma informed, culturally sensitive, and supportive of the social emotional well-being of all students as well as their academic and behavioral competence. This future will require school psychologists to expand their consultation and advocacy roles to address challenges beyond the student and school, such as issues of access and inequity that affect student academic growth (Toporek & Daniels, 2018). A future-oriented school psychology must engage with and address structural inequities, in contrast with the school psychology of the past, as noted by Conoley, Powers, and Gutkin (2020), and require school psychologists to consider how school as a social and cultural context does or does not support student learning.

In this article, we reflect on the evolution of school psychology practice from the past to the present, and we look toward the future. We consider the role that education and training play in the advances that occurred and the role they will play as school psychology moves into the future. Moving beyond a singular focus on assessment, which was the centerpiece of school psychology practice, for several decades, school psychology training has included consultation, counseling, and mental health interventions (e.g., *School Psychology: A Blueprint for Training and Practice III* [National Association of School Psychologists (NASP), 2006]; The Model Licensure Act [American Psychological Association (APA), 2010]). As such, school psychology has expanded beyond assessment for special education determination, albeit slowly and irregularly. Furthermore, although most of the day-to-day activities of school psychologists include these aspects of practice (e.g., assessment, consultation, and counseling/mental health interventions; McNamara, Walcott, & Hyson, 2019), it is not clear to what extent the implementation of these activities is informed by the diversity of the student population. As district leaders recognize that they need to be more responsive the multiplicity of needs of their students (e.g., poverty, the opioid crisis, more immigrants), school psychologists must be ready to provide the school psychology practice that is required.

At the time of this writing, specialist level school psychologists outnumber doctoral school psychologists in the practice arena. The NASP has successfully led initiatives to enlist state boards of education to recognize their training as the standard for entry into school-based practice. The differences between specialist and doctoral practices remain idiosyncratic by professional, district, and state preferences. The most obvious difference is, when appropriately credentialed, doctoral school psychologists may also engage in practice outside of the school building, although that is not uniform across states. For example, a few states allow school psychologists to engage in practice outside of the school setting (e.g., see https://www.nasponline.org/standards-and-certification/state-school-psychology-credentialing-requirements/states/florida).

Although NASP and Division 16 have long held similar training goals for entry into school-based psychological practice, APA's recent decision to acknowledge the importance of and define a scope of practice for nondoctoral service provision (APA, 2006, 2018) has brought APA into closer alignment with NASP and Division 16. APA's decision should result in more practitioners providing services for children out of schools, but it also allows school-based practitioners to bring the public health approach used in schools to venues outside of that setting. As such, on this 75th anniversary, Division 16 is well situated to continue to lead on issues of school psychology within APA as well as continue to partner with NASP. After a review of the evolution and growth of school psychology practice, we showcase how the field is ready to advance the practice beyond the school building.

The Evolution of School Psychology Practices

Over the years, school psychologists have adopted several service provision models that emphasize the importance of meeting the academic and mental health needs of all children, in addition to providing assessment and consultation. The benefits of early academic interventions have been long recognized (e.g., Cavanaugh, Kim, Wanzek, & Vaughn, 2004; Foorman, Breier, & Fletcher, 2003); however, the focus on early, system-wide intervention in behavioral health represents a more recent trend. As many as 13% to 20% of children experience mental health issues within a given year (Danielson et al., 2018; Ghandour et al., 2019; Perou et al., 2013). With prevalence rates of childhood mental health disorders increasing (Bitsko et al., 2018; Ghandour et al., 2019), practitioners are becoming more proactive in creating system-wide supports for students, in addition to conducting individual and small group interventions. Because the first signs of disorder may appear very early in a child's development (Cree et al., 2018), with at least two thirds of mental, behavioral, and/or developmental disorders occurring before the age of 14 (National Alliance on Mental Illness, 2017), system-wide, preventive programming is essential.

In response to the growing need for system-wide supports in schools, school psychology faculty have recognized that their students must have advanced training in screening, placement for tiered, evidenced-based intervention approaches, and program evaluation in order to effectively deliver and monitor prevention and intervention programs. Given that behavioral and academic concerns are often intertwined, practitioners must be adept at working with school teams to implement problem-solving models that identify the underlying concerns and result in effective intervention plans. In most school settings, teachers and academic

interventionists tend to take the lead on academic concerns, with school psychologists and other mental health professionals focusing on emotional and behavioral issues. This division of responsibility has resulted in changes in training emphases in school psychology to a greater focus on children's behavioral health.

