CONTENTS

THE KENTUCKY ASSOCIATION FOR PSYCHOLOGY IN THE SCHOOLS

REPRINT PERMISSION

PRESIDENT'S MESSAGE

BY MICHAEL KIETA

As usual, I'm trying to get this together between everything else that's going on, so please dear readers, do not be offended if this starts to sound like a re-eval report. This examiner (oops) . . . I . . . have some news for everyone.

First, Mr. Ted Drain, Director of the Division of Exceptional Children has fulfilled his pledge at our fall conference to form an Advisory Council of School Psychologists. The members include: Jenny Ewald, Ruth Bewley, Lou Ann Kruse, Mike Walters, Susan Burgan, Paul de Mesquita, Jim Batts, Bill Pfohl, John Murphy, Jennifer Elam, Trigg Minnick, Lesa Billings and myself. The initial purposes of the council will be to share information, to serve as a "sounding board" for the state department on new regulations, to identify training needs, and to review initiatives from the Division of Exceptional Children. Mr. Drain announced that the state department plans to offer four $5000 mini-grants for districts to implement innovative school psychological practices. There will be more information on these mini-grants at a later date. The council anticipates meeting four times a year and members will probably rotate after one to two years. Mr. Drain seems very open to our ideas and input. I believe we have a friend in Frankfort.

You may have heard about it already, but just in case . . . the proposed special education administrative regulations will allow ARCs to make the decision regarding which evaluation instruments are needed on re-evaluations. Intellectual evaluations will not be required if "previous results of cognitive functioning assessment have been consistent over time, or have documented cognitive functioning as average or above average." These regulations have not been officially approved, but it seems likely that this change will remain. This is exciting news (John Murphy almost kissed the messenger), but it could be a double-edged sword. It will be our responsibility to be sure that districts do not think school psychologists are no longer necessary since they "aren't needed for re-evals." KAPS will be providing information to the state department regarding best practices in conducting re-evaluations and I urge you to be involved when the new procedures are developed in the districts. Refer to Volumes One and Two of the NASP Best Practices handbook for more information.

The NASP convention is going to be in Washington D.C. this year from April 13-17. Please make plans to attend and then convince your district that you should be allowed to do so. I have found that threats seldom work, bribery sometimes is effective, but making them feel guilty through the skillful use of righteous indignation has the greatest chance of success. An important event will be held on Thursday, April 15 when there will be training on communicating with elected officials, which will be followed by ongoing transportation to the "Hill" to meet with our congressmen. Please contact your congressman for an appointment on the afternoon of April 15 and plan on being part of "School Psychologists on the Hill."

KERA continues on its path and there is a great deal of opportunity and stress in its wake. Please take the opportunity to become involved in the program development and changes that will occur through KERA. As we discussed during the fall conference, the accountability and assessment issues are logically within our areas of expertise. Related to KERA are the growing number of districts who are beginning to develop Outcome-Based Education (OBE) models for their districts. Everyone has a lot to learn about OBE, so here's our chance to be "instructional leaders." There have been articles in the Communique and there will be workshops at NASP. OBE is a national movement and we need to be sure we understand it and are involved from the beginning. Another issue near and dear to our hearts is how KERA and OBE will incorporate special education students. A great deal of thought and work remains to be done in this area, and school psychologists need to be involved.

I think I'm using up my space so I'll quickly mention a few more items of importance. The next conference will be in Northern Kentucky. The theme of the conference will focus on interventions for academic and behavior problems. Next, please start thinking about nominating yourself or others for the elections for KAPS officers. Please consider attending as well as presenting. We need an involved membership to remain a viable organization. Finally, I take great pleasure in announcing that we have two KAPS members who have greatly honored our state, organization, and profession. As of this writing, Bill Pfohl is a candidate for NASP secretary, and I have full confidence that by the time you read this he will have been elected to that post. In addition, only a few hours ago, I was informed that John Murphy has been selected as one of the five finalists for the NASP School Psychologist of the Year. Congratulations, Bill and John, you've done us proud.

CONVENTION UPDATE

BY MICHAEL WALTERS,
Northern Regional Representative

Northern Kentucky will host the TWELFTH ANNUAL KAPS FALL CONVENTION which is scheduled for September 29th, 30th, and October 1st, 1993. (Please note that dates are different from those previously announced.) The convention is being planned by a committee of Northern Region members who are working with president-elect Sharon Kieta to bring a quality convention to KAPS members. The convention theme is ACADEMIC AND BEHAVIORAL INTERVENTIONS and a number of well known presenters are being considered for the program. Some format changes may be made including offering participants a choice of pre-convention workshops on Wednesday. The Holiday Inn being considered for the host site is a bright and attractive facility with plenty of meeting room space, an indoor pool and exercise facility, and is located near Northern Kentucky's numerous restaurants, entertainment, and shopping areas. Special plans are being made for KAPS members to visit Covington Landing during their stay. Mark your calendar now for what promises to be a great convention. Look for the 'Call for Papers' elsewhere in this newsletter. If you have any suggestions please contact Sharon Kieta or Michael Walters. SEE YOU IN NORTHERN KENTUCKY!!

SECRETARY'S REPORT

BY SKIP CLEAVINGER

Not much has transpired on the Executive Committee since the conference; therefore, my report is very short. The one thing I have to men-

tion does not relate to EC Meetings. Through a local Child Protection board, I received word that a Task Force for the Attorney General on Child Sexual Abuse will recommend the creation of a Court Appointed Special Advocate (CASA) Program. The program would run like this: the judge hearing the child sexual abuse case would assign an Advocate to the family. This would be a permanent assignment, and the Advocate would then make recommendations to the court. "Advocates" would be volunteers and would receive twenty hours of training. The recommendation of the Attorney General's Task Force is to establish these programs in every judicial district in the state. I urge KAPS members to ask around in your area, and find out more about this program. It is my understanding that the implementation and funding of the CASA Program may come up during one of the special legislative sessions. Please show your support for this program. Thanks a lot.

LEGISLATIVE NEWS

BY CONNIE ADAMS,
LEGISLATIVE CHAIR

With the special session on ethics and reform, one expected on health care, and a possible third session, I urge you to follow the Kentucky Legislature and to make your views heard when key legislation arises. The following suggestions are offered to improve the effectiveness of your legislative contacts.

TOLL-FREE LINES
(8 A.M. - 4:30 P.M. ET, M-F)

Message Line: 1-800-372-7181

Call this number to leave a message for the governor, lieutenant governor

and 138 legislators. Although you can leave a message for all legislators at one time, the message is posted on the bulletin board. If you contact three or fewer legislators, your message will likely be written as an individual message, a more effective way to communicate.

Calendar Line: 1-800-633-9650

Call this number for current information about committee meetings and agendas.

To talk directly to a legislator, call the Legislative Research Commission, 502-564-8100 and ask for the House offices (extension 746) or Senate offices (extension 743).

Tips for writing your representatives:

- Include the date, your name and address on the letter.

- Identify your subject clearly, include the name of the legislation and bill number when possible.

- Briefly state your position and arguments.

- Personalize the issue.

- Limit the length of the letter to one page.

- Request a reply stating the legislator's position on the issue.

EDITOR'S COMMENTS

BY BRUCE WESS

As you peruse this issue of the KAPS Review, I wish to call your attention to the Convention Announcement and "Call for Presentations" for the KAPS 1993 Convention to be held this fall. While this event may seem a long way off as day lengths and outdoor temperatures increase, planning has already been underway for several months to ensure the success of the convention. As commitments for presentations are being sought from several "big name" nationally prominent school psychologists, I want to ask all KAPS members to consider sharing their expertise with colleagues. I have attended and been involved in all eleven previous conventions and I am always favorably impressed by the wealth of talent within the organization. Just as we are committed to continuing professional development both as individuals and as an organization, I believe we have a professional responsibility to share our knowledge and skills with our peers. Who knows better what life is like "in the trenches" than other school psychologists? So take a success story, an intervention technique, a counseling approach, a unique project and present it! Do it alone or with co-workers (not necessarily fellow psychologists), organize a panel discussion, or bring in the family pet as tribute to your skills in applied behavioral analysis (or Rogerian therapy - whatever your approach). Do it for fame or notoriety, to kiss up to your boss, supervisor, or professor, to bolster your case for released time from your job, or for purely altruistic reasons. JUST DO IT. A convention is only as good as its participants and that is YOU.

