the

KAPS REVIEW

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KENTUCKY ASSOCIATION FOR PSYCHOLOGY IN THE SCHOOLS

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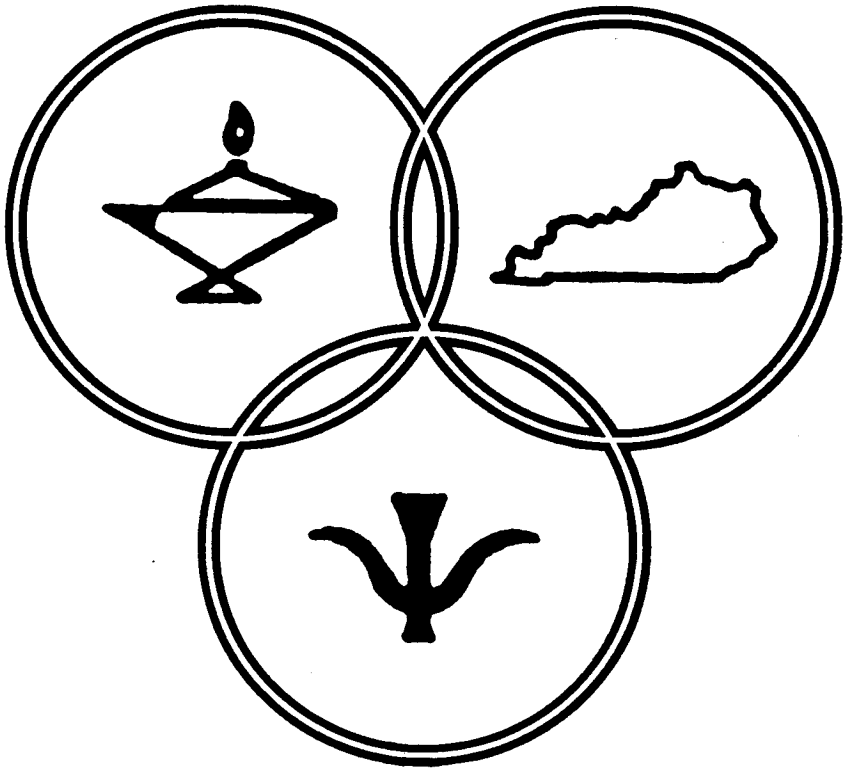

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THE KENTUCKY ASSOCIATION FOR PSYCHOLOGY IN THE SCHOOLS

The KAPS Review is the official newsletter of the Kentucky Association for Psychology in the Schools (KAPS), and is published three times a year (Fall, Winter, Spring). Opinions and statements appearing herein are those of the authors and not necessarily those of the Executive Committee. Editors reserve the right to edit articles submitted.

PRESIDENT'S MESSAGE

BY JENNIE EWALD

I really don't have any profound information or insights to pass along. I'm trying to get organized in my position as President of KAPS. Jennifer Elam did a great job of getting things in order. However, I'm sure she feels as though many things did not receive closure. Well, I am hoping to gain that closure for her.

Our Executive Council has been trying to develop a Strategic Plan for our organization. This has been a learning experience for many and we are still developing. Hopefully the plan will strengthen our organization and provide continuing growth.

Our Fall Convention was a success. Lynn McCoy-Simandle and Tracey (Evans) Ward did a wonderful job. They were able to recruit many helpers whom I attempted to recognize at the Awards Luncheon on Friday (I hope I covered everyone).

My main mission as President is to improve communications between the organization and its members. Any comments or suggestions would be welcome. As School Psychologists, our roles are ever expanding and getting information about practices of our growing numbers is important. Any information to be shared should be sent to Mike Simpson, 308 Stone Ridge St., Bowling Green, KY 42101. Or you can send it to me and I'll try to get it out to the general membership.

Other hot topics for this year which may effect the practice of school psychology include, but may not be limited to: Medicaid reimbursement; Counseling Certification Bill; and proposed educational cuts at the federal level. The membership should be receiving updates throughout the year regarding these topics. If further information is needed, please contact your regional representative.

HAVE A GOOD YEAR!!

KAPS TREASURER'S REPORT

BY PATSY THOMPSON

ASSETS AS OF 9-26-95

Checking Balance	$ 1322.21
Certificate of Deposit	2500.00
Total Assets	$ 3822.21

The total assets of $3,822.21 represents the total in checking and in a Certificate of Deposit. The maturity date of the Certificate of Deposit was 9/25/95. Because no change was incurred, it will continue for another term of 182 days at a current interest rate of 5.2500%. The Executive Committee may want to consider other options which might yield a higher rate of interest.

All invoices received as 9/26/95 have been paid. This amount does not include any registration fees from the conference or the workshop. Likewise, major expenses for the conference and workshop have not been received by the treasurer. A slush fund of $300.00 was established for Marilyn A. Greer, who is now providing clerical services.

KAPS SCHOOL PSYCHOLOGIST OF THE YEAR *was selected at the Fall Convention. The winner was Laura E. McGrail from Henderson County Schools. Laura will be nominated for consideration of the NASP School Psychologist of the Year.*

LEGISLATIVE COMMITTEE REPORT

BY CONNIE ADAMS

Are you interested in becoming informed about the Kentucky Legislature? A volunteer is needed to be the recipient of the Legislative Record during the session. KAPS will pay for the subscription in exchange for your participation. Responsibilities include scanning the Legislative Record for KAPS related issues, monitoring the progress of bills of interest to KAPS, keeping KAPS leadership informed as needed, and summarizing information for KAPS Newsletter. Please call me at 606-624-2644ASAP to volunteer for this interesting opportunity.

Many of you attended the Convention and heard from Angela Wilkins at the KAPS membership meeting that we will not face a counselor licensing bill this session. Counselors have proposed a certification bill that will apply primarily to counselors in the private sector with few school counselors eligible under proposed standards.

Joe Bargione has been following the Medicaid issue for KAPS. KAPS was asked to provide input to KDE concerning school psychological services potentially reimbursed by Medicaid for eligible students. A proposal developed by KDE was sent to the federal government for approval. We recommended including KDE KEPSB certified school psychologists as potential providers of assessment, consultation and counseling services. School districts would be allowed to bill Medicaid directly for services. These issues are controversial. At present we do not support or oppose these services being provided by Medicaid. If they are approved, we hope that Joe's efforts will allow us to be included as providers. The June *Communique*, p. 22 has an excellent article on these issues by Kevin Dwyer.

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Legislative Committee Report

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Attempts are ongoing to establish a KAPS phone alert system. Regional reps have been asked to develop phone trees for their regions. In September we participated in a national congressional call-in day organized by NASP to protest budget cuts to education. If you were not contacted at that time, please call your regional rep to insure that you are included in the next action alert.

Bob Kruger and I are working to include school psychologists in the definition of administrators in the KY statues. This has no monetary consequence, as salaries are established at the local level. However, we believe that being included is important to reflect our actual and potential leadership roles in the schools, and we do not really fit into the category of teacher. Remember that KAPS is an affiliate of KASA, and that Bob encourages you to join that organization. Let me know if you have concerns about this issue.

Please use the information in the legislative packets distributed at the convention. If you were not at the convention, get the information from someone who attended. Consider subscribing to the SPAN UPDATE published by NASP. It's a great resource on national issues of interest to school psychologists, and it's free to NASP members! We are also planning another informative mailing about the KY legislature and how to become involved and influential for December or January.

Last but not least, I am happy to report that Jim Batts has agreed to co-chair the legislative committee this year. Please feel free to contact us at anytime if you have legislative concerns, and please help us to stay abreast of issues relevant to school psychology.

YOUR VOICE AND CONTACT MAKE A DIFFERENCE!!

NON-STANDARD FORMULAS AND ACADEMIC PROCESSING

PRESENTED BY
JIM BATTS and NANCY SANDER
REVIEWED BY MIKE NORRIS

Around 100 practitioners, interns, and students attended this much-awaited presentation. It was hoped by all that the two presenters would be able to transcend the oft-maligned aptitude-achievement formula to determine Learning Disabled or Not. Common complaints were that the formula and tables provided with the state regulations often resulted in suspected false negative findings in the pursuit of LD that drives most of routine evaluation conducted by school psychologists across the commonwealth. Dr. Batts gave a good explanation about the theoretical and statistical constructs behind the estimated true regression formula, that attempts to identify 4% of the student population for learning disabilities services, a rather generous portion, given that the LD population is estimated at 2% or less. There has been a lack of debate about whether there should or should not be a discrepancy formula. Instead, the concern has focused on what method is proper.