Systems-Level Services to Promote Access to Care

Historically, the belief was that mental health services would be provided outside the schools and behavioral issues directly related to learning would be the purview of school-based practitioners. Unfortunately, access to care depends largely on where individuals live and the socioeconomic status of the family (Brown, Green, Desai, Weitzman, & Rosenthal, 2014; Howell & McFeeters, 2008). Only about one in five children access care from specialized providers (e.g., pediatric psychiatrists; Martini et al., 2012). Furthermore, American mental health service providers have been slow to abandon traditional service models and continue to focus resources on those who have established mental illnesses and need medication. According to a comparison of data across 16 years (Olfson, Blanco, Wang, Laje, & Correll, 2014), the number of visits for diagnosis of mental health disorders and the number of prescriptions for psychotropic medication among youth have more than doubled. Although there appears to be a greater emphasis on evidence-based psychotherapies (McClellan & Werry, 2003), analyses of data suggest that the provision of psychotherapy has changed little (from 2.25 to 3.17 visits). The shortage of providers in the community as well as the recognition that many children were not being treated (U.S. Public Health Service, 2000) has contributed to a greater awareness of the importance of providing mental health prevention and intervention services in the school setting.

Another factor was the increased recognition that when children and adolescents from low-SES backgrounds do receive mental health care, it is more likely to occur in school-based settings (Farmer, Burns, Phillips, Angold, & Costello, 2003; Rones & Hoagwood, 2000). And the growing need for services made the traditional model of identifying and treating the individual unsustainable. All of these concerns led to adopting a public health model to address children's mental health with the school as a site for prevention (Bower, 1965; Nastasi, 2004). Similar tiered models had been promoted for academic concerns (e.g., Graden, Stollar, & Poth, 2007; Shapiro, 2016) and for managing school-wide behavior (e.g., Sugai & Horner, 2002; Sugai, Simonsen, Freeman, & La Salle, 2016). All of these tiered models share a common focus on prevention rather than intervention, through serving the entire school population with evidence-based universal programming and providing more intensive interventions as indicated, consistent with the vision of Conoley and Gutkin (1995) and Conoley et al. (2020).

The focus on prevention and early intervention was reflected in the 2010 practice model adopted by the National Association of School Psychologists (NASP, 2010). However, changes in the practice model have not translated into changes in practice. For example, in the 2015 NASP membership survey, school psychologists across the country reported that the majority of their work hours were still dedicated to conducting initial evaluations and reevaluations for special education eligibility. Few hours were dedicated to prevention, in-services, parent programming, or mental health interventions, although there was a slight increase in counseling as compared to the 2010 survey (McNamara et al., 2019). These data indicate traditional models of service continue to take precedence in school buildings. One reason may be the student-to-school-psychologist ratio (estimated 1,383 to 1) that is much larger than the ratio recommended by NASP (500–700 to 1) to effectively carry out broad-based services (Walcott & Hyson, 2018). Therefore, the current vision of population-based services must also address the issue of school psychologist shortages.

There are many different names used to acknowledge systems-level services, including population-based (Doll & Cummings, 2008), public health model (Nastasi, 2004), and most recently, multitiered systems of support (MTSS; NASP, 2016). These models share a focus on promotion of well-being, prevention, and early intervention. Services are based on the needs of students and the system and are grounded in evidence-based practices. These models require empowering all stakeholders to support student needs and evaluating the effectiveness of these efforts. These models use prevention science and the established prevalence of emotional and behavioral disorders as ground to compensate for the severe shortage of providers in many areas (NASP, 2010; Walcott & Hyson, 2018). Despite this recognition and increasing efforts toward implementing these models, there remain serious challenges to this type of broad systems change.