Many years ago (before KAPS even had its own convention), my colleagues and I were presenting to the combined convention of the Kentucky and Tennessee psychological associations. We were describing our efforts to develop comprehensive school psychological services in our district. Tom Fagan happened to be in the audience and requested that we summarize our presentation in an article which later appeared on the front page of the *Communique*. A few years later, several of us formed a panel discussion whereby we each shared a successful intervention. Those of you who have been around long enough will remember this as "Swinging Interventions: Come and Swap." The point is that presenting can be rewarding as well as fun but you never know unless you try.

WESTERN REGION REPORT

BY JENNIE EWALD

The Western Region met on December 11, 1992 in Henderson. Seventeen people attended the meeting which included a presentation by Laura McGrail and Associates. The workshop was entitled "Issues in Assessment and Programming for Autistic Students." The information was disseminated by a school psychologist, a speech and language pathologist, a special education teacher, and two parents of children with autism. The presentation was packed with valuable information and was well received by all.

The group gathered for lunch at a most interesting restaurant in Henderson. The name has escaped my mind at the moment, but it was an enjoyable time. I do recall a large bear, a rhinoceros, and several antlered heads overhead.

Another meeting was planned for March 19, 1993 to be held in Bowling Green.

NASP DELEGATE REPORT

BY JIM BATTS

There is little to report since the report provided at the KAPS convention. NASP is still searching for an executive director. The participants at the Southeastern Region Leadership Meeting were given an opportunity to identify characteristics we thought were important in an executive director. Considerable debate took place around the desirability of the executive director being a School Psychologist. Currently the national office does not employee a school psychologist.

In December, the KAPS president, president-elect, legislative chair and I attended a government and professional relations training session on how to effectively work with elected government officials. The training included role playing and simulation. During the Spring convention in Washington we are scheduled to visit our congressperson and try this "stuff" out for real.

Which brings me to the third topic of the report, the NASP's Silver Anniversary Convention in Washington D.C., April 14 through the 17th. The preliminary program looks excellent. A number of special events are scheduled around the silver anniversary them. Kentucky had the second largest representation in Nashville and I hope everyone will try to attend this year.

The last item is to inform you of a program called CERTIFICATE OF APPRECIATION. This program is to recognize the educators and community supporters who make a difference by giving them a Certificate of Appreciation from NASP. Members are invited to nominate non-school psychologists who make outstanding contributions to educational and mental health services for

children and families. Nominations are open to individuals or groups in the following categories: Community-based groups or its members, parents, pupil personnel staff, school support staff, secretaries, school board members, superintendents, teachers, aides and assistants. I have forms that must be filled out that include concrete examples of exemplary practices of nominees. Nominations are approved after a review by the Public Relations/Public Information Committee. The person making the nomination will be sent a presenters' kit which includes a Certificate of Appreciation suitable for framing, sample news release, and suggestions for honoring the recipient.

DEVELOPING STRATEGIES AND ACTION PLANS FOR IMPLEMENTING KERA: BECOMING PART OF THE SOLUTION

PAUL B. de MESQUITA, CHAIR
KERA COMMITTEE

In a previous article I reviewed the specific challenges of KERA that we face as school psychologists and asked whether we are actively working to become part of the solution or does our inactivity and uninvolvement render us part of the inert educational bureaucratic problem. In Kentucky, our response to this question has serious implications for our very survival as a credible and contributing service profession in schools. Educational reforms provide us with those long-awaited opportunities to broaden the scope and the nature of psychological services in Kentucky schools, opportunities

long sought by many school psychologists. While implementation of the various components of the KERA reforms may often seem overwhelming, the two prevailing questions for school psychologists are "where and how do we fit in?"

In conversations with colleagues during the last several months, many of you have expressed the interest and desire to restructure psychological services in Kentucky but need more specific direction as to how to proceed. Good ideas must be translated into action.

While the spirit of broadening our services and shifting our roles away from routine assessment and more toward intervention and consultation is appealing - how do we do it? Carefully considered strategies are needed that can guide the development of specific action plans to be shared across the commonwealth. To accomplish this goal the KAPS committee on KERA will be conducting a strategy and planning session. The focus of the meeting will be to review ideas generated at the KAPS Conference last fall during a brainstorming session led by keynote speaker Dr. Redfield. Evaluation of these ideas will result in a prioritized list of strategies that address issues at the state, local, and individual school levels, as well as strategies that extend across all levels. The strategies will serve as the basis for the development of specific action plans and guidelines to assist school psychologists in realigning psychological services within the parameters of KERA.

Suggestions related to KERA or examples of realigning school psychologial services to correspond to the KERA goals and framework are invited. Committee representatives such as Karen Collier, Kelly Davis, Pat McGiney, Connie Adams, and

Lou Ann Kruse welcome your ideas, suggestions, problems, or questions. School psychologists interested in participating in the KAPS Committee on KERA are welcome. The meeting is planned for Friday, February 26th, 10 a.m. - 2 p.m., in Louisville, at the Van Hoose Educational Center. Interested individuals needing more information should contact Paul de Mesquita, University of Kentucky, 245 Dickey Hall, Lexington, KY 40506-0017 or call (606) 257-5445.

Student Retention: Does It Help or Hurt?

by Ruth Steegmann

The most widely employed practice in addressing school failure is retention. Peg Dawson, editor of the NASP *Communique*, addressed the Western New York School Psychologists Association on this controversial practice at its annual conference, September 25th in Cheektowaga.

Each year about seven percent of the population of American children are retained. In contrast, less than one percent of children are retained in Great Britain and in Japan. Retention decisions are based on a number of factors and events, including grades, "readiness" measures, standardized test scores, birthdates, size and subjective assessments of "immaturity." No existing measure is adequately valid or reliable, according to Dawson. We currently see only about a 50 percent hit rate of accuracy of prediction.

Late birthdate children are more at risk for school failure, according to popular wisdom. Dawson reports that while the youngest children initially score six to eight points lower on standardized tests, these weaknesses work out in two to three years. She also noted that the youngest children in first grade made more growth than the children of comparable age in Kindergarten.

Dawson stated that she had previously supported retention practices and had even written a retention handbook for her district. The information used to support retention was not research based, however, and she now rejects the conclusions which were reached. The steps necessary to test the hypothesis that retention is a good idea:

Take a large group of students and randomly assign them to two different conditions. She noted, however, that ethically we can't do that.

Plan B is to compare those who were retained with those whose parents refused retention. The problem with that approach, according to Dawson, is that characteristics of parents may be significant variables affecting outcomes.

A third alternative is to compare schools with different retention practices and similar demographics.

Dawson outlined the specific steps in pursuing this investigation:

1. Survey the literature.

2. Identify and define the problem.

3. Formulate an hypothesis.

4. Observe and analyze the data.

5. Draw conclusions.

Dawson noted that these are the steps of the scientific method.

In constructing an experimental design for investigating outcomes of retention, Dawson noted that it is critical to make sure that the children going into the study are similar in age, gender, IQ, parental education, ethnic background, academic achievement, dominant language, attendance, socioeconomic status, child's expectations, behavior, self concept, size, maturity and parent expectation. Dawson noted that all of the above are the independent variables.

Following retention, the dependent variables are measured: achievement, behavior, attitude toward school, attendance, self esteem.

Key questions in interpreting outcomes are:

1. Are the results different depending upon grade level?

2. Do the effects persist?

Dawson reported that variants of the above study have been done 63 times. Through meta analysis, a statistical procedure which generates summary statistics for multiple studies, the retained groups evidenced more negative effects than the promoted groups.

Reading showed the biggest negative effect on retained children in 47 of the studies. (Reading deficits are often the major reason for retention decisions.) Nine studies concluded positive outcomes; these were measured at the end of the repeat year. Characteristics of the populations of these studies were reported:

Suburban, non-Black, average IQs.