Participants were directed through the six steps of the Worksheet for Non-Standard Score Method (refer to KY regulations). Dr. Batts emphasized the need to document or justify the use of an alternative method for determining that aptitude or achievement scores were invalid. Examples of alternative methods were presented. Spirited discussion occurred throughout the second half of the session regarding such issues as:

- the merits of the Learning Disabilities programs: do we search for or against LD?
- compounding error upon error in using estimates of ability and achievement
- curriculum based assessment
- development of local norms, as with classroom wide assessment of basic skills
- when is professional judgment justifiable and when is it inappropriate?

Two case studies were presented, analyzed and discussed. Ms. Sander concluded that the current aptitude-achievement methods may not survive the Congressional reauthorization of IDEA, as a non-categorical service delivery model may well be adopted. The KY State Department of Education will disseminate appropriate guidance whenever the new regulations take hold. Until then, practitioners are expected to use the current formula unless some components are declared invalid. Then, it is up to the psychologist, and others, to determine and justify the use of the Non-Standard Method. No definitive example was offered or agreed upon by participants and presenters. Be prepared to justify your creativity! (There was not enough time to discuss academic processing.)

CAN CHARACTER BE TAUGHT IN THE SCHOOLS?

PRESENTED BY MISSY MEYER
REVIEWED BY KELLY DAVIS

This workshop provided a good introduction to character education. Ms. Meyer provided numerous handouts to supplement her presentation. She elaborated on some of the more exciting ideas in this new field, such as establishing a link with community leaders to promote character education (e.g., television station that does character word for the week) and including community and business leaders, parents, teachers, and various professionals in the planning stages. Ms. Meyer demonstrated in a group activity the ease with which character education can be implemented in a school's established curriculum. The workshop was enlightening and interesting.

Editor's Note: *This article originally appeared in THE NEW JERSEY SCHOOL PSYCHOLOGIST. Over the past year it has probably been the most often reprinted article to appear in state newsletters from across the country. It has been edited to minimize local references and to shorten it.*

THE OVERCLASSIFICATION OF THE AMERICAN CHILD

BY STEPHEN E. DEMERITT,
MADISON PUBLIC SCHOOL

Over the years I've been very struck by the fact that out here in the suburbs children don't get classified very often as EMR and TMR. That has led me to ask over and over again, where have all the EMRs gone? From time to time, I've stumbled upon interesting things which cause me to feel that the world is a little bit crazy. I go to an EMR class in Berkeley Heights, I walk into the classroom and I see assembled five or six children who are all afflicted with Downs Syndrome. Chronologically they are eleven, twelve and thirteen years old. Behaviorally they are acting like four, five and six year olds. Clearly, they are trainable in their level of functioning and yet they are all classified EMR. If I weren't so cynical, I would be astounded, but still I search for the EMRs. One day it was my task to reevaluate a student at the Early Childhood Learning Center. The student we had placed there was classified Communication Handicapped. On a prior testing, he had earned a WISC Full Scale IQ of approximately 40. I retested him and found that he earned a WISC Full Scale IQ of approximately 45. Though I felt that his functional ability was greater than that, clearly, he was a lad of educable mentally retarded ability. Following the evaluation testing, he took me on a tour of the school and introduced me to all of his teachers past and present. At the end of our tour, he took me into the all purpose room which was filled with most of the students who were awaiting their lunch. There must have been between fifty and seventy five students in the room. Though most of them were classified Neurologically Impaired and Communication Handicapped, I knew that I had discovered the epicenter of the EMRs of the region. I'm not sure why we misclassify these students so frequently, but I suspect many clinicians find it more convenient to nurture parental hopes rather than tell the parents the truth about their children's capabilities.

For the past several years my wife and I have had the opportunity to make visits to various parts of Mexico at some point during the colder months of the year. On a couple of occasions I have been on the Yucatan Peninsula where I have been intrigued by the people of Mayan descent. They are an industrious, apparently socially well organized group of people who seem to be even tempered, friendly and calm. They are physically short in stature, have round faces, beautiful copper skin, and black hair. I have discovered very few derelicts among them - few homeless people, few alcoholics, and the like. When I fall into conversation with some of the people, I inevitably ask the question, "What percent of your children are learning handicapped?" They look at me as though I am loco. The response usually is, "Senor, almost none." Here in New Jersey where we have the highest or second highest per capita income in the U.S. on a year to year basis, where we have more Ph.D.s per capita than most other places in the world, where we have an abundance of corporate headquarters, where we have thousands of college graduates and spend more money on education than any other state in the nation, where our students are prized by colleges around the country, we find that 11 or 12% of our youth are considered to be "educationally handicapped." Without question the the cultural demands here are very different than they care in Mexico or in many other places and there's no doubt that the fact that we are an information-based society which places a premium on academic learning has much to do with the fact that we are able to discover so many of our youth as being handicapped, yet I contend that many of our so called handicapped students really are not handicapped in the sense that they have a genuine learning disability. Instead, they are handicapped in the sense that they can't live up to our expectations, many of which seem to be unrealistic.

Where Are the Handicapped?

If you were to look for the handicapped people in our society, where would you go to find them? Chances are you would not start in the suburbs. The inner cities would be much more fertile territory to find handicapped people. In our inner cities, we have loads of crack babies, we have lots of AIDs babies, we have lots of fetal alcohol syndrome babies, we have low birthweight babies, we have a high percentage of unmarried mothers, we have a high degree of poor prenatal care, we have a high percentage of teenage mothers, we have a high percentage of welfare families, who have a high percentage of unemployment which leads to frustration, substandard living conditions, and abuse. These are all conditions known to be related to vulnerability in our children which is likely to express itself in the form of learning disabilities or as gross deficits in functioning capacity. We also have higher levels of crime and poverty in the inner cities, which again, can reasonably be expected to

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be related to the incidence of learning disabilities. Interestingly, however, we find that many of our big city school systems are classifying 8 to 9 to 10% of their students as being learning disabled. Conversely, in our suburbs where we have high education levels, high income levels, a relatively greater degree of marital stability, where our children have typically had good prenatal care, good diets, good infant care, good medical attention through their childhoods, a high degree of exposure to nursery schools, day care centers and the like, and where many of the people drive around in BMWs, Mercedes Benzs, and lots and lots of Acuras and Toyotas, we find that many of the suburban school systems classify 10 and 15 and 20 and sometimes 25% of their students as being handicapped. It is an almost absurd relationship. Why should it be that in the inner cities where we can realistically expect to have a high incidence of disability, that fewer students are classified, whereas in the suburbs where we have many of the conditions which ought to minimize the existence of disabilities, we have a fairly sizable number of students classified as being learning disabled.

It's my contention and observation that in our suburbs there is a strong trend to overclassify students as being learning disabled. I can identify six variables which I think contribute to this trend. They include:

1. Enormous parental pressure
2. Considerable teacher/staff pressure
3. Private clinician pressure
4. Systemic pressure which exists within the school system itself
5. Lack of knowledge of normal variance
6. A failure of Child Study Teams and others to create change within the system vs. trying to create change within the child.

Let us consider each of these.

Parental Pressure

Thirty years ago parents were terrified to have their children evaluated by the school psychologist or the equivalent of the Children Study Team because they knew inevitably it meant their child was in some kind of difficulty and in all probability would be found to have some significant degree of imperfection. Since parents weren't very enthusiastic about having their children seen by the Child Study Team, the Schools eventually did their public relations thing, and made it a positive for children to be seen by the Child Study Team, to the extent that today parents are one very large source of pressure which brings children to the attention of the Child Study Teams. In many cases the parents want their children evaluated because they want them to have the extra services which can be provided. In general, parents are concerned about their children and they don't want to see their kids fail. They know that if their children become classified, not only can they receive extra services which may be helpful to them, but they know that certain pressures and qualifications can be reduced or eliminated. It is therefore very discouraging for a parent to have his or her child evaluated only to be informed that the child is a slow learner, and really doesn't have a problem other than the fact that he might have an IQ of 85 and not be able to learn as rapidly as some of the other children. Parents seem to be more satisfied if they are informed that their child has an auditory processing problem, or an expressive language problem, or that he or she is afflicted with an attention deficit disorder. Thus, I think in many cases these diagnoses and classifications are used when it is perceived that the parents would not be contented to hear that their children are simply slow learners.