From a training perspective, graduate programs are tasked with simultaneously preparing school psychologists for both traditional practice and systems change; programs must acknowledge current realities in their preparation, as well as advocate for the type of practice that the future requires. Even when students are prepared in systems change, they enter school settings where traditional practices are often the norm. School psychology students who do not have the opportunity to gain experience within school settings that prioritize system-level services implemented with fidelity may begin to view systems change as "ivory tower" thinking rather than reality. Additionally, because school psychologists are often funded through special education dollars, many districts view the school psychologist's role as exclusively working with students who are on individualized education plans or suspected of having a disability. With the reauthorization of IDEA P.L. 105–17 §611(e)(1), a new funding formula was implemented that allowed school districts to use up to 15% of their special education federal funds to provide prevention and early intervention services (Klotz & Nealis, 2005). This change sought to reduce the incentive for identifying children with educational disabilities and instead encouraged school districts to intervene with children who were struggling academically prior to referring them for special education consideration. However, it has not been sufficient to accomplish the type of systems overhaul advocated for (e.g., Conoley & Gutkin, 1995; Conoley et al., 2020). Still, there has been some movement toward systems-level intervention, especially in the area of social emotional well-being.

Social Emotional Learning (SEL)

There is a robust body of research supporting the positive, longitudinal outcomes for students who have received school-based social, emotional, and behavioral interventions (e.g., National Research Council and Institute of Medicine, 2009; Taylor, Oberle, Durlak, & Weissberg, 2017). Not surprisingly, when

schools address the social emotional development of their students, they find that these students also make greater academic gains (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011). In their meta-analysis, Taylor et al. (2017) found higher high school graduation rates for students who participated in SEL programming.[1] In terms of SEL, it is unlikely that school psychologists would deliver population level programming, but may work with school staff to select a program, train staff members in how to deliver with fidelity, and design a program evaluation to determine whether the intervention is having the desired outcome, consistent with Conoley et al.'s (2020) call to increase capacity in the adults in the system. Given our current shift toward prevention, school psychologists have increased their use of screening and progress monitoring approaches.

Screening and Assessment

In keeping with MTSS models, school psychologists needed a variety of different methods for collecting data to determine which students might benefit from a greater level of service (e.g., screening), and whether students were responding to interventions (e.g., progress monitoring). Screening has been one of the largest areas for growth over the past few years. Specifically, researchers have advocated for emotional and behavioral screening, threat and risk assessment (e.g., Modzeleski & Randazzo, 2018), and trauma screening (Grassetti et al., 2018). Along with a focus on health promotion and prevention, there is a growing realization among behavioral health providers of the level of risk and trauma that is experienced by youth. Challenging student behaviors such as truancy, disruptive behaviors, and substance use may be interpreted as indicators of distress related to having experienced multiple adverse childhood experiences (ACEs). Screening for ACEs allows school psychologists and other school-based mental health professionals to help link students to services and supports that reduce risk.

Programs that are designed to improve the mental and behavioral health of students also meet the goal of increasing school safety. For example, when teachers and other educational personnel have increased trust and communication with students in their schools, they are better able to detect potential threats (Eliot, Cornell, Gregory, & Fan, 2010). Furthermore, many of the programs that are designed to improve school climate (e.g., Positive Behavioral Interventions and Supports) also are effective at reducing bullying and other types of violence. In some districts, many students have been exposed to community violence, which not only has a negative impact on students' mental health (Chapman et al., 2004; Schilling, Aseltine, & Gore, 2007) but also increases the likelihood that they themselves will commit violent acts (Baskin & Sommers, 2014). Therefore, current initiatives increasing school-based violence prevention programs, mental health services that address trauma and anxiety, and educational curricula that teach conflict resolution remain essential to any comprehensive model of student support.

With the use of screening data and progress monitoring, school psychologists can identify the need for differing levels of programs, build partnerships with mental health centers and service providers, and identify practices and policies that meet the broadest level of student needs across the school setting. For graduate educators, this expanded focus has resulted in a shift from an emphasis on comprehensive assessment to the inclusion of other methods for evaluating students' needs. Given of the established benefits of SEL programs, school psychology training programs need to continue to highlight this research, as well as evidence-based SEL programs, and program evaluation methods. Indeed, practicing school psychologists have long been encouraged to collaborate with others in order to create broader levels of service delivery (Sheridan & Gutkin, 2000).