Achievement less than .75 standard deviations below the mean.

Potential failures were identified early and given special help.

Parents were consulted for permission.

Remediation plans were developed.

Consultation by Pupil Personnel was sought.

Children were placed in smaller classes.

Follow-up studies of children who were retained, however, have indicated that any initial benefits wash out following the retention year.

The use of "transition" or "pre-first" grade classes is currently in vogue in many parts of the country. Once again, many children initially did better on standardized tests but these gains did not hold up after the first year. While there may be individual children who benefit from retention, according to Dawson, decisions must be made from the predictions of group data.. Therefore, it is difficult to predict which students will benefit from retention.

Delayed entry has also been part of our popular wisdom about preventing school failure. In a longitudinal study reported by Dawson, academic achievement, athletic involvement, and special education rates were reported. Delayed entry did not help on any of the variables. Initial advantages did not persist.

Self esteem is likely to suffer almost as much as school performance in children who are retained, according to Dawson.

In a study in which children were asked to rate stress events, the highest rated stress was death of a parent. Second was blindness. Third was having to repeat a grade. Kids were overwhelmingly negative about being retained, the majority describing feelings of "bad" and "sad". Many reported being punished by their parents for not being promoted. Additional effects are the child being teased and rejected by peers. The trauma comes up repeatedly when children are asked their age and what grade they're in.

Personal stories related by children describe coming back to school and being disconnected from friends and peers. They most often blamed their mothers for agreeing to their being retained. Behavior problems tend to get worse as the child gets older. Drop-out rates are higher; being retained twice virtually guarantees drop-out. While this holds true over all achievement levels, the highest percentage is at the more advanced achievement levels.

Conditional promotions are occasionally practiced, in which a child must "prove" himself/herself within a specific period of time or go back to the previous grade. This is obviously devastating to children.

Learned helplessness was additionally cited as a negative effect of retention. Kids perceive (often at a primitive level) that something happens to them over which they have no control.

Alternatives to retention were proposed by Dawson. She advised that schools focus on specific behaviors and concerns and how they will be remediated– , rather than citing the global justification of "immaturity". Schools should be advised to get parents involved, supervise their kids in ten minutes of silent reading per day and read with them ten to 15 minutes per day.

Peer tutoring, parent/grandparent tutoring and cooperative learning can become resources in school for increasing kids' reading time.

Curriculum based measurement can be used to collect data on reading achievement, enabling the identification of small increments of growth. Writing difficulties can be addressed by modifying the amount of written work as well as offering alternatives to writing for children to demonstrate what they know.

Saturday schools for high school students have proven effective in some districts. Changing the normal curve to a J curve on test/retest measures prevents many children from being permanently relegated to the bottom. A one year algebra course being scheduled over two years has enabled some children to avoid failure. This is an approach used in outcomes based education, to which many districts have begun to subscribe. Mentoring programs, in which each child has a personal connection with one adult in school, has helped many children remain "on track".

Special education overall has shown negative outcomes, according to Dawson. ED kids may do slightly better (as a result of special education placement); slow learners appear to suffer the most.

Dawson stressed the importance of a team approach in addressing concerns about student progress and adjustment. Parents must be consulted both for information and endorsement of school planning. Teacher study groups should be formed to discuss issues. Goals should be established for students to take responsibility for outcomes; for example, requiring attendance of high school students at summer school if two subjects are failed.

Most importantly, asserted Dawson, all efforts should have been made to reach out to the student and offer help before more restrictive options are considered.

The 100% Club: An Attendance Incentive Program

By Carolyn Urbanski
School Psychologist
Oakland Unified School District

Melrose Elementary school is located in an economically depressed area of East Oakland. It serves approximately 510 Hispanic, African American, and Southeast Asian students.

At the beginning of the 1988-89 school year, the principal and I discussed the need for a more effective attendance program. For many children, 20 to 30 absences a year was not unusual. Previously, students received certificates for perfect attendance at the end of each report card period. Assuming that this recognition was not frequent enough, we embarked on a program of monthly acknowledgement of perfect attendance. Thus, the notion of the 100% Club was conceived. The school staff agreed to support the plan and I agreed to administer it.

The 100% Club is a simple process which can easily be replicated in any elementary school. At the end of each statistical period a review of attendance logs determines which students in class have no absences for the period. A list is then typed up by class, enlarged, and posted on a special bulletin board. (Schools with specialized computer attendance accounting could possibly produce computer-generated lists of perfect attendance. Our computer program does not have this capacity.) Each child also receives a special button to mark his perfect attendance. The buttons are in the school colors and have some representation of the school mascot, The Bulldog. We reverse the colors each year so that one design can be used in two consecutive years. We have them made by a local manufacturer and pay for them out of SIP funds.

This year we ordered 4,000 buttons at a cost of $650. A child can potentially receive nine buttons in a school year. (We do not include the last statistical period as it does not end until the last day of school, because the children would not be present to receive the buttons, nor to see their names on the bulletin board.)

Special envelopes have been labeled and laminated for reuse for delivery of the 100% Club buttons. Our SB 65 outreach consultants have the responsibility of counting out the buttons for each class and placing them in the teachers' mailboxes. The special envelopes are returned to the consultants for use the next time around. The teachers then distribute the buttons to their students.

Charts and graphs are also made monthly for the bulletin board showing the actual number of students, the number of students by team, and the percentage of students by team. It makes a colorful display that is of interest to all the students and to most visitors. The monthly results are read to all students via the weekly school bulletin. The classes with the highest percentage of perfect attendance are given special mention.

Buttons are also given to all adult staff members who have perfect attendance for the statistical period and their names are also posted on the bulletin board. Teachers tend to wear the buttons on their key lanyards, adding to their collection as the year progresses. It is not uncommon to see the custodian, the cafeteria staff and instructional assistants also wearing the buttons they have earned. In this way, the students see that all the school adults are supporting the program. Two years we started giving buttons to parents who attended the monthly parent meeting. This has now become a regular feature at the close of the meeting.

Over the last four years we have seen a steady increase in the number of students in the 100% Club. The chart which follows summarizes the data, indicating that our numbers have grown. Students and staff who have perfect attendance for the entire year receive a trophy. Except for graduating sixth graders who receive their trophies at the promotional ceremony, the students and staff receive a trophy with their names engraved on the front plate at Back to School Night the following September.

This program has been popular with the students. Anecdotes from the teachers indicate that students who considered staying home with some vague complaint now change their minds because they want to get a button. Some students have been heard to set a goal for themselves to earn a trophy. The program is also popular with the parents. They will follow up with both the teacher and myself if they believe their child should receive a button and hasn't. One parent apologized for "bugging" me about a button; as I know you would agree, enjoy being bugged about this kind of thing.

The 100% Club is only one feature of a school-wide effort to improve student attendance. We also invest considerable time in our School Attendance Review Team (SART) which typically meets on ten to 15 cases a week. Monthly review of attendance becomes a vehicle for referrals to the SART. The SB 65 consultants also monitor attendance on a daily basis, having the responsibility to clear absences and contact parents when no note is sent to school explaining the absence. They can also be a source of referrals to the SART and are team members. Over the last few years we have managed to address absences and tardies even with the kindergarten population. Less than half the SART cases now focus on attendance problems. A recent evaluation of our attendance data indicates that over the last four years we have reduced unexcused absences by 74.8 percent and reduced excused absences by 40.5 percent. As a result, we have recaptured hundreds of thousands of dollars in ADA that would have been lost had we not attempted these interventions.

Melrose School has been in the process of restructuring itself over these last four years. There have been substantial

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Buttons	Annual Trophies
1988-89	318	274	268	265	202	175	256	254	242	Buttons	28
1989-90	340	237	305	337	253	248	279	305	290	"	51
1990-91	367	341	352	357	273	301	316	352	328	"	84
1991-92	413	369	407	317	372	393	357	380	346	"	109

changes in school governance, curriculum, discipline, and school climate. All the pieces fit into a rather complex and interactive plan which has been designed to promote our students' school adjustment and achievement. The 100% Club is one facet of this plan. The minimal time and effort it takes has helped Melrose toward this goal.

