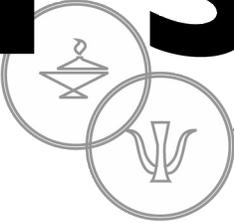


Psych

perspectives



A Publication of the West Virginia School Psychologists Association

Spring

2007

President's Letter

By
Tanya Cook

Hello! I hope this note finds all of you well and looking forward to our next conference! Well I can hope! Spring break is over and we are ready for the long haul until the school year ends. Just think soon it will be summer and the students will be on break with or without us!

This past year has been eventful – The state department has added more RTI project schools, Policy 2419 has been revised to reflect IDEA 2004, NASP lost its reigning president Carl DiMartino, Daylight Saving Time started earlier, Late frosts have hurt plants, Virginia Tech's tragic losses of staff and students and many other changes have occurred. Today Global Economy and 21st Century Skills have become our guiding "buzz" words.

The overall atmosphere is CHANGE! Our perception of any change determines whether it becomes an opportunity or an obstacle. Changes are evident at the school, local, state and national level. Our State Department has spent many hours attempting to determine what our classrooms and schools should look like as 21st century learning communities. Leadership Team Conferences are focused on concepts of RTI, Positive Behavior Supports, Student Led Conferences, Classroom Assessment For Learning, 21st Century Classroom Technology, Data Driven Decision Making Processes, Highly Qualified Teachers and many other

concepts attempting to make our W.V. students ready to be competitive in a global economy.

Are we as School Psychologists ready to provide the type of information and support necessary for our W.V. students in their preparation to meet the needs of the 21st century? Have we continued to update our skills and make the necessary revisions to our daily practices? Our reports need to continue to reflect individual student strengths and weaknesses but will this be enough? I would like to suggest that it is not! We need to be as well versed in the concepts that have been mentioned along with others that will be coming along. We need to be able to make recommendations for tier two and three interventions that are based on student strengths and weaknesses as well as research-based practices and able to be supported within the school setting. We need to continue to advocate for mental health services for troubled students and become well versed in risk assessments to attempt to prevent school tragedies

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while making students as “healthy” as possible. We need to continue to recommend to schools the need for students to feel connected to people within the school they attend. Am I preaching to the choir? Maybe but on the other hand all of us tend to get absorbed into our own personal lives from time to time and need to be reminded that our jobs are just as important as our private lives because of the people whose lives we affect. Students – our leaders of our future. Can we afford to sit by quietly and let the days, months and years pass us by waiting for policy changes, RTI or NCLB to be left behind, financial security, retirement or administrative changes that will make our lives better? I don’t think so! Our students need our skills and voices to advocate for them now so that they may continue to thrive in the school system and become ready to compete in the world that lies before them. As we continue to move forward I challenge each of you to take all changes and turn them into opportunities. Allow the change to inspire you to rise to the occasion and show the school system you work for just how valuable your services are to them and the students they serve. “Making a Difference” should be our motto!

The NASP conference in New York City touched upon many topics relevant to the current trends in education. As a result of attending this year’s conference Beverly Winter and I completed the TOT for the PREPaRE Program through NASP.

Your Executive Board members have attempted to keep the website updated as regularly as possible to keep you informed. Please visit your website as often as possible at www.wvspa.org to see what has changed. Your contributions are welcomed any time. Remember that the WVSPA is your organization and your service and input are valued and needed. The Executive Board members have worked diligently to set up the Spring

**Change of address notices
and articles
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Psych Perspectives
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cszasz@mac.com**

Conference and we hope that the agenda fits your needs. The conference will be held at Embassy Suites in Charleston W.V. on May 17, 18 and 19. Hope to see all of you then!

One final note on a personal level, I have enjoyed the opportunity to serve some of West Virginia’s best as President of the WVSPA this past year and am looking forward to continuing to work to serve you as your past president during the 2007-08 year. I also appreciate the dedication and service of those who serve on the Executive Board. Thanks for all you do to make School Psychology in W.V. what it is today! Ψ

CORRECTION!

The gentleman identified in the photo with Kathy Shoven in the fall issue was not Kathy’s husband! He is Harold L. “Chuck” Hatfield, Putnam County Schools Superintendent. Ψ

You Need A Program To Know Who The Publisher Is!

**By
Charles Szasz**

In sports, players frequently changed teams, which makes it necessary to check a program to see who is on a team. Apparently this is also true for psychological tests publishers. If you haven’t heard, several test publishers have new ownership.

Most everyone knows that American Guidance Services was acquired by Pearson Assessments last year. On May 3, Pearson purchased Harcourt! So Harcourt and AGS are now under the same umbrella of Pearson Assessments.

To make things ever more interesting, Riverside Publishing, the publisher of the Stanford-Binet and Woodcock-Johnson, was purchased by Charles Merrill, which was then bought by Houghton Mifflin. Houghton Mifflin was later acquired by Riverdeep, an Irish publishing company! So, what does this mean for the school psychology community? We will have to wait and see what impact, if any, has on the publication of psychological tests. Ψ

Remembering NASP President, Carl DiMartino, Ph.D., NCSP

By Susan Gorin, CAS, NASP Executive Director

**(Intervention, Arizona Association of School Psychologists,
AASP Newsletter, Volume XXXV, Number 5, April 2007)**



Our NASP President Carl J. DiMartino, Ph.D., NCSP died suddenly February 22, 2007, of an apparent heart attack. Carl was highly respected by his colleagues and loved by his family and friends. He was a valued member of NASP, Pennsylvania, and broader school psychology communities. His leadership over 15 years has contributed to the Association's strong commitment to being responsive to changing demands within the profession and to meeting the needs of the whole child.

Carl was deeply committed to advancing best practice and ensuring that all school psychologists have access to, and participate in, quality professional development throughout their careers. He worked to enhance school based mental health services and was an early and vocal advocate for culturally competent practice. He believed in the ability and responsibility of every school psychologist to be an advocate for the evidence-based services necessary to make a significant and lasting difference in children's lives.

Carl served the profession in many capacities. In addition to being NASP Treasurer, Convention Chair, Nominations and Elections Chair, and Pennsylvania state delegate. He was also a Past President of the Association of School Psychologists of Pennsylvania. Most recently, Carl was profiled in *U.S. News and World Report's* coverage of the top professions in the United States.