Cultural Integration in Evidence-Based Practices: Current Priorities

As in other areas of society, school psychology is grappling with the issue of a predominantly White school psychology workforce and an increasingly diverse student population (Proctor, Simpson, Levin, & Hackimer, 2014). The differences in ethnic–racial make-up of school psychology practitioners and the youth receiving services increases the risk of deficit-based assumptions and cultural misunderstandings of behavior, which can result in errors in diagnosis and treatment (Davies, Lewis, Anderson, & Bernstein, 2015; Vega, Lasser, & Plotts, 2015; Zhou et al., 2004). The increasing diversity of the student population requires immediate action to prepare school practitioners with the cultural awareness, knowledge, and skills necessary to responsibly work with students and families from all racial, ethnic, and cultural backgrounds. Moreover, merely increasing the number of practitioners from ethnic minority backgrounds does not guarantee that the resulting population of diverse school psychologists is necessarily prepared to work in multicultural school settings (M. E. Bernal & Castro, 1994). Changing the demographics of school psychology trainers and practitioners does not address the need to ensure that all individuals training to be school psychologists receive adequate training in culturally responsive practice within training programs (Newell et al., 2010; Proctor et al., 2014). Rather, an intentional focus on culturally responsive practices is necessary.

Cultural Integration in Evidence-Based Mental Health Treatments

Multicultural counseling in psychology is an approach that emphasizes the role of cultural identity on psychosocial adjustment and requires clinicians to provide counseling that effectively blends culturally based skills and awareness (Jones, 2009). Sue, Arredondo, and McDavis (1992) identified three domains of multicultural counseling competence (MCC): (a) attitudes and beliefs such as assumptions, values, and biases, (b) knowledge about the client's worldview, and (c) skills to develop appropriate interventions and counseling techniques. Research on the development of multicultural competencies has flourished since the publication of Sue et al.'s (1992) work on the domains of MCC. Treatment techniques in counseling and psychology have been shaped around the dominant/majority culture, and without training in multicultural differences such as group belonging and ethnic-racial identity attitudes, school psychologists may inadvertently disregard cultural values and perspectives that affect the well-being of their ethnic–racial-minority clients (Smith, Rodríguez, & Bernal, 2011).

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[1] To obtain access to the SEL Toolkit, 2nd ed., visit https://extension.umn.edu/what-youth-development/sel-toolkit.

There is ample evidence that culture has a significant impact on assessment, problem identification, and treatment practice (G. Bernal, Jiménez-Chafey, & Domenech Rodríguez, 2009; Smith et al., 2011). Cultural dimensions such as race, ethnicity, gender, and sexual orientation as well as cognitive variables such as belief systems, worldviews, and ethnic–racial identity (Fuertes, Bartolomeo, & Nichols, 2001) are consistently recognized as critical to treatment outcomes. We have learned that systematic approaches to cultural integration are needed, and some of these approaches have resulted in principles adopted in professional practice guidelines.

Professional Practice Guidelines and Multicultural Competencies

APA's (2017) multicultural guidelines highlight the importance of adopting multicultural competencies in light of the increased knowledge base on culture and context and the impact that these have on psychologists and their clients. Sue et al.'s (1992) tripartite model of training in culturally responsive awareness/beliefs, knowledge, and skills is reflected in APA's, 2017 multicultural guidelines, and parts of the model are identified as important elements for psychologists. For example, Guideline 1 acknowledges that identity and self-definition change and interact, highlighting the need for an intersectional approach, and Guideline 2 speaks to the need of psychologists to be aware that as cultural beings, they have assumptions, attitudes, and biases that they need to acknowledge and move beyond. Guideline 5 focuses on the area of knowledge—knowledge of historical and contemporary experiences with power, privilege, and oppression for some communities (APA, 2017).

The guidelines also address clinical skills that are identified in the tripartite model. Specifically, Guideline 6 focuses on the cultural adaptation of interventions, and Guideline 9 requires psychologist to conduct "culturally appropriate and informed research, teaching, supervision, consultation, assessment, interpretation, diagnosis, dissemination, and evaluation of efficacy" (APA, 2017, p. 83). As an evidence-based policy document, each multicultural guideline is presented with empirical support and applications for practice, research, and consultation.