OPINING

The last *Protocol* expressed an interest in articles about exciting activities and new models of service delivery. My job is loaded with stress and responsibility but, only rarely, can it be described as "exciting". During the last decade, there have been some changes, but the "model" for service delivery has been fairly static. Recently, one subtle change has resulted in radical changes in my role in schools.

For a variety of reasons, I have decided that school teams are too often asking the wrong question. Our service delivery model has forced teams to conceptualize the issue as whether or not the student is disabled ("Could Juan be failing because he's really learning disabled?" or "Is Beth misbehaving because she's emotionally disturbed?"). Everyone familiar with the literature knows that there's minimal research support for traditional diagnostic practices. Too few students benefit from our traditional diagnostic model. Too much time gets spent focusing on diagnosis and not enough time gets spent making substantive changes to instructional programs. Too many mildly disabled students find themselves placed in pull-out programs that have negligible efficacy.

The critical issue remains ignored. From the very earliest moment of concern about a student, the team should be asking "How can we better meet the instructional needs of this student?"

Luckily, several of the principals in my assigned schools operate from a similar belief system. We spend hours discussing instruction and wondering whether the etiology behind skill deficiencies can be traced more directly to instruction and curriculum. Based on our knowledge of good instruction and learning theory, we are identifying instructional variables that need to be adjusted rather than rushing into the special education arena to assess eligibility. Without strong evidence to indicate a disability, we assume that the issue is an instructional issue.

Often, classroom observations indicate that the child is being taught at a "frustrational" level rather than at an "instructional" level. These students are being expected to decode worksheets, basal text and core books when they know fewer than 50 percent of the words on the page. Not surprisingly, these same students spend much of the allocated learning time off-task and not engaged in the instruction. (Some ADHD and behavior referrals are students who are misplaced in the curriculum; their instruction is occurring at a frustrational level and the logical consequence is frustration, agitation and distractibility.)

I clearly recall returning to graduate school after working for several years and enrolling in a statistics course that was too advanced for me. By the end of the first week, I was agitated, frustrated and having difficulty concentrating. Even with one-on-one assistance, I was too challenged to benefit from the tutoring. I began wondering whether I was learning disabled. I had to remind myself that I had excelled in statistics in the past. When I dropped back to a level where I could work comfortably, I began making strong progress again.

Similarly for many students, when instructional barriers are addressed and these same students are regrouped so that they are taught at an instructional level, they begin making marked progress. This single problem, when addressed satisfactorily, resolves a large portion of cases.

There are probably as many reasons why children drop behind the average instructional level in a classroom as there are children. Some students may not have been ready for the material when it was first presented. Some students may not have been taught well the first time. Some students may not have been introduced to the material at all by former teachers. The list goes on and on. The bottom line is that until the child's program is adjusted to guarantee an instructional level presentation of the material, the child will flounder.

Another equally important issue centers around the concept of curriculum alignment. Curriculum alignment is the matching of objectives, instruction and assessment. Low achieving students need teachers to carefully articulate, clearly specify and logically sequence the instructional objectives. Often, these students benefit from controlled vocabulary to guarantee reinforcement of targeted skills. With the best of intentions, schools remediate by assigning low achieving students to a fragmented program. They work with a Chapter 1 aide part of the day, or with the resource teacher, or a reading teacher. Each of the teachers and aides utilize and teach different vocabulary and reading words. The instructional objective of each educator is clearly different. Is it any wonder the child fails to make progress in mastering the classroom curriculum. The very students who need the most carefully aligned curriculum get the least aligned, most fragmented curriculum. Whenever someone other than the classroom teacher becomes responsible for part of the program, the likely result is incongruity in addressing the classroom teacher's objectives.

One school recently discovered that they had fewer students reading at grade level than reading below grade level. The team decided to have the reading teacher "pull out" the students who were on grade level rather than continue working with all the remedial students. The classroom teachers kept the below grade level readers. Not surprisingly, the below grade level readers began making marked gains. The teachers attributed it to having a less fragmented program and to flexible grouping strategies that allowed them to teach students at their instructional levels.

During a discussion with team members in my assigned schools, I have been pleasantly surprised by the general consensus that children need to be taught at an instructional level before they can be expected to achieve. Despite a consensus of opinion on this, large numbers of students are grouped at a frustrational level during much of their instruction.

If we acknowledge that teaching at an instructional level is a prerequisite to learning, why do we rarely seek to resolve this problem? Instead, we avoid this issue and target our search for pathology on the student. Having listened to the results of thousands of classroom observations, I have *rarely* heard this issue raised. Why isn't it addressed in the classroom observations? School team members believe that the focus of their observation is the child, not the instruction. When we focus our sights solely on the child, we cannot be surprised when we always locate the problem in the child.

For years, I have operated from the assumption that low achieving students have been instructed at a level where they could be expected to demonstrate proficiency. I assumed that these issues were resolved at a prereferral level (i.e., at an EMT, TAT or Screening Committee). I no longer make this assumption. During referral meetings, discussion now includes an assessment of the child's proficiency level drops below 90 percent, the focus of our attention changes to improving the instructional match for that child.

COMAR states that a student may be identified as learning disabled if the:

> "(a) Student does not achieve commensurate with his or her age and ability levels in one or more of the areas listed...when provided with learning experiences appropriate for the student's age and ability levels..."

One interpretation of this clause would be that a prerequisite to identifying a learning disability is verification of a period of instruction at the student's proficiency level.

For many teachers, this poses a tremendous challenge. And that is an area where I see my role evolving. Through a variety of strategies (e.g., curriculum based assessment; teacher consultation; program consultation), I am emphasizing intervention at an earlier stage.

What is truly exciting is the fact that fewer students are being referred for evaluation to determine eligibility for special education. Fewer students are being coded. [Fewer students need three-year reevaluations.] School teams and parents honestly believe that students are receiving better instruction. In a small yet fundamental way, my whole job is changing. Maybe my job can be exciting!

Suicide Intervention in the Schools
Lori Navarete

After accidents, suicide is the lead cause of death among teenagers in the U.S. (Poland, 1989). Government statistics indicate there are approximately 5,000 teen suicides per year (Centers for Disease Control, 1986). Many argue that government figures are conservative, estimating that there are as many as 7,000-10,000 teen suicides annually. The figures indicate approximately 20 adolescents commit suicide each day in this country. Successful teen suicides are only the visible portion of the problem. There are an estimated 50-120 suicide attempts for each completion (Smith & Crawford, 1986). New Mexico, Alaska, and Nevada have the highest suicide rate for persons 15-24 years of age (CDC, 1986). Smith (1985) cites mobility rate, weak family roots, and an unusually high suicide rate among Native Americans as factors contributing to the high suicide rates in the West. The high incidence figures indicate that school employees are likely to encounter teen suicide in one form or another.

Researchers have identified at least 28 different causes or factors related to suicide. Some common characteristics in youth suicides include:

* depression
* drug and alcohol usage
* angry and rebellious behavior
* gun availability
* impulsive and reckless behavior (Poland, 1989)

Professionals know that suicidal ideation is influenced by familial factors and the individual's history. They also realize that a significant event or loss can be "the straw that broke the camel's back," thus causing a person to follow through on a suicide attempt. Precipitating events may include:

* severe arguments with parents
* break-up with boyfriend or girlfriend
* peer problems
* loss
* humiliation
* trouble with a teacher
* failing grades
* family changes
* discipline incidents
* injury or illness (Poland, 1989)

Experts agree suicidal behavior results from a complex interaction of biological, sociocultural, interpersonal, psychological, and personal factors (Rourke, 1989)

Schools are and have been reluctant to deal with teenage suicide. Unfortunately, most suicide prevention programs are developed in the aftermath of a crisis. Dr. Poland stated that schools need models to guide suicide prevention efforts. He recommends a model outlined by Caplan (1964) and modified by Johnson and Maile (1987).