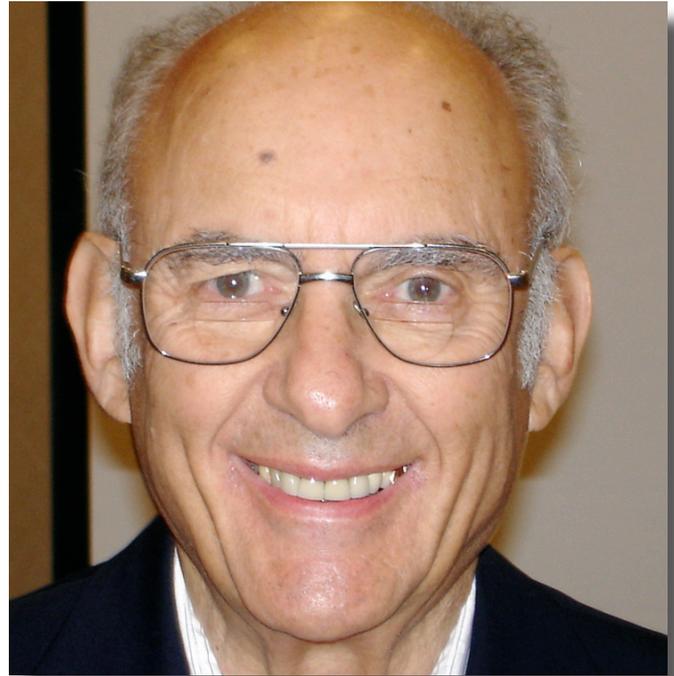
Carl was on leave from his position as consultant with the Pennsylvania Training and Technical Assistance Network to serve as NASP 2006-2007 President. He was 63 years old. Ψ



2006 WVSPA Fall Conference
Paparazzi



**Tanya Cook, WVSPA President,
presenting plaque to Debra Layne,
outgoing WVSPA President.**



**Jerry Sattler
WVSPA Keynote Speaker**

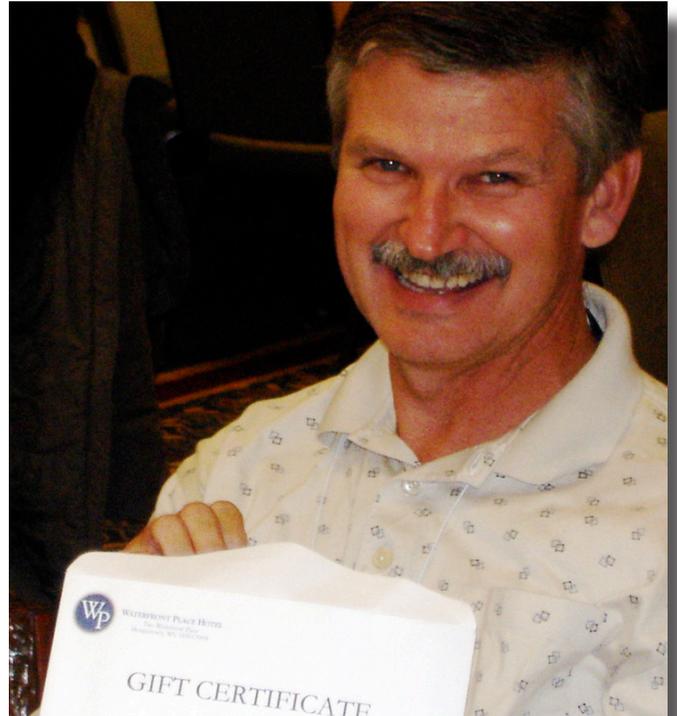


**Tanya, Anglie Sullivan, and Debra working at
the registration desk.**

*2006 WVSPA Fall Conference
Paparazzi*



Tanya addressing the troops.



Bob Childers is a winner!



Debra Rolston is also a winner!



Review of Progress Monitoring Tools

Updated March 2005

The National Center on Student Progress Monitoring does not endorse or recommend the tools included in the chart. The Center provides this information to assist educators and practitioners in making informed decisions about scientifically based tools that best meet their individual needs.

Tools	Area	Foundational Psychometric Standards		Progress Monitoring Standards				
		Reliability	Validity	Alternate Forms	Sensitive to Student Improvement	AYP Benchmarks	Improving Student Learning or Teacher Planning	Rates of Improvement Specified
AIMSweb	Maze	●	●	●	●	●	●	●
	Reading	●	●	●	●	●	●	●
	★ Test of Early Numeracy	●	●	●	○	●	○	●
	Early Literacy	●	●	●	●	●	●	●
	Spelling	●	●	●	●	●	●	●
Dynamic Indicators of Basic Early Literacy Skills (DIBELS)	Initial Sound Fluency	●	●	●	●	●	○	●
	Word Use Fluency	●	●	●	○	○	○	○
	Retell Fluency	●	●	●	○	○	○	○
	★ Oral Reading Fluency	●	●	●	●	●	●	●
	Phonemic Segmentation Fluency	●	●	●	●	●	●	●
EdCheckup	Maze	●	●	○	●	●	●	●
	Reading	●	●	●	●	●	●	●
Monitoring Basic Skills Progress (MBSP)	Reading	●	●	●	●	●	●	●
	Math	●	●	●	●	●	●	●
Yearly Progress Pro	Reading	●	●	●	●	●	●	●
	Math	●	●	●	●	●	●	●
STAR	Early Literacy	●	●	●	●	○	●	○
	Reading	●	●	●	●	○	○	●
	★ Math	●	●	●	●	●	●	●
Test of Word Reading Efficiency (TOWRE)	Sight Word Reading Efficiency	●	●	●	○	○	○	○
	Phonemic Decoding Efficiency	●	●	●	○	○	○	○
Test of Silent Word Reading Fluency (TOSWRF)	Reading	●	●	●	○	○	○	○

Key: ● The tool demonstrates sufficient evidence that meets the basic standard.
 ○ The tool did not demonstrate sufficient evidence that meets the basic standard.
 ★ The star indicates new information from the 2005 review.

From the website www.studentprogress.org

The Office of Special Education Programs (OSEP) has funded the National Center on Student Progress Monitoring.

Presenting Assessment Results At An IEP Meeting

*By Judy Pollick School Psychology Program Loyola Marymount
University,*

(Reprinted from California's CASP Today, Summer 2006)

Do you have a format that you like for presenting your assessment results at an IEP? As one of my professional goals, I decided to try to come up with a different way of presenting my assessment findings. When I think back over my career as a school psychologist, my presentation style has evolved as I have become more experienced. When I first became a school psychologist, I followed my written report very closely, and in retrospect, I think that I gave too it much information, in probably too technical a way. I then changed to highlighting specific information in my report and even to writing down key points on a separate sheet of paper. I have also charted my results under different cognitive abilities to create a profile for each child, but think that at times even this is too complicated for many parents.