Culturally-Adapted Evidence-Based Practices

The evidence-based treatment (EBT) movement shifted the focus of intervention research to efficacy and treatment improvement efforts. This movement emphasized the need for empirical validation of treatment modalities used in both clinical and educational settings. At the same time, multicultural researchers noted that in order to increase the appropriateness and utilization of EBTs in psychological practice, cultural and contextual considerations regarding the relevance and social validity of interventions had to be taken into account (Benish, Quintana, & Wampold, 2011). Chorpita et al. (2011) noted the importance of having a balanced emphasis on the efficacy and effectiveness of an EBT so that better decisions could be made about treatment selection and adaptation. The culturally adapted EBT (CA-EBT) movement incorporated recommendations from research on population-based risk and resilience factors, clinician characteristics, and multicultural competency development.

The CA-EBT movement also recognized that there are other socioecological factors related to treatment uptake that can and should be integrated without compromising treatment integrity. As a result, this newer perspective on CA-EBTs allows for a balancing of treatment fidelity with cultural adaptations that improve the acceptability and sustainability of interventions among diverse populations (G. Bernal et al., 2009; Cabassa & Baumann, 2013). Worthington and Dillon (2011) noted that these context-driven adjustments to clinical practice align with the APA's (2017) stance on multicultural competencies as part of the therapeutic process rather than as an inherent, intrapersonal trait of the client. Although clients' presenting issues may not necessarily be related to cultural or ethnic identity (Chang & Berk, 2009), the explicit inclusion of multicultural competencies embedded in culturally adapted treatments provides a foundation on which everything in treatment rests, including attitudes, expectations, and communication and interaction styles during the therapeutic process.

Measuring Progress in Culturally-Adapted Treatments

One technique that is increasingly well regarded in mental health clinics is the incorporation of progress monitoring in mental health treatment. This approach is also referred to as a measurement feedback system (MFS). Bickman, Kelley, Breda, De Andrade, and Riemer (2011) found that the real-time assessments provided as a part of an MFS yielded enhanced outcomes for youth with effect sizes that were equivalent to the use of Evidence-Based Mental Health Practices (EBMHPs). Embedding an MFS as part of an EBMHP is even more efficacious in school settings because the school mental health provider can incorporate feedback from multiple observers as well as the youth in treatment. Taken together, cultural adaptations to evidence-based treatments along with measurement feedback systems have the potential to produce better treatment outcomes while also yielding evidence to enhance the therapeutic process at the same time.

Models of Cultural Adaptation.   There are very few well-established evidence-based interventions specifically developed for cultural and linguistically diverse youth (Villarreal, 2014). However, mental health clinicians can use evidence-based interventions if they have the knowledge and skills to integrate a cultural framework and adapt interventions to meet the needs of their diverse students (Peterson, Villarreal, & Castro, 2017). Liu and Clay (2002) outlined guidelines for multicultural counseling competencies when working with children and adolescents including (a) evaluating the extent to which cultural aspects are salient, (b) determining the skills necessary for treatment, (c) determining how much, how, and when to incorporate cultural issues, (d) examining cultural assumptions of treatments, and (e) implementing treatments using cultural strengths. Adaptations are made to increase cultural validity, cultural compatibility, and treatment acceptability among ethnic minority clients (Castro, Barrera, & Holleran Steiker, 2010).

The Evidence on Cultural Adaptations of EBMHPs. Cultural adaptations of EBTs have increased in popularity and acceptance in the last 15 years, with much more research now showing that it is not just a socially desirable step, but an effective and ethical practice. A meta-analysis by Griner and Smith (2006) found that culturally adapted interventions yield better outcomes than evidence-based interventions that were not culturally adapted

(see also Smith et al., 2011). Similarly, Parra Cardona and colleagues (2012) found that ethnic minority clients who received culturally adapted mental health interventions reported outcomes with higher effect sizes than those who received non-adapted interventions or a placebo condition.

