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Court Cases of Interest Information about certain court cases that may be helpful to school psychologists. These deal with Serious emotional disturbance and classification issues.

Help for student problems Strategies for helping student learn despite their having certain problems. Just short suggestions that make much practical sense.

A Look at TEACCH - An Intervention System for Autism Treatment and Education of Autistic and Related Communication-Handicapped Children

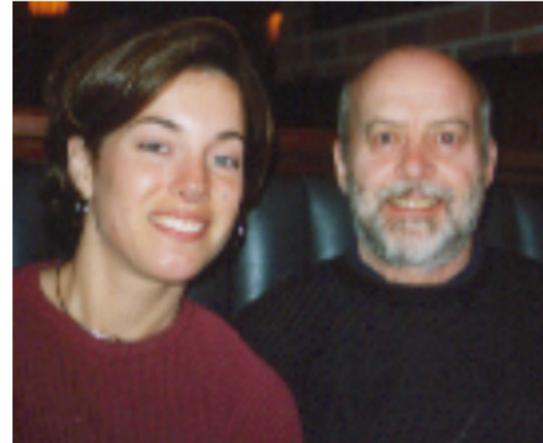


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Bethany and Famous People (plus me -RPD)



Bethany and Dr. Willis



Bethany and Ron



Bethany and Dr. Sattler



Bethany and Dr. Woodcock



Dumont Willis



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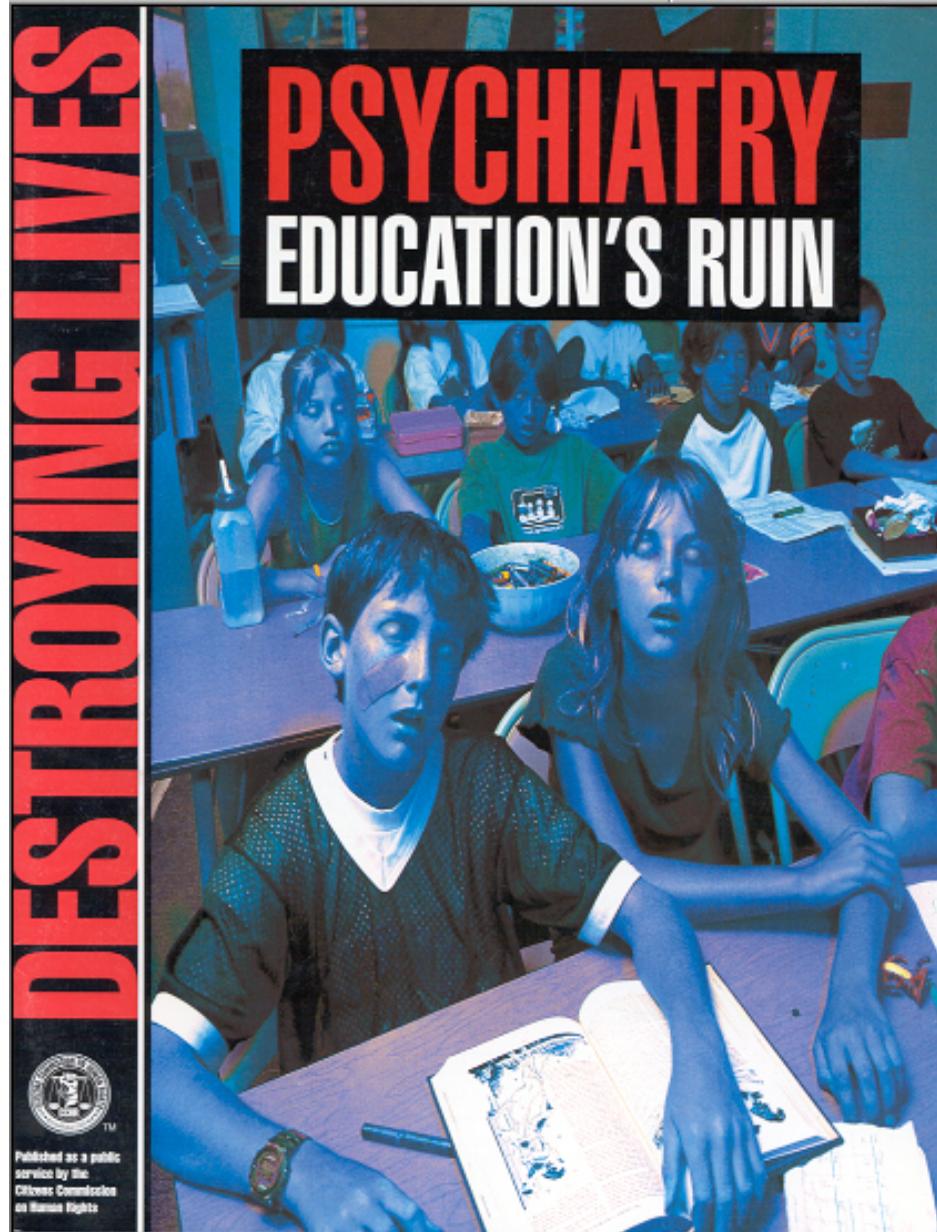
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Possible Behavioral Indicators of Child Sexual Abuse

1. Overly compliant behavior

These children have suffered significantly. Every aspect of their lives have been controlled. They have no control over what happens to their bodies and no choice in their everyday lives. The result is a lack of assertiveness and an inability to take control of their lives in any way.

2. Acting out, aggressive behavior

These children seem to have greater emotional strength than those children who are compliant. The acting out child has usually tried to enlist the aid of some other adult in an attempt to stop the sexual abuse, but have failed to gain help. As frustration and anger builds, they begin to displace their feelings on others.

3. Pseudomature behavior

This outwardly mature appearance is truly a facade. The victims are often forced to take on more mature responsibilities and they often behave as quasi-parents and quasi-spouses. When the pseudomature shell is broken one finds a frightened, quilt ridden, lonely child.

4. Hints about sexual activity

5. Persistent and inappropriate sexual play with peers, toys, or themselves, or sexually aggressive behavior with others

Some victims become so focused on sexual activity that they masturbate almost continually, openly and in public. When adults place restrictions on the behavior, the children often place objects inside their clothing so they can masturbate surreptitiously. Although not conclusive evidence of sexual abuse, inappropriate sex play or excessive masturbation should always be carefully assessed with possible victimization of the child in mind.

Some victims become sexually aggressive with other children. The child who is a sexual offender should always be regarded as a possible victim of sexual abuse.

6. Detailed and age-inappropriate understanding of sexual behavior (especially by younger children)

This is often revealed in detailed drawings done by the child.

7. Arriving early for school and leaving late with few, if any, absences

School often becomes a safe haven for the victim and one of the few chances that they have to get away from the abuse at home.

8. Poor peer relationships or inability to make friends

Although the victim craves the friendships of peers they are often unable to carry the relationship on because of the severe limitations placed on them and their freedoms by the offending parent. Even when they do try to establish relationships they are often alienated by the feelings they have toward the children more naive than themselves.

9. Lack of trust, particularly with significant others

They have not been allowed privacy of body or personal space. They often have no space where they feel safe. This prevailing lack of trust creates a barrier to the establishment of trust relationships.

10. Nonparticipation in school and social activities

11. Inability to concentrate in school

These children are always anticipating the next sexual encounter or are trying to think of ways to escape or are simply emotionally overloaded.

12. Sudden drop in school performance

13. Extraordinary fear of males (in case of male perpetrator and female victim)

14. Seductive behavior with males (in case of male perpetrator and female victim)

The victim learns to be seductive from the perpetrator and this behavior causes two problems. First, the seductive victim reporting sexual abuse is usually not believed by the authorities and is often blamed for causing the sexual abuse. Secondly, children who have learned this behavior may carry it into other relationships making them prime candidates for further sexual abuse.

15. Running away from home

The runaway has usually exhausted all known sources of help and believe that the only remaining solution is to leave home. Children who run away will rarely freely disclose sexual abuse since by the time they run away they are angry and distrustful of all adults.

16. Sleep disturbances

Some perpetrators sexually abuse their victims in the victims own bed. Because of this behavior, children become fearful of falling asleep in anticipation of the next attack. When the children finally do fall asleep out of exhaustion, the sleep is often fretful. Consequently they awake tired and find it difficult to cope with school and other activities. Sleeping long hours is also a way to escape reality.

17. Regressive behavior

18. Withdrawal

19. Clinical depression

20. Suicidal feelings

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Issues Related to Credibility Assessment of Child Sexual Abuse

1. Multiple incidents over time

Most sexual abuse involves multiple incidents occurring over time.

2. Progression of sexual activity

Most cases of child sexual abuse involve a progression of sexual activity, from less intimate types of behavior to more intimate interactions. Absence of a history of progression of sexual behavior over time is apt to raise questions as to the validity of the allegation.

3. Elements of secrecy

It is unusual to encounter a case of child sexual abuse involving multiple incidents over time that does not include some elements of secrecy. It greatly enhances the credibility of the child's story if he or she volunteers that there was a direct or implied understanding between the participants that the activity be kept secret.

4. Elements of pressure or coercion

Few cases of child sexual abuse lack elements of pressure or coercion. The perpetrator misuses the power, dominance, and authority legitimately accorded to adults in our society in all phases of the activity.