There is a lot of literature emphasizing the importance of recognizing and emphasizing a child's strengths. A few years ago, I read Mel Levine's book, *Educational Care*. In this book he stressed the importance of "demystifying" a child's learning differences with the student following an assessment. He highlighted five steps: Introduction, Discussion of Strengths, Discussion of Weaknesses, Induction of Optimism, and Alliance Formation. I have used his model with different students and have found it to be a helpful intervention.

I set out to devise a visual format relating to strengths and challenges (or weaknesses) for presenting results in IEP'S, that allowed me, at least initially, to describe a child's strengths, and then subsequently to focus on the child's struggles, challenges, and areas of relative weakness that might be the targets of interventions. The format that I created is in Table 1. I have now used this model for a complete year, in different settings – at various elementary schools and even at a middle school with excellent feedback from teachers, principals, and most importantly, from parents.

I created a page with two circles, divided into four parts. There is a header and footer for the page with the child's name typed in, his/her date of birth, age when assessed, and the date of the IEP meeting. The first circle is headed: "Relative Strengths" or just "Strengths" and I find four areas from my results that talk to the child's strengths. Usually, but not always, these are not hard to find. I often include at least one social/emotional or learning style strength. In the second circle, I again have a pie chart divided into four and here I write in four areas of relative weakness. I have headed this second circle in different ways "Relative Weaknesses," "Challenges," or "Areas to work on." Whatever the heading, it is clear that these are key areas of concern from my assessment. I try to use descriptors for each section of each circle that are reasonably comprehensible. For example, I assessed a second grade student, "John," whose strengths were mostly in nonverbal skills and whose areas of concern were in phonological awareness, short-term auditory memory and language-based skills. Table I illustrates what I wrote for him.

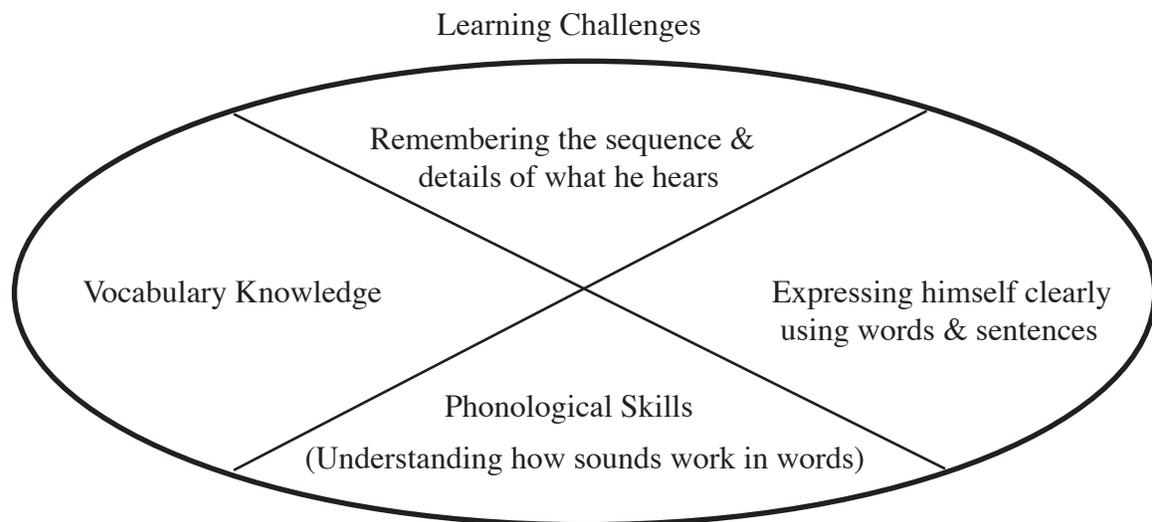
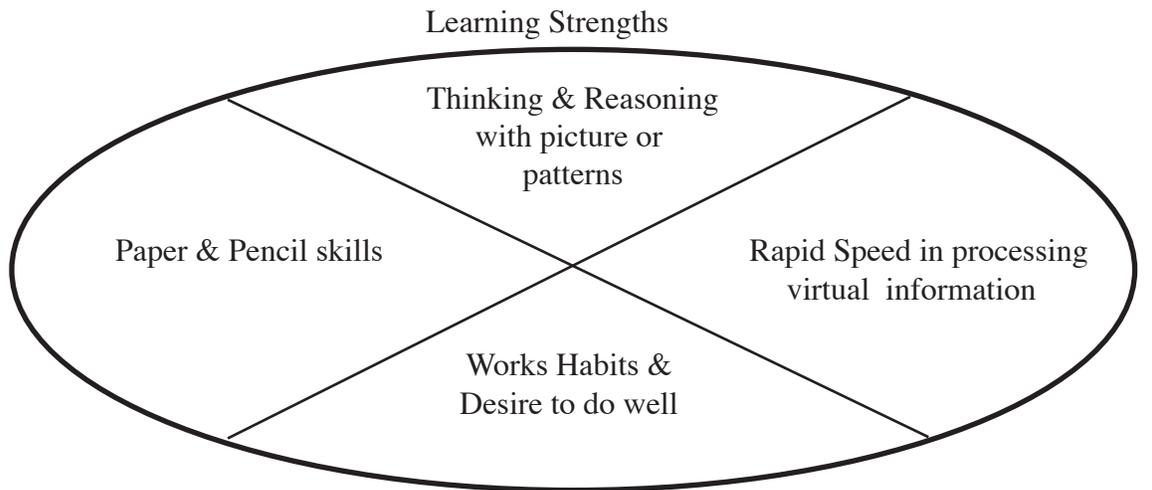
When asked to present my findings, I may start off by reviewing how I collected the information from my assessment and may talk about key background information and/or information drawn from my classroom or playground observations, or interviews with parents or teachers. I follow this by distributing a copy of my "visual" to everyone present I will then describe and elaborate on the child's strengths and then the areas of concern. I try to cross-validate each area with data from teacher or parent reports, interviews, observations, etc. I explain each area, how it might impact academic skills, and will often provide more information about how the student is functioning in those areas vis-à-vis his/her peers. I chose four descriptors for each circle as this seemed to be a manageable number and allows me to highlight the significant, critical information about each student. I have

been told that IEP participants like this format because there is not an “information overload,” that it is visual and personalized and because it has a positive focus. Clearly I may not be able to get all the areas of need or strengths within the circles and sometimes I will add additional information to the side of the circles. For example, I was discussing with a student what he thought he was good at, and he made a list of five things. I added several of these to the side of the circle, as well as including one of his ideas within the main circle of strengths.