More recently, Castro-Olivo and colleagues found that culturally adapted versions of a popular SEL program were effective at improving social–emotional outcomes with ELLs (Castro-Olivo, 2014; Castro-Olivo & Merrell, 2012). When applying the culturally responsive interviewing approach from Jones (2009) and Jones, Lee, Zigarelli, and Nakagawa (2017); Zigarelli, Jones, Palomino, & Kawamura (2016) found that when discussion of culturally salient variables was initiated by the clinician during the first few sessions of therapy, the client accepted cultural issues as an important variable in treatment. In this study, clinicians learned to understand the intersectional identities of the client. As part of the therapeutic process, the clinician reconceptualized their thinking about race, class, and gender as interlocking systems of potential oppression that existed within the external environment and served as foundation for the challenges that the client was experiencing (Zigarelli et al., 2016). In a study comparing the treatment patterns of traditional cognitive behavior therapy (CBT) to culturally adapted-cognitive behavior therapy, Jones et al. (2017) found that adolescent clients were connecting with expectations earlier in the treatment and were more satisfied with the treatment than those in the traditional CBT group. Thus, cultural adaptations provide opportunities for better outcomes on treatment variables as well as better socioemotional outcomes for the client.

Recommended Training in Culturally Adapted EBMHPs

As school psychologists are faced with an increased demand for supporting the mental health needs of students as well as an increasingly diverse student population, they should expect to integrate cultural frameworks and adaptation models in their daily practice. It is critical the training programs prepare new practitioners to understand that as part of mental health services, the clinician must consider the unique sociocultural histories of their clients in order to make sure that interventions are culturally relevant and appropriate. As school psychologists are involved in systems-level work, there is the opportunity to be a leader in ensuring that interventions within multitiered systems of support structures are culturally responsive (Peterson et al., 2017). Specifically, school psychologists should be trained to understand how the cultural adaptation frameworks fit into systems and policies within the setting (e.g., materials in multiple languages, visual aids for ELLs, rewards and consequences that reflect the cultures of the community to ensure maximum effectiveness; Sugai, O'Keeffe, & Fallon, 2012).

In addition, school psychology trainees need exposure to common elements among EBMHPs as well as how to apply a real-time, measurement feedback systems as a tool to determine when adaptation is needed to enhance clinical progress (Shernoff et al., 2017). Thus, training programs should focus on including cultural adaptation models and frameworks, alterable evidence based mental health practices, and progress monitoring systems in therapy, and instruct students on how to link to these models and practices to school-wide interventions. Such a focus will assist all school psychologists in building cultural competency and produce the most effective, culturally responsive practitioners for youth in schools.

Expanding the Future of School Psychology Practice

We have reached a critical juncture in the field where the need for services is well established and prevention and intervention models are our best-known way to support all youth. Specifically, the MTSS include prevention as well as increasing levels of intensity of interventions for smaller proportions of youth. Integrating evidence-based approaches to prevention and intervention is the current need of school psychology practice. And as school psychologists continue to lead on issues of behavioral health, we must also ensure that those efforts contribute meaningfully to the health outcome of educational attainment.

Worrell (2014b) pointed out that the school psychology literature contained hundreds of studies on several topics, such as behavior modification, consultation, response to intervention, reading, mathematics, at-risk youth, and prevention. He also noted that the majority of these studies did not include African American, Latinx, and Native American students, although these three subgroups have, on average, the lowest academic achievement. Thus, culture and ethnic minority achievement outcomes are important areas of future research and practice for school psychology (Worrell, 2014a). Additionally, several of the interventions developed to reduce the achievement gap in the past two decades have originated in the social psychology literature (e.g., Yeager & Walton, 2011). School psychologists have a critical role to play in translating these interventions from the laboratory to the schoolhouse and evaluating their efficacy (Worrell, 2014b).

Cultural Constructs and School Psychology Practice

It can be argued that the achievement gap is the most intractable problem in education. Students from low-socioeconomic-status (SES) backgrounds are performing less well than their middle- and upper-SES peers, and African American, American Indian, Southeast Asian, Pacific Islander, and some Latinx students are performing less well than their East Asian, South Asian, and European American peers (McFarland et al., 2018). This gap begins in the kindergarten years, widens as students move through elementary and secondary school, and results in disproportionate high school dropout and completion rates and college enrollment rates. Perhaps not surprisingly, two leading theories explaining the achievement gap—that is, cultural ecological theory (Ogbu, 1978, 1992; Ogbu & Simons, 1998) and stereotype threat (Steele, 1997; Steele & Aronson, 1995)—both invoke cultural explanations.