5. Explicit details of sexual behavior

Impact and treatment issues for victims of sexual abuse

1. "Damaged goods" syndrome
 - A. Physical injury or fear of physical damage
 - B. Societal response
2. Guilt
 - A. Responsibility for the sexual behavior
 - B. Responsibility for the disclosure
 - C. Responsibility for the disruption
3. Fear
4. Depression
5. Low self esteem and poor social skills
6. Repressed anger and hostility
7. Impaired ability to trust
8. Blurred role boundaries and role confusion
9. Pseudo-maturity coupled with failure to accomplish developmental tasks
10. Self mastery and control

Issues 1-5 are likely to affect all children who have been sexually abused. Issues 6-10 are much more likely to affect intrafamily child sexual

abuse victims. Besides the above issues, the child must be allowed to vent feelings about the sexual trauma in relation to:

Guilt and shame

Positive and negative feelings toward the perpetrator

Positive and negative feelings toward nonoffending parent

Feelings about the reaction of siblings

Feelings about the reaction of peers and community

Once therapy and sharing begins, the child can focus on the issues of

Effects of criminal justice system of their lives

Parent child relationships and intrafamilial roles

Communication patterns within the family

Boy-girl relationships

Sex education and birth control

Characteristics and treatment needs of parental incest families

Denial Isolation Emotional deprivation/neediness

Abuse of power Lack of empathy Magical expectations

Fear of authority Poor communication patterns

Blurred boundaries Inadequate control and limit setting



Dumont Willis



Handbook of Clinical Intervention in Child Sexual Abuse

by Suzanne M. Sgroi

Lexington Books

ISBN: 0669052132

Valuable resource for professionals in fields of psychiatry, psychology, mental health, social work and teaching, also for concerned parents. Provides guidelines for treating the child and family and systems for prevention. Techniques of different therapies are discussed as well as procedures for reporting, investigating, and interviewing the child.

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Doctors Not Needed To Diagnose Attention Deficit Disorder, ED Says

Reprinted from *Education of the Handicapped*,

Capitol Publications, hw., P.O. Box 1453, Alexandria, VA 22313-2053, (703) 683-4100.

Schools do not have to consult physicians when outlining special education services for children with attention deficit disorder (ADD), the Education Department says.

The multidisciplinary team a school convenes to design an individualized education program (IEP) for an ADD student must include someone with specific knowledge of how to identify and treat the disorder, wrote Judy Schrag, director of ED's Office of Special Education Programs, in a recent letter to an advocacy group.

That expert may be a psychologist, a special educator or other professional, Schrag wrote. She added, however, that states may require schools to include licensed physicians in preparing IEPs for ADD students.

ADD, which affects up to 5 percent of the school population, causes short attention spans and irritability.

Schrag's letter clarifies an ED policy memo saying ADD students qualify for special education under the 'other health impaired' category of P.L. 94-142, the Education for All Handicapped Children Act (EOH, Sept. 25, 1991).

'That [response] is okay, provided that there is someone trained' in ADD on the IEP team, said Mary Fowler, vice president of Children with Attention Deficit Disorder (CHADD), the parent advocacy group that led the drive to include ADD as a disability category under P.L. 94-142.

'It's more important to us that there be a qualified person making the diagnosis' rather than giving responsibility to doctors who may not have specific knowledge of ADD, said Harvey Parker, CHADD's executive director.

Multiple Disabilities

On a related issue, CHADD asked Schrag to explain how schools should serve ADD children who have other disabilities.

She wrote that students with ADD and another disability should be classified under their primary disability. However, the IEP should address the child's attention problem in addition to the other disability, she said.

"Children with ADD found to be eligible under [P.L. 94-142] must receive special education and related services determined by the IEP team to be appropriate to meet their unique education needs," Schrag wrote.

Education of the Handicapped, Vol. 18:11, 5. Alexandria, VA: Capitol Publications, Inc.

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Obtained Score Differences on the Mesulam Continuous Performance Test: A Comparison between ADHD Subjects and Controls

Ron Dumont, Casey Stevens, Margaret M. Dawson, Richard Guare, and Michael Weiler

Normative data for the Mesulam Continuous Performance Test were gathered from a sample of approximately 1500 controls aged 6-14. These data were used as the basis for comparing the Mesulam performance of 170 children independently identified as having an attention-deficit disorder (ADHD). Due to noted methodological shortcomings, this article serves merely to highlight differences in task performance between groups. As these differences were quite drastic, and thus compelling, research within a more rigorous framework is warranted. Should the Mesulam withstand closer scrutiny, it appears to have advantages over other, more expensive CPTs. It may be found useful as a screener in schools, administered to large groups of children at once, and as a useful tool to be employed in comprehensive psychoeducational evaluations.

Attention-deficit/hyperactivity disorder (ADHD), a disorder originating in childhood and characterized by inattention, impulsivity, and hyperactivity, is estimated to occur in 3 to 9 percent of the school-aged population (Szatmari, 1992), although it has been argued that rates might be much higher than commonly estimated (Shaywitz & Shaywitz, 1988). In recent years, the widespread recognition of the disorder by the popular press has led to increasing numbers of children referred for diagnosis. Along with this has come concern, among both professionals and the lay public, that the disorder is being over-diagnosed. Thus, there is a pressing need for accurate diagnostic procedures.

Diagnosing ADHD typically requires a medical and developmental history of the child along with parent and teacher ratings of behavior. While such information is essential, there is a subjective aspect to this data that can restrict its utility. Evaluators have desired to supplement this information with methods which enable the attention problems to be observed and quantified on a more objective basis. In an effort to satisfy this need, laboratory tasks have been employed in the assessment of attention disorders. For example, beginning in the 1970's, Sykes (Sykes et al., 1973) engaged subjects in laboratory tasks to demonstrate deficits in sustained attention and vigilance. The early laboratory tasks required subjects to attend to visual or auditory stimuli and respond differentially to target and non-target stimuli. Thus, for example, letters would be flashed sequentially on a screen and the child would be asked to press a button each time the letter X appeared when it was preceded by the letter A.

More recently, common laboratory measures of sustained attention have included computerized continuous performance measures such as the Test of Variables of Attention (TOVA, Greenberg, 1991), the Conners' Continuous Performance Test (CPT, Conners, 1994), and the Intermediate Visual and Auditory Continuous Performance Test (IVA, Sanford & Turner, 1994). Although presentation formats and task demands are similar to earlier attention tasks, the computerized nature of these measures moves them out of the realm of research tasks requiring sophisticated data analysis skills and specialized equipment and makes them accessible to evaluators for use as part of their diagnostic procedures. However, these tasks typically require, in addition to computers, an initial investment in software and in some cases, a per test administration fee.

Reviews of research on computerized continuous performance tasks have generally been favorable, and they are seen as playing a role, albeit limited, in the evaluation of attention disorders. Barkley and Grodzinski (1994), for instance, evaluated the utility of neuropsychological measures, including continuous performance tests (CPTs) for distinguishing children with ADHD from normal controls and children with learning disabilities. They found CPT measures among the

most useful of the assessment procedures investigated. Nonetheless, they noted that positive but not negative CPT findings can have diagnostic utility. Thus, while poor performance on a CPT measure was indicative of an attention disorder, good performance did not necessarily rule out attention disorders. These results have been replicated by Matier-Sharma and her colleagues (Matier-Sharma et al, 1995). With the proliferation of research on attention and other executive skill tasks, there remains hope that some combination of tests and behavioral observation procedures will further refine the diagnosis.

Paper and pencil tasks have also been used with varying results to examine aspects of attention. Cancellation tasks, which require the individual to cross out a figure or letter from a visual array have been among the more popular paper and pencil tasks. Aman and Turbott (1986) found that a cancellation task discriminated between hyperactive and control subjects. Voeller and Heilman (1988), using a letter cancellation task, found that boys with attention disorders made more errors of omission than a group of normal controls. Weyandt and Willis (1994), however, did not find a significant difference between ADHD children and normal controls on a visual search task.

Should pencil-and-paper cancellation tasks prove effective in discriminating between ADHD and non-ADHD populations, they have several advantages over computerized measures. They are convenient, economical, and portable. Furthermore, they require less time to administer and score than do computerized measures.

As Barkley and others (1994) have noted, in order for a test to be diagnostically useful, it must be able to not only identify the children with ADHD, but it must also accurately identify children without ADHD.

Ellwood (1993) discusses parameters that can be used to examine a test’s diagnostic usefulness. Test specific parameters include sensitivity, or the proportion of individuals with a disorder that exhibit the sign (i.e., the proportion of children with ADHD who receive scores within the abnormal range) and specificity, or the proportion of individuals without a disorder that do not exhibit the sign (i.e., the proportion of controls who receive scores within the normal range). These two parameters are calculated in the research setting by first knowing the diagnosis of the children (through test-independent criteria) and noting how they perform on the test of interest. However, as Ellwood (1993) points out, this is the opposite of the way an evaluator uses a test. The evaluator starts with the test score and attempts to determine the child’s diagnosis. In order to judge the usefulness of a test for this purpose, the evaluator will need to look at a test’s sensitivity and specificity in light of the disorder’s base rate in their referral population.

For example, if a test was used as a screening measure on a population of 1000 children in which 4% (40) of the children have ADHD, and that test gives an abnormal score for 90% of the children with ADHD (i.e., sensitivity) and gives a normal score for 90% of the children without ADHD (specificity), the following diagnostic properties result.

Table 1. Calculation of Sensitivity, Specificity, PPP, and NPP

		ADHD	Control	
Abnormal Score	a	36	96	132
	b			
Normal Score	c	4	864	868
	d			
		40	960	1000

Sensitivity = a/a+c = .90

$$\text{Specificity} = d/b+d = .90$$

$$\text{PPP} = a/a+b = .27$$

$$\text{NPP} = d/d+c = .99$$

Using this table, one can calculate Positive Predictive Power (PPP), or the chances that a child who receives an abnormal test score actually has ADHD. $\text{PPP} = a/a+b = 36/132 = 0.27$. A test with 90% sensitivity and specificity has restricted usefulness as a diagnostic tool if it is used on a population with a 4% base rate of the disorder because if the child receives an abnormal score, (s)he is still much more likely to be a control than a child with ADHD.

There are two ways of making such a test more useful diagnostically: 1) Use it on a population with a higher base rate of the condition (e.g., the base rate of ADHD at an ADHD clinic is likely much higher than the 3-9% identified in the general population), and/or 2) increase the cutoff point for abnormal scores so that specificity is as high as possible.