These classifications are affixed as a means of gaining extra services for the child. Having ones child classified in some ways broadens his horizons and makes the school challenge somewhat easier for the student. For example, the classified child may be exempted from taking the High School Proficiency Test, he can have the opportunity to have untimed SAT exams, he can gain enrollment and support from a college special ed program, and in other ways be given supportive services which help carry him along the way. We live in an age of elevated parental expectations and in the context of this information based society, people genuinely want their children to do better in school and they are willing to take advantage of every opportunity to see that that occurs. A couple of years ago my colleagues and I were reevaluating some students at our high school who had been classified for a number of years. In four cases we found seniors or juniors who had been classified Perceptually Impaired but who, upon reevaluation, it became very clear to us, were simply slow learning students with IQs between 80 and 85 who demonstrated academic achievement at the 15th to 25th percentile. In each case, when we offered the parents the opportunity for the student to be declassified, the spontaneous response was essentially, "Oh, no, I want him to have the extra help so that he can go through college." (Of course college faculties will be willing to accept these scholars into the halls of higher learning so long as the color of their money is green.)

One example of the degree to which parents will take advantage of the perceived benefits of having their

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child classified is the following: Some years ago we had a young lad referred whose parent had taken him to a neurologist who certified that the child had neurological imperfections and a learning problem. The child was subsequently evaluated and summarily classified as being Neurologically Impaired. Three or four years later that child was reevaluated. We discovered that there was nothing wrong with this child, that he was indeed quite bright with an IQ of 130, and that he was a high achiever who was earning scores at the 95th to 99th percentile on our group achievement tests. The parent still wanted him classified but we insisted and he was declassified. The parent then explained that she was concerned that when he became a young adult that he could be drafted into the military and it was her perception that if he were to be classified, that that might enable him to be exempted from the draft! Some years later I read in the paper that that student had done very well and had received a full scholarship to an outstanding university. I had a chance meeting with his mother and after she boasted about his academic accomplishments, she said to me, "I still think he should have been classified." That is perhaps an extreme case, but we have many others in which it appears that parental desires for extra services and privileges and advantages is the prime reason for wishing to have the child classified.

Teacher / Staff Pressure

We're all familiar with the caboose notion of the classroom hierachy. The teacher has a student in class about whom she is concerned. He is the slowest student, he can't keep up with the rest of the group and he's falling far behind. If we evaluate and classify him and remove that student from the classroom and place him in a special setting, then his needs are met. But a few months later when we reenter the classroom, she has another student whom she's now concerned about. He's the slowest student in the class, he can't keep up with the others, he's lost and floundering academically, and his self concept is being damaged. He needs something extra. Following that paradigm, we can probably evaluate and classify and service all children in the class down to the last one. Whatever the case ,there's always going to be a student or two or three students in a class who are far behind the others, who are the slowest students in the class and who have difficulty keeping up with the others. But teachers are hardworking and conscientious and they've been sensitized to all the lingo about learning disabilities and self concept and self esteem, and they want to make sure that their students get every advantage which is potentially available to them. Furthermore, we can't have an information based society with very high achieving suburban schools without there being some concern among teachers about their own performance as manifested in the behaviors and achievements of their students. They all know that the Californias or the Iowas or the Metropolitans are administered to their students each year, and that to some extent, the ways the students perform is a reflection upon their teaching skill. They also know that down the road lie in wait the EWT and the HSPT and many of our suburban schools strive for 100% perfection on those tests. Thus, there's a lot of implicit and explicit focus on having all the students up to snuff so that they will perform well on these and other measures of their Competence. In the same breath we must note that many of our teachers are very experienced and sophisticated and that usually when they refer a student to us it is because there is a genuine problem which has been in evidence in the classroom for some considerable period of time before the referral is made. But very often it's the slower child, usually one who has an IQ in the 80s or the 90s who gets referred to us.

What the big problem is in many of these cases is that academically the student is not quite as sharp as many of his classmates. In many cases, he's a slow learner who's functioning like a slow learner and in many cases, he's a student of average ability who's functioning like a student of average ability. However, in a public school system where the average student in the early grades achieves at approximately the 85th percentile on standardized tests, somebody who's achieving at only the 35th or 40th or 50th percentile looks pretty deficient compared to them. In many of these cases, we don't classify the children because, quite frankly, they don't have a learning disability. But in all too many cases the child gets classified in order to help him overcome his "deficiency."

Private Clinician Pressure

A phenomenon, which I don't think existed twenty years ago, has now come into play. That is, that in some cases, there is pressure exerted from private clinicians for us to classify and/or place students. Sometimes that pressure is appropriate, but in some cases it certainly is not. In one sense pressure from private clinicians is often an extension of parental pressure. There's a old saying that "he who pays the piper, calls the tune," and I think there's a lot of truth to that old generalization. We've had the experience of twice evaluating a student who demonstrated average intelligence and average achievement and no sign of a learning disability. However, the parents who had high expectations were very disappointed in his academic performance and so

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they finally reverted to taking him to a private clinician, and then the private clinician called us up and advised us to classify him and provide him with extra help. I think that when a parent enlists the services of a private clinician, he tends to view that person as being the expert and certainly that person becomes the expert in the eyes of the parent. In some cases their expertise is indeed very exemplary, but in other cases that's not so at all. There is also pressure upon the private clinicians who have a need to retain their clients and to improve their reputation. Thus, if the clinician can cause things to happen which satisfy the parents' needs, they have demonstrated their worth. I'm sure that most of us, over a period of time, come to recognize some of the clinicians in our area as being capable people whose judgements are to be trusted, whereas in other cases, we remain very skeptical about some of the recommendations which are set forth. I'm reminded of the work of one clinician whose conclusions seem always to fit the wishes of the parents regardless of what the data say. I can't tell what the conclusion is going to be by looking at the data, but if I know what the parents' wishes are, then I have a good idea what the conclusions will be. Thirty years ago when parents were more concerned about finding out what the problem was, or if there was a problem, I felt much more confidence in listening to the findings and recommendations of private clinicians. Today, when there seems to be such a premium on getting services for students, I find it appropriate to be more skeptical of what some private clinicians say and to look harder at the data than to the recommendations per se.

Systemic Pressure

It appears that today, for various reasons, there's enormous pressure from the school system itself to have a fair number of students evaluated and classified. Without question since the implementation of the High School Proficiency Test, there has been enormous motivation to have the slower students referred to the Child Study Team for evaluation. It's a widely known fact that if a student has a learning disability, he can be exempted from taking the High School Proficiency Test, and in many cases, teachers, parents, and administrators are all desirous of having certain students exempted from having to take the test. It's a difficult choice for Child Study Team members not to be acquiescent to their colleagues, and so therefore, the pressures can be particularly sharply felt. It's one thing to be pressured by parents who want their child exempted from taking the test, but is may be far more difficult to resist those pressures if it's your friend or a supervisor who wants the same end results. Aside from pressure to exempt from the HSPT, there are other pressures as well. Principals tend to be achievement oriented and competitive sorts who like their school building to look good. Since the results of classified children on the routinely administered standardized achievement tests are scored separately and not figured in with the rest of the student body, some principals see it as an advantage to have most of the slower learning students classified so that the school's achievement results look good.

It is, of course, absured to believe that people who have an IQ of 90 or below stand much of a chance of passing an HSPT exam, allegedly at the ninth grade level of competence, let alone a test at the eleventh grade level of competence at the level they claim to be, and if all the classified kids, as well as the "no shows" and the dropouts were to take the tests, the failure rate would be much closer to fifty percent than to twenty five percent.