Culture is not easy to measure, nor is its impact on educational performance easily quantified. Frisby (1992) posed the following question: "How does one distinguish the differences between (a) cultural theories that provide helpful insights in understanding the dynamics inherent in problems versus (b) cultural theories that are evoked merely as a superficial excuse for rationalizing problems?" (p. 545). Frisby (2013, p. 3) concluded that many cultural constructs (e.g., multiculturalism, stereotype threat, microaggressions) "have nothing at all to do with actual practices that effectively help vulnerable [ethnic] minority children in schools."

Although Frisby (1992, 2013) was correct to be skeptical about cultural constructs, his conclusion was premature for at least two

reasons. First, school psychology has not engaged meaningfully with many of the cultural constructs. A recent search of nine school psychology journals (*Contemporary School Psychology*, the *International Journal of School and Educational Psychology*, *Journal of Applied School Psychology*, *Journal of School Psychology*, *Psychology in the Schools*, *School Psychology Forum*, *School Psychology International*, *School Psychology Quarterly*, *School Psychology Review*) using the keyword "stereotype threat" yielded only three articles: Edwards (2018), Flore and Wicherts (2015), and Jordan and Lovett (2007). The two most recent articles were empirical, and only Flore and Wicherts looked at stereotype threat's impact on achievement. The dearth of research on stereotype threat parallels the lack of research on cultural constructs generally.

Second, as in other areas of research, there have been developments in cultural psychology that have implications for school psychology practice. For example, Andretta and colleagues (2015) found that African American adolescents in a juvenile justice setting who were primed with racial identity prior to completing the Conners Comprehensive Behavior Rating Scales (Conners, 2008) reported elevated oppositional defiant disorder, major depressive episode, and generalized anxiety disorder scores compared to a control group. Moreover, adolescents who were classified as low in race salience were particularly vulnerable to priming effects. In another study, Andretta et al. (2019) found that adolescents whose racial identity was primed prior to an interview reported engaging in more problem behaviors than peers in a control group. Worrell (2007) found that ethnic identity scores were negatively related to academic achievement in school for African American students but not for Asian American, European American, and Latinx students. In a subsequent study, Worrell and White (2009) replicated the finding for African Americans and also found that ethnic identity scores were positively related to achievement for Asian American students. These findings indicate that ethnic–racial group membership and cultural constructs are worthy of further empirical investigation.

Social Psychology and School Psychology Practice

Several social psychological interventions aimed at increasing underachievement in the groups at the lower end of the achievement gap have been reported in the experimental social psychology literature (e.g., Yeager et al., 2014, 2017; Yeager & Walton, 2011). In one study, Yeager and colleagues (2017) followed African American and European American students across Grades 6 to 8. The researchers found that African American students were more aware of racial bias in discipline. The awareness of racial bias predicted increased disciplinary infractions and lower college aspirations among African Americans in Grade 7, a trend that was reversed in Grade 8 with an intervention designed to restore trust in school among the African American students. Gregory and Skiba (in press) also provide recommendations for school psychologist on how to close discipline gaps in schools.

This body of social psychological research that is focused on turning around underachievement in marginalized students is growing in the developmental and social psychological literature, although these studies are rarely cited in the school psychology literature. In a review article, Yeager and Walton (2011) described these studies as follows:

> Recent randomized experiments have found that seemingly "small" social psychological interventions in education—that is, brief exercises that target students' thoughts, feelings, and beliefs in and about school—can lead to large gains in student achievement and sharply reduce achievement gaps even months and years later. These interventions do not teach students academic content but instead target students' psychology, such as their beliefs that they have the potential to improve their intelligence or that they belong and are valued in school. . . . [These interventions] have lasting effects because they target students' subjective experiences in school, because they use persuasive yet stealthy methods for conveying psychological ideas, and because they tap into recursive processes present in educational environments. By understanding psychological interventions as powerful but context-dependent tools, educational researchers will be better equipped to take them to scale. (p. 267)