Prevention and Intervention

Primary prevention consists of what can be done to stop a crisis from happening by eliminating hazards or modifying the situation. Students are taught skills to manage situations, and knowledge is provided to the school community about intervening to assist suicidal students.

Secondary intervention involves providing *immediate* assistance to an individual or group in handling a crisis, with the purpose of minimizing the crisis' effects.

Tertiary intervention involves providing long-term assistance to those affected by a crisis. The goal is to assist the individual or group to resume precrisis functioning without lasting debilitating effects.

Dr. Poland also addressed the school's responsibilities which include confidentiality issues, myths about suicide, assessment, postvention do's and don'ts, and media.

The information is summarized as follows:

Role of the School

* Detection of suicidal students
* Assessing the severity level of the suicidal student
* Parent notification of the suicidal student
* Work with the parents to secure the needed supervision and services for the student
* Monitor the student and provide on-going assistance

Confidentiality

* Don't promise secrecy about suicidal behavior
* The parents of the student must be notified

Key Myths Debunked

* Suicide is not inherited
* It is not someone's destiny
* There are many people today who were suicidal at one time. Young people are often ambivalent about suicide and go back and forth between wanting to live and wanting to die. The young person who talks or writes about suicide may be at risk and can not be ignored.

Assessment and Counseling

* School employees, such as counselors and psychologists, should have special training to determine a sui-

cidal student's risk level. "No suicide contracts" should be utilized to gain a promise from the student not to follow through on his or her suicidal plans. Alternatives to suicide should be emphasized.

* Talk openly about suicide
* Show that you care and the student is not alone
* Remain calm; proceed slowly
* Be positive
* Know your limits
* Clarify the permanence of death
* Act quickly to help the adolescent
* Do not be shocked
* Do not encourage guilt
* Do not promise confidentiality
* Do not minimize the problem
* Do not leave the client alone
* Do not get overinvolved

Postvention Do's and Don'ts

* Do not dedicate a memorial to the deceased
* Do not have a large assembly
* Do give the facts to the students
* Do emphasize prevention and everyone's role
* Do provide individual and group counseling
* Do emphasize that no one is to blame for the suicide
* Do emphasize that help is available and that there are alternatives to suicide

Media

* Coverage should be down played
* Suicide should not be portrayed as mystic, romantic, simplistic or unexplainable
* Details of the method should be avoided
* Emphasize resource agencies for distressed students

Anywhere from 20%-80% of teen suicides can be prevented (Cantor, 1987; Rouf & Harris, 1988). Establishment of comprehensive, well organized crisis intervention programs in schools can be instrumental in preventing teenage suicide, and can help the community survive if the tragedy occurs. For additional information consult Dr. Poland's book Suicide intervention in the Schools. The work contains an excellent combination of theory, practical suggestions, and personal reactions to suicide intervention.

References

Cantor, P. (1987, November). Communication with students at risk. In A. McEvoy (Chair), Suicide prevention in the schools. Symposium sponsored by Learning Publications, Orlando, FL.

Caplan, G. (1964). Principles of preventive psychiatry. New York: Basic Books

Centers for Disease Control (CDC). (1986). Youth suicide in the United States. 1970—1980. Atlanta: Author.

Johnson, S., & Maile, L. (1967). Suicide and the schools. Springfield, IL: Charles C. Thomas.

Poland, S. (1989). Suicide intervention in the schools. New York: The Guilford Press.

Rourke, B.P. (1989). Nonverbal learning disabilities: The syndrome and the model. New Your: The Guilford Press.

Rouf, S., & Harris, J. (1988). Suicide contagion: Guilt and modeling. Communique. 16(17),8.

Smith, K. (1985, November). child suicide: Issues in assessment and treatment. Paper presented at Child Suicide: A comference of Hope, Houston.

Smith, K. & Crawford, S. (1986). Suicidal behvior among "normal" high school students. Suicide and Life-Threatening Behavior. 16, 313-325.

Reprinted from the NMASP Communique, Summer 1991

SUICIDE INTERVENTION
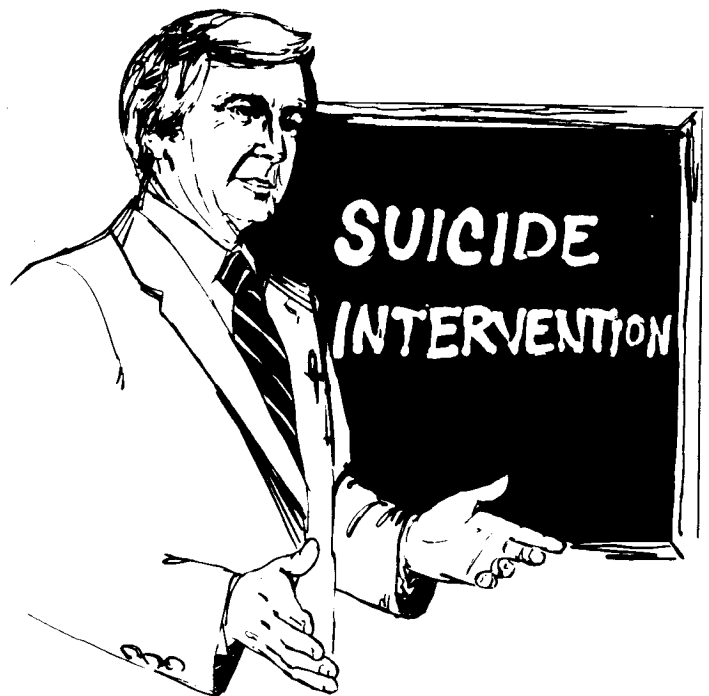
Families and Siblings of Children with Special Needs
Cindy Dolby Nollette

Background

"There is something wrong with your brother/sister". These could be the words of a parent telling children that something is different about their brother or sister, and that "something" is a disability. It might be mental retardation, autism, cerebral palsy, deafness or any other diagnostic condition. The outcome is that the child's day to day functioning is impacted by the condition. The strong intuitive and conflicting thoughts children experience when sensing something is wrong with their brother or sister are coupled with the serious sounding words of their parents. There may be feelings of relief that the intuitive worries were acknowledged, accompanied by the seemingly incompatible sense of confusion, anger and anxiety.

"What is it?"
"Why did it happen?"
"Will I catch it too?"
"Who will take care of her?"
"Will he always act like that?"

These questions are among the most common siblings ask, many times repeatedly, in their life-long process of grieving and coping when they have a brother or sister with a disability.

Brothers and sisters of children with disabilities are often an "invisible" and undeserved population. As programs for children with disabilities have grown in scope, so have the services designed to meet the complex needs of their parents. Unfortunately, scant attention has been given to siblings. More recently, there has been a growing interest in the experiences and subsequent issues of siblings having a brother or sister with a handicap (Lobato, 1982, Nollette, 1985). This interest is evidenced by the growing number of research projects, support groups and workshop training specifically for siblings.

While we know that it is important to include siblings simply because they are dramatically affected by the disability, research indicates that they are not necessarily at risk for developing serious phychopathology (Lobato, 1983). Nonetheless, the ways in which each family member copes influences the family's systemic stability and daily living. Coping styles contribute to positive or negative adaptation in the family. In addition, we know that siblings most often take an active part in the home care of the child with a disability, and therefore provide parents with direct support.

A disabling condition has an impact on families which is similar to that of a chronic illness, in that although the symptoms may change, they never totally go away. There is also a grieving process that resembles that which occurs when a family loses a member to death. However, there are also major differences between a disability and a chronic illness or death. The disabling condition holds neither the potential for complete recovery nor the finality of death. Within the emotional confusion, there is typically an underlying sense that there may need to be major lifestyle adjustments and, perhaps, process changes in the family to enable them to meet the needs of the child with the disability. While family members deal with the demand for change in their own way, at their own pace, grieving is a necessary piece of the work.

Grieving

The diagnosis of a disability triggers the beginning of a long process during which all members of a family mourn the loss of the child they once envisioned. Just as parents grieve the loss of the hoped-for "perfect child," siblings mourn the loss of the anticipated playmate, another child to share pleasure and pain, and the expected companion for life.