Lack of Knowledge of Normal Variance

Finding imperfection in people is the easiest thing in the world. When one spends time testing people day in and day out, one sees loads of bad Benders, inconsistent WISCs, variable Californias, Woodcock-Johnson Batteries with lots of scatter, immature figure drawings, inadequate Rorschach protocols, poor pencil grips, tension overflow, and the like. I particularly like poor pencil grips. Yes, it is a sign of immaturity and neurological something or other, but if one travels around society and looks at bank clerks and store clerks and waiters, and doctors, and gas station attendants, and accountants, and hundreds of other people who write things down in our presence, we become aware of the fact that 20 or 30% of the people in society have poor pencil grips. I am convinced that as humans most of us are imperfect beings, and whether we demonstrate poor pencil grips or poor throwing ability or poor pronunciation, that we all have limitations and defects.

I think that the human organism is characterized by imperfection and that imperfection is not the equivalent of a handicap. My boss can't spell to save himself. I'm known for the fact that I can just about remember my name, and certainly not the names of very many other people. One colleague in my office cannot back a car nor park a car, and she is most unskilled when dealing with a wide range of mechanical devices. Another one of my colleagues doesn't integrate so well when a whole lot of variables are on the table at one time. Another person doesn't express herself so well verbally. None of these people are handicapped.

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They're all relatively healthy, normal, mature adults. Most of them are married, they have families, they're responsible parents, they're responsible, self motivated, hardworking professionals. Most of them have masters degrees, and some more than that. They hold positions of responsibility in their communities, and so forth and so on, but they, like me, are not perfect. One of the great problems in the overclassification of students these days, I believe, is the fact that we ascribe too much importance to certain kinds of imperfections and inconsistencies and call people handicapped when they're merely imperfect.

I like to kid some of my colleagues about a condition we refer to as a "Chatham P1." Every once in awhile one of the Chatham kids slips into our populations and sometimes we find a classified student who demonstrates a normal IQ, normal achievement, and no sign of a learning disability. The student's only handicap is the fact that he lives in a high achieving community with high expectations for its students. It confounds me how he could have gotten classified, but is happens and quite frankly, they don't all come from Chatham.

Many years ago when I was a graduate student, I was confounded by the fact that when we learned intelligence testing we also learned that the differences of three or four points among the subtest scores of the Wechsler Intelligence Scales were statistically significant. Thus, if a student got a ten on one subtest and a fourteen on another, there was such a degree of difference that it was statistically significant. And yet, as I got involved with testing a lot of students, I found that differences of that degree were as common as crabgrass. Back then, when I was planning to execute the outstanding doctoral dissertation of the century, I conducted a pilot study in which I wanted a group of thirty students who had average intelligence. From a public school I selected thirty boys who had scored between 90 and 110 on a group intelligence test. I administered each of them a battery of psychological tests which included the WISC. I was struck by the fact that the minimum degree of scatter among subtest scores on any of the thirty profiles was a difference of seven points. For years I had been disturbed by the fact that most of the students that I test evidence differences of six, or seven, or eight, or nine points from the highest to the lowest scaled scores they achieve on the WISC-R, and in many cases I consider the students not to be learning disabled, whereas other people would argue that they were learning disabled and in many cases the difference of seven or eight points among WISC subscale scatter was considered to be part of the reason why the students were learning disabled. Imagine my pleasure and surprise to have discovered a table on page 266 of the WISC-III manual which is entitled Cumulative Percentages of Inter-subtest Scatter Within Various Scales. That table shows that when all twelve subtests are administered, that a difference of seven scaled score points from the highest to the lowest subtest is achieved by 73.8% of the population, that a difference of eight scaled score points is achieved by 56.3% of the population, and a difference of nine scaled score points is achieved by 39.7% of the population. If that many people are demonstrating that much variance, it's very hard to rationalize that the degree of interest variation is much of an argument for a diagnosis of a learning disability based upon intracongnitive discrepancies. I would think that if we're going to use the argument that someone is learning disabled because there's a high degree of intra-cognitive discrepancies that we would probably have to have a difference of approximately twelve scaled score points to enable us to reach that conclusion. Certainly, a difference of seven, or eight, or nine scaled score points is entirely within normal limits.

I am less knowledgeable about the mysteries of interpreting and understanding the meaning of the results of the Woodcock-Johnson Psycho-Educational Battery. But I do know that that test has lots and lots of subtests. I recall that when I took statistics with Oscar Buros many years ago that the point was made that if you administer lots of subtests to people, that you are naturally going to have lots of variation among those subtests. If, for example, twenty subtests are administered, and you are looking for a difference beyond the .05 level of significance, one in twenty will be significant simply because twenty tests were administered. If we draw the analogy of the WISC-III profile data to the Woodcock-Johnson, then it would be reasonable to suspect that difference in magnitude among subtest scores to the order of three standard deviations would be quite commonplace. Thus far the authors of that test have no studies available on the phenomenon (personal communication with Kevin McGrew).

It is my observation that the Child Study Team world today may be heavily saturated with clinicians who have a lot of knowledge about test administration and remedial techniques, but not necessarily much knowledge or experience with statistics. Therefore, there may be a problem that we have a lot of people who may be using a lot of data but do not necessarily have an appreciation for the amount of variance which normally occurs within data. It is my contention that this is a major factor contributing to the overclassification of the American child.

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It's very interesting that the definition of Perceptually Impaired has been changed recently. Prior to July 1992, the definition of Perceptually Impaired as spelled out in Chapter 28 of the Administrative Code Title 6 was "Perceptually Impaired means a specific learning disability manifested in a disorder in understanding and learning which affects the ability to listen, think, speak, read, write, spell and / or compute to the extent that special education is necessary for achievement in an educational program." That definition was sufficiently vague and broad so that one could literally have driven a Mack truck through it, not to mention that fact that it's a rather circular definition, i.e., if one needs extra help then one must be Perceptually Impaired. Since about 70% of the students who get classified get classified as being Perceptually Impaired, it appears that the folks in Trenton ultimately became concerned about the fact that the definition was overly loose. Consequently, the new definition since July of 1992 includes the following description: "Perceptually Impaired means a specific learning disability manifested by a severe discrepancy between the pupil's current achievement and intellectual ability in one or more of the following areas:
1. Basic reading skills; 2. Reading comprehension; 3. Oral expression; 4. Listening comprehension; 5. Mathematical computation; 6. Mathematical reasoning; and 7. Written expression. That's a considerably narrower definition and one that perhaps more people could agree upon, but don't bet on the fact that there will be unanimous agreement because of one man's degree of severity will be far from another man's degree of severity. It's interesting and important, however, that the definition hangs the reason for a learning disability on the difference between intellectual ability and academic achievement.

Failure to Create Change in the System vs. Change in the Kid

Most students who get classified have lower IQs. They tend to be slow learners or students who have IQs in the 90s. Certainly, in the suburbs this is very much the case. In general, we tend not to have nor to advocate for slow learner programs, or special sections for slower learning or slower moving students. In the suburban schools where the average IQ may be around 110 to 120, many average, normal kids appear slow and get classified. That's probably the reason for the evolution for the so called "Chatham P1." That is, the student may be achieving in the 35th or 40th percentile which is commensurate with his ability level, but the rest of the class may be achieving at the 85th or 95th percentile. Child Study Team recommendations tend not to focus so much on helping or causing the teacher to accommodate the program in the regular classroom to the needs of the student. That idea appears to have been abandoned over the last fifteen years or so and instead the student is perceived as the one with the defect and therefore, program modification beyond the realm of regular education has been devised to take care of those alleged problems. So in a sense, instead of changing the program to fit the kid, we change the kid to fit the program. We classify him and we devise a "special program" to enable the student to cope more effectively with the regular program.