Table 1

John

Date of Birth: m/d/year Age: 7 years, 11 months



I have also found that this format helps trigger lively discussions about planning and tailoring interventions. Questions arise such as, “How can we use the student’s strengths?” and “What strategies might we use to strengthen or support his/her weaknesses?” Or, “What might be tweaked within the classroom or home setting to make this youngster more successful?” Teachers and parents often become very engaged in the discussion, and many will write all over their papers. I have also used the “circle” format to “demystify,” assessment results with individual students. A fellow psychologist has also adopted this circles approach and has received positive feedback from meeting participants. Recently, a principal at one of my schools used the circle format to present strengths and concerns to parents regarding their child at an informal meeting.

In summary, this format provides a way to represent assessment findings in a relatively simple, clear, balanced and user friendly manner. Feel free to try it! Ψ

Threat Assessment In Schools

A Presentation By The U.S. Secret Service

Summary by Mary Arredondo, Ph.D.

(Intervention, Arizona Association of School Psychologists, Volume XXXV, Number 4, February 2007)

This very interesting NASP 2006 presentation by Georgeann C. Rooney and Tara Conway was sponsored by the National Threat Assessment Center, U.S. Secret Service. In 1999 a collaborative project was initiated between the U.S. Department of Education and Drug-Free Schools Program and the U.S. Secret Service's National Threat Assessment Center to help prevent school shootings in America. This research initiative was called the Safe School Initiative, which culminated in producing two manuscripts, which are available to you at no cost. The first document is called The Final Report and Findings of the Safe School Initiative: Implications for the Prevention of School Attacks in the United States. The second document is entitled Threat Assessment in Schools: A Guide to Managing Threatening Situations and to Creating Safe School Climates. You may use these documents for training, reprint them or copy them with appropriate reference. To request a copy, e-mail your request to: edpubs@inet.ed.gov or ntac@secretsservice.gov.

The Secret Service has the job of protecting the President and other important public officials. They spend a great deal of their time investigating potential threats to those individuals in their charge. When the Secret Service ventured into the Safe School Initiative, they investigated the potential risks to schools in the same way that they go about investigating potential assassination attempts on the President. That is, they analyzed the 37 school shooting events since 1974, where the attacker intentionally targeted the school and orchestrated an assault with lethal means. This research involved a total of 41 attackers, with the most devastating attack being Columbine High School in April 1999. Through extensive interviewing of families and the attackers themselves, the investigators examined the behaviors and planning process prior to the attack.

The findings of the Safe School Initiative indicate that there is hope in reducing the number of future school-based attacks through focusing on two areas:

- (1) developing the capacity to pick up on and evaluate available or knowable information that might indicate there is a risk of a targeted school attack; and
- (2) employing the results of these risk evaluations or "threat assessments" in developing strategies to prevent potential school attacks from occurring.

Support for these suggestions is found in 10 key findings of the Safe School Initiative:

- (1) Incidents of targeted violence at school rarely were sudden, impulsive acts.
- (2) Prior to most incidents, other people knew about the attacker's idea or plan.
- (3) Most attackers did not threaten their targets directly prior to the attack.
- (4) There is no accurate or useful "profile" of students who engaged in targeted school violence.
- (5) Most attackers engaged in some behavior prior to the incident that caused others concern or indicated a need for help.
- (6) Most attackers had difficulty coping with significant losses or personal failures. Moreover, many had considered or attempted suicide.
- (7) Many attackers felt bullied, persecuted, or injured by others prior to the attack.
- (8) Most attackers had access to and had used weapons prior to the attack.
- (9) In many cases, other students were involved in some capacity.
- (10) Despite prompt law enforcement responses, most shooting incidents were stopped by means other than law enforcement intervention.

It was also pointed out that the chances of a school-based attack occurring is actually very low. Although profiling attackers based on “traits” or characteristics, such as being a “loner,” is not an effective strategy for prevention, it is interesting that 100% of the school-targeted attackers studied were male. Eighty-one percent carried out the incident alone; three-quarters of the attackers were white, with two-thirds of them coming from two-parent homes. It is somewhat surprising that the largest group were doing well in school at the time of the attack (41% getting A’s and B’s), with 41% also being considered mainstream-type students, who socialized with other mainstream students. Only five of the attackers were considered to have no close friends. Three-quarters of the attackers felt bullied or persecuted----with these descriptions often being to the point of torment. Two-thirds of the attackers had no criminal record and were rarely in trouble in school for their behavior. However, two-thirds of the attackers also obtained guns from their own home or that of a relative!

A very high percentage of the attackers had some history of suicidal attempts or thoughts (78%). A very high percentage (98%) had also experienced or perceived some major loss prior to the attack, such as the loss of a girl friend. For most attackers, their behavior suggested difficulty in coping with loss and also very poor problem-solving skills. Only one-third, however, had ever received a mental health evaluation and less than one-fifth had been diagnosed with a mental health or behavior disorder prior to the attack.

Very sadly, in over three-quarters of the incidents, at least one person had information that the attacker was thinking about or planning the school attack (81%); and, in two-thirds of the incidents, more than one person had information about the attack. In several cases, other friends were actually daring or egging on the attacker. Although adults, such as teachers or counselors, indicated they had been concerned about the student’s behavior prior to the attack, very few adults were told about the planned attack by either the attacker or their friends. Also, although some plans seem to take as long as a year to come to fruition, some are enacted within hours or a day of planning. These incidents generally take place very quickly, most being over within 5-15 minutes. Therefore, the message is that school administrators should not wait until after receiving information about a potential attack and that law enforcement involvement generally tends to be too late to be effective.

Implications for Preventing School-Based Attacks.

There is a difference between an “inquiry” and a full “investigation” of a possible school attack. An inquiry refers to the initial response of a potential threatening situation in a school. The inquiry is handled by a multidisciplinary team at the school level. Following this inquiry, where further information is gathered, the team makes a decision regarding the posed threat to the school. Should they consider the threat be serious, the school administrator will contact their local law enforcement agency and they will conduct an “investigation.” From this point on, school officials are generally not in charge of the proceedings. However, collaboration between local law enforcement and school personnel will be essential.

Acting quickly generally starts with interviewing the student possibly posing a threat to school safety. Instead of profiling students by traits, the “threat assessment” approach is actually an involved functional assessment, looking carefully at the student’s current behavior, the setting, the current status of the student’s emotional status and recent circumstances in the student’s life. Key areas of question include:

1. What are the student’s motive(s) and goals?
2. Have there been any communications suggesting ideas or intent to attack?
3. Has the subject shown inappropriate interest in any of the following?
 - school attacks or attackers
 - weapons
 - incidents of mass violence
4. Has the student engaged in attack-related behaviors?
 - developing an attack idea or plan
 - making efforts to acquire or practice with weapons - asking, or checking out, possible sites and areas for attack

- rehearsing attacks or ambushes.