Expressing grief and adjusting to the handicapping condition is a process that typically consists of a long period of stress and reorganization within the family system. It is a process during which the family system changes and each member changes. There is often discussion about the need for families to "accept" the condition affecting them. In some ways, this concept, when applied to experiencing grief and loss about a disability, may seem incomprehensible. I remember a former client, a mother of a child with autism, telling me that she would never "accept" the diagnosis, although it was something she had learned to live with. She had adapted.

It does, however, appear as if the stages of grief as put forth by Elisabeth Kubler-Ross can be applied to siblings of a child with a disability. Denial, anger, sadness, bargaining and eventually adaptation are generally worked and reworked throughout different phases and stages. Different members in the family are likely to be at different places in this process, at any point in time. Each individual can also be at different stages in relationship to different issues. For example, a child may have come to terms with the issue of a diagnosis but may have anger and jealousy around the issues of the extra care that the sibling with the disability requires, such as the need for respite care.

Sibling Characteristics & Outcomes

Researchers and authors have identified a number of traits common to the particular sibling population under consideration. Siblings of handicapped children are often characterized by greater maturity and responsibility than their same age peers (Schreiber and Feeley, 1965). The oldest sibling, especially if this sibling is female, tends to take on extra responsibilities beyond those expected from a developmental perspective. Siblings are often reported to be quite compassionate, caring and giving. They are also often viewed as possessing a precious awareness of human differences and suffering.

A continuum of positive and negative outcomes for siblings largely related to factors described as "mediating factors" have also been recognized. These factors include characteristics of the handicapped child (including place of residence, severity of the impairment and type of impairment), characteristics of the non-handicapped sibling (sex and birth order), and characteristics of the parents (attitudes and behavior toward all of the child) (Lobato, 1983.)

For example, Farber and his colleagues reported that siblings of higher functioning retarded children were better adjusted than those of more severely retarded and dependent children. When the child is raised at home, older sisters generally feel increased caretaking responsibility and increased role tension. This finding is certainly not surprising since in most Western families the first-born female assumes greater responsibilities than either the first born male or later born females. Increased openness in parental communication with the family about the child's disability has been associated with better psychological adjustment in the siblings (Grossman, 1972) and the handicapped child. Gath (1984) claimed that boys tend to be more at risk if there is a family discord, particularly marital disharmony and parental personality disorders. Gath also reiterated the vulnerability of the oldest female sibling, particularly if she is more than three years older than the sibling with special needs. It has been reported that the highest proportion of family stress occurs in families with two children.

Issues Expressed By Siblings

Groups for siblings have been offered for many years at Minneapolis Children's Medical Center program for Exceptional Children with Communication and Interaction Disorders. Within the sibling groups, a range of issues is typically raised. It is important to recognize, however, that these issues are not presented by all siblings and, therefore, cannot be fully generalized. Clearly, the developmental age of the child needs to be considered in relationship to the issue cited. Some of the issues expressed by siblings include:

1) Ambivalence - Siblings express a range and mixture of feelings about the situation impacting the family. For example, most siblings describe strong feelings of love, caring, defensiveness and demonstrate nurturing in regards to their brother or sister with special needs. Yet these same children may also describe feelings of frustration, resentment and anger. Similarly, some of these siblings describe an impending sense that "things will never be OK or normal" but have mixed feelings and hope that their family will be different than it currently is.

2) Compensation - Some siblings describe feeling either internal or external pressures to perform or exceed in order to make up for the delays, deficits and difficulties presented by the child with special needs.

3) Responsibility - Some siblings take on extra responsibility, particularly within caretaking tasks. Many of these children are able to identify that these feelings eventually lead to anger and resentment often to stressing or even distressing proportions. Relatedly, some of these children, especially females, identify role confusion and role tension as they struggle with feeling like "a second mother, therapist or respite care worker".

4) Resentment - Just as parents feel resentment about the situation that has impacted the family, children are also able to express these feelings. Some children report a lack of fairness in the family or complain of the inequities within their family as compared to other families. Resentment in some of these children can often be related to pent-up and unexpressed or displaced anger. These feelings frequently develop around caretaking and/or household tasks.

5) Magical thinking - This typical stage of child development can become especially complicated when young children perceive their egocentric selves as the cause of the handicapping condition or the source of stress in the family. Children may make irrational connections about such things as "When I turn 5, I will become autistic", or "When I go to the hospital, I will get seizures".

6) Concern about the future - This concern often surfaces clearly about the time of pre-puberty or puberty and tends to increase or intensify with age if not addressed. As an understanding develop in siblings about their own potential to have children, there tends to be some anxiety about the possibility of having a child with a handicap. If the condition is known to have a genetic origin such as Fragile X syndrome, the level of concern and worry may be amplified. Fear or worry about the future and long-term care of the handicapped child, particularly in light of parents aging and/or death, also tends to develop as the sibling ages. Fear of the future can be especially anxiety provoking if there is no family discussion about long-term care issues, financial matters and family responsibilities.

7) Embarrassment - Non-handicapped siblings are prone to feeling embarrassed about their brother or sister with special needs. These feelings can be triggered by "a certain

look" or comment from strangers in pubic, or by the questions other ask about the handicapped child. The visibility of the handicap and the obvious presence of atypical behaviors or mannerisms are particularly sensitive issues. Most children go through stages when they are more easily embarrassed, but with the adolescent's marked tendency to conform, conflicts surrounding embarrassment including with guilt feelings may be heightened.

8) Isolation and loneliness - Siblings feel as if they are the only children with a handicapped brother or sister and that their family is the only one of its kind. Siblings can also feel alone and misunderstood in the home setting, particularly if the many subjects about the child's disability are considered taboo and therefore are not openly addressed.

Support To Families

In many ways, there is no circumventing the pain involved with adaptation. Adaptive healing and growth can best be accomplished by individuals working on their own emotions, in essence, dealing with grief. This work is hardly for everyone, including siblings. Educators and clinicians can be extremely useful to parents by providing a range of prevention and intervention strategies in order to help siblings cope with these special life stressors. Some of these include:

1] Inform siblings that their brother or sister does have an identified condition. At times, offering a diagnostic label serves as a means of explanation for the handicapping difficulties. Children need to know that they can't "catch it" but should be told "how you get it". Describing the special needs child in terms of the child's functioning level can be particularly helpful, including stressing what the child can do.

It is important to inform siblings what to expect currently, as well as what may occur in the future for themselves and for the handicapped child. Siblings need to know if family rules will change or will be altered, especially in regard to discipline and daily routine. Siblings also need to know what parents expect of them regarding caretaking and household responsibilities.

2] Just as parents benefit from a "common concerns" support, siblings also benefit from peer support. Introducing siblings to other children going through similar tribulations can be quite helpful. Within the family system, a sibling's special spot and unique position needs to be recognized. The child's developmental milestones and accomplishments should be acknowledged and applauded, just as they are for the child with special needs.

3] Acknowledge differences and recognize needs. Recognize and admit what is happening, expressing feelings and concerns honestly. Label and legitimize feelings and watch for changes in the child's moods, eating, sleeping and toileting routines, or changes in physical health or behaviors. The siblings must be given permission to grieve.

Conclusion

The diagnosis of a disability in one member of the family affects the psychosocial adaptation of all members of the family. Siblings are at risk and yet under identified as experiencing a sense of grief and loss with this coping and adaptation process. Educational and supportive services should be offered to siblings early on, rather than when the siblings come to our attention because of their escalating emotional or behavioral difficulties.

It is only with the early identification of each sibling's unique needs and strengths, along with the identification of strengths and needs for the handicapped child and his or her parents, that we can begin to facilitate the healthy functioning of these families.