When departments of special services were being formed and Child Study Teams were evolving, the universities were teaching people to share techniques with teachers to help them accommodate the students' needs. For some reason or other, Child Study Team people were ineffective in this mission and pressures grew to do something extra for these children. Subsequently, we've seen a great rise in classifications and special services provided, usually in the form of supplemental instruction, Resource Room (now Resource Center) support, and special class placement. It's an interesting fact that in the towns of Chatham and Chatham Township which are upscale, lily white communities with very high levels of achievement and intelligence, that in 1991, 14.2% of the student population was classified. That is not an unusual statistic and it is repeated time and time again in other upscale suburban communities. However, in the town of Bernardsville, which as a P2R experimental district, we see that the number of classified students has diminished from 9.1% in 1989 to 6.1% in 1991. It, too, is an upscale, lily white, very affluent community with high levels of intelligence and high levels of academic achievement. Part of the secret here appears to be the fact that the Resource Center has been implemented in that community with special ed teachers going into the classroom and offering help to a broad number of students. Apparently, under that regime students in general are functioning better, their needs are being better met and it's no longer necessary for that district to over-classify so many students. What has happened really is that there has been program change and the change has been to the regular curriculum and now that that change has occurred, the regular curriculum appears able to accommodate and adjust to the needs of a broader range of students. That's what the whole intention and the purpose of Child Study Teams was in the first place. It appears that efforts have had to travel in a very circuitous route in order to achieve that objective. One would predict that as the concept of the Resource Center is introduced in our suburban schools in the next few years, that we should see a lessening in the need to classify non- learning

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disabled when indeed greater accommodations in the regular classroom will meet their needs.

Declassification

Over the years I've discovered that the decision to declassify a student is a momentous one, oftentimes requiring the efforts and the criteria normally used to judge the unseating of a heavyweight boxing champion. In the world of boxing when there was a heavyweight championship fight, it was generally understood that the challenger could pulverize the champion, but if the champion was still on his feet by the end of the evening, that he would retain the championship. Only when there was a knockout would the title change hands. In the case of declassifying already classified students, there seems to be an analaous relationship. Parents, teachers, and Child Study Team personnel seem to be extremely reluctant to remove a classification from a child who is not demonstrating superlative degrees of performance in most areas. As noted earlier, when we discovered that four of our classified students were merely slow learners and really weren't handicapped per se, there was extremely strong parental resistance to doing away with the classification.

I would like to relate an incident I was involved in several years ago. I was in the process of reevaluating a student who had been classified and was receiving Resource Room support. I had never before evaluated this student but found him to be a perfectly friendly and agreeable lad. He seemed to be a relatively normal adolescent. I administered him the WISC-R and he came up with a Full Scale IQ of 92. It was an extremely flat profile with scaled scores ranging from a low of 7 on one subtest to a high of 11 on three other subtests. This degree of scatter is achieved by 98.1% of people. I then administered him the Wide Range Achievement Test and he received average scores on the Reading and Spelling sections and a low average score on the Arithmetic section. These were all essentially within normal limits for a lad of his ability. I then consulted his performance of the California Achievement Tests and found that of the fourteen scores reported, they were essentially all average earning stainine ratings of 4 in one case, 5 in twelve cases, and 6 in one case. His Total Battery Score was at the 51st percentile. Almost all of his subtest scores were at or above grade level. I then looked at his performance on the Woodcock-Johnson Psycho-Educational Battery administered by the learning consultant. His Reading score was at the 50th percentile, his Mathematics score was at the 46th percentile, his Written Language at the 80th percentile, his Knowledge at the 27th percentile, and his Skills at the 69th percentile. The cognitive measures were consistent with the WISC with a Broad Cognitive Ability score of 93. His academic grades were in the B-C range. In short, we had abundant evidence that this lad probably was not learning disabled. I checked back with the old psychological evaluation and found that three or four years earlier, he had been administered the WISC-R and earned a Full Scale IQ of 93. There was somewhat more scatter but it was well within normal limits. Past performances on standardized achievement tests were normal as were past evaluations. In short, I had stumbled upon a student who appeared not to be learning disabled at all. When I brought these facts to the attention of my colleagues there was tremendous resistance. At his staffing, an otherwise sane and healthy teacher who had a lot of experience and was trained as a learning consultant said, "He is the most learning disabled child I have even seen." The psychiatrist whom he was seeing privately said that he definitely needed the special help. No more need have been said. Despite my protestations and attempts to rely upon reason and logic, there was no convincing my colleagues that he was not a learning disabled youth, hence he remained classified. If I were to search records for months and months, I don't think that I could find a case where there was more convincing data that the student was not learning disabled.

In my frustration, it occurred to me that perhaps few people actually had an appreciation for the implication of what an IQ of 92 means about a student's level and quality of performance, i.e., he was functioning normally for one who is in about the 30th percentile in cognitive skill.

But perhaps that's just the point. Maybe most teachers, and Child Study Team members, and other clinicians don't really know that an IQ of 91 or 92 or 93 means. Such people don't speak in couplets, they don't sit around and analyze the results of bridge hands, most would not be able to locate Syria on a world map, or even have a fig of an idea of where that country might be located. They probably could not tell you who Mikhail Gorbachev is and certainly have no idea who Garry Kasparov is. Such people, when high school students, should have mastered multiplication and division and probably understand decimals, fractions and percents to some degree but have no grasp of higher mathematical functions. Their written expression may be at a seventh or eighth or ninth grade level. Their common sense judgment should be intact. They would more than likely be rather ordinary people who are conventional thinkers. They probably see lots of large usual details when looking at the Rorschach Inklots.

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They probably read the local daily newspaper with a fair degree of understanding but they would miss, or misunderstand, many of the more subtle details and nuances of the articles. In high school and young adulthood they would probably be far more concerned with their personal dating lives than with world events. In short, they might seem to be a little bit immature and they might have been one of the slower kids in the class in a high-powered suburban public school.

This particular case illustrates that people are very reluctant to change a classification, and perhaps this lack of understanding of what is normal at various ability levels helps us to understand why, oftentimes, there must be extraordinary evidence that the child is not handicapped, before parents and teachers and Child Study Team personnel will agree to declassify.

The Virtues of the Special Education System

Without doubt there are a lot of virtues to the special education system, and good things accrue to a student when he becomes classified whether he's handicapped or not. Whether a student is in a special class or in supplemental instruction or in a Resource Room, he begins receiving more individual attention. The teacher usually becomes the student's advocate. An in loco parent's relationship develops in which the teacher takes a personal interest in the student. He checks up on him, asks him questions, and is concerned about his personal life. Other benefits accrue to the student such as shortened assignments, alternative ways of reporting, i.e., he can produce written assignments on the word processor or give oral reports, more time for tests is granted, he may have access to textbooks on tape, there's less busy work, basic skills now cease to be a gatekeeper to the exploration of ideas. He can sometimes have photocopies of class notes or get another student to take notes for him, oftentimes less writing is involved, he may get exempted from an early warning test, or exempted from the High School Proficiency Test. He may be exempted from having to take the group achievement tests but certainly his score is not counted with the majority of the other students. He may have an untimed HSPT or EWT or he may have untimed SATs. In one sense, he gets credit for going to a study hall, that is, when he's in Resource Center, he may work pretty much on his studies in his other classes, but he gets credit for that. He gets credit for learning study skills that he hasn't or is alleged not to have already mastered. The work is adapted to the level of the student, and in many respects he's graded according to an easier grading system.

Without question the services and advantage we provide the students in the special education realm reduce the pressures upon them and make life more bearable. They receive more support, they get the message that somebody cares. But that shouldn't have to be the case. In the best of all-possible worlds, students should be given the feeling that people care about them and they shouldn't be overburdened with tasks which are beyond their capability level most of the time. These are some children in our schools who are genuine learning disabled students who need extra help and modifications in order for them to survive in the mainstream and under other conditions. I do not know what percent of our students actually are really learning disabled and require special help (I would guess about six percent), but I'm rather convinced that the numbers are considerably smaller than those who are so classified and are receiving help in our suburban schools at this time.

What Happens When You Classify a Non-Handicapped Students

When we classify a non-handicapped student a lot of things happen. We reduce some pressure on the student, we make the system more friendly to him, we assure job security for ourselves. In most cases we make the parents happy, we divert state funds to the suburbs, and here we might use the analogy of upper class welfare life farm supports and oil depletion allowance supports. We bind ourselves and our colleagues to performing repeated annual IEPs and triennial reevaluations, and other necessary paperwork. We contribute to the over demand upon our forests for the production of paper, we probably affect academic outcomes to a very minor degree, possibly we help the "image" of the institution with higher CAT scores, higher SAT scores, and higher HSPT scores. We reinforce parental pressure to have more students classified and we contribute to the ultimate absurdity of the world.

What We Need To Do

What we really need to do is incorporate the methods and techniques of special education into the regular curriculum. In many respects there is nothing so special about special education. It is merely more humanized, more personal, and slower paced. The teachers spend more time with the students. They talk to them more, take a personal interest in them, become their advocates, mother-hen them, if you will, and serve a very active in loco parentis role. They check up on them more, ask them if they got the assignment written down, and see that it gets completed and handed in. They don't rush as much. They are more patient, they take their time, and they encourage the students. The result is that the students don't get so overwhelmed; they don't feel so

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lost. In a nutshell, that's it: more personal, slower paced, more supportive, more user friendly. What's to prevent us from adopting those qualities in regular education?

If we could do that, we could do away with a lot of hassles. If we classified fewer kids, we could do away with lots of evaluations and reevaluations, lots of IEPs and IEP meetings, lots of secretarial time, lots of paper, and lots of clerical equipment and procedures. We could stop reinforcing unrealistic parental expectations and we could probably diminish a few legal and technical hassles and disputes. We could probably make life simpler. And the kids would probably learn just as much.

Bibligraphy

1. Special Education: A Statistical Report for the 1990-91 and 1991-92 School Years Vol 10, New Jersey Department of Education, Division of Special Education, Trenton, NJ 1993

2. Wechsler, David, The Measurement and Appraisal of Adult Intelligence: The Williams and Wilkins Company, Baltimore, 1958

3. Wechsler, David, Wechsler Intelligence Scale for Children - Third Edition (Manual) The Psychological Corporation Harcourt Brace Jovanovich, Inc. San Antonio, 1991

TEACHING 90's SURVIVAL SKILLS TO INDIVIDUALS, GROUPS, OR BY PEER HELPERS

PRESENTED BY SHARON SCOTT
REVIEWED BY
MICHELLE STONECIPHER

Sharon Scott, licensed family counselor, discussed how to provide children with strategies to deflect negative peer pressure. She detailed changes happening in society that contribute to the inability of children to handle negative peer pressure. The societal changes include: 1) increase in transience; 2) lack of neighborhood unity; 3) fewer extended families; 4) increase of single parents 5) latchkey children; 6) busy, hectic lifestyles of adults and children; 7) increase of negative peer pressure from media 8) different types of role models 9) tv and other electrical devices; 10) availability of alcohol and other drugs.

We often talk to children about learning to "just say no" and to think and share ways of avoiding situations which involve negative peer pressure. Sharon Scott takes it a step further to what she terms "peer pressure reversal." An important point to her presentation was in order for a child to engage in reversing negative peer pressure to positive peer pressure, one must be taught and provided with the opportunity to practice the skills and strategies of "peer pressure reversal." One way this is accomplished is by peer helpers and in classroom/group settings through role playing. Many schools are creating positive peer groups. (i.e. STOP - - Students Thinking of Peers; SWAT - - Students Working Altogether).

The session was well worth the time. Anytime you have the opportunity to hear Sharon speak, be sure to go!

THE SCHOOL PSYCHOLOGIST AS MEDIATOR

PRESENTED BY
DENISE LAWLESS and
KATHY KALIAS
REVIEWED BY BILL HEARN

This workshop provided an excellent overview of the Peer Mediation process. The steps included introduction and ground rules, telling the story, searching for solutions, choosing the solution(s), what to do in the future when faced with similar situations, and closing the session. Also, a video was presented which showed students going through the complete Peer Mediation process. Additionally, participants learned through example and role play mediation techniques. The two presenters discussed active listening techniques and how to design an "I-MESSAGE." The workshop presenters were very knowledgeable and demonstrated how Peer Mediation techniques could be applied in the varied roles of a school psychologist (i.e., consultation, Admissions and Release Committee meetings, etc.). Information obtained in this workshop will facilitate school psychology services.

SPRING CONVENTION

The spring convention of the Tennessee Association of School Psychologists (TASP) will be held May 1-4, 1996 at the River Terrace Resort and Conference Center in Gatlinburg, TN.

For program information and the call for papers contact:

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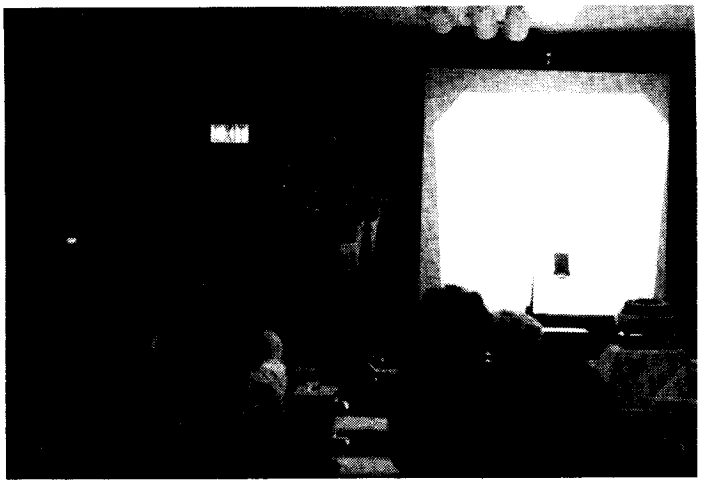
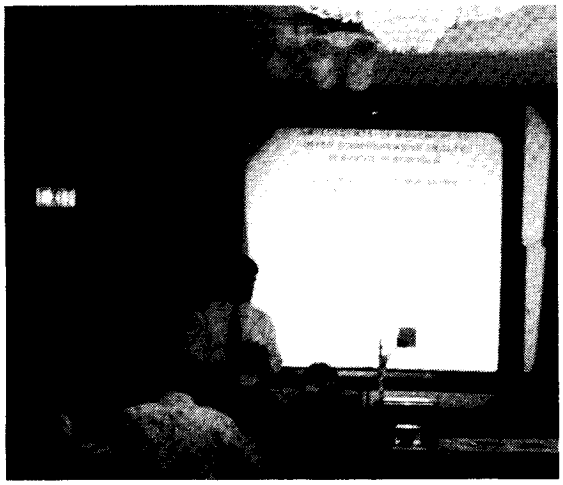
Images of Convention 95





THE ELEVATOR THEORY OF SPECIAL EDUCATION

With Diagnosticians as the Gatekeepers, Are We Over-labeling Our Children?

BY MIRIAM K. FREEDMAN

If you've ever wondered about the educational jargon and medical diagnoses surrounding children with learning difficulties in our schools, be assured that they often have a straightforward explanation: the elevator theory. The floor at which the child gets off while at the hospital or clinic evaluation center determines the diagnosis received. Simple. Easy to understand. It works. A child and parent seeking to understand the learning difficulties in order to get special help need only decide which elevator button to push. The choices are many: psychology, speech/language pathology, learning disorders, neurology/attention-deficit disorders, neuropsycholology, and so forth. The appointment is made, the evaluation conducted. Eventually, the neatly typed multi-page report comes back: "Johhny / Janie is an engaging/ friendly/adorable, blue-eyed/brown-eyed boy/girl (the nickname is usually used) who presents with the diagnosis of . . ." Voila! The elevator fills in the blank. Then, armed with the report, the child may become eligible for special education services at school. Under both federal and state laws, parents (or school personnel) need these diagnoses to attain special education for children through the individualized education plan, or I.E.P., developed for children with diagnosable disabilities. Diagnosticians, acting as gatekeepers for services, play a pivotal role by writing evaluation reports with detailed prescriptions for the schools.

I am an attorney representing public schools in the special-education field. Formerly, I was a statewide hearing officer, making placement decisions for children with special needs. In my 15 years of reading these diagnostic reports for children whose placements were in dispute, I have rarely found a child who got off the elevator at the wrong floor.

Children who go for speech/language evaluations almost always come back with a speech or language deficit or weakness. When those same children get off on the neurology floor instead, they get a diagnosis of neurological deficits/weaknesses or attention-deficit disorder (with or without hyperactivity) for which therapy, or small classes, or whatever is popular at the time, is prescribed. Children who go for a diagnosis at the reading clinic instead, come back with a reading deficit or learning difference, requiring special help. And so on. Lest you doubt these observations, try it with your own "engaging, adorable, friendly blue- or brown-eyed child."

It is well known that no consistency exists in diagnoses of these types of learning difficulties from state to state or city to city. While a diagnostician can usually correctly diagnose a blind or deaf child, or multi-handicapped child, no such certainty exists in cases such as these. Sadly, often these diagnoses seem to relate more to the size of the parents' wallet, how assertive parents are, or what side of the tracks the family lives on, than to the child. Thus, middle and upper-class white children with difficulties in school may be "learning disabled," while their lower-class or minority peers with similar difficulties may be diagnosed with less socially acceptable labels such as "emotionally or behaviorally disturbed" or "cognitively deficited." Further a child labeled emotionally disturbed in one city may be learning disabled in the next, attention deficited in the third, and average in the fourth.

While much rides on these diagnoses, they are often imprecise and subjective.

Rarely is there a child for whom a diagnostician finds no deficit or no reason to reevaluate in six months. And if there were such a child, her concerned parent would undoubtedly go to the next floor on the elevator and get another specialist to take a look-see. Surely, the elevator will work this time.

In the special-education world we have set up, diagnosticians are the gatekeepers. With a diagnosis, the child may be eligible for special services, such as smaller classes, individual attention, and a multitude of method and procedural rights that go with them. It appears, therefore, that as diagnosticians usually like to help children, there is a thrust toward diagnosing deficits. Even learning differences seem to become ipso facto deficits, requiring a prescription for corrective services. Surely, if any of us adults went to such a clinic, we would come back with a label highlighting our weaknesses — particularity if extras were riding on that label.

Worrisome, is it not? Think about it. In order to provide services to children, we are encouraging them to believe something is wrong with them. We are creating children not allowed to view themselves as O.K., unique, special, yes, even different. The medical model reigns: Every difference is diagnosable and every diagnosis needs a fix. In our rush to help, are we not forgetting the obvious? While surely there are many children with disabilities who need special education, for many others learning difficulties may be no more than learning differences. They may come and go. Learning difficulties may be caused by schools, not kids at all. They may have thousands of causes - none of which has a clinic elevator attached to it:

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hunger, lack of sleep, illness, drugs, alcohol, listening to parents' fights, having no parents, abuse, TV watching, having a job after school or not having one, playing sports too much or too little, having a boy or girl friend, not having a boy or girl friend, LIFE.

Learning difficulties, in fact, may actually be strengths. Several years ago, newspapers carried the story of a baseball pitcher - a star making lots of money - who, as it turns out, had a visual-motor deficit. The connection between his hands and eyes was not within the "average range." It was that difference which apparently allowed him to pitch so well. As I read this story, I could not help thinking how lucky the man was that on one had diagnosed and "fixed" his affliction during his school years.

Ironically, our rush to diagnose and fix many children belies the notion of "special" education. On the one hand, we are led to believe that all children are unique and special and are assured that those with unique needs will get help. On the other hand, we often provide them with a diagnosis that sets out the "fact" that they are flawed and a prescription that attempts to erase their uniqueness. By labeling children by deficits, we minimize their strengths and coping skills. Through these diagnoses, we define children by their deficits, not their strengths. What they can't do becomes more important than what they can do. And all of this in order to get services. Why not just provide good services to all comers - labeled or not?

Many years ago, when I was a special-education hearing officer, I dealt with "Thomas," a high school student who was extremely artistic and highly esteemed for this talent in his community. Thomas also had a learning disability for which he was placed at a private school for learning disabled students outside the community. He attended and finished high school there, focusing on his weaknesses. I learned later that, while his reading skills improved somewhat (though still below grade level when he graduated), he no longer did any art. I have thought about Tom often. Did we help him?

These diagnostic labels have other pernicious and unintended effects. If the children don't succeed as well as we'd like, the labels provide all the players-children, parents, and teachers-with a ready explanation. Well, Johnny can't do that because he is learning-disabled, has a speech deficit, has neurological soft signs, or whatever. Sadly, too, these diagnoses allow all players to lower expectations for many children. Often, labels have replaced "motivation," "hard work," and "effort." Individualized education plans for these children seem to avoid these terms, as if they were taboo. One is left to wonder: What could the human spirit accomplish against the odds if there were no label? If we instead raised our expectations for these children by focusing on their strengths? If we helped children through excellent teaching? If we taught toward differences, per se, without equating those with deficits? In our rush to do good, have we?

Finally, let's remember that diagnoses are very costly. In New York City alone, as The New York Times reported last spring, one estimate holds that the costs of special-education evaluations alone could have paid for 10 extra teachers for each and every school. It's time to ask which is the better expenditure - one for teachers or one for the individual differences of these types of children without labels, empowering teachers to help children learn to compensate for their weaknesses, not use them as excuses for failure. Perhaps it's time to leave the clinic elevators for the classrooms. Do we really need all those gatekeepers to tell us how to educate our children?

Mirian K. Freedman is an attorney with the Boston law firm of Stoneman, Chandler, & Miller, concentrating on special-education matters. Formerly, she was a Massachusetts hearing officer and teacher.

BOXES

BY DAVID J. AND
BARBARA G. KENNEY

Reprinted from
The Michigan Psych Report

In his Book, **Further Along the Road Less Traveled,** M. Scott Peck said:

When I was working for the armed services in 1970-71, I used to wander the halls of the Pentagon, talking to people about the Vietnam War. I could get away with this kind of thing because I was in uniform. I would go to people and ask about the war, and they would say, "Well, yes, Dr. Peck, we understand your concerns. Yes, we do. But you see, Dr. Peck, we're the ordnance branch here, and we are only responsible for seeing to it that the napalm is manufactured and sent to Vietnam on time. We really don't have anything to do with the war. The war is the responsibility of the policy branch. Go down the hall and talk to the people in Policy."

So I would go down the hall and talk to the people in policy, and they would say, "Yes, Dr. Peck, we understand your concerns. Yes, we do. But here in the policy branch, we simply execute policy, we don't really make policy. Policy is made at the White House." Thus, it appeared that the whole Pentagon had absolutely nothing to do with the Vietnam War.

This same kind of Compartmentalization can happen in any large large organization. It can happen in businesses and in other areas of government, it can happen in hospitals and universities, it can happen in churches. When any institution becomes so large and compartmentalized, with departments and subdepartments, then the conscience of the institution will often become so fragmented and diluted as to be virtually nonexistent, and the organization becomes inherently evil. (Page 180.)

While the assertion seemed basically sound, the harshness of its conclusion surprised me. "Inherently Evil" is a strong descriptor. But the more I thought about the proposition the more I came to agree with it. And the more I agreed with it, the more I had to look at what we do. It is clear that Compartmentalization is pervasive within our schools. Not just in Special Education but throughout education as a whole. The most pervasive groupings are by grade, achievement, and special education status but there are many more subtle and unofficial groups. We educators have a tendency to sort and name. It seems to be a favored way for us to box up our messy world. The trouble comes when we forget that the label on the box is not the item inside it. Labels help us find our "good things" but can not replace them. Labels help us find the "bad stuff" but can not get rid of it for us.

The Zen tell a story about a student who once asked his teacher to show him the moon. The teacher sat facing east at sunset during a full moon rising. Being a man of few words, the teacher elevated a finger and pointed. Ever since, that student has believed that his master's finger was the moon. It is a good story and it teachers us about a fundamental error we make in our thinking. Namely, we come to believe that the finger that points is the reality it points to, that the map is the terrain, and that the box, with its label, is its contents.

How have we moved from the one room schoolhouse (where fewer labels existed) to our modern "system" of education? One historical force and two popular contrasts might be suspect in that change. Sometime around the turn of the century, the number of children in public education increased enormously, rapidly (it was part of the historical force which lead Alfred Binet to first attempt measuring intelligence.) No doubt this explosion in the number of children overloaded the system and blew away the one-room school house. I suppose that then, as now, people looked to rebuild their system with the newest tools and technologies of the time. I believe that the tools they found, while solving their problems, have lead us to our current ones.

One of the tools used to construct our current public education systems was the notion of "Mass Production" - the marvel of the mechanized, twentieth century. Its advent had a mighty impact upon those who experienced the change. It not only changed their physical world but also their emotional and philosophical outlooks. The basic idea was to create a "line" where successive individuals modified a "product" as it moved through the "system". This model of production as a great step forward in efficiency for the manufacturing of goods and services. It gave people the ability to change their world as they had never done before. It concentrated great power in the hands of a few. To the overloaded, over-worked, underpaid educator of that time, it must have appeared on the scene like an epiphany. After all, it is change that the educator seeks. So, with the ability to employ a shrinking percentage of resources in the education of the common student, the educator sought a rapid and efficient change agent. It was found in the application of industrial technology to the teaching of children.

Unfortunately, the notion of product within this model has lead to many of today's commonly believed fallacies. For example, if the education of children is a product, then we must be able to produce it without the consent of the raw material. It is something we do to the raw material

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whether it likes it or not. And if we fail to change the material in the prescribed manner, then we are not doing our job properly. We have failed and society has every right to blame the raw material. I've often heard potters say that there was a flaw in the clay, a weakness, when they discovered a pot that shattered in the fire. We can claim that the raw material is substandard to begin with ("not as good as it used to be") so that the product is not as good ("we used to make real good pots around here.") How many pots will be broken? Disabled?

A second popular construct which has compartmentalized our educational delivery system is the medical model. In medicine there are two types of scientific practice. The first is pattern recognition and the second is a discovery and description of interactions. The first is utilized in diagnosis; the second in the research paradigm. The first requires the matching of partial lists (the presenting symptoms) to larger lists (descriptions of disorders) in order to categorize complaints (this is done in the hope of garnering information concerning treatment/prognosis sets). The second scientific practice of the medical practitioner is mainly conducted in universities and larger hospitals. It is the application of the research paradigm to the understanding and prediction of systems interactions. It is the first scientific practice which is the most widely practiced in public education today. There, then, should be no wonder when we end with a system that does little more than label and place, doing little to heal and mend.

But we are now being asked for more. Society is saying, "Our schools are not succeeding, our children are not learning enough, our teachers are failing." We reply that our days are already too busy with forms to fill out and procedures to follow. How can we possibly do more? Our case loads are full. But the clamor still grows louder.

I have nothing against boxes. At home we have a whole room full of them. When we move we put all our good stuff in them. But our lives are never quite right until we pull everything out again. We have boxes of books we hope to read one day. We have boxes of food in the pantry and boxes of Christmas ornaments in the basement. But our children are neither dry goods nor ornaments. They do not fit as neatly.

According to an old, biological fact (I heard it first in elementary school) the overwhelming majority of the body's mass is composed of water. Wouldn't it then be better to think of our children as fluids, as an ever changing array of motion and force, rather than as a category? Wouldn't it be better to treat our children as the fluids they are rather than the rigid bodies we imagine? Fill a cereal box with water. Let it stand. What you get is a sloppy box and water everywhere (perhaps a good metaphor for the current state of Special Education, all bent out of shape and soggy.)

Instead of trying to understand children and their difficulties by sorting them into boxes, I recommend that we make use of the metaphors of physics and hydraulics. It may be more helpful for us to talk of flow and pressure; force, work, and power, mass and inertia; mass and acceleration; than to speak of dyslexia, ADHD, or other syndromes. How many ADHD children identified in your schools are "pure" ADHD cases. How many dyslexics have you identified lately? What ever happened to MBD? Childhood schizophrenia? ADD? The boxes just can't contain our children. They keep busting out of them. But if you describe how a child learns, how they use information, they you're starting a process which can benefit the school, the family, and the child. Then you are starting to get at truth, not simply the appearance of truth.

Most of us quietly maintain the biases from past generations. For instance, the belief that thought processes cannot be measured has come down to us from the proceeding generation. Skinner said it. He maintained the proposition that what goes on in the mind can not possibly be measured directly, therefore, all cognition should be treated as a "black box". Look only to measureable behaviors, he taught. And in this he was both right and wrong. Right in insisting upon measurement as the validation of truth but wrong in thinking that a construct must be measured directly in order for it to be beneficial scientifically. For instance, the science of pshyics knows quite a lot about subatomic quirks and quarks. No one has ever seen one of these particles, nor tasted, smelt, touched, nor heard one but we know that they exist and how they behave. We know these things because of an instrument know as a bubble chamber. Within the artificially created environment of the bubble chamber, scientists are able to observe the effects that these tiny particles have on the world. And by the effect they have on the world, they are able to make them comprehendible.

Out of the measurement of time and position in space, we derive the constructs of velocity and acceleration (neither of which are themselves measured but are computed from measured phenomena). This fact does not stop us from defining all sorts of useful myths (i.e. force, work, potential and kinetic energy, and momentum, to name just a few). Why, then, should we be afraid to define and utilize constructs within

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BOXES

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psychological processes if the relationship between them and measureable phenomena can be established? Why, then, should we shy away from an attempt to predict behavior from the application of cognitive constructs simply because these constructs cannot be directly measured?

Boxes are easy to measure, easy to handle, and easy to move about but they are not much fun to live in. It's time to unpack our boxes and get to the business of raising the next generation. It's time to begin understanding the details of our children and forget the generalities, which, while giving us the appearance of expertise, confound our ability to deliver aid. Time to sit with them, to play with them, to tell them stories, to heal them, and to help them grow as they can.

PREVENTING EARLY READING FAILURE

BY BILL ALLEN
LYNDA BOUCUGNANI-WHITEHEAD
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Reprinted from the Georgia Association of School Psychologists Dialogue

Those who see School Psychologists as performing a singular role - individual assessment - should stop by Beaverbrook Elementary School of the Griffin-Spalding County School System any morning between 8:30 and 9:00 a.m. Here, they would see firsthand how School Psychologists can involve themselves with prevention, early intervention, program development, and evaluation and research to enhance the learning potential of young readers.

This program, the Preventing Early Reading Failure Project, was developed by School Psychologists because of consistent and vocal concerns of teachers in the early elementary grades: "Too many of our students aren't learning to read!" It was developed by evaluating many types of reading programs. Published research articles were reviewed, and the key aspects of the most successful programs were identified. An intervention approach was developed that was based upon these findings, was inexpensive to implement, and was "user-friendly" in terms of ease of training. Along with training teachers and paraprofessionals, volunteers (High School Senior honor students) also were taught how to use this approach with kindergartners and first graders.

A research project was designed to evaluate the effectiveness of the program. First grade students identified as possessing deficiencies in phonemic awareness, demonstrating below average reading skills, and enrolled in either of two elementary schools of the Griffin-Spalding County School system comprised the study's sample. All first grade students enrolled in either the treatment or control school were screened for reading problems. The school designated as the control school was selected because its students generally were from families of similar socioeconomic status as students from the treatment school. Forty-nine students from the treatment school were identified and matched with forty-nine students who scored similarly and were enrolled in the control school.

The project entailed three phases: 1) screening/pre-test to identify the study's sample, 2) treatment, and 3) post-test. In addition, interim data collection was conducted mid-year to assess progress at that point.

The treatment phase extended from mid-September 1994 to April 1995 (approximately 25 to 30 weeks). The treatment group received classroom reading instruction based upon the PA/PR approach along with individual or small group (two students per group) supplemental training in phonemic awareness and phonological recoding four times a week and 10 minutes each session by the trained High School students. The control group received traditional first grade classroom instruction in reading.

Interim data collection was conducted twelve weeks after the beginning of the tutoring sessions. Results showed that, while the treatment and control groups had similar word decoding skills prior to the PA/PR instruction, the treatment group made significantly ($p<.01$) more progress in word decoding skills at the time of post-test. In fact, the treatment group gained 8 months in word decoding skills as compared with the expected 4 month gain of the control group. The treatment group also was able to correctly read significantly ($p<.01$) more "strategy words" for the interim testing. These test results indicate that the PA/PR training had a significant and positive effect on the reading progress of the at-risk readers to such an extent that they actually were over-achieveing in word decoding skills. That is, the word decoding skill level of these struggling young readers actually was above their grade level placement after receiving the intervention.

"Win-win" solutions to problems are the ideal . . . or so we've been told. However, the Preventing Early Reading Failure Project has attained a "win-win-win" status: 1) Young students at-risk for reading failure are gaining the necessary skills to master reading, 2) High school seniors are gaining valuable experience in teaching, and 3) school psychologists are demonstrating how they can put into practice several of the aspects of their professional role and function. This epitomizes the direction of forward-thinking school psychology and is an example of how school psychologists can use their expertise in several different ways to meet the academic needs of our children.

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