5. Does the student have the capacity to carry out an act of violence?
6. Is the student experiencing hopelessness, desperation, or despair?
7. Does the student have a trusting relationship with at least one responsible adult?
8. Does the student see violence as an acceptable, or desirable, or the only way to solve problems?
9. Is the student's conversation and "story" consistent with his/her actions?
10. Are other people concerned about the student's potential for violence?
11. What circumstances might affect the likelihood of an attack?

*Factors in the student's life or environment

Safe School Climate

The threat assessment process should be looked upon as one component of an overall strategy to prevent school violence. The threat assessment process by itself is unlikely to have a lasting effect on the problem of targeted school violence unless that process includes strategies to ensure schools offer their students safe and secure learning environments. The principal objective of school violence-reduction strategies should be to create cultures and climates of safety, respect, and emotional support within educational institutions. School safety and climate assessments should also be conducted periodically, with data-driven decisions made to suggest areas of needed intervention. The major components and tasks for creating a safe school climate include:

- Assessment of the school's emotional climate;
- Emphasis on the importance of listening in schools;
- Involvement of all members of the school community in planning, creating and sustaining a school culture of safety and respect;
- Development of trusting relationships between each student and at least one adult at school; and
- Creation of mechanisms for developing and sustaining safe school climates.

Intervention Strategies When School Safety Is Threatened

1. Move quickly to conduct an inquiry and/or investigation.
2. Other students, such as close friends of the potential attacker, can be very helpful in prevention efforts. Students need to be encouraged to report information. Work should be done to break down the barriers of communication between students and the adults on a school campus.
3. Since most attackers never directly threaten their target, inquiry should not wait for a threat to be made. There is a difference between making a threat and posing a threat.
4. Profiling students by "type" is ineffective. Attention should be given, rather, to a student's current behavior and communications.
5. Learn to pick up on signals of concern with students, both directly and indirectly. This is quite tricky, implying that at least one adult needs to know a student quite well. Often, the attacker seemed to demonstrate some sense of resolve once a plan was constructed and appeared to even be somewhat "better" shortly before the attack.
6. Continue efforts on all levels to gain appropriate social and mental health services for students and refer them generously to available services and resources. Work with systems to make services more available to students--somehow!!
7. Make every effort to eliminate bullying.
8. Since most of the shooters obtained guns from home, schools and law enforcement officials need to collaborate on policies and procedures for responding when a student is thought to have a firearm in school. Policies for collaborating very quickly, in terms of FERPA regulations, sharing of records, search and seizure responsibilities, etc., should all be established and communicated well in advance of an episode.
9. We need to know students well enough to know what role friends or peers may play in influencing the potential attacker's thinking about and preparations for an attack.
10. The short duration of most episodes mandates clear emergency procedures for schools, including protocols

and procedures for responding to and managing threats and other behaviors of concern from students.

This presentation included video taped interviews of imprisoned school shooters. It was somewhat surprising how very sad and remorseful these young men were, having committed such horrible acts at such a young age. They seemed to lack both social and coping skills and were easily led by their friends. Many had reached out to adults to help them but they had run out of other ideas to end their personal pain.

It is strongly suggested that school and law enforcement personnel offer training to school threat assessment teams. Training includes such topics as what information to gather, how to gather and evaluate information, and how to intervene in cases where the information collected suggests a student may be planning or preparing for a school-based attack. The Secret Service does offer training. For further information, you may e-mail them at: www.threatassessmentseminars.org. Ψ

Can Slow Learners Have School Success In the Era of High Stakes Testing?

Written by Steven R. Shaw

*(New York School Psychologist, Volume XXXIV,
No. 3)*

Nearly all school psychologists have had the experience of assessing a student for possible inclusion into special education services, yet the test scores do not quite meet eligibility criteria. Often intelligence test scores are too high for consideration as a child with mental retardation or too low for there to be a significant discrepancy between intelligence test scores and academic achievement test scores. After fudging of numbers and addressing the pleading of the referring teacher, frequently the student is still not eligible for special education services. This student has fallen into the crevasse between regular education and special education. This student is not eligible for much academic assistance, yet does not have the requisite skills to pass high stakes testing and receive passing grades (MacMillan, Gresham, Bocian, & Lambros, 1998). The hope is always that the student will mature, receive the benefits of an especially strong teacher, and will begin to catch up. The fear is that the student will continue to fall further behind, will drag down mean class test scores, will become a behavior problem, and will eventually drop out of school.



Based on seven years of studying a cohort of 142 students with intelligence test scores between 70 and 85, there is reason for hope, reason for fear, and strong evidence that education and school psychology can do better. Nearly all students in this cohort were given the label of “DNQ” (i.e., does not qualify for special education) and sent back to the general education environment, the scene of multiple failures with no formal support.

Reason for Fear

After following these students for seven years, the outcomes were decidedly negative. Twenty-three participants have now reached age 16 — nineteen have dropped out (82%). Only two of seventeen students (12%) have passed secondary level algebra, a requirement for high school graduation. Of the fourteen girls over the age of 12 — ten have been pregnant (71%). Of the twenty-six boys over the age of 14 — ten are now incarcerated (38%). Of the 106 students who took the state high stakes achievement test, seven met minimal basic standards, and 99 failed to meet standards (i.e., “below basic”).

Reason for Hope

The reason for hope is that several students (N = 7) were resilient to the forces of low intelligence test scores and succeeded academically through strong family and teacher support, community support, disciplined work habits, and persistence. In addition, many students responded extremely well to specialized tutoring programs. Academic skills improved dramatically with as little as two additional hours of instruction per week. A major problem and focus of current research is that many students improved dra-

matically during the tutoring sessions, but failed to generalize their newfound skills to classroom and test performance. Borderline intelligence does not mean a guaranteed failure, but is a risk factor to be overcome (Shaw, & Gouwens, 2002). New research in our lab is focusing on applying factors recognized to be important in resilience for other risk factors (e.g., poverty, abuse, minority group status) and applying these factors to children with borderline intelligence.

Doing Better

All classes, curricular materials, and programs that proved to be most successful followed a four prong model to adapt and/or evaluate instruction. The four prongs are: alter curriculum and instruction techniques to make them as concrete and relevant as possible (i.e., “see it, hear it, touch it, do it” is the mantra); program skill transfer and generalization into every activity; increase academic engaged time; and have strong prevention of disciplinary programs in place (Shaw, Williams, & McKnight, manuscript under review). These four steps were identified because they are appropriate for general and special education, can be applied without specialized training, do not disrupt heterogeneous ability classrooms, and are consistent with findings concerning the primary weaknesses of children with borderline intelligence in the classroom (Shaw, Grimes, & Bulman, 2005).