Greenberg and Crosby (manuscript in preparation) applied the first two measures to the performance of persons diagnosed as ADHD with those of normal children on the Tests of Variables of Attention (TOVA). Using a cutoff set for a 20% false positive rate, the TOVA yielded sensitivity and specificity rates of .73. If this test were used to screen a 4% base rate population for ADHD, only 10% of the test positives would be true positives (PPP), while 97% of the children who received a normal score would be true negatives (NPP).

In addition to distinguishing between children with and without an attention disorder, an instrument that purports to be a valid measure of attention should also be sensitive to the developmental changes associated with attention. As with other cognitive traits such as memory, research suggests that as children age, their attentional capacity increases, and a variety of measures have been used to demonstrate this phenomenon.

Routh, Schroeder, and O'Tuama (1974) found that activity levels in children declined with age when measured by open-field activity ratings and parent-completed behavior checklists. Levy (1980) found age-related changes in sustained attention using a continuous performance test, in motor inhibition using a line drawing task, and motility using a "Ballistographic Chair." These results suggest that cancellation tasks, such as those employed in the present comparative study, should also demonstrate age-related trends.

The purpose of these studies was to develop a set of normative data for a population of normal children, ages 6-14, on a simple letter cancellation task, and to compare these data with the performance of an ADHD population.

METHOD

Materials

The Mesulam Continuous Performance Test consists of two pages with the letters of the alphabet printed in uppercase. On one page (Ordered), the letters are placed in neat, orderly rows and columns, while on the second page (Random), the letters are placed in a haphazard fashion, with no apparent order imposed. On both pages, 60 A's are placed among the other letters. Regardless of the page, the A's are in the same location, dispersed symmetrically, with approximately 15 in each of the 4 quadrants. Figure I shows a portion of the Ordered and Random page.

Figure I



Study 1

Normative Sample

Normative data for the Mesulam were initially gathered from 1540 children (825 male, 715 female; age range 6 to 14 years, grade range 1 to 8). Participants were drawn from eleven schools (nine public and two parochial) located in three predominantly white, middle-class, urban and rural school districts in southern New Hampshire. The classroom teachers were surveyed to identify those children already diagnosed as, or suspected of, having learning difficulties. Approximately 11% (169 children) of the total sample were thus flagged by their classroom teachers as either having a specified learning disability, having a physical or cognitive impairment that prevented them from attempting the Mesulam test, or were formally identified as having an attention-deficit disorder with or without hyperactivity. These children were administered the Mesulam but were later excluded from the "normative" group, which resulted in a total of 1371 children included in this normative study. Testing was done at the end of one school year (May) and at the beginning of the next school year (September, 1993).

Procedure

All children were tested as a group in their classrooms. Separate grade level classrooms were chosen at random from the participating schools. Each child was given a crayon and the Mesulam protocol face down on the classroom desk. The children were given complete instructions that included the explanation that they were to "find all the 'A's and circle them. Do this as quickly as you can and when you think you have circled all that there are, turn your paper over." When the tester told the children to start, they were to pick up their crayon, turn the paper over, and begin the task. Because the children were tested as a group and not individually, and because this task was not considered to be a speeded task, the administration procedure did include the approximate but not precise timing of each completion. Children in all grades were limited to 7 minutes to complete the task (very few children went to this time extreme, and those that did were generally finished and simply rechecking the protocols at the end of the 7 minutes). The Mesulam was administered in a balanced manner, with 849 children being administered the Ordered page first (OP1 Administration), while 691 were administered the Random page first (RP1 Administration).

Measures of performance on the Mesulam include:

- Ordered Page Errors (OPE): This is the total number of "A"s that were missed on the Ordered page, regardless of administration order.
- Random Page Errors (RPE): This is the total number of "A"s that were missed on the Random page, regardless of administration order.
- Total Errors (TE): This is the total number of "A"s that were missed on both the Ordered and Random pages, regardless of administration order.

Each child's protocol was scored for errors (missing an "A"). Ordered page errors (OPE), Random page errors (RPE) and Total errors (TE) were calculated for every student.

RESULTS

Means were computed for each of the nine age groups (6 to 14), and for both administration procedures (OP1 and RP1). The effects of sex, age, and order of administration were analyzed. No significant differences were found between groups according to sex. In contrast, highly significant effects were found for both page administration order and age. The effects of administration order and age were assessed by a two factor analysis of variance. OPE were found to be significantly affected by both administration order ($F=6.709$, $P=.0097$) and age level ($F=14.654$, $P=.0001$). RPE and TE were found to be non-significantly affected by administration order (RPE: $F=.098$, $P=.7652$, TE: $F=2.934$, $P=.0869$), but significant effects were noted for age level (RPE: $F=10.379$, $P=.0001$, TE: $F=18.045$, $P=.0001$). Because of these effects, separate normative tables based upon order of administration and age are provided. Table II presents data for the entire sample separated by age and order of page administration

Table II: Mesulam CPT Means and Standard Deviations for Normative Population by Page Administration Order

		Ordered Page First (OP1) Administration							
		OE		RE		TE			
Age	n	M	SD	M	SD	M	SD	M	SD
six	80	3.60	4.07	1.79	1.97	5.39	4.81		
seven	124	2.90	3.23	2.30	2.96	5.20	4.93		
eight	142	2.51	3.18	1.56	2.06	4.07	4.14		
nine	102	1.40	1.62	1.32	1.63	2.72	2.40		
ten	99	.91	1.21	.80	1.05	1.71	1.58		
eleven	74	1.00	1.45	.77	1.35	1.77	1.94		
twelve	76	.61	.93	.43	.79	1.04	1.19		
thirteen	102	.25	.48	.31	.69	.56	.84		
fourteen	50	.52	.89	.40	.76	.92	1.21		

		Random Page First (RP1) Administration							
		RE		OE		TE			
Age	n	M	SD	M	SD	M	SD	M	SD
six	23	1.96	1.85	.74	1.05	2.70	2.16		
seven	56	1.98	2.28	1.89	2.05	3.88	3.04		
eight	167	1.59	1.85	1.20	1.54	2.79	2.50		
nine	71	1.49	1.71	1.13	1.34	2.62	2.26		
ten	45	1.22	1.59	.98	1.42	2.20	2.19		
eleven	51	.55	.92	.35	.52	.90	1.22		
twelve	59	.54	.92	.17	.38	.71	1.00		

thirteen	34	.32	.64	.21	.54	.53	.83
fourteen	16	.50	.97	.38	.81	.88	1.31

Errors on each page, regardless of administration order, demonstrated an expected age effect, with each variable generally improving from one age to the next. For all measures, scores are highest for the 6 to 9-year-old groups, and tend to level out through most of the other years. Order of page administration most highly affected the results for the younger children, ages 6, 7, and 8.

For ages 6, 7, and 8 there was a pronounced difference in the total number of errors (TE) made depending on the order in which the pages were administered. For example, six-year-olds given OP1 Administration had 5.4 total errors while those six-year-olds given RP1 Administration had an average of only 2.7 total errors. Interestingly, most errors occurred on the first page presented (Ordered or Random). Whichever page was administered to the child first yielded comparatively more errors than the succeeding page. Six-year-olds given OP1 Administration averaged 3.6 errors on the Ordered page, compared to the 1.8 errors on the Random page. Similarly, six-year-olds given RP1 Administration averaged 1.9 errors on the Random page, while averaging .74 errors on the Ordered page.

Because of the effects of age and order of administration on test performance, age-based norms for OP1 administration were selected for a sampling of an ADHD population.

Study 2

ADHD Sample

170 children, between the ages of 6 to 14, were identified as having an attention-deficit disorder with or without hyperactivity. The children had been referred to an independent center connected to a major medical facility for evaluation of attentional disorders. The children were diagnosed as having ADHD on the basis of history, psychological interview by one of three psychologists, psychological/educational testing, and behavior rating scales. Determination of ADHD followed criteria set forth in DSM-III/IV. Included in the testing battery, but not used as a criterion for diagnosis, was the Mesulam CPT. *Maybe here – see above* - All children were administered the Mesulam with the ordered page first (OP1). Table III shows the Ordered Page Error (OPE), Random Page Error (RPE), and Total Error (TE) means and standard deviations for the ADHD group. Also included are the results of two-tailed independent t-tests conducted to determine if there were differences in TE at each age between the control and ADHD groups.

Table III AD/HD Sample Means and Standard Deviations for OP1 Administration and Two Tailed Independent t-Test Comparisons for Total Error - AD/HD Means vs. Normative Means

Age	n	Ordered Administration						t
		OE		RE		TE		
		M	SD	M	SD	M	SD	
six	9	13.78	9.62	13.67	11.14	27.44	18.86	3.51 **
seven	27	10.56	9.81	13.46	8.97	24.23	16.70	5.81 **
eight	32	6.88	7.50	9.68	7.57	16.52	13.03	5.32 **
nine	21	6.62	7.77	10.57	9.33	17.19	15.68	4.23 **
ten	32	3.97	2.98	6.16	5.74	10.13	7.24	6.58 **

eleven	8	1.13	1.46	2.88	4.09	4.00	5.18	1.22 *
twelve	19	3.68	3.87	5.42	4.72	9.06	6.77	4.89 **
thirteen	9	2.00	1.23	2.00	1.41	4.25	2.05	5.08 **
fourteen	13	2.31	2.14	3.15	3.81	5.46	4.22	3.89 **

Normative (n=849) and ADHD (n=170)

* p<.01, ** p<.0001

The ADHD group as a whole had significantly more errors on each of the three measures than the normative group at each age level. Comparing the ADHD group's performance on the Ordered and Random pages to that of the normative group showed an unexpected and reverse demonstration of errors. While the normative group typically did better on the second, Random page when given Ordered Page First (OP1) Administration, the ADHD group did not show this positive trend. ADHD children given OP1 Administration typically had slightly more errors on the second, Random page. At all ages except one (age eleven), the ADHD group committed significantly more TE than did the normative group.