BIBLIOGRAPHY

Farber, B. (1960) Family organization and crisis: Maintenance of integration in families with a severely mentally retarded child. Monographs of the Society for Research in Child Development, serial number 75, vol. 25, No. 1

Gath, A. (1974) Siblings Reactions to Mental Handicap: A Comparison of the Brothers and sisters of Mongol Children. Vol. 15, Journal of Child Psychology and Psychiatry, Pergamon Press, 198-198

Grossman, F. K. (1972) Brothers and Sisters of Retarded Children: An Exploratory Study. Syracuse, N.Y., Syracuse University Press

Lobato, D. J. (1983) Siblings of Handicapped Children: A Review Journal of Autism and Developmental Disorders, 13 (4), 347-364

Meyer, D., Vadasy, P., Fewell, R. (1985) Living With a Brother or Sister With Special Needs: University of Washington Press

Nollette, C. (1985) Autism...A Family Affair. Minneapolis, Minnesota.

Powell, T. E., & Ogle, P. A. (1985) Brothers and Sisters: A Special Part of Exceptional Families. Baltimore, MD: Paul H. Brooks Publishing Company

Schreiber, M., Feeley, M. (1965) Siblings of the Retarded: A Guided Group Experience. Children, 12 (6), 221-225

GETTING MORE INFORMED ABOUT REFORM

By Mike Furlong, Research Committee Chair

As you may recall, in the last CASP-NASP CPD article on special education reform I talked about feeling like the Lone Ranger in the Far Side cartoon who discovered that *Kimosabe* meant the back side of a horse. However, there are usually two sides to every story, and one certainly could argue that the Lone Ranger was a bit domineering and got what was coming to him. My point here is that when we talk about special education reform, I think school psychologists generally would agree that however the debate about reform evolves, we should be heavily influenced by the weight of empirical information about various service delivery models.

If consultation, for example, can be shown to help kids, then it should be implemented post haste. Our integrity as professionals is based upon the fact that we form opinions based primarily on research-based information, not economic or political considerations. Such a knowledge base is essential to forming a professional opinion about special education reform and to engage in meaningful discussions, at local and regional levels, about program delivery to students with learning challenges.

Unfortunately, there are few high-quality research studies that have critically, objectively, or systematically made the type of program comparisons that are useful in forming empirically-based opinions. One study (Schulte, Osbone, & McKinney, 1990, *Exceptional Children*) evaluated the progress of elementary school children with a learning disability in one of four service delivery models; (a) one period of resource, (b) two periods of resource, (c) in-class consultation, and (d) teacher consultation only. It was found that the students who had two periods of resource class initially scored lower on tests of cognitive ability and academic achievement than the other students. This suggests that dialogue about various service delivery models should address the various unique learning needs of students. However, no conclusive evidence was found to support one model of service delivery over another, although doing something was better than doing nothing at all.

My personal experience has been that special education "reform" often is driven by someone who has a strong personal belief that one particular model or another is the best one to implement. These individual's opinions often are disproportionately influential if the issues involved in reform are not evaluated in light of research-based information. The articles listed below provide a starting point for better understanding what we actually "know" about special education service delivery models as opposed to what some "believe" should be done to improve service delivery. These articles by no means provide the final answer, but they do give a starting point from which to form empirically-based opinions about special education reform.

PAPERS TO REVIEW

1.) Adelman, H. (1992). LD: The next 25 years. *Journal of Learning Disabilities,* 25, 17-22,

Much of the momentum to reform special education was born out of the realization that, after PL 94-142 was passed, the number of eligible students with mild disabilities (mostly a learning disability) increased. This increase in the special education student population taxed the system's resources. When we discuss special education reform, therefore, it is impossible not to at the same time discuss service delivery to students with a learning disability. In this paper, Howard Adelman of UCLA provides, among other things a *prevention-to-treatment* continuum that can be used to develop and monitor efforts to provide service delivery to students with a learning disability.

2.) Archambault, F. (1989). Instructional setting and other design features of compensatory education programs. In R. Slavin, N. Karweit, and N. Madden (Eds.), *Effective programs for students at risk.* Needham Heights, MA: Allyn and Bacon.

This chapter examines the effects of in-class instructional support on the achievement of Chapter 1 and special education students. The evidence does not support the "assistant" or "co-teacher" model as being particularly effective. It is suggested that such models may represent only minimal changes in instructional strategies.

3.) Blackorby, J., Edgar, E. & Kortering, L. (1991). A third of our youth? A look at the problem of high school dropout among students with mild handicaps. *The Journal of Special Education,* 25, 102-113.

It has been my experience that some rather influential school psychology and special education leaders have accepted as fact that there is a high dropout rate among special education students; this is used to justify special education reform. This paper discusses some of the methodological complications involved when conducting dropout research. It also presents data from a retrospective study that compared groups of special education high school graduates and special education students who "interrupted" their education prior to graduation. Some of

he results showed that interrupters differed from graduates in these ways: (a) nore likely to be African American, (b) lid not have the same name as their parent, (c) were more likely to be referred for a behavior-related problem, and (d) had significantly more school transfers and suspensions. The authors suggest that it is important to examine "contextual" issues (school setting and expectations) when examining why special education students do not graduate within the "normal" time frame.

4.) Kos, R. (1991). Persistence of reading disabilities: The voices of four middle school students. *American Educational Research Journal, 28,* 875-895.

Policy makers, researchers, and clinicians spend a lot of time discussing the needs of children, but Raylene Kos does something really novel...she actually talked to four middle school students about their learning problems and their perceptions of the instructional strategies used to help them. This is an excellent article for those who tire of traditional research reports. The author uses a qualitative research method to look for commonality in the student's experiences. Social, affective, educational, psychological, and environmental factors influencing these student's reading skills are explored. This is a thought-provoking paper that should help you critically examine the impact that our "help" has on kids.

5.) Sargent, L. (1981). Resource teacher time utilization: An observational study. *Exceptional Children, 47* 420-425.

This paper argues that the curriculum covered in pull-out programs is typically not well-integrated with the general classroom curriculum. In this regard, a pull-out program can actually disrupt rather than enhance the learning process initiated in the general classroom. Information about time utilization in a resource class is provided.

6.) Slavin, R. & Madden, N. (1989). What works for students at risk: A research synthesis. *Educational Leadership,* February, 4-13.

This is a non-technical summary of a meta-analysis completed by the authors in which they examined the impact of prevention, classroom change, and remediation on academic achievement. Programs that span preschool to high school settings are described. The authors review these programs from the perspective that pull-out programs (such as many resource programs) as well as in-class programs (such as many full inclusion efforts) have not shown consistently positive effects on classroom performance. They argue that merely including at-risk students in regular classrooms without fundamentally changing the way in which the classroom is structured will not have long-term positive effects. *Continuous progress* programs and *cooperative learning* are examples of fundamental instructional changes. The authors also present evidence supporting the use of one-on-one remedial tutoring (by volunteers or older students) and computer-assisted instruction as viable programs for at-risk students.

7.) White, W. (1992). The post-school adjustment of persons with learning disabilities: Current status and future projections. *Journal of Learning Disabilities, 25,* 448-456.

This is a careful review of follow-up and follow-along studies of individuals after they have made the transition from school to adult life. Studies meeting quality criteria and those including a control comparison group were reviewed. The paper focuses on vocational outcomes. The issue of short and long-term positive outcomes for children with a learning disability is a very contemporary issue. The current debate in the Crawford case, for example, focuses on what current special education programs are the functional equivalent of the educable mentally retarded classes that existed in the early 70s at the time the Larry P. case was originally filed. Debate on this topic will most likely focus on short-term and long-term impacts of special education programs, such as examined in this study.

8.) Wilczenski, F. (1992). Measuring attitudes toward inclusive education. *Psychology in the Schools, 29,* 306-312.

To be maximally effective, attempts to reform special education by increasing the involvement of students with mild and more severe disabilities will have to be inclusive themselves; that is, they will have to seek input from parents, students, and particularly the general education teachers. This paper reports on the development and validation of a simple 16-item survey that can be used to gather information about staff attitudes toward inclusion activities and programs. The scale assesses facets of physical, academic, social, and behavioral accommodations. This scale offers a useful tool with which to honestly begin a special education reform planning process. . .one that is inclusive and not top-down.

SOME IDEAS FOR FOLLOW-UP ACTIVITIES

1.) What is the true continuum of services available in your district? Map out the specific programs and prevention services available to support students, parents, and teachers.