The reason for fear is that the emphasis on high stakes testing tightens the vice between minimal support and persistently rising test score expectations. In track and field events, when the bar is raised that necessarily means that more people will fail to clear that bar. The fear is that no one will be there to pick up those who fail. This is also a population that accounts for disproportionate numbers of persons who are incarcerated, unemployed, underemployed, mentally ill, drug and alcohol addicted, unwed teen parents, and perpetrators of violent crime. Persons with borderline intelligence may be the most ignored high-risk population in society. Failing to provide appropriate support guarantees that a high percentage of students with borderline intelligence will realize our fears and fall to the margins of society.

This is a population larger than all of the students in all special education categories combined. Yet, there are no established literature, curriculum guides, funded educational programs, or other formal assistance for this population (Shaw, 1999). Rather than ignoring this population, school psychologists would be well served by making children with borderline intelligence an

emphasized component of their clinical practice and research. Ψ

Testimonial: BASCIing in the Son (of the BASC)

**By Henry E. Davis, M.Ed., NCSP,
Contributing Editor
School Psychology in Illinois**

With a strong parent as a model, the offspring of the BASC, the BASC-2, has gotten off to a great head start. Authors Cecil Reynolds and Randy Kamphaus have engendered a solid revision of the original 1992 BASC, which does not deviate significantly from its predecessor. In the words of Reynolds (and others), “If it ain’t broke, don’t fix it,” although results of the research on the original over the past decade have been incorporated into the revision. It’s lucky for school psychologists that Reynolds, who was drafted out of high school to play baseball for the New York Mets, was injured and had to “settle” for a less physically demanding career. Following their undergraduate work, Reynolds and Kamphaus would go on to become graduate students together at the University of Georgia, under the mentorship of AGS icon, Dr. Alan Kaufman. Those familiar with the BASC, which had excellent clinical utility, will not find transition to the second edition to be difficult.

While all the key features of the original have been retained the BASC-2 offers several improvements. For example, reliabilities are improved and new scales have been added such as Functional Communication, without increasing form length. In fact, now the teacher form for children (TRS-C) is shorter. Another new feature is the addition of Content Scales (available only with BASC-2 Assist Plus software), which are designed to identify potential problem areas that may warrant further exploration (e.g. Anger Control and Executive Functioning). The age range has been expanded to 21 (for students still in H.S.) and 18-25 for students in post-secondary institutions. Scales are consistent across sex and age levels, but also across teacher and parent scales, for easy comparison. With the standardization sample

being matched to the 2001 Current Population Survey in the United States, the revision has succeeded in bringing this popular test up to 21st century standards.

Description of the BASC-2

The BASC-2 is a comprehensive set of rating scales offering a multidimensional, multi-method approach to acquiring information regarding behavior, personality, and development. Scales include: Teacher Rating Scales (TRS), Parent Rating Scales (PRS), Self-Report of Personality (SRP), Student Observation System (SOS), and Structured Developmental History (SDH). Thus, this method of triangulation employs three perspectives: self, teacher, and parent. The Student Observation System is designed to record both adaptive and maladaptive classroom behavior from preschool through high school. This system of observation may be used electronically on a laptop or Palm Pilot, using the Portable Observation Program (POP). BASC-2 forms generally take 10-20 minutes to complete, with self-reports taking about 30 minutes. T-scores (mean of 50, SD of 10) and percentiles are derived for a general population and clinical populations. The standardization sample is large, with more than 13,000 subjects being utilized. Computer scoring and handscoring versions are available. Some of the forms have a Spanish counterpart. Like the BASC, a 4-point scale is utilized, with choices being Almost Always, Often, Sometimes, and Never. Each scale has a "lie index," or other index scores to look at consistency of responses, denial of one's problems, a desire to "fake bad," or an attempt to paint a socially desirable picture." Questionable scores in these indices suggest that the obtained results must be interpreted with caution. For parents who have difficulty reading the form, a CD is available in Spanish and English, so the parents can hear the items in a more neutral manner, than if someone had read the items to them. In general, the psychologist should not read the items to an individual, as this may distort the results.

What the scales measures

Most Parent and Teacher forms include the following clinical areas: Hyperactivity, Aggression, Conduct Problems, Anxiety, Depression, Somatization, Attention Problems, Learning Problems, Atypicality, and Withdrawal. Adaptive scales are: Adaptability,

Social Skills, Leadership, Study Skills, and Functional Communication. Unlike the Atypicality scale of the BASC, which was so weak statistically it was not interpretable, this new Atypicality scale is stronger, and can be viewed as a "Psychotic" or "Autism/Asperger" scale. The self-report scales are similar, but more have a more interpersonal or intrapersonal orientation.

Reliability and validity

Reliabilities are very good, generally in the .80's and .90's. The results of validity studies are good. Correlations with similar instruments are generally in the .50's to .70's. The glaring exception is the high correlations with the original BASC, mostly in the .90's. Thus, research studies on the BASC may be easily generalizable to the BASC-2. An abundance of data on reliability and validity is available in the Manual.

Interpretation

When interpreting the results of the BASC-2, you must first determine that the validity index scores are all at acceptable levels. If there is inconsistency or exaggerated reporting, the school psychologist cannot interpret the results, unless the validity scale results can be explained away with other data (e.g. what appears to be inconsistency is actually a product of the way in which a parent or teacher interpreted certain questions). The next step is to determine if the obtained T-scores are clinically significant (70 and above), or at risk (60-69). Adaptive scales are determined to be clinically significant at the opposite extremes (30 and below) and at risk is 31-40. Clinically significant, and at risk areas can support eligibility for special education (e. g. emotional disability).

The BASC-2 ASSIST software, which is offered by AGS with unlimited use, can be utilized for basic scoring and report writing, but also for multi-rater comparisons. The BASC-2 ASSIST PLUS compares results to DSM-IV criteria, groups results into Content Scales, and determines Target Behaviors, which can be very helpful in developing IEP's and Behavior Plans.