The interventions reported by Yeager and colleagues (2014, 2017; Yeager & Walton, 2011) were based on a variety of theoretical frameworks, including attribution theory, expectancy-value theory, implicit theories of intelligence, possible selves, and stereotype threat. Moreover, these interventions intersect with literature on culture and achievement as they often target underrepresented groups. Although it is not clear how big a difference these interventions will make, we contend that school psychology should be familiar with these theoretical models and social psychological interventions, as school psychologists are best positioned to examine their utility in school settings and ultimately to bring them to scale if they are found to be effective. In short, research and practice in school psychology should be drawing from the broader literatures in counseling, cultural, developmental, and especially social psychology, in our quest to serve the entire student population (Rubie-Davies, Stephens, & Watson, 2015; Weinstein & Worrell, 2016; Worrell, 2014a; Worrell, Hughes, & Dixson, in press).

Finally, school psychology also needs to work on increasing assessment literacy in schools and the general public. Even as the instruments that school psychologists use for decision making—from standardized tests to curriculum-based measures and rating scales—are required to meet more stringent psychometric standards (American Educational Research Association, American Psychological Association, & National Council on Measurement in Education, 2014), there are still individuals who attribute the achievement gaps from kindergarten to college to test bias alone. This issue should be of particular concern because a logical extension of this misinformation will be the removal of the tools that are necessary for school psychologists, teachers, and others working in education to do our jobs to the best of our ability. Ultimately, engaging with culture, recognizing the importance of social emotional support for all students, and gaining a better understanding of the achievement gaps, in addition to learning the requirements of traditional and contemporary school psychology practice, will facilitate school psychology in adopting a public health perspective that actually serves all students, teachers, families, and schools, and importantly, conveying this public health perspective to other educational decision makers in the school context (e.g., teachers, special educators, counselors, social workers, principals, and superintendents).

Conclusions and Summary

It is perhaps not surprising that the use of assessment protocols to identify which children are in need of special education services as described in special education law (34 CFR § 300.111; IDEA, 2004) continues to dominate the activities of school psychology practice. In schools, legislative priorities have the highest probability of being enacted as they often come with accountability metrics (Worrell, Subotnik, & Olszewski-Kubilius, 2018). Where we miss the mark is in those services that schools have the autonomy to determine. This reality results in children from some districts receiving services while other children in other districts do not (Substance Abuse and Mental Health Services Administration, 2017). Also, some services are simply deemed a noneducational matter, and thus ignored (Curtis, McLellan, & Gabellini, 2014; Merikangas et al., 2010). Much of what Conoley et al. (2020) call for may be best practice, but is not yet required practice.

Of course, we concur with their call for supporting the adults within the school system to best help students, and we highlight the findings from the social psychology literature as one resource for helping to realize that future. As has been done in the past, we call on training programs to expand the role of consultation and advocacy to address challenges beyond the individual student and focus on the school, the district, and the educational system, and even the community. Although there is a shortage of school psychology practitioners, consider the potential impact of school psychologists on schools boards and in state legislatures, where school psychologists can inform the broader public about issues of access and inequity that affect students' academic, behavioral, and social–emotional development (Toporek & Daniels, 2018). Culturally sensitive practice is an essential frame that can orient schools to be more public-facing and help local populations to see schools as a vital resource in providing effective educational and public health services.

Importantly, we recognize that school psychologists still need to work with individual students. Although the special education gatekeeping role continues to curtail the scope of practice for school psychologists, response to Intervention and MTSS models point to the need for tailored, and sometimes individual, support for at least 20% of a population. It may be possible for prevention to eliminate some student challenges, but consultation with adults alone will not solve all of the challenges that some students face (Caplan, 1965). The goal is to maximize use prevention strategies to minimize the number of students who require intensive, individual services. The structural inequities in our communities and school environments continue to guarantee problematic outcomes for some students. Our current models do not fully account for the impact of poverty, one of the most potent risk factors, ACEs, disparities in access to health care, and other strong headwinds (Stevens, in press) that are known to have profound negative impacts on child development. Taken altogether, there is now, and will continue to be, a need for individual psychological services for children. Any call for school psychologists to forgo working individually with students ignores this reality. It is not that we disagree with Conoley et al. (2020) in the emphasis on prioritizing systems-level solutions over assessment and individual consultation; rather, we are concerned that school psychology may need another 75 years to overcome its "troubling paradox" (Conoley et al., 2020, p. 372).

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