2.) What is the dropout rate in your district? Do your special education students leave school prior to graduation at higher rates than general education students? To get some tentative answers to these questions, take a random sample of 50 RSP students from the 1989 special education student count in your district. How many of these students are still in special education, regular education, or transferred to another district? Establish a tracking system for the special education pupils in your district. Select 100 or so mildly handicapped ninth-grade students currently in your district and monitor their progress at the end of each semester until their age-mates graduate.

3.) Hold discussion groups with students in special education classes asking them to comment on the types of instructional strategies being implemented. What do they feel helps them? What's being done that is not perceived as helpful?

4.) The California Department of Education is currently drafting an IEP form that would be used throughout the state. One thing it does not include, however, is a

section that specifically states the minimal outcomes that are needed for a RSP or SDC-placed student to return to the general education program full-time. Get a head start on the CDE forms by initiating a discussion in your district about formalizing a process to identify what conditions (e.g. student academic performance levels, self-control and regulation skills, environmental factors, etc.) are necessary to consider exiting from special education services. Such a mechanism might encourage students, parents, teachers, counselors, administrators, psychologists and others to more earnestly support shorter-term special education placements and diffuse concerns about special eduction being a "dead-end" educational option.

5.) The initiation of the Healthy Start projects this year is seen by some as heralding the age of outcome-based accountability. Sid Gardner (CSU Fullerton), for example, argues that the days of merely counting the number of services we provide as evidence of our utility are over. Increasingly we will be asked the question: What are your objectives and what evidence do you have that you are reaching these objectives? This is essentially the question that will be addressed in the continuing Larry P. Crawford case. To become more proactive on this matter, consider creating a simple data base that tracks outcomes for students receiving various special education services. Tracking all kids would be nice, but systematic information collecting for a random sample of kids would be quite sufficient. After defining general objectives, collect quantitative and qualitative information about program impact. (If you have a Mackintosh computer and Filemaker Pro, I'd be happy to help set up such a system.) Information generated from such a database could be used for program planning purposes and to inform your school community about the positive things you and your colleagues are accomplishing.

More About
Getting Informed

SUMMARY

If there was one message that I got out of reviewing the papers listed above it is that there is no single model of special education "reform" that is clearly supported by empirical research. What seems to be the case is that when efforts to revamp special education services are undertaken, they need to be carried out in an environment that examines the total context of instructional delivery. Thus, to glibly announce that special education is going to be reformed by implementing a "consultant" model, for example, does not address what appear to be the important issues. Zigmond and Baker (1990, *Exceptional Children*), for example, after evaluating the impact of the consultant-based project MELD (Mainstream Experiences for the Learning Disabled), concluded that:

"A successful alternative to pull-o special eduction programs requires mo. than the administrative fiat to put tl children back. Returning students wil learning disabilities to the mainstreal should be the catalyst for a school-wid school improvement effort. The currer data make it clear that such students wi. not make progress if teachers (genera education) continue with business a usual. And, if business as usual is the bes we can get, then full-time mainstream. ing will not be a suitable alternative ir many sites for students with learninε disabilities."

There are no simple answers to special education reform, but it seems clear that attempts to improve service delivery to students with learning challenges will require fundamental changes in both general and special education.

To help us think critically about how special education and general education reform are related, in the next CASP-NASP CPD article, Dr. Pauline Mercado (CSULA) will examine the factors influencing the broader general education reform movement.

EXECUTIVE COUNCIL 1992-1993

Officers

PRESIDENT
Michael Kieta
122 W. Main St.
Clarkson, KY 42726
(H) 502-242-7499
(W) 502-624-5153

PRESIDENT-ELECT
Sharon Kieta
122 W. Main St.
Clarkson, KY 42726
(H) 502-242-7499
(W) 502-756-2186

SECRETARY
Skip Cleavinger
1257 Chestnut St.
Bowling Green, KY 42101
(H) 502-781-3988
(W) 502-781-5150

TREASURER
Ray Roth
8400 Highway 405 #41
Maceo, KY 42355
(H) 502-264-9414
(W) 502-927-6914

Voting Members

ETHICS
Cookie Cahill Flower
837 Shawnee Trace
Cincinnati, OH 45255
(H) 513-624-9304
(W) 606-331-7742

ADHOC-KERA COMMITTEE
Paul B. deMesquita
245 Dickey Hall
Lexington, KY 40506-0017
(H) 606-223-2767
(W) 606-257-5445

LEGISLATIVE
Constance E. Adams
204 Barnes Mill Rd.
Richmond, KY 40475
(H) 606-62402644
(W) 606-623-2799

PUBLIC RELATIONS
Michelle Ashton
8709 Red Deer Circle
Louisville, KY 40220
(H) 502-491-8311

MEMBERSHIP
Michael Walters
1769 Stephenson Mill Road
Verona, KY 41092
(H) 606-485-7645
(W) 606-283-1003

PLANNING AND DEVELOPMENT

Robert Kruger
2356 Memorial Parkway
Ft. Thomas, KY 41075
(H) 513-891-4109
(W) 606-781-3333

Sharla Fasko
509 Dare Dr.
Mt. Sterling, KY 40353
(H) 606-498-4609
(W) 606-784-8928

CONTINUING PROFESSIONAL DEVELOPMENT
Elizabeth L. Jones
2907 Sarah Drive
Bowling Green, KY 42104
(H) 502-843-4230
(W) 502-745-4414

PROGRAM
Michael Walters
1769 Stephenson Mill Road
Verona, KY 41092
(H) 606-485-7645
(W) 606-283-1003

NEWSLETTER
Bruce Wess
2953 Bullitsburg-Church Rd.
Burlington, KY 41005
(H) 606-586-5982
(W) 606-292-5820

Regional Representatives

STUDENT
Joanna Hale
Keria Ann Drive #17B
Richmond, KY 40475
(H) 606-624-9374

CENTRAL
Luann Kruse
2785 Waterworks Rd.
Danville, KY 40422
(H) 606-276-5599
(W) 606-885-4179

EASTERN
M. Susan Burgar
106 Ball Avenue
Corbin, KY 40701

NORTHERN
Michael Walters
1769 Stephenson Mill Rd.
Verona, KY 41092
(H) 606-485-7645
(W) 606-283-1003

WEST CENTRAL
Ruth Bewley
9101 Denington Dr.
Lousivlle, KY 40222
(H) 502-426-6330
(W) 502-473-3368

WESTERN
Jennifer Ewald
118 West Valley Dr.
Russellville, KY 42276
(H) 502-726-2455

Non-Voting Members

PAST PRESIDENT
William Pfohl
1111 Homestead Ct.
Bowling Green, KY 42104
(H) 502-782-9319
(W) 502-745-2695

NASP DELEGATE
Jim Batts
120 Laurel Way
Versailles, KY 40383
(H) 606-873-7158
(W) 606-622-1115

EXECUTIVE SECRETARY
Lin Cook
303 View Place
Covington, KY 41011
(H) 606-491-4745
(W) 606-331-7742

STATE CONSULTANT
Lesa Billings
102 Mule Shed Lane
Richmond, KY 40475
(H) 606-624-9674
(W) 502-564-3678

KENTUCKY ASSOCIATION FOR PSYCHOLOGY IN THE SCHOOLS
Call for Presentations: Convention 1993
September 29 and 30, October 1

KAPS members and allied professionals are invited to submit proposals for KAPS 12th annual convention. Proposals must be **received** no later than May 30. Notification of acceptance will be made in July. The convention theme is "Academic and Behavioral Interventions."

. . . .

Please **type** or **print** information as to appear in convention program.

Presenter(s): Include degree, title, and employer.

_____

_____

_____

Address of first presenter: _____

_____

Home phone: _____ Work phone: _____

Title of presentation:_____

_____

Abstract for convention program: (approximately 50 words) _____

_____

_____

_____

_____

Preferred length: _____50 minutes _____110 minutes

AV needs: _____

_____

Return this page and a one-page typed summary of the presentation to:

BRUCE WESS, KAPS CONVENTION
2953 Bullitsburg Church Road
Burlington, Kentucky 41005

Submission deadline: materials must be received by May 30.