DISCUSSION

This paper presents the results of norming procedures for the Mesulam Continuous Performance Test for a large sample of school-aged children. Results demonstrate the need for caution when administering such tasks, since minor changes (page administration order) had major effects on the results. This set of studies suggests that the Mesulam may potentially serve as a quick, inexpensive evaluative tool in the diagnosis of ADHD.

Evaluators in schools may find the Mesulam a useful tool in screening large numbers of children quickly and inexpensively. Both pages of the Mesulam can be easily group-administered to whole classrooms in less than 15 minutes. The normative data imply developmental trends in attentional capacity, thereby lending credence to its validity.

The Mesulam task should be considered only one component of the complete multi-method approach that is needed in making accurate diagnoses of this disorder.

Another possible limiting factor of this study is that this sample may not be representative of the broader population and additional norming may be needed. Evaluators may wish to develop their own "local norms".

The ability of the Mesulam to identify ADHD children from those with other disorders has not yet been established. Children may often display characteristics that resemble ADHD, but suffer from symptoms that are more appropriately attributed to other disorders. Multi-method evaluations should address whether the learning problem is a manifestation of a specific learning style, underlying process disorder, neurological deficit, or attentional disorder.

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School Psychology Ratios

Many of you on the listserv responded to a NASP Salary Study in the spring and those results will be appearing in the Communiqué during the next year. Since there is some good data to respond to average ratios, salaries, number of evaluations, contracted days, etc., I will chime in when there may be some 'hard' data that will answer some of the listserv questions. The topic question was ratio.

I won't go into the details of the survey in this message. Essentially, a state by state database of information regarding demographics was established. Of the total 2636 regular NASP members who responded to the ratio question, the median (50th percentile) school psychologist/student ratio was 1500, 10th percentile was 400, 25th percentile was 900, 75th percentile was 2068, and 90th percentile was 3000. This is good data.

What is fascinating in all areas covered in the survey (and I will only deal with ratio here) is the state by state variation. We know that there may be greater differences within states in school psychology practice and demographics but there are significant state (and perhaps regional) differences as well.

The median ratio is more likely a better representation of the 'true' ratio. The mean (not time now to provide more meaningful median data) school psychologist ratio for each of the states (and numbers replying from that state with this data) are:

State	<u>N</u>	Mean	10 th %	25 th %	50 th % median	75 th %	90 th %
AK	27	1486	450	1000	1500	2075	2500
AL	25	3384	600	1725	2760	3540	4000
AZ	43	2014	1000	1300	1500	2000	2500
AR	21	2660	396	1575	2250	4125	5100
CA	100	2480	1100	1500	2000	2500	3000
CO	36	1518	482	623	1600	2400	2500
CT	55	844	450	500	700	900	1250
DC	8	3206	335	1100	1700	2500	11250
DE	29	1283	195	1000	1400	1563	2000

FL	63	2407	920	1850	2500	3000	3520
GA	46	2655	1500	2000	2800	3300	3835
HI	9	8252	1200	2250	3500	9500	27660
IA	45	1500	300	1200	1500	1800	2500
ID	31	1666	639	1250	1800	2000	2500
IL	77	1531	600	1000	1500	1925	2784
IN	43	2287	1500	2000	2100	2500	3000
KS	58	1166	600	1000	1100	1500	1835
KY	49	2129	695	1175	1900	2850	3780
LA	34	2611	1435	2000	2500	3000	4050
MA	45	1002	400	583	850	1213	1800
MD	32	1871	505	1025	2050	2500	3090
ME	17	1355	113	675	1500	1825	2800
MI	43	1755	770	1309	1800	2000	2800
MN	40	1499	490	1000	1500	1925	2475
MO	30	2373	200	500	1350	3000	6300
MS	6	3505	920	2000	3625	5300	5642
MT	27	1929	820	1025	1400	1988	2400
NC	38	1936	500	1000	1778	2250	2940
ND	16	2728	1253	2075	2500	3100	4880
NE	48	1522	780	1050	1500	1850	2500

NH	29	1223	570	788	1100	1625	1980
NJ	62	995	200	600	1000	1500	1700
NM	24	951	199	400	925	1250	2000
NV	46	2249	1200	1500	2000	2500	3900
NY	167	817	155	500	750	1000	1446
OH	67	1824	900	1500	1900	2475	2500
OK	26	2558	1200	1500	2000	2500	5720
OR	48	1733	800	1000	1450	2000	2800
PA	77	2327	740	1200	2000	2500	3000
RI	38	1330	815	1000	1500	1500	1785
SC	40	2022	1150	1500	1800	2200	3050
SD	24	3107	1144	1500	1775	2450	3320
TN	47	2389	680	1388	2000	2575	4000
TX	34	2320	187	350	1750	3200	5100
UT	44	1726	488	788	1400	2450	3253
VA	41	2343	1330	1500	2000	2325	3254
VT	8	1341	261	825	1275	2000	2500
WA	50	1495	531	800	1175	1500	2000
WI	55	1196	600	913	1200	1500	1700
WV	25	2714	1700	2100	2500	3013	4900
WY	27	1432	705	1000	1200	1875	2500

Nat'l	2195	1815.8	500	1000	1500	2200	3000
State	<u>N</u>	Mean	10th%	25th%	50th% median	75th%	90th%

As you can see, there are significant state by state variation in ratio, as is true for almost every other variable covered in the survey.

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Corporal Punishment:

Physical, Psychological, and Cognitive Effects for Children

Beth O'Boyle Ph.D.

Definition

Corporal punishment has been defined as the "...purposeful infliction of bodily pain or discomfort by an official in the educational system upon a student as a penalty for unacceptable behavior. The infliction of pain is not limited to spanking, but includes any action that produces excessive physical discomfort.... Physical force or constraint that is used by a school official to protect someone from physical injury, to disarm a student, or to protect property from damage is not considered corporal punishment." (Poole, Ushkow, Nader, Bradford, Asbury, Worthington, Sanabria, & Carruth, 1991, p.162)

Besides being subjected to "spankings", children in American schools have also been slapped, kicked, shoved, shaken, choked, tied to furniture, thrown against walls, denied bathroom privileges, denied food or water, and forced to consume noxious substances, all in the name of "discipline" (Cryan, 1987; Hyman & Lally, 1982; Poole, et. al., 1991). In other settings, such acts might be classified as "abusive".

Current Trends in American Schools

Historically, children have been granted little protection from physical punishment under federal law. In *Ingraham vs. Wright* (1977), the United States Supreme Court ruled that the paddling of two male students did not constitute a violation of the Eighth Amendment (which prohibits the use of cruel and unusual punishment). The court reasoned that the Eighth Amendment was intended to protect individuals charged or convicted of a crime and therefore, did not apply to school-aged students. The court further reasoned that because schools are public institutions that are (presumably) supervised by communities, there is little opportunity for the misuse of corporal punishment.

Even in cases such as *Hall vs. Tawney* (1980), in which the court ruled that "excessive" corporal punishment violated students' rights to due process (the right to a hearing prior to administration of punishment), the courts have made it clear that it is the student who carries the burden of proving that the punishment is "excessive" (as opposed to placing the burden of proof upon school officials to show that punishment is

"reasonable").

Despite recent campaigns aimed at abolishing corporal punishment in schools, only 26 states (including New York) have either statutes or State Board of Education Regulations banning its use. It is estimated, in fact, that one to two million incidents of physical punishment occur in American schools annually (Poole, et. al., 1991). Of these yearly incidents, approximately 10,000 to 20,000 students incur injuries so severe that medical attention is warranted. Reports of injuries that have resulted from corporal punishment have included: sciatic nerve damage, brain hemorrhages, bruises, broken bones, whiplash, and in some cases, death (Hyman & Lally, 1982). In the U.S., the states with the highest rates of corporal punishment are in schools in the Southeast. The lowest rates, by contrast, are among Northeastern schools (Greydanus, Pratt, Greydanus, Hofmann, & Tsegaye-Spates, 1992; Poole, et. al., 1991).

The Use of Corporal Punishment in the Home

Corporal punishment appears to be an even more common method of discipline among American families. Eighty to ninety-five percent of high school and college students report that they were spanked at some point during their childhood. Similarly, 61% of mothers with children between the ages of 3 and 5 report spanking their children an average of three times a week (Giles-Sims, Straus, & Sugarman, 1995). This averages out to a single child being spanked more than 150 times a year.

Psychological, Behavioral, and Cognitive Effects on Children

Given the frequency with which corporal punishment is administered in the U.S. (within both homes and schools), the consequences of such "discipline" must be examined. One consequence of corporal punishment is physical abuse. When physical punishment fails in its intended effect (the reduction of undesirable behavior), it is often intensified, resulting in serious physical injury to children (Carey, 1993). Corporal punishment has also been associated with a variety of psychological and behavioral problems in children, such as anxiety, depression, increased aggressiveness, modeling of punishing behavior, social withdrawal, delinquency, substance abuse, and impaired self-concept (Rohner, Kean, & Cournoyer, 1991; Straus, Sugarman, & Giles-Sims, 1997).

Physical discipline has even been negatively correlated with levels of cognitive ability. Researchers at the University of New Hampshire (Strauss, M) found that children of non-spanking parents scored significantly higher on tests of cognitive ability than children whose parents spanked them frequently. It is possible that non-spanking parents spend more time reasoning with their children (explaining to their children why certain behaviors are wrong) than parents who chose to discipline their children physically. These types of verbal parent-child interactions, in fact, are believed to play an important role in promoting cognitive development.

Why do parents/schools use Corporal Punishment?

With so many adverse side effects associated with corporal punishment, one has to question the reason for its widespread use as a method of discipline. One reason may be that corporal punishment provides immediate, but temporary suppression of the undesirable behavior (Goldstein, 1998; Rohner, Kean, & Cournoyer, 1991). Indeed, parents and teachers often find themselves administering physical punishment to a child repeatedly for the same offense (Goldstein, 1988). Therefore, although administering corporal punishment may be reinforcing for the parent/administrator (by providing immediate relief from difficult behavior), this form of discipline will have little long-term effect.

Additional Reasons For Not Using Corporal Punishment

Besides the many adverse side effects associated with corporal punishment, there are several other reasons for prohibiting its use:

- Corporal punishment communicates to children that violence is an acceptable method of solving problems and dealing with interpersonal conflicts.
- One reason that many children engage in undesirable behaviors ("acting out") is that they have never been taught alternative ways to behave. Corporal punishment alone does not teach children alternative, appropriate behaviors. In other words, although children may learn what not to do in various situations, they may never have been taught what to do.
- The effects of corporal punishment (suppression of the undesirable behavior) are not likely to generalize to other contexts or situations; neither do they appear to be maintained over time.
- Other methods of discipline are available which are not only extremely effective, but which are also not associated with injurious consequences.

What Can Parents/School Administrators Do?

Parents and school administrators can use effective alternatives to Corporal Punishment:

- Parents/administrators can use techniques to increase cooperative behaviors (rather than using punishment to decrease undesirable behaviors). Children should be taught prosocial skills such as problem solving, anger management, non-aggressive methods of dealing with conflicts, self-monitoring, self-reward, peer mediation and social skills. It is important that teachers and parents not only teach these skills directly, but that they model the skills themselves. An added benefit of these types of interventions is that they are designed to promote internal sources of control (self-control, self-regulation) in children.
- Immediate, consistent and frequent reinforcement should be provided for appropriate behaviors. Social rewards (praise, positive adult attention, positive peer attention), tangible rewards, or activity rewards are among the types of reinforcers that may be utilized to increase desirable behaviors in children.
- Time out may be an effective way to remove contingencies maintaining undesirable behavior. If a child acts out in order to gain attention from adults or peers, for instance, time out may be an effective strategy for removing those social rewards and thus, reducing or eliminating the behavior.
- Non-physical forms of punishment (in conjunction with teaching prosocial skills) may also be effective in reducing disruptive behaviors. Forms of non-physical punishment include verbal reprimands, grounding, increased number of chores, loss of privileges (telephone, television, car) detention, suspension, etc.

Suggested reference for parents

Discipline without shouting or spanking: Practical solutions to the most common preschool behavior problems by Jerry Wyckoff, Ph.D. and Barbara C. Unell

Meadowbrook Press

Distributed by Simon & Schuster: New York

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Student Grade Retention

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Spring 1999

The practice of student grade retention, or repeating a grade, goes through waves of popularity. Today with increased public and political pressure to improve the quality of the education in the United States, retention has become a common practice. Despite this fact there are strong proponents against retention. This debate has been going on since the turn of the 20th century, why hasn't it been solved?

To retain or not to retain?

Let's start with the arguments for retention. They make intuitive sense. If a child is failing, an extra year of instruction should result in mastery. It follows that once these students begin to achieve, their self-esteem will be enhanced. And what about those immature kids, another year will give them a "year to grow." Of course teachers will be happy. They'll have homogenous classrooms making it easier for them to teach. Social promotion of students who are failing results in students with poor academic skills. Retention seems like the correct answer, yet research indicates otherwise.

Holmes and Matthews (1984) conducted a meta-analysis to determine the effectiveness of grade-level retention on elementary and/or junior high students. A meta-analysis is a statistical technique that can integrate the results of several studies to examine the effects of a variable such as retention. Results of this study found a significant grand mean effect size of $-.37$. In other words the retained students scored $.37$ standard deviations lower on the various outcome measures of the 44 studies. More specifically, results indicated significant differences between retained and promoted students on academic achievement, personal adjustment, self-concept, and attitude toward school. Promoted students had more preferred outcomes on all of these measures. In sum, the effects of retention appear to be the opposite of the goals of retention.

Foster (1993) reviewed the research on grade retention. She indicated that the annual retention rate in the U.S. was 7 to 9 percent. At this rate a high school graduating class will be made up of 50% of students who had been previously retained. The rate may not actually be that high because by senior year a number of students will have already dropped out. Foster cited Grissom and Shepard (1989) reporting that being retained one year almost doubled a student's likelihood of dropping out.

Foster (1993) also stated that concern was raised as early as 1909 that retention had a negative impact on self-concept. Bracey (1986, in

Foster, 1993) found that children ranked failing a grade only slightly less stressful than going blind or losing a parent to death.

An argument has been made that retention is more appropriate as a preventative rather than a remedial intervention. This argument would suggest that children retained in kindergarten or first grade have more favorable outcomes than a matched promoted group. Research has shown that there are no differences in achievement between the two groups (Johnson, Merrell, & Stover, 1990; Mantzicopoulos, 1997). McCombs-Thomas, Armistead, Kempton, Lynch, Forehand, Nousianen, Neighbors, and Tannenbaum (1992) found that, especially for white students, long term effects of early retention were poor academic and social functioning. Even though the results are somewhat mixed, the bottom line is should we risk the chance of these students dropping out of school?

McLeskey and Grizzle (1992) examined grade retention rates among students with learning disabilities. They found that in Indiana 58% of students identified with learning disabilities had been retained before identification. It seems retention is being used as an ineffective intervention before identification. Between retention and being labeled LD, the risk of dropping out of school is quite high. An effective alternative to both retention and labeling may be pre-referral intervention.

Limitations of the Research

Research strongly supports the negative impact of grade retention. There are limitations to the research though. True experiments can not be found in the literature. Try to find an administrator and a group of parents who will allow children to be randomly assigned to a retention or non-retention group. As a result there has to be a matched group of students who had been recommended for retention, but who had been promoted. Tanner and Galis (1997) discussed the limitation with this type of matching. They state that matching on academic variables is not enough. It can not be assumed that the groups are similar on other variables. The reason that the matched group was ultimately promoted may be an important variable. For example, is it possible that parents who would not allow their children to be retained may make an extra effort at home to work on academics? Tanner and Galis also mentioned the difference same-age and same-grade comparisons. Same-age comparisons should favor promotion, whereas same-grade comparisons should favor retention. Studies with both types of comparisons are the best. A final limitation, found in many areas of research, is the relatively small sample size.

Alternatives to Retention

After reviewing the research and then considering the limitations, it is easier to understand why there is such a disagreement over retention. There are numerous negative effects of retention, yet social promotion results in high school students who are deficient in basic, prerequisite skills. The question therefore is not "to retain or not to retain" it is "what else can be done to help this student who is failing?" The following is a list of alternatives compiled from McDonald and Bean (1992) and Owings and Magliaro (1998).

1. Require summer school
2. Offer intensive remediation before and after school
3. Model and relate school work directly to student interests and needs
4. Initiate academic incentive programs
5. Delay testing until the fall rather than early spring assuming no more learning will occur
6. Institute an optional learning resource program
7. Insist on superior quality of work from students. Require revisions

8. Stress counseling and study skills programs
9. Employ suitable strategies such as cooperative learning, mastery learning, direct instruction, adaptive education, individualized instruction, peer tutoring, and curriculum-based assessment
10. Improve and maintain home-school collaboration
11. Encourage student responsibility for self-evaluation
12. Allow tests to be finished individually or cooperatively. Amount of time should not be a factor
13. Recommend smaller classes with higher levels of individualized instruction

Related Links

For parents: [Should My Child Repeat A Grade?](#) A paper for parents by the National Association of School Psychologists (NASP).

NASP's position on grade retention

[Student Grade Retention and Social Promotion.](#)

Position Statement: Student Grade Retention

<http://npin.org/respar/texts/parschoo/retend96.html>

Commentary: Grade Retention Doesn't Work

<http://npin.org/respar/texts/parschoo/retend96.html>

Educators' Notebook - Grade Retention

<http://www.mbnet.mb.ca/~map/edretent.htm>

When Teachers Recommend Retention, What Should Parents Do?

<http://npin.org/pnews/pnew197/pnew197h.html>

Special Education Law - To Promote or Retain

http://www.wrightslaw.com/Promote_or_Retain.htm

American Journal: Schools abandon 'social promotion' Chicago sets an example by forcing urban students to repeat grades. - 8/27/97

<http://detnews.com/1997/nation/9708/27/08270064.htm>

News: Promote or Retain? Pendulum for Students Swings Back Again 6/11/97

<http://www.teachermagazine.org/ew/vol-16/37social.h16>

News: U.S. Kindergarten Study Sheds Light on Retention, Delayed Entry 1/28/98

<http://www.teachermagazine.org/ew/vol-17/20kinder.h17>

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Court Decisions of Interest to School Psychologists

Ron Dumont, NCSP and Joe Janetti

While examining various recent court and due process cases, we discovered a few that may be of interest to school psychologists. We have excerpted relevant portions of the decisions and commented below. Obviously, the entire transcript provides more complete detail.

MULTIPLE HANDICAPS: IDEA and state regulations provide descriptions of special education categories. Found among the commonly agreed upon handicapping conditions is "multiple handicap." The description below seems to prove the point that although the law allows for multiple handicapping diagnosis, there is nothing in the law that says it has to be correct. The diagnosis of the child appears to have been made by shooting a shotgun blast at the DSM-IV and using any label that the buckshot hit.

- (26 Indiv. with Disabilities Educ. Law Rep. 1073 Arkansas JONESBORO PUB. SCHS. No. H-97-23 August 25, 1997)

A 12-year-old student diagnosed with pervasive developmental disorder, attention deficit hyperactivity disorder, depressive disorder, major depression, bipolar disorder, psychosis, cyclothymic disorder, learning disorder, oppositional defiant disorder, mixed personality disorder, and impulse control disorder was determined to be eligible for special education under the category of other health impaired. The student attended district schools with various interruptions for psychiatric hospitalizations. Each hospitalization was initiated by the parents.

ESTABLISHING ELIGIBILITY: IDEA presents fairly straight forward definitions and descriptions of what constitutes requirements for special education eligibility. This interesting court decision confirms that each single criteria is necessary, but insufficient by itself, to qualify a student for special services.

- (IDELR 1104 26 Indiv. With Disabilities Educ. Law Rep. 1104 California Irvine Unified Sch. Dist. No. Sn 1170-96 February 11, 1997)

A pediatrician diagnosed a 16-year-old student with attention deficit disorder and dyslexia during the student's second grade year. The student never qualified for special education services. When the student was in high school, the student's parent requested that the school district assess the student because of his declining grades. After the assessment was completed, the district's IEP team met and determined that the student was not eligible for special education services. The parent disagreed with the IEP team's conclusion and placed the student in a private school. Held: for the district.

The hearing officer declined the parent's request for reimbursement, finding the student was not eligible for special education services. Although the student's most recent testing showed a discrepancy between the student's ability and achievement in the area of mathematics calculation, the hearing officer refused to base a finding of eligibility for special education on a single testing score. The hearing officer therefore turned to the issue of whether the discrepancy was caused by a psychological processing disorder and determined that the student did not suffer from a disorder in one of the basic psychological processes. Even if the student did have a severe discrepancy that was caused by a psychological processing disorder, the student's parent did not establish that the discrepancy

could not be corrected through services offered within the regular instructional program, according to the hearing officer. The student therefore was not eligible for special education services, and his parent was not entitled to reimbursement for the costs of the private school.

SERIOUS EMOTIONAL DISTURBANCE vs SOCIAL MALADJUSTMENT: Over the years, much debate, controversy, and confusion has arisen from the social maladjustment "exclusion clause" of the serious emotional disturbance category. Should school psychologist attempt to determine if the behaviors manifested by a student are the result of maladjustment as opposed to mental health problems? Are certain psychological condition, by themselves, indicative of social maladjustment? Apparently some believe it is possible.

Oppositional defiant disorder:

- IDELR 524 Delaware no. 97-11 September 16, 1997

Based on the student's prior oppositional defiant disorder diagnosis, the district declined to classify the student under the category of serious emotional disturbance, instead finding that the student was socially maladjusted. Held: for the district.

The appeals panel concluded that the student did not have a serious emotional disturbance. The student's problems appeared more behavioral than mental. Moreover, the student's own witness was unable to identify the exact nature of the student's difficulties. The panel finds the evidence is consistent in supporting the finding that [] is socially maladjusted and has oppositional defiant behavioral disorder. While being socially maladjusted and having oppositional defiant behavioral disorder does not preclude the classification of seriously emotionally disturbed, the evidence does not support the finding that []'s problems are mental health problems. All of the findings are consistent with []'s problems being behavioral.

Adjustment disorder:

- IDELR 1090 Iowa in re: Theodore a no. Se-192 September 2, 1997

A 14-year-old student was expelled from school after committing acts of vandalism. A juvenile court assigned the student to a youth home for a comprehensive diagnostic and evaluation assessment. In the meantime, the parents requested a comprehensive evaluation by the district to determine if the student was eligible for special education due to a behavior or learning disorder, and if his behavior was a manifestation of his disability. The parents contended that pending completion of the evaluation, the student was entitled to stay in school under the stay-put provision of the idea. The district argued that the stay-put provision did not apply in this case since the student was not a student with a disability at the time of his expulsion.

The administrative law judge found that the student was not eligible to remain in school under the stay-put provision. The evidence failed to demonstrate the student had an IDEA disability. The student's grades did not reflect declining academic performance, and a diagnosis of the student as having an adjustment disorder did not appear to conform to the conception of disability adopted by the IDEA. Further, the ALJ concluded that prior case law and an OSEP policy memorandum mandated denying the student the protection of the stay-put provision. There was no evidence that the district knew or reasonably should have known that the student was a student in need of special education. To the contrary, a school official testified that the student was not regarded as having behavior or emotional problems which affected his educational performance. Therefore, the stay-put provision did not apply and the student's expulsion was valid.

This final case is informative for the court's decision about juvenile delinquency, drug use, and serious emotional disturbance. Because of the length of this case we have excerpted relevant portions.

• United States Court of Appeals for the Fourth Circuit No. 97-1482 E. P. Springer v. The Fairfax County School Board (CA-95-1789-A) January 23, 1998

E S and his parents seek reimbursement from the Fairfax County School Board for tuition paid to a private school in which the Springers enrolled E after he failed the eleventh grade. The School Board determined that E was not suffering from a "serious emotional disturbance," as the Ss claim, and that he was therefore ineligible for special education services under the Individuals with Disabilities Education Act, 20 U.S.C. § 1415 ("IDEA"). The district court upheld the State Review Officer's determination that E was not disabled and that his parents were not entitled to tuition reimbursement. Because the applicable IDEA regulations do not equate mere juvenile delinquency with a "serious emotional disturbance," we affirm.

The Ss claim that E exhibited a serious emotional disturbance that entitled him to special education services, including reimbursement for tuition at the New Dominion School. However, we agree with the SRO and the district court that E's juvenile delinquency did not reflect a serious emotional disturbance within the meaning of the federal and state regulations implementing IDEA.

They first attempt to show that E exhibited one of the five enumerated symptoms of a serious emotional disturbance by asserting that he was unable "to build or maintain satisfactory interpersonal relationships with peers and teachers," 34 C.F.R. § 300.7(b)(9)(i)(B). However, ample evidence supports the SRO's contrary finding. His father indicated that "E has lots of friends across a broad spectrum, from very good students to the academically unsuccessful students." E perceived himself as "socially . . . very involved with a large group of people that he considered friends." Dr. R's observation of him confirmed this self-perception, as did his history of involvement with social and extracurricular activities during his time in the Fairfax County schools. Nor did E fail to develop good relationships with teachers. His French teacher from McLean High, G T, told the LHO that she "really liked E, and . . . still really like[s] E." His history teacher from McLean, R P, described E as "very friendly [with] peers and me." And even Mr. and Mrs. S have described E as "respectful of teachers and appropriate," and indicated that he "got along well with his teachers."

The Ss also claim that E exhibited a second enumerated symptom, "a general pervasive mood of unhappiness or depression," id. at § 300.7(b)(9)(i)(D). However, we agree with the SRO and the district court that the record simply does not support this contention. Three separate psychological evaluations of E revealed

Two of the psychologists who reached this result, Dr. R and Dr. K, were chosen by the S's themselves. Dr. R even noted that based on his depression and anxiety testing "E is reporting significantly fewer symptoms and distress than is typical of an adolescent his age." The observations of those who had regular contact with E during the eleventh grade confirm these psychological findings. For example, E's French teacher, who saw E on at least 160 days during that year, testified that "[h]e did not appear sad. There was no pervasive sadness. He had friends. He was laughing, joking in the hallways." The only contrary evidence, indeed the only hint that E ever suffered from depression at all, was the "sketchy" and "incomplete" letter from

The Ss still have failed to establish the critical causal connection between this condition and the educational difficulties E experienced, the final step in proving a serious emotional disturbance. Id. at § 300.7(b)(9)(i).

Prior to his eleventh grade year, E had made steady educational progress, advancing from grade to grade on schedule. Cf. Rowley, 458 U.S. at 209-10 (evidence that student was advancing from grade to grade indicated educational progress). In the eleventh grade E stopped attending classes, regularly used drugs and alcohol, and engaged in other criminal activities.

"Because the applicable IDEA regulations do not equate mere juvenile delinquency with a "serious emotional disturbance,...It seems incontrovertible that E was socially maladjusted....the term [socially maladjusted refers] to "continued misbehavior outside acceptable

norms." See also In re Sequoia Union High Sch. Dist., 1987- 88 EHLR Dec. 559:133, 135 (N.D. Cal. 1987) ("socially maladjusted [is] a persistent pattern of violating societal norms with lots of truancy, substance . . . abuse, i.e., a perpetual struggle with authority, easily frustrated, impulsive, and manipulative").

"Courts and special education authorities have routinely declined...to equate conduct disorders or social maladjustment with serious emotional disturbance. See, e.g., A.E. v. Independent Sch. Educ., 753 F. Supp. 65, 71 n.8 (D. Conn. 1990); In re Morgan Hill Unified Sch. Dist., 19 IDELR 557, 564- 65 (SEA, Cal. 1992)."

"The fact "[t]hat a child is socially maladjusted is not by itself conclusive evidence that he or she is seriously emotionally disturbed." A.E., 936 F.2d at 476....Indeed, the regulatory framework under IDEA pointedly carves out "socially maladjusted" behavior from the definition of serious emotional disturbance."

"...no evidence of abnormal depression or other emotional disturbance"

"Dr. N's diagnosing E with dysthymia....This condition is clinically defined as less severe than a major depressive disorder....This evidence simply does not support the Ss' claim that E experienced "pervasive . . . depression,"

"The precipitous drop in E's grades at this time appears to be directly attributable to his truancy, drug and alcohol use, and delinquent behavior rather than to any emotional disturbance. See In re Pflugerville Indep. Sch. Dist., 21 IDELR 309, 311 (SEA, Tex. 1994)(noting that when student had made passing grades prior to involvement with drugs, "it is inferentially permissible to attribute any lowering of his grades to his unwise choice to spend less mental energies on his academics and to spend more mental energies on [drug activities]")."

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TOPICS

<u>AUDITORY SHORT TERM MEMORY PROBLEMS</u>	<u>LEARNING DISABILITY</u>
<u>ADHD</u>	<u>HOMEWORK COMPLETION</u>
<u>EMOTIONAL DISTURBANCE</u>	<u>MATH PROBLEMS</u>
<u>STUDENTS WHO ARE BEING PICKED ON</u>	<u>ORGANIZATIONAL PROBLEMS</u>
<u>IMPROVED COMMUNICATION</u>	<u>COMPLETING ASSIGNMENTS</u>
<u>GENERAL MODIFICATIONS</u>	<u>PHONOLOGICAL PROCESSING</u>

AUDITORY SHORT TERM MEMORY PROBLEMS:

- make information as visual as possible, provide visual references...perhaps notes provided ahead of time or partially completed.
- asking students during a resource period to perhaps describe what they have heard about in class (best if a consultant teacher may also be a resource teacher present in the classroom, or such).
- testing in a separate location. When directions are read (particularly if there is also a dual reading disability), have the student recite his/her knowledge about the directions (i.e. "What are you supposed to do?" "I'm supposed to circle the letter?" "No, you're supposed to circle the whole answer").

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ADHD

- Instruction in proficient use of a planner or organizer
- Providing a visual or tactile cue that the student appears to be "off task".
- Provide frequent feedback.
- If a consultant teacher is in the room, chart number of "off task" behaviors, work with student to set a goal of diminishing frequency.
- Allow use of a word processor as writing is often affected.

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EMOTIONAL DISTURBANCE

- Appoint a person to be a "touch base" person to the ED student. If the student gets to a point where he/she may be getting to a "boiling point", or may begin demonstrating inappropriate behaviors...allow the student to briefly visit the "touch base" person or take a time out to "bring their levels down."

- Teach a student self-monitoring skills. If a student feels ready to cry (major depression), begins becoming quickly frustrated, or feels themselves "losing control", teach them how to monitor themselves and take appropriate action.

An adolescent who is suffering from major depression can look like a student who is unmotivated and lazy. However, the depression leaves a student with such a lack of energy that it often seems mentally impossible to complete an average homework assignment or write a short paper in class. Until XXX's symptoms are under control, it will be very beneficial if teachers can take the more accurate position that XXX is suffering from an illness that is not XXX fault. XXX needs extra patience and understanding. Teachers can also help by breaking down assignments into more manageable parts, helping XXX keep up with long-term projects, and offering extra help before or after school. If teachers have any concerns or questions regarding XXX's behavior, they are encouraged to visit with the school psychologist.

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FOR STUDENTS WHO ARE BEING PICKED ON

If a student is being teased or picked on, I would recommend the Relentless Intervention Program (RIP). Every time any adult witnesses or overhears a student teasing or picking on another student, the adult takes the aggressor aside and – very gently, respectfully, politely, and softly – lectures the aggressor for as long as the adult's schedule allows, up to about five minutes for elementary and middle-school students and about eight minutes for high-school students (long enough to be agonizing for the listener). The adult needs to explain how the teasing or other abuse is hurtful to the target, how little good it actually does for the aggressor, how it sets a bad example for other students, how it leads to other students picking on the same target, how it forms a bad habit for the aggressor, how it could harm the reputation of the aggressor, and how it poisons the atmosphere of the school for everyone. This must be done very gently, respectfully, politely, and softly, because we cannot teach gentle behavior roughly. The aggressor should not be required to say or do anything but listen, although apologies and constructive responses would be welcomed. This intervention should be repeated very patiently, but relentlessly, at every opportunity, each time as if it were the first. This must be done immediately by the adult who actually saw or heard the behavior; it should not be used if the behavior is merely suspected. Therefore, the aggressor should never be asked to confess, just to listen.

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LEARNING DISABILITY

Teachers should be aware that this is a student with very significant learning disabilities. Often students like XXX are labeled as "lazy" or "unmotivated" when actually they have to work much harder than other students to achieve less. XXX should receive much encouragement for any effort that XXX puts forth. By XXX's age, it can become very discouraging to work so hard throughout your school career and still have difficulty with the basics of reading, writing, and math. Make an effort to emphasize XXX's strengths to XXXself as well as to XXX classmates.

Although XXX can express ideas well verbally, XXX will have more difficulty putting those thoughts down on paper. Therefore, unless the purpose of an assignment is to improve writing, it would be beneficial to allow XXX to expand on XXX answers verbally. In other words, have XXX take a test with the rest of the class, but meet privately to let XXX explain or expand XXX written answers. For students with written language disabilities, it helps if you can avoid their weakness and work through their strengths. In addition, XXX should be encouraged to develop good keyboarding skills and use a computer with spell check to complete written work. This often makes writing much easier for these students.

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RECOMMENDATIONS FOR BETTER HOMEWORK COMPLETION:

1. A daily assignment notebook should be utilized to keep track of specific assignments.
2. Separate, color-coded folders can be used for each class so that assignments and completed homework are not as likely to get lost.
3. Calendars should be used for long-term assignments.
4. A regular time for daily study should be set up and consistently followed whether or not specific assignments are due the next day.
5. A quiet, well-lighted study area should be made available where distractions are kept to a minimum and supplies are accessible.
6. A timer could be used to help XXX keep a steady pace on XXX assignments.

Academic progress should be closely monitored through the use of weekly assignment sheets. Parents should check the sheets and make weekend activities contingent upon completion of all assignments. If XXX does not bring home the signed sheet, it can be assumed that work was not complete and XXX may not have weekend privileges.

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FOR MATH PROBLEMS

A useful mnemonic for multiplying positive and negative numbers is:

- If a good thing happens to a good person, that's good (+ x + = +)
- If a good thing happens to a bad person, that's bad (+ x - = -)
- If a bad thing happens to a good person, that's bad (- x + = -)
- If a bad thing happens to a bad person, that's good. (- x - = +)

For adding and subtracting positive and negative numbers, it sometimes helps to think of negative numbers as debts and positive numbers as income.

		2	3	
	x	1	5	
	1	1	5	
	2	3	-	
	3	4	5	

It is sometimes easier to do long multiplication on graph paper or paper with vertical and horizontal lines ruled to keep rows and columns straight. It is important to keep the boxes large enough to accommodate the student's comfortable writing size.

6	1	2	3	4	5	6	7	8	9	10
1										
2										
3										
4										

One way to learn multiplication facts is to complete a 10 x 10 grid of products every day and then be allowed and encouraged to use the completed (and dated) grid as a crib sheet for that one day. The student may use any method to complete the sheet, including counting on and off from adjacent products, identifying and applying patterns, or even using two straight-edges down from the top margin and across from the left and counting the enclosed squares. The short-cuts developed by the student actually help with the learning. Even if some products are never memorized, the student at least has a tool for deriving them when they are needed.

5										
6										
7										
8										
9										
10										

A math "mastery notebook" might be helpful. Each page would cover one process or piece of information, such as the steps in long division or the formula for the volume of a cylinder. The page would have a title, a definition or verbal explanation, an illustration (very important for visual learners), and an example worked out step-by-step. The book should also contain glossaries of symbols and terminology, with illustrations when appropriate. Once Namexx has completed a page, it should be laminated and placed in his notebook. A separate photocopy should be placed in a very safe place, since this notebook should be of life-long value.

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FOR ORGANIZATIONAL PROBLEMS

It is much easier to form and stick with a good habit than to try to make new plans for a frequent activity each time the need arises. Once a useful habit has been formed, you do not need to keep making conscious efforts to carry out the task. For example, if you keep losing your appointment book, you might pick one pocket (one that is part of all garments you usually wear) and learn always to keep the book in that one pocket. You could teach yourself to return the book to your pocket the instant you are finished using the book and to transfer the book to the same pocket in your new garment each time you change clothes. For another example, lost homework might be saved by developing a habit of leaving the bookbag in one place (perhaps the knob of the door through which you exit for school or work in the morning) and never removing more than one task from the bag at a time. The current task would have to be returned (regardless of whether it was completed) before another could be removed. If you chronically lock yourself out of your car, you might teach yourself never to close a car door (even an unlocked one) unless your are holding the keys in your hand. Those examples may not be specifically relevant to Namexx, but when recurring problems become apparent, you could sit down with hxx, discuss the problem, and try to brainstorm a good habit that might solve the problem. After trying the new habit for a couple of days, you could sit down again to refine the plan and then settle down to building the new approach into a firmly established habit.

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FOR HANDWRITING

Handwriting is amazingly independent of other, apparently similar, fine-motor skills, such as drawing and the subtests of visual perceptual-motor tests. Perfect Benders can be produced by persons with appalling handwriting and vice versa. Dysfluent handwriting is a serious problem since it impairs spelling and written expression, especially if the student's working memory is not strong. Dysfluent handwriting should trigger an immediate intervention including at least a decision to concentrate on either cursive or manuscript; selection of a single, efficient handwriting program; careful, consistent, direct instruction in that program, emphasizing the sequence and direction of pencil strokes; providing copies of that program (with numbers and arrows) to everyone in a position to supervise the student's writing, including parents; close supervision of the student's writing so that the student does not get the opportunity to practice other means of forming letters (unless the student has a more efficient means of forming a particular letter, in which case the student's method should be substituted for the original one and incorporated in the program); limitation of the amount of handwriting required so that the student never practices poor writing when fatigued; short periods of writing with frequent, brief, breaks; an immediate introduction to the keyboard with a goal of developing word processing skills as soon as possible; constant access to a word processor as

soon as typing skills develop well enough to make typing easier than handwriting for the student; and a research program, with the student as primary investigator, to determine the best combination of writing implements and papers. Very small variations in implements (e.g., #2 vs. #2½ pencils, long pencils vs. stubs, or fiber tip vs. ball point, vs. roller point pens) and paper (e.g., glossy vs. matte, yellow vs. green vs. off-white vs. white, unlined vs. lined, and various widths of lines) and the combination of the two variables can make significant differences in the ease of the student's handwriting. Once the best combination of implement and paper has been determined, all teachers and parents should make sure the student always uses that combination.

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FOR STUDENTS WHO HAVE DIFFICULTY COMPLETING ASSIGNMENTS

It may be necessary sometimes to plan to have Namexx do a little less work more efficiently and with higher accuracy. Some tasks cannot be reduced because each part of the task has an independent purpose. Some tasks are already reduced to the absolute minimum necessary for useful practice. Some tasks, however, might profitably be shortened. For those tasks, it is important to agree on the reduction before the task is begun, so that the habit of completing tasks does not suffer.

Modifications

Social Studies

- Allow tests to be read to the student
- Tape reading material for the student
- Appoint someone to write the student's answers on tests
- Shorten the homework assignment
- Individualize instruction

Math

- Use graph paper to align problem for place value
- Break assignments into smaller segments (such as group 5 problems) at a time
- Use a window to isolate problems
- Give written examples to place in front of student to be referred to when working problems
- Group similar problems together
- Allow student to use computational aids such as counters, fact sheets, and calculators
- Reword story problems on child's independent reading level
- Underline key words in story problems to reinforce clues
- Let student illustrate story problems

Language Arts

- Reduce assignment so it does not overwhelm the student's attention span
- Use alternative reading books
- Use tape recorder with earphones for student to use when repetition of stories or class assignments needs to be listened to again
- Use large print books
- Recognize and give credit for student's oral participation in class
- Allow the use of a word processor for written assignments

- Increase time for assignments
- Computer programs for reading and spelling

Science

- Highlight the main ideas, topics, and supporting details for reading material
- Tape reading material for the student
- Examinations and quizzes should be presented orally by another student, teacher, or recorder
- Written assignments may be substituted by one of the following: current events journal, posters, collages, charts, models, drawings, or illustrations
- Give fewer or different types of questions, daily work, or tests

General

- Make arrangements for homework assignments, with clear concise directions, to reach home
- Mark student's correct and acceptable work, not his mistakes
- Allow student to copy or be given a copy of another student's class notes
- Provide a time-out or study area for student to use as a quiet place (not for disciplinary action)
- Establish a signal for refocusing the student's attention
- Utilize peer tutoring
- Accompany oral directions with written directions that the student can refer to on board or paper
- Avoid overcorrecting academic or behavioral performance
- Praise or reward the student in front of his classmates
- Repeat directions to the student, have him/her repeat them back to you and explain their meaning

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Interventions for Phonological Processing Deficits

Frost, J., & Emery, M. (1996). Academic interventions for children with dyslexia who have phonological core deficits. Teaching Exceptional Children, 28, 80-83.

1. Teach XXX similarities and differences between speech sounds and visual patterns across words. Have visual examples of sounds and patterns displayed.
2. Provide direct instruction in phonemic awareness and sound-symbol correspondences. Give explicit instruction in segmenting and blending speech sounds. Teach XXX to process progressively larger chunks of words.
3. Use techniques that make phonemes more concrete. For example, phonemes and syllables can be represented with blocks or cards where children can be taught how to add, omit, substitute, and rearrange phonemes in words.
4. Make the usefulness of metacognitive (how to think) skills explicit in reading. Have XXX practice these skills in various reading contexts.
5. Discuss the specific purposes and goals of each reading lesson. Teach XXX how reading skills should be applied.
6. Provide regular practice with reading materials that are contextually meaningful. Include many words that XXX can decode. Using books that contain many words XXX cannot decode may lead to frustration and guessing, which is counterproductive.
7. Teach for automaticity. As basic decoding skills are mastered, regularly expose XXX to decodable words so that these words become automatically accessible. As a core sight vocabulary is acquired, expose XXX to more irregular words to increase reading accuracy. Reading-while-listening and repeated reading are useful techniques for developing fluency.
8. Teach for comprehension. Try introducing conceptually important vocabulary prior to initial reading and have XXX retell the story and

answer questions regarding implicit and explicit content. Teach XXX main components of most stories (i.e., character, setting, etc.) and how to identify and use these components to help them remember the story.

9. Talk out loud strategies for decoding, comprehending, etc. Help XXX learn the questions he needs to ask himself to accurately decode, comprehend, etc.
10. Teach reading and spelling in conjunction. Teach XXX the relationship between spelling and reading and how to correctly spell the words he reads.
11. Provide positive explicit and corrective feedback. Reinforce attempts as well as successes. Direct instruction and teacher-student interactions should be emphasized.

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Strategies for Improved Communication

1. **Gain Attention**

Obtain the child's attention before giving instructions. This can be done by calling the child's name or by a gentle touch.

2. **Monitor Comprehension**

Periodically, ask the child questions related to the subject under discussion.

3. **Rephrase**

Restate what has been misunderstood rather than repeating the information. The speaker should consider reducing the complexity of the message as well as the vocabulary level.

4. **Use Brief Instructions**

5. **Pretutor**

Familiarize the child with new vocabulary and concepts to be covered in class. Parents can be particularly helpful in this activity.

6. **List Key Vocabulary**

Before dealing with new material, write key vocabulary on the chalkboard. The discussion should center around these words.

7. **Write Instructions**

Write assignments on the board. Another child can be assigned as a "buddy" to make sure the child is made aware of assignments made during the day.

8. **Visual Aids**

Jotting key words on the blackboard, or providing simple written/picture outlines may be useful in presenting information.

9. **Individual Help**

One-to-one teacher tutoring will help fill in the gaps in understanding.

10. Provide Breaks

Children with auditory processing problems will need frequent breaks. This child will expend more effort in paying attention and discriminating information than other children. Therefore, they must have a chance to relax. Once a child is fatigued, further instruction will lead to frustration on the part of both teacher and child.

Management of Auditory Processing Disorders

The following are recommended suggestions to improve Central Auditory Processing. Please keep in mind, not all suggestions will be appropriate for every child. Focus on the three to four items which you feel will maximize the child's performance.

Modifying the Listening Environment

1. **Classroom Acoustics**

Reduce reverberation within the room by adding room dividers, bookshelves, acoustic tiles, carpet, wall hangings, bulletin boards, etc.

2. **Classroom Placement**

A self-contained structured environment is preferable. An open, unstructured teaching environment should be avoided.

3. **Classroom Seating**

Preferential seating is recommended to maximize benefits from auditory and visual cues. Assigned seats should be away from the hall and street noise and not more than ten feet from the teacher.

4. **Quiet Study Area**



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A Look at TEACCH - An Intervention System for Autism

TEACCH, which stands for Treatment and Education of Autistic and Related Communication-Handicapped Children, is a statewide comprehensive intervention system that provides a variety of services to autistic individuals and their families across all age periods. Since 1972 the system has operated out of the department of psychiatry of the University of North Carolina, Chapel Hill, with state funding. It has an extensive training program for professionals and is also in use in other areas of the country as well as other parts of the world. Furthermore, Eric Schopler, the long-term (recently retired) director of the TEACCH system, has been a very influential figure in the autism field for many years.

The primary educational goal of TEACCH is to increase the student's level of skill. Recovery is not a term used in this system. While the Lovaas program is based on the premise that the child must overcome his autistic characteristics so as to adapt to the world around him, in TEACCH the child is provided with an environment designed to accommodate the characteristics of autistic children.

A TEACCH classroom makes use of many visual organizers or cues because visual processing is a strength of so many autistic children. Areas for special activities have clear boundaries. There are picture or picture-word schedules for individual children and for the class. Individual work systems are organized to maximize independent functioning and capitalize on the child's affinity for routines. Spontaneous functional communication is the language goal of TEACCH, and alternative modes of communication such as pictures, manual signs, and written words are used when speech is particularly difficult for the child. Such strategies neutralize or deemphasize deficits common in children with autism and minimize behavioral problems. While the TEACCH model uses individual instruction for some new skills, group instruction is a major format.

So, parents may ask, what's the bottom line? How effective is a TEACCH approach? This is not an easy question to answer. Unlike the Lovaas Young Autism Project, which served a small and select group of autistic children, TEACCH is open to all autistic children in the state of North Carolina and also serves students with communication problems who are not autistic. In addition, the TEACCH model is implemented in different settings such as mainstream classrooms and special classes. Over the years TEACCH has used a variety of measures to evaluate its effectiveness, including parent reports and rate of institutionalization. This latter measure was appropriate in the 1970s when the TEACCH model began; today, in the face of over fifteen years of deinstitutionalization, it is no longer a relevant outcome variable. Another outcome measure is parent satisfaction. A survey conducted by TEACCH in the late 1970's found that most parents were very satisfied with the services provided to their children and families. But the outcome measures that parents want to know about today are indices of children's performance. Given the long number of years that TEACCH has been in operation, the influence that this model has had in the area of treatment, and the major role that Eric Schopler played as a critic of the outcome data presented by Lovaas, it is surprising that TEACCH has not pursued comprehensive studies of child performance outcomes.

The data that are available on children served by TEACCH come largely from studies focused on stability of IQ (e.g., Lord and Schopler 1989a, 1989b) rather than on the effects of treatment per se. Based on these studies, Lord and Schopler report that substantial increases in IQ are common among children first evaluated at ages three or four, with the largest change found among children who were nonverbal and had IQ scores in the 30-50 range. These three-year-olds gained a mean of 22-24 points by age seven, while the four-year-olds gained an average of 15-19 points by age nine. However, most of these children still had IQ's in the range considered to indicate mental retardation (Lord and Schopler 1994, 102), and the increases found in IQ between earlier and later test results may reflect differences the tests themselves as well as changes in the children (1989a). Moreover, while a substantial number of children had increases of 20 points or more in IQ, decreases of this magnitude were found with equal or greater frequency among children first assessed after age 3.

When asked, at the 1995 conference of the Autism Society of America, how many autistic children treated in TEACCH recovered, Eric Schopler, its long-term director, replied: "We have had some children who have become dissociated with the label of autism and others who have gone on to college." This was not quite the kind of answer parents were looking for.

One major difference in overall strategy separating Lovaas-type programs and TEACCH is the different values assigned by these approaches to accommodating the child's autistic characteristics or waging an all-out war against them. This is not a one-time decision. Decision points on this issue continue to present themselves throughout the child's educational treatment.

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