Clinical practice has shown the BASC-2 to be a very useful tool for school psychologists in an educational setting. Reynolds, Kamphaus, and the publisher AGS, have taken the original BASC, with its strong theoretical model and research base, and made it stronger. Standardization has been enhanced, reliabilities have been improved, new scales have been added, and



the software yields more information than the previous version. The biggest weakness of this instrument is that found in the use of any rating scale. Items may be interpreted by raters in idiosyncratic ways, savvy teachers can skew the results by overly negative response sets (while bypassing the “lie” scale), and other difficulties inherent in the use of rating scales. It appears that Reynolds and Kamphaus have swung for the fences with the BASC-2, and have hit a home run. Ψ

DSM-IV-TR Diagnosis and the Special Education Process

By Larry C. Hughes, Fresno City College

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The Individuals with Disabilities Education Act (IDEA, 1999, 2006) was reviewed to determine what role DSM-IV-TR diagnoses and special education disability designation play in the special education process. DSM-IV-TR diagnoses, even those specifically cited in IDEA, were found not to be determinative in the special education process. Even a child's special education disability designation as determined by the Individualized Education Program (IEP) team was not intended to determine a child's placement or services. Instead, such determinations are to be made by the IEP team based on the IEP and individualized needs of the child, not on the basis of the label assigned to the child's difficulties.

In depth evaluation of a child's problem(s) is often an essential part of the process of determining how it should be approached. Such an evaluation may not lead to a DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders Fourth Edition Text Revision, 2000) diagnosis. However, based on a reading of the Individuals with Disabilities Education Act, (IDEA, 1999), it is clear that DSM-IV-TR diagnosis are not meant to be determinative in the special education process. The presence or absence of a DSM-IV-TR diagnosis does not determine if a child is eligible for special education services, the special education disability category, the child's placement, or the services provided.

There are some DSM-IV-TR diagnosis listed in IDEA; however, even those listed conditions are not determinative in the special education process. For example, ADHD appears on the list of conditions that “could” (IDEA, 1999, p. 12407) render a child eligible under the Other Health Impaired (OHI) disability designation. However, “All children with ADD/ ADHD clearly are not eligible... just as all children who have one of the other conditions listed are not necessarily eligible,” (p. 12543). Furthermore, even those ADHD children who do qualify may not be best qualified under OHI. That is, even though ADHD is specifically listed under OHI, “some children with ADD/ADHD may be eligible under other categories, such as emotional disturbance or specific learning disability if they meet the criteria under those categories” (p. 12543). Regardless of any DSM-IV-TR diagnosis, the child still has to meet the criteria under one of the 13 IDEA disability categories.

“No child is eligible for services under the act merely because the child is identified as being in a particular eligibility category. Children identified as ADD/ADHD are no different, and are eligible for services only if they meet the criteria of one of the disability categories in Part B, and because of their impairment need special education and related services” (p. 12543).

A child may have a DSM-IV-TR diagnosis but no special education disability. Another child may have a special education disability but no DSM-IV-TR diagnosis. Most children have neither, while others have both. However, even for those who have both a DSM-IV-TR diagnosis and a special education disability. these may not match. For example, a child might be identified as a child with PDD NOS (Pervasive Developmental Disorder Not Otherwise Specified) from a DSM-IV-TR perspective, while from a special education perspective his “disability” might be “Speech or Language Impairment.” A child with a DSM-IV-TR diagnosis of PDD NOS or Asperger's Disorder or even Autistic Disorder may not qualify, as a child with “Autism” under IDEA and/or as a child

with “Autistic-Like Behaviors” under the California Special Education Regulations (Special Education Division, California Department of Education, 1998, p. A-14). Not only, is the process of making a DSM-IV-TR diagnosis different from the process of making a special education disability determination, but the definitions found in the DSM-IV-TR, IDEA, and the California Special Education Regulations, are all slightly different. So while DSM-IV-TR diagnosis may be helpful, they are not meant to be determinative in the special education process.

No aspect of a child’s IEP (Individualized Education Program) should be determined by his DSM-IV-TR diagnosis, or lack of it, or even by his special education disability designation. The special education disability, as determined by the IEP team, makes a child eligible for special education services, after which his program is individualized. “In all cases placement decisions must be individually determined on the basis of each child’s abilities and needs, and not solely on factors such as category of disability. Rather each student’s IEP forms the basis for the placement” (IDEA, 1999, p. 12471). After the child’s special education disability designation (not the DSM-IV-TR diagnosis) is determined, “The services and placement needed by each child with a disability to receive FAPE must be based on the child’s unique needs and not on the child’s disability” (IDEA, 1999, p. 12437). This perspective has been affirmed and restated in subsequent IDEA rules and regulations. For example, federal IDEA regulations from 2006 state, “Special Education and related services are based on the identified needs of the child and not on the disability category in which the child is classified” (p. 46549). So, as consistently stated in IDEA, over time, even a child’s special education disability designation as determined by an IEP team does not determine services or placements.

In summary, according to IDEA, DSM-IV-TR diagnoses are not meant to determine a child’s eligibility for special education, the special education disability designation, the child’s “placement” or “services.” Even the child’s special education disability designation as determined by the IEP team does not determine the child’s “placement” or “services.” Instead, such determinations are to be made by the IEP team based on the “unique” and “individualized needs” of the child. Ψ

Knowing What to Do the Easy Part - Doing it is the Challenge:

Science is Easier than Art

Written by Alex Thomas

(Pennsylvania Newsletter, *InSight*)

Although my 18 years as a practitioner are well behind me, the visceral feeling of waking every morning (with either gusto if I were spending the day at School X or dread if I were spending the day at School Y) is still with me. I would start with thoughts about activities for that day, what I knew about them, what I didn’t know about them, and what new challenges would flummox me. Early on, I realized that my limited training ill prepared me to work as a school psychologist. Here I was in a system that routinely held back 15% of first graders, trying to talk with parents whose children were depressed, hoping to develop influence with intransigent principals, working with teachers who sought help with classroom discipline and motivation for their reluctant readers or the myriad opportunities to assist individuals and systems about relevant issues. There seemed to be so much possibility, yet so little influence and so little knowledge frustrating and helpless feeling, to be sure.

The feeling of helplessness and the realization that other school psychologists in disparate locations around the country likely shared this feeling spurred the notion of a compendium of “best practices,” a resource to consult when faced with professional challenges (vocational assessment and programming, suicide, test anxiety, hearing and visual impairment, etc.) which may not have been specifically addressed in training programs, however good those programs may have been. I needed such a resource and felt others would benefit as well.

There is a difference between having seven years of experience and having one year of experience seven times. Experienced school psychologists realize they can absorb every word in the most recent Best Practices

in School Psychology, integrate the findings of the most recent professional journals, and be current with every fact existent, and that will constitute a necessary but not a sufficient condition for professional success. Science alone, knowledge alone, knowing “stuff” alone, does not make a competent school psychologist. Knowing “stuff” alone may be a key to success in some professions, but not as a practitioner school psychologist. The knowing is necessary, but it is not sufficient.

Understanding the context in which that “stuff” is applied is a more subtle and complex issue and at the core of how one defines a truly competent school psychologist. The science of school psychology is relatively circumscribed; the art of school psychology is personal and contextual. The science of school psychology practice will likely be similar in California, Pennsylvania, and Georgia. The art of school psychology will likely be different between two schools in the same district, each served by the same school psychologist.

With science there are specific procedures and actions indicated when conditions warrant. With art, there are principles that can be applied with varied media and in varied ways. Following are five principles that should be considered the art of school psychology, at least in my view.

Knowing Your System, Understanding the Professional Food Chain

Early on as a practitioner, I learned that there was a simple solution for about half of the children that were coming to my attention through referrals: transfer the child from teacher A to teacher B within the same school or transfer the child from school X to school Y. Problem solved. Of course, few of us could ever do that so simply without significant cost, and anyone with some years of experience understands this perception. You intuitively know that every school is a separate amoeba with its own life form and DNA, as is each classroom. Understanding the climate of schools within the system, how the system operates, and being able to maximally amortize one’s position within that system is an art.

Politics

Science teaches us that smoking is unhealthy and this scientific knowledge spurs legislation banning or limiting smoking. Politics has the same United States Congress passing legislation to provide significant subsidies to tobacco farmers. Science shows the negative effects of grade retention, corporal punishment, or robotic assessment, yet politics continues these practices within many school systems. School psychologists as artists understand that politics has a great influence on the degrees of freedom they have in their own school systems. Many decisions are predicated on politics and science. Understanding the differentiation between politics and science is an art, at whatever level of the professional food chain we are operating.

Getting Along With Yourself and Others

Friends may come and go, but enemies accumulate. Attaining and maintaining solid interpersonal relationships, particularly in view of considerable philosophical differences, are essential components of a competent school psychologist. Without interpersonal credibility within a system, the ability to influence anyone or any position markedly decreases. Knowing one’s interpersonal strengths and weaknesses, having a professional and moral compass that does not stray, and genuinely valuing differing opinions and people are considered an art.

Sense of Perspective/Humor/History

Some school psychology work can be tedious, boring, and repetitious. This occurred to me some years ago when I realized that I could say “sign here” in twelve different languages and when I asked a child “What is the thing to do when you cut a finger than belongs to someone else?” Being able to take a long view or to find humor or growth in situations that may not be obviously humorous is a challenge. By the nature of our craft, we do not see children with long attention spans or those who are progressing marvelously well despite adverse environmental circumstances. Our gyroscope and perspective can get off kilter and negatively impact our practice. Maintaining a positive professional perspective and good sense of humor is an art.

Knowing What Decision to Make

Making the correct decision is difficult. There is a saying that education is what is left over when we have forgotten everything that we have learned. When you have ‘absorbed all the science and have incorporated all the

scientific method into practice, there are still many professional dilemmas occurring which have no circumscribed answer. One way to clear debris from decision making is to assume that the consequences of your decisions will be directly impacting your own child or loved one. If it were your child considered for retention, for special placement, for skipping a grade, or whatever circumstances led the referral to your door, would your recommendations be similar? The ability to personalize the consequences of recommendations and decisions is an art.

Best Practices in School Psychology, professional journals, and many other books are excellent resources for the science of the profession. When they are absorbed and integrated into understanding our profession, the science part is mastered. However, it is the art part that often proves to be the more challenging to master. Ψ

BEHAVIORS RELATED TO VISION PROBLEMS IN CHILDREN: AN OPTOMETRIST'S VIEW

By Nathan Green, O.D., P.C. Optometrist

1. Consistently sitting too close to the TV or holding a book too close. The further away from the object of interest you are, the more blurry it becomes. This can be a sign of near sightedness or astigmatism.
2. Losing his place while reading. This may signify the inability of the eyes to move well together or the inability for the eyes to jump precisely from one place to another.
3. Using a finger to follow along while reading. This is what children will do when they have a hard time using their eyes together.
4. Squinting. This is usually a sign of nearsightedness and astigmatism. It can also be a sign of presbyopia (focusing problems for the over 40's crowd).
5. Tilting the head or turning the head to see better. This can be a sign that the eyes are not aligning together and that there is one place where, if the head is turned, the child can get his/her eyes to line up and see together.
6. Frequent eye rubbing. This may be a sign of allergies or dryness but it can also be a sign of farsightedness or eye alignment issues. When a child's eyes fatigue from doing extra work the child will rub them.
7. Sensitivity to light. This is usually a sign of infection in the eye but can be a sign that one of the eyes is not aligned with the other. When one eye is not pointed the same direction it will be more sensitive to light as it is not pointed away from a light source like the other eye.
8. Excessive tearing. Of course this can be associated with dryness but also can be a sign of farsightedness and fatigue of the eyes. This is also a sign of a viral eye infection or can be associated with allergies. Look for signs of pink eye or mucous in the eyes.
9. Closing one eye to read or watch TV to see better. This is often seen in children who are farsighted or where they have a hard time keeping their eyes aligned.
10. Avoiding activities which require near vision, such as reading or homework. Or avoiding distance vision activities, such as participating in sports or other recreational activities. When a child avoids near activities it is usually an alignment issue or they are so farsighted that it is too much work.
11. Complaining of headaches or tired eyes. Same as #10.

Of the above mentioned list, only two of them will be caught by a nurse in a visual acuity screening that is done in the schools: numbers 1 and 4. Now I will explain what it means to be farsighted and nearsighted so that one can understand why the above symptoms occur. People with farsightedness usually have trouble seeing up close, but they may have trouble seeing at a distance as well. Farsighted means that when the light enters the eyes, it actually focuses behind the retina. To compensate for this fact a person will focus with the lens of the eye

to enable him/her to see clearly at a distance. Then to see up close, the individual has to exert even more strain to focus. Eyes get tired and feel fatigued because of all the extra work done by the focusing muscles that change the shape of the lens in the eye.

If a child is overly farsighted they will suppress one eye as it turns in and no longer is used. The less dominant eye tends to turn off because the brain is no longer able to fuse the 2 images in the brain. If this persists the child will develop ambliopia which means the brain does not develop the ability to see clearly with an eye. And, unless the eye turns in a lot the parents won't notice it and only an eye exam will find it.

Nearsighted means that the light focuses before it hits the retina making distance vision blurry. If the patient focuses with the lens of the eye it only makes the distance vision worse. This problem is often discovered in school-age children who report having trouble seeing the chalkboard