Psych *perspectives*

Fall   **2004**

NASP LEGISLATIVE UPDATE
By
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IDEA Reauthorization

IDEA legislation remains stalled in Congress after coming about as far as legislation needs to go. Appointment of House and Senate Conference Committee members is all that is required to get action moving on final negotiations. But the November elections and partisan politics have slowed progress.

Some advocates, particularly parent groups, are pleased that the current bills may "die." Others, including NASP, believe it would be a shame to get this far and not complete the reauthorization this year. We cannot be sure that the successful bipartisan effort in the Senate would be replicated next Congress and would hate to lose some of the compromises made there.

While it is almost guaranteed that nothing will happen prior to November 2 there is a chance that a conference committee could be convened during a lame duck session in late fall. It all depends on how the elections go… and anything can happen.

NCLB Implementation

On June 17, Senator Edward Kennedy (MA) and Representative George Miller (CA), coauthors of the No Child Left Behind (NCLB) introduced the No Child Left Behind Fairness Act of 2004 (S. 2542/H.R. 4605). This bill allows schools to request a review of their Adequate Yearly Progress (AYP) determination for the 2002-2003 school year based on Department of Education (DOE) revisions of the regulations and guidelines. The Department has thus far denied requests that these rules be applied retroactively to schools which otherwise not have been put on the "failed to meet AYP" lists.

Several recently issued revisions provide schools with greater flexibility in calculating AYP for children with disabilities and children with limited English proficiency.

The bills sponsors believe that assessing a school's progress under the revised rules-thus ensuring that a school's progress is measured by the same criteria last year and this year-is critically important since successive years of failure to meet any of the AYP benchmarks results in harsher and more expensive sanctions and remedies.

For more information, *Education Week* has written further on recent NCLB issues. Just weeks before states release their lists of schools that have not met "adequate yearly progress" targets under the main federal K-12 law, many states are still negotiating with federal officials over changes to their accountability plans designed to reduce those numbers.

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FY 2005 Funding

Thus far, the annual spending bills for FY2005 have been taking the slow pace typical of an election year. Only the House Appropriations Committee has completed the Labor, HHS, Education spending bill. Senate action is pending.

Under the proposed House bill, education would receive a $2 billion increase over FY 04. Title I and IDEA would both receive $1 billion dollar increases. Representative Obey (D-W) offered a comprehension amendment to the bill that would have provided an additional $5.7 billion for education by trimming tax cuts for those with annual incomes of more than $1 million, but it was defeated on a party line vote.

Some of the programs the President proposed for elimination in his FY 05 budget were restored including Even Start ($246.9 million) and–thankfully-the Elementary and Secondary School Counseling Program (ESSCP), which was level funded at $33.8 million.

House Appropriators also signaled their support for federal spending on mental health by rejecting proposed cuts and adding millions of new federal dollars to support desperately needed transformation of the nation's public mental health system. The bill includes an overall increase of 2.2%, but mental health programs received a 3.1% increase. Still, given what we know about the need for services in schools and communities, we must continue to fight for a greater investment in mental health programs.

The expectation is now that members will return in September and pass what they can, with time and partisan politics hindering progress. It is likely that any appropriations bills passed by the House will be rolled into a comprehensive omnibus spending bill and sent to the Senate. As in years passed, this means anything goes in behind closed doors negotiations. Many predict that an omnibus will not go forward before targeted adjournment. Rather, there will be a Continuing Resolution (CR) to keep funding at FY '04 levels until after the elections. A lame duck session of Congress is now a near certainty.

Meanwhile, opponents of increased education funding have recently reported that billions of education dollars have been left unspent by the states. They use this argument in assuring the public that NCLB and IDEA have been adequately funded and additional federal resources are not needed. However, officials at DOE and Congressional leaders who have been exploiting this information know that states are allowed over two years to spend their federal education funds. States often use these funds to finance long-term projects, including test and curriculum development and professional development for teachers, principals and other staff. Often the costs for these types of expenses are not billed for months, or even years, after the services are purchased. As a result, the states have "unexpended balances" of federal education money because they cannot draw down funds until the bills come due.

This is actually the case for numerous federal agencies. 2003 End of Year Balances, Unobligated Funds (in billions) by Agency: Defense, 52.2; Transportation, 9.3; Agriculture, 8.2; Homeland Security, 7.7; Education, 4.9; Veterans Affairs, 4.3.

The Council of Chief State School Officers (CCSSO) has responded to Congress and DOE. Their letter states that, "The 'unexpended funds' issue is being used as a diversion from the real issues of how to help a much larger proportion of students achieve academic success. The $2.7 billion in unused funds represents less than one quarter of one percent of funds that were available to public schools during the same three-year time period… If states drew down all $2.7 billion today, it would still be earmarked for specific, congressionally mandated purposes and could not, in most cases, be used to implement the provisions of NCLB." Ψ

TREASURER'S REPORT
By
Debra Layne,
WVSPA Treasurer

Greetings fellow members and conference attendees! I would like to take a brief moment to let each of you know what a joy it has been for me to have had the opportunity to serve for the past four years as your treasurer. Not only did the position allow me to become more knowledgeable about our organization (e.g., mission/goals, structure), it also allowed me to interact with each of you on a more personal level. Both have been invaluable to me.

As I now serve you as President-Elect (Presidential Term -- July 1, 2005 to July 1, 2006), I say, "Thank you."

Thank you for your support and faith in my abilities to lead and be your voice for our organization. I will continue to work diligently for the future of WVSPA / each of us.

I leave each of you with a charge. I charge you to become an even more active member of WVSPA. This task may be accomplished, not only by serving as an officer, but by many other avenues as well. If you hold leadership interests, are willing to volunteer time or other resources (no matter how small the amount), possess a skill/area of expertise that you feel would interest others, or would just like to discuss some general information regarding how you may serve WVSPA ... please contact myself or another officer. As we all know, an organization is only as strong as its' members. I have learned, that in our case, that is "doggone" strong! Let's continue the tradition of WVSPA by having another GREAT year! Ψ

CHILDREN'S FUND AUCTION DALLAS

Another successful and entertaining auction was held at the 2004 NASP convention in Dallas. The evening was kept at a fast and fun pace by auctioneer, Alex Thomas, and the board of trustees was assisted by many volunteers who helped keep things moving smoothly.

For the tenth year, American Guidance Services (AGS) provided funding for the hospitality during the evening. AGS was presented with an award in recognition of the support they have provided for this event.

Each state association, many exhibitors and individuals donated items to be included in the auction and without the support of these entities; the Auction would not be the success that it has become. West Virginia's donations of a collection of handmade crafts were among the "hot" items for the evening.

The final total for the Auction was $16,000+ and funds from this fun evening will be used to provide monies for special projects, mini-grants and tiny grants. Additional information related to these funding sources can be obtained by going to the NASP website and following the Children's Fund link.

Thanks again to all who continue to support the NASP Children's Fund Auction and we will see you in Atlanta in '05! Ψ

DISCREPANCIES, DICTATORS, BABIES AND BATHWATER
BY
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President

Since early 2001 there has been a flurry of activity centering around the perennial conundrum: "What are learning disabilities and what do we do about them?" In May of that year, the Progressive Policy Institute and the Thomas B. Fordham Foundation published *Rethinking Special Education for a New Century* (Flinn, Rotherman & Hokanson, 2001). Later that summer OSEP sponsored a Learning Disability Summit in Washington, D.C. that yielded several white papers addressing issues ranging from historical perspectives, to discrepancies, to alternative responses to intervention. These white papers have subsequently been used as the foundation for an 800-page volume that includes expanded versions of the white papers and responses to each of the main chapters (Bradley, Danielson & Hallahan, 2002). The summer of 2002 saw the release of *A New Era: Revitalizing Special Education for Children and their Families*, the report from the President's Commission on Excellence in Special Education, and *Specific Learning Disabilities: Finding Common Ground*, the report of the ten organizations (NASP included) participating in the Learning Disabilities Roundtable. A number of recurring themes that bear directly on how we train future school psychologists appear across these documents.

One issue that received considerable ink in all of theses documents and that certainly has the potential to affect the way we train future psychologists is the validity and viability of IQ-Achievement discrepancies in the identification of students with learning disabilities. Each of the sources cited above contain forceful criticisms of relying on or even including discrepancies in identification. Lyon et al. (2001) argued that dependence on discrepancies fosters a "wait to fail" practice that precludes early intervention, despite the fact that intervention efforts targeted at young children are more likely to be successful, they also concluded that discrepancies place an emphasis

on eligibility and not instruction. Fletcher et al, (2001) argues that recent literature calls into question the notion that discrepant and nondiscrepant poor readers can be reliably differentiated by or that their academic needs are different. Sternberg and Grigorenko (2002) offered a laundry list of reasons why discrepancies should be abandoned: IQs are confounded with verbal and even reading skills; differences scores mean different things at different points along the IQ spectrum; difference scores are unreliable; identification processes very widely from locale to locale; difference scores divert focus from multiple types of reading disability.

The jury, however, is not unanimous in passing the death sentence on discrepancies. Kavale (2001) and Scruggs and Mastropieri (2002) caution against doing way with IQ-achievement discrepancy as a marker of LD. Kavale (2001) argued that learning disabilities can, indeed, be differentiated from underachievement and other conditions and that discrepancy is a major factor in demonstrating those differences. Scruggs and Mastropieri concluded from their examination of alternatives to discrepancy analysis that none of them "has been demonstrated to provided results superior to present procedures" (p. 165) and contended that major problems associated with LD identification can be eliminated by "increasing the specificity of state criteria and strict adherence to identification criteria on the local implementation level" (p. 155).

Another recurring theme throughout the various documents is a preference for using resistance to intervention, particularly "scientifically based interventions", as a marker of learning disabilities. Consensus on what these interventions should be and how to document resistance however appeared more difficult to achieve. For example, Torgesen (2001) described a two-tiered approach for eligibility in which young children are deemed eligible for special education preventive instruction on the basis of performance on measures of predictors of academic achievement. The formal label of learning disabled would be reserved for those older students who failed to make adequate progress despite the preventive interventions. Gresham (2001) described three alternative response-to-intervention models: a predictor criterion model conceptually similar to Torgesen's; a dual-discrepancy model requiring a student to perform below the level of peers and to learn at a rate below that of peers; and a behavior analytic model by which functional reasons for underachievement are evaluated.

As I read these various reports and articles I was reminded of a voice from several years ago. In the late 1980's I attended the convention of the Indiana Association of School Psychologists. The keynote speaker, Cecil Reynolds, gave a talk with a title along the lines of "Present Practice, Future Malpractice" in which he spoken of the importance of keeping up with professional practices because over time views of what constitutes best practice change. What was once viewed as acceptable, or even best, practice may come to be viewed as inappropriate malpractice. As school psychologists and trainers we are faced (along with other interested parties) with determining if discrepancy analysis continues to be acceptable practice, or if it has crossed the line into the territory of malpractice. Do we continue to teach our students about this practice, or do we put our training eggs in the basket of some other model?

Concerns about discrepancies are not new (e.g., Stanovich, 1986; Aaron, 1997), but the inclusion of these criticisms in documents from an OSEP sponsored summit and a presidential commission may carry weight with legislators and regulators who ultimately decide what learning disabilities are in the schools. Or not. The current discussion has reminded me of another voice from the past (maybe this is just a case of early dementia with older memories more intact than more recent ones). Cathy Telzrow (1990) authored a chapter about learning disabilities identification in Best Practices II (the last time, by the way, that such a chapter has appeared in BP). She began that chapter by describing learning disabilities as a "political entity" and reminding the reader that, in large part, learning disabilities "validation is established by politically determined criteria" (p. 608) ranging from the halls of Congress to the meeting rooms in local schools where decisions are made about individual children. Sternberg and Grigoremko (2002) also addressed this issue and reminded us that certain "vested interests" benefit from the present system and may oppose any changes Presidential commissions, OSEP summits, and roundtables of professional organizations are but part of the political process of determining how learning disabilities will be identified in America's public schools. By the time all the interested parties weigh in (as was the celebrated case with Mark Twain) the notification of the death of discrepancies may prove to be premature.

Scruggs and Mastropieri (2002) likened the demise of discrepancies to throwing the baby out with the bath water. Given the times in which I write, I find a better analogy to be with Saddam Hussein (bear with me, please). Saddam does not have very many defenders. In fact, many people think that he must go. Despite grave concerns about the Iraq dictator, a great deal of uncertainly exists about what will come next. Can a bad situation be made worse?

Discrepancies, too, have few vocal advocates. But, if we do away with discrepancies, can we put into place a system that will be an improvement? Resistance to scientifically based interventions has been touted as a new diagnostic marker. Although much has been learned about interventions for academic problems other than reading. Even if we do identify effective interventions, can we ensure that they will be employed with integrity? The Roundtable suggested that eligibility decisions be based on "informed clinical judgment." What can we do to make certain that clinical judgment is truly "informed"?

If a shift away from a discrepancy-based to a resistance-to-intervention model is realized, training programs will need to prepare students to work in this environment. Many programs have already moved in this direction. Programs that are NASP-approved and those that attempt to adhere to NASP standards should be well positioned to deal with changes that may come our way. NASP's emphasis on data-based decision making, accountability, consultation, and effective instruction are all in line with the types of changes being discussed. Students will need to be well grounded in curriculum based measurement, functional assessment consultation (both individual and systemic), and behavioral and academic interventions. School psychologists, both trainers and practitioners, also have an important role to play in identifying scientifically-based interventions and in assisting other educators in their implementation.

If adopted, a shift away from the discrepancy model has the potential to radically reconfigure the role of the school psychologist. Regardless of our individual feelings about the relative validity of various methods of LD identification, we trainers would be wise to bear in mind the conclusion of Fagan and Wise (2000) that as a result of our training, we hope that each graduate is not only employable but also will work as a change agent in expanding the role of the school psychologist" (p. 156).

Some school psychologists may be among the vested interests alluded to by Sternberg and Grigorenko (2002). To these individuals proposed changes may be a threat. On the other hand, to those psychologists and programs who are moving in new directions, these changes can be an opportunity. The Roundtable discussed at length the need for continuing education if a new model of LD identification is adopted. Although many current school psychologists will need to be trained in alternate methods, other school psychologists have been at the forefront of advocacy for change. These individuals will have an important role to play in conducting the research necessary to make a successful change and in providing continuing education for, not only other school psychologists, but other educational professionals involved in delivering services to children with learning disabilities. Not to stretch the Saddam Hussein analogy too far, but some have argued that a post-Saddam Iraq will require the type of massive intervention associated with the Marshall Plan in post-World War II Europe. Likewise, a shift away from discrepancies will not be the end. To truly guarantee that an improved system results, some sort of "LD Marshall Plan" may be necessary. Individual psychologists, training programs, and professional organizations will all have a role through research, training, and advocacy in ensuring that children are better served by what comes next. We, as a profession, believe that we have much to offer to a new approach, but many educators may not agree. All must advocate for our profession and demonstrate to our professional peers that we have valuable skills and knowledge. School psychology has played a major role in identifying problems with current practices. The real test will be what we contribute to the solution. Ψ

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The Anti-Depressant Classroom: What Teachers Can Do
By
John MacDonald

Depression is one of the most common disorders among students.

How Do We Recognize Depression? There are many different types of depression, but the most common is a chronic type called dysthymic disorder, which used to be called "neurotic" or mild depression. The symptoms of dysthymia include: sad mood, poor appetite or overeating, sleeping too little or too much, low energy or fatigue, low self-esteem, difficulty making decisions, and feelings of hopelessness. Only two of these symptoms need be present for a diagnosis to be made, and the symptoms have to have been ongoing for at least one year (two years in adults). In the general US school population, estimates are that 10% to 15% meet diagnostic criteria for dysthymia at any one time, and 20% to 30% will meet diagnostic criteria at some point in their lives. The prevalence in the US special education population at any one point in time has been found to be 30% to 50%. Other types of depression, such as major depression and bipolar disorder, are rarer, but differ from dysthymia primarily in the degree of severity of symptoms. You should consider the possibility of depression in any student who looks sad, is isolated from peers, makes self-deprecating comments ("I probably will mess this up"), seems preoccupied, or seems tired. The most important indicators I use are a lack of playfulness and/ or self-deprecating comments or an over concern with the adequacy of their performance.

The Nature of Depression: Depression has multiple causes, and multiple effects. There are biological causes including genetics, biochemistry, and certain medical conditions; cognitive causes through learning depressive ways of thinking; and social causes through the stressors a person may experience and in ways other people interact with them. The effects of depression are nearly always biological (low energy, effects on the immune system), cognitive (worry, hopelessness, fear), emotional (feelings of sadness), and social (withdrawal, lack of interest in pleasant activities). Changes in one of these systems (e.g., cognitive) can affect other systems (e.g., emotional, biological, social). It is a mistake to think of the biological system as static or unchanging, and a mistake to think that if there is a biological predisposition, it is impossible to influence the effects of depression.

Why the Classroom is Important: Student counseling, family intervention, and medication are often important components of any package to help students with depression, but they are inadequate for the job alone. The cognitive effects of depression are the most debilitating for school achievement, and are actually the most dangerous because they may put the person at risk for suicide. The thoughts that people with depression experience aren't random; they have a specific form. About 30 years ago, Aaron Beck presented evidence that three thoughts are very common, so common he called them the "cognitive triad of depression": a) "I am an incompetent person"; b) "the world is a dangerous or unhelpful place"; and c) "the future is hopeless". These beliefs are very strong, and resistant to contradiction. Often the person withdraws from situations that could disprove these beliefs, but even when they experience contradictory evidence, they often discount the evidence. Passing a test might be a matter of "good luck" rather than actually being skilled and knowledgeable enough to pass it. Helpful people might be thought to be helping for ulterior motives rather than really being helpful. Because others' intentions are often misread, people with depression tend not to reciprocate kindnesses, or may respond with suspicion. This tends to make them more socially isolated, as others avoid them. They may already be socially isolated, because depression tends to reduce a person's interest in pleasurable activities. I think depressed children and adolescents are particularly prone to avoiding situations where they don't feel competent. Many of these students don't know how to play specific games competently, especially team or social games. They often do respond very well to sensitive coaching.

The classroom is where much of the "cognitive triad" comes to a head. Student's competence is often being evaluated, intentionally when they are tested, but also incidentally as they compare themselves to other students. It could be argued that classrooms (as well as the school cafeteria, hallways, etc.) are the most social settings these students encounter on a regular basis, and where they learn the nature of the world as safe or threatening.

It's also where hope becomes reality: much of a student's future depends on their educational attainments. The classroom is much more prevalent and pervasive than any weekly counseling session could ever be. The classroom is also what students perceive as the "real world" of other children/adolescents. But counseling, even group counseling, is not perceived as the "real world".

Below, I've prepared a list of Do's and Don'ts that may help educators better address the needs of students at-risk for or currently experiencing depression. These suggestions primarily focus on how to enhance activities in which educators already engage, not on the creation of additional activities. It is acknowledged that some of these may be more possible to achieve in some classes than in others. The Anti-Depressant Classroom: What Teachers Can Do By: John MacDonald "It could be argued that classrooms (as well as the school cafeteria, hallways, etc.) are the most social settings these students encounter on a regular basis, and where they learn the nature of the world as safe or threatening . . ." Ψ

Do…	Don't…
Make task-referent comments/questions: "What's the first step in solving this problem?" "That's a good answer"	Make self-or student-referent comments/questions: "Why don't you have that done?" "You must be very smart"
Give feedback about tasks they have completed successfully or not successfully, and feedback about behavior you have observed. Place your greatest attention on successful performance. (This may be as simple as grading on the basis of points they have earned.)	Give feedback about assumed traits. Place more attention on errors/mistakes than on successful
Make student progress as visible to them as possible.	Fail to let students know how they are progressing.
Normalize beginning incompetence (everyone was a beginner at everything once; emphasize that being unable to do a task is a temporary condition, changed by knowledge.)	Make statements/comments that indicate a student "should be able" to do a task when they are putting effort in and are not being successful.
Provide coaching for a student if they are having difficulty being successful at a task. If this is not possible by the instructor, have a knowledgeable peer help the student. Try to arrange "errorless learning" – or at least situations where students end with a successful experience.	Move on from a task that the student has not yet mastered.
Encourage peers helping each other; they may need coaching themselves in doing this effectively.	Encourage competition between individuals.
Get to know your students to the extent you can; converse with them during non-task times.	Avoid conversation with students outside of classroom tasks.
Describe the future in hopeful terms. Describe the next lesson, unit, or year as more exciting than the one they had.	Describe the future in fearful terms, such as saying things like "If you think fourth grade is hard, just wait 'til you get to…
Be realistic, but optimistic about the future. Describe challenges that will face them, but communicate your confidence that they will meet those challenges in stride ("Next year in 6th grade, the classes will move a lot faster, and you'll have to get more done in a shorter time. But you'll be ready for it because you know how to do it.")	Describe the future unrealistically – you won't be convincing.
Talk with your students about careers that might be related to class topics, and describe realistically what might make that career interesting (guest speakers can be helpful).	Avoid talking about careers or the distant future.
Encourage your students to participate in activities you think they are likely to enjoy (reminding them, if the Refer students who you believe may be depressed to a school psychologist, school counselor, or school nurse.	Ignore isolated, quiet students.

SELF-MUTILATION: AN EPIDEMIC ON THE RISE
BY
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(School Psychology in Virginia, Spring 2003)

Several psychologists have coined self-mutilation as the "new Anorexia", affecting thousands of teens in America. Although the prevalence of self-inflicted violence is difficult to determine exactly, it has been estimated that approximately 960,000 to 1.89 million individuals in the United States engage in these behaviors. In spite of this emerging phenomenon, self-injury remains a taboo subject, a behavior that is considered grotesque or outlandish and is highly stigmatized by medical professionals and the lay public alike (Favazza, 1998).

Defining Self-Harm

Favazza and Rosenthal (1993) identify pathological self-mutilation as the deliberate alteration or destruction of body tissue without conscious suicidal intent. A common example of self-mutilating behavior is cutting the skin with a knife or razor until pain is felt or blood has been drawn. This behavior, which has been popularized through the media, is commonly referred to as "cutting". Although cutting is the most "popular" form of self-injurious behavior, burning, self-hitting, interference with wound healing, hair pulling and bone breaking are also types of self-harming behaviors.

Society accepts some forms of self-harm as normal. Examples of culturally approved behaviors include ear piercing, eyebrow plucking and small tattoos. Because these behaviors are considered beauty enhancing and socially accepted, they are not characterized as pathological or destructive. The majority of people who obtain these tolerate the pain for the purpose of attaining a finished product such as piercing or a tattoo.

Self-injurious behavior can be divided into two dimensions: dissociative and non-dissociative. Many dissociative cutters are not aware that they have harmed themselves until they notice the blood running from the wound. If a student has been identified as a dissociative cutter, ask him/her if he/she is feeling numbness in other areas of his/her life. In the case of nondissociative cutting, numbness is not the goal; instead feeling pain is. It can be argued that the nondissociative cutter is marginally healthier than the dissociative cutter.

Stanley et al. (2001) report that approximately 55%-88% of self-mutilators have made at least one attempt at suicide. However, it is important to recognize that self-harm is not a failed suicide attempt. The majority of people who harm themselves are doing so to keep themselves alive. Although suicide and self-mutilation appear to possess the same intended goal of pain relief, their desired outcomes are not similar. Those who cut or injure themselves seek to escape from intense affect or achieve some level of focus. For most members of this population, the sight of blood and intensity of pain from a superficial wound accomplish the desired effect, dissociation or management of effect. Following the act of cutting, these individuals usually report feeling better (Levenkron, 1998). Death is the intent for those who seek to commit suicide. With these individuals, feelings of depression and despair predominate.

Characteristics of individuals who self-harm/self-mutilating behavior has been studied in a variety of racial, chronological, ethnic, gender and socioeconomic populations. However, the phenomenon appear most commonly associated with middle to upper class adolescent girls or young women (Simpson, 2003). The research shows that there are a fair number of self-mutilators who come from a background of physical and/or sexual abuse or from a home with at least one alcoholic parent. Many teens who self-mutilate want to keep their secret. For example, these teens will not usually participate in activities that require changing clothes at school--or will change in secret when no one is around.

Why do they hurt themselves?

The reasons why someone self-injures are numerous and can vary for each occurrence.

Some of the reasons are:
- To release anger, pain, stress, fear or anxiety
- To gain control. The teen may feel out of control regarding their life, and practice these behaviors in an attempt to regain that control.
- To use physical pain to ward off emotional pain.
- To inflict pain on oneself as a substitute

for anger toward another and possibly the unconscious desire to inflict pain on that person.

- To escape from emptiness, depression and feelings of unreality
- To provide relief. When intense feelings build, self-injuries are overwhelmed and unable to cope. By causing pain, they reduce the level of emotional and physiological arousal to a bearable one.
- To escape numbness. Many of those who self-injure say they do it in order to feel something to know that they're still alive.
- To ground in reality, as a way of dealing with feelings of depersonalization and dissociation
- To prevent suicide
- To communicate a need for support

Treatment Approaches

Treatment for self-mutilating students takes a number of different approaches and strategies. The following list addresses the "Do's and Don'ts" of working with this population.

Do:
- Assess the lethality of the wound. If necessary, refer the student to the school nurse or send the student to the hospital. Unfortunately, there is no clear-cut ethical standard for dealing with issues of self-harm. How we choose to treat this issue will be based on your perception of the risk-benefit ratio.
- Conduct a suicide risk assessment. Although the two behaviors are distinct it is important to determine what was the intent of the injury.
- Attempt to understand why the child is partaking in these behaviors.
- Each time you meet with the student, ask whether or not there are any new injuries. Then, ask him/her to reveal to you the wound. With each new cut, ask him/her to verbalize the feelings before, during and after the act. Routine discussions of injuries and discussing what to do about them increases trust, begins to integrate the student's sense of relationship to another person and replaces self-mutilation with attachment. The goal of this process is to have the self-mutilator relinquish his/her privacy and isolation for something more

attractive—the connection to another person.
- Push the student to clarify the reason behind every self-harming behavior until the act itself becomes unnecessary.
- Help the student to find words to express his/her pain. ("If you wounds could speak, what would they say about you?")
- Show that you see and care about the person in pain behind the self-injury.
- Make it clear that self-injury is okay to talk about and that it can be understood.
- Make a list of people he/she can use as a support. Many of these students have difficulties forming and maintaining relationships. Thus, the professional working with this student has to model what an appropriate/trusting relationship may look like.
- Make statements that demonstrate your understanding of the self-harmer's feelings ("I see you're having a bad time again. Do you want to talk about it?" versus "Don't you see how crazy this is? I don't know what we are going to do with you.")
- Make contact and utilize a chain of helpers, professional and nonprofessional; psychotherapists, family counselors, physicians, nurses, parents, siblings and close friends. (However, use caution with this because particular family members/close friends could be part of the problem.) This means that confidentiality is more diffused among those individuals who will be involved in helping the self-mutilator. However, it does not mean that the content of the therapy sessions go beyond those clinically participating in treatment.
- Find alternatives/additional coping behaviors the student can utilize in place of their self-harming behaviors.
- Break down the barriers; merely knowing that someone is a self-mutilator is not enough. You need to build a developmental history that will tell you, diagnostically, of any underlying personality, mood, anxiety, or neurological disorders that could affect the outcome of treatment, as well as determining the intensity of that treatment.

Don't:

- Don't scold/admonish the student for cutting.
- Don't make the student stop his/her actions. The self-harming behaviors are coping strategies and if forced to stop he/she is likely to replace this behavior with another, possibly more serious form of self-harm.
- Don's let your own feelings about the child's behavior get in the way. Students are good at reading our expressions and body language and can easily sense our disgust or fear. The helper must be comfortable talking casually with the child about their wounds.
- Don't miss/cancel/show up late for appointments. Your task is to model an appropriate attachment with the student and he/she is counting on you to be consistent.

Conclusion

Self-mutilation is prevalent and increasing within the adolescent population in the United States. As a school psychologist, it is probable that you will encounter a self-mutilator at your school, if you haven't already. Thus, it is imperative that all mental health professionals come to a greater understanding and acceptance of this phenomenon to insure that those who practice the behavior continue to receive effective care. Ψ

AMERICAN ACADEMY OF SCHOOL PSYCHOLOGY RESPONSE TO REPORT OF THE PRESIDENT'S COMMISSION ON EXCELLENCE IN SPECIAL EDUCATION

The American Academy of School Psychology (AASP) consists of all holders of the Diplomate in School Psychology awarded by the American Board of Professional Psychology (ABPP). The AASP maintains a charge to promote the highest professional standards in school psychology. In so doing, the AASP strives to represent a balanced voice based on the views of very experienced professionals who are broadly trained to blend scientific evidence with clinical experience in school psychology practice.

The AASP is greatly concerned about certain aspects of The Report of the President's Commission on Excellence in Special Education (hereafter called the President's Commission Report or the Report)

that propose drastic changes to the Individuals with Disabilities Education Act (IDEA). This position paper represents the views of the majority (92%) of members of AASP and its ad hoc committee on this issue. We seek to clarify these concerns and offer our recommendation about needed changes in IDEA.

The President's Commission Report recommends that the special education identification process should be drastically changed, particularly in the area of learning disabilities. Although we agree with the Report's emphasis on early intervention to prevent academic failure, we are concerned with the Report's focus on the shortcomings of an IQ or composite score in identifying the core processes that cause learning problems. The Report's perspective on this matter appears to reflect the thinking of only one constituency in a long, ongoing debate about the nature, diagnosis, education and treatment of students with learning disabilities.

We assert that there is definitive evidence that children with bona fide learning disabilities, as currently understood by most neurologists, psychologists and researchers, have problems with typical academic learning. These problems may be biologically based and affect, in widely-varying degrees and patterns, the ability to process, remember, and produce information. Further, the diagnosis of disability and development of interventions in this area is complex and is dependent on the scientific knowledge and practical experience of skilled practitioners. For example, children with learning disabilities may have concomitant psycho-educational problems such as Attention-Deficit Hyperactivity Disorder, behavior management needs, and/or low self-esteem.

We contend that appropriately trained and knowledgeable school psychologists, often as part of a multidisciplinary team, are needed to assess children, adolescents, and young adults with potential learning disorders in order to determine the presence, nature, and severity of a disability. Specific knowledge gained from the assessment provides a scientific basis for recommended treatment and intervention plans. Assessment is a complex process that requires multiple sources of information, including standardized, norm-referenced tests, interviews, observations curriculum-based assessments, and informed clinical judgement. Because of this, we believe that some of the delimiting statements in the Report will be damaging to the effective utilization of a comprehensive approach to the identification and education of individuals with

learning disabilities.

Use Norm-Referenced Tests Appropriately in Learning Disabilities Assessment and Programming

The AASP believes that psycho-educational assessment, using psychometrically sound norm-referenced instruments, is an important part of school interventions. These are tests that have been nationally standardized on large numbers of individuals to derive a measurement tool that is dependable and accurate. Reliable and valid psychometric instruments provide documentation of both ability and disability, assist in identifying needed services and interventions, and provide the necessary benchmarks for yearly monitoring of academic performance. As part of a comprehensive assessment, reliable and valid tests are necessary for an objective understanding of the core psychological processes that influence learning. This is known as cognitive assessment.

Cognitive assessment provides useful information about an individual's capabilities including, but not limited to, an overall measure of general intellectual ability. Rather than testing solely to obtain an IQ score, cognitive assessments should more appropriately be used to identify the core processes or functions causing an academic problem that are amenable to intervention or that require educational accommodations. In addition, cognitive assessments provide the link between identification of special education needs and intervention plans. Students' strengths and weaknesses in cognitive abilities are used to design specific academic interventions. Strengths and weaknesses in different cognitive processes are linked to identification and treatment of specific learning disabilities, including memory storage and retrieval, auditory processing speed, attention, abstract reasoning, and language development. Finally, cognitive tests are useful for early identification of information processing weaknesses (such as a delay in auditory processing or phonological awareness) that can lead to academic failure if left untreated.

Although not all referral concerns require norm-referenced assessment as a precondition of intervention plans or instructional modifications, in order to qualify for special education services, students should be evaluated on an individual basis and objectively assessed for the presence and severity of intra-individual differences in cognitive abilities, language capabilities, behavior, and areas of academic achievement. Additionally, a comprehensive evaluation should include multiple sources of information, including standardized, norm-referenced tests, interviews, observations, curriculum-based assessments, and informed clinical judgement. However, the core of a comprehensive evaluation is an accurate, norm-referenced assessment of student strengths and weaknesses in a variety of cognitive processes.

Eliminate the Mandated Discrepancy Formula but Not Comprehensive Assessment

Many Fellows of the AASP are senior school psychologists who share an historical perspective on the Education of all Handicapped Children Act (EAHCA, now IDEA). In 1975, when the EAHCA was first enacted, many states reported problems with establishing objective criteria for identifying a learning disability. With the goal of establishing objective criteria for identifying children for services, the criterion of a discrepancy between intellectual ability and achievement was suggested in an effort to help make a distinction between children with learning disabilities and those with other academic problems. From the onset, however, the concept of an ability/achievement discrepancy was controversial. The criterion has resulted in much dissatisfaction, particularly as it is interpreted in various state statutes and implemented by local education agency practices. Today, conceptualizations of the presence and nature of specific learning disabilities are changing. The concept of an ability/achievement discrepancy has outlive its usefulness and should no longer be used as a necessary condition for provision of special services.

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Broaden Rather Than Delimit the Tools and Techniques Available To Diagnose Learning Disabilities

Based on the language suggested in the IDEA, many state regulations required that determination of a learning disability to be dependent on a specific degree of discrepancy between a child's intellectual ability and achievement. In many states and local education agencies, this created a litmus test for identification of a learning disability. In some local education agency practices, the presence of a defined ability/achievement discrepancy was used as the sole, determining criteria for services provision. As a consequence, these local education agencies have been using a single score to drive eligibility decisions (An ability/achievement comparison between any two tests results in a single discrepancy score). In contract, IDEA [300.541 (a) (3)] requires that a *variety of sources* must be considered in making eligibility decisions. Thus, the sole use of a discrepancy score, despite claims that it represents results from two tests, violates the requirement that eligibility must not be based on a single test or procedure.

Consequently, the AASP recommends that the criterion of an ability/achievement discrepancy should not be viewed as essential to qualify a student for services. Many students with neurologically based learning disorders do not exhibit an ability/achievement discrepancy. A learning disability can affect intelligence test performance as well as achievement test performance. Scores on both ability and performance measures may be lowered by the disability to the extent that there is not a severe discrepancy between the two. Granted, however, an ability/achievement discrepancy can sometimes be used to document a type of intra-individual variability that may have educational implications. Alternatively, other evidence of intra-individual variability in cognitive processing and academic achievement, such as evidence of specific processing deficits that contribute to lower ability and achievement scores, should be acceptable evidence toward documenting the presence of a learning disability.

As experienced school psychologists, we believe the development of effective interventions is dependent on a variety of approaches. Therefore we are always looking to broaden our perspectives rather than to be bound by legislative mandates, which may reflect only one particular methodology or interpretation of research. We caution that any single, mandated method for assessing and diagnosing learning disabilities that excludes reliance on reliable and valid assessments will be inadequate. Although alternative identification procedures have been proposed (and we do not rule out their use to compliment other procedures), none has achieved general acceptance in education or professional psychology. None of the proposed alternatives meet the criterion of technical adequacy. Any alternative procedure that does not include an emphasis on technically sound assessment will necessarily produce untoward variability in service delivery due to reliability, validity, and administration problems. The alternative procedures may be more likely to deny services to students with specific learning disabilities while granting services to students who do not show evidence of special educational needs. Ultimately, less reliance on comprehensive, norm-referenced assessment procedures will lead to less specificity in regard to the nature of the learning problem and, consequently, greater inequities in service delivery.

Recommendation

The AASP recommends that the current IDEA regulations remain essentially unchanged. Most current disability classification categories in the IDEA are well supported by psychological diagnostic criteria. Further, we support the use of norm-referenced cognitive assessments and complementary alternative measures for determining special education program eligibility and program planning. We also support the use of norm-referenced assessments of academic achievement and complementary alternative measures to provide the necessary benchmarks for yearly performance monitoring, as suggested in the Report. We recommend that the ability/achievement discrepancy formula should be eliminated as a mandate. Language should be included in the reauthorized legislation that discourages the use of an ability/achievement discrepancy formula as the sole or determining measure of the presence of learning disabilities. To wit:

The American Academy of School Psychology recommends that the current IDEA regulations be reauthorized with some amendments. In particular, we recommend that the current regulations on criteria for determining eligibility for students with specific learning disabilities [300.540.541,542] should be amended to discourage the use of an ability-achievement discrepancy formula as a sole or determining measure of the presence of learning disabilities. Ψ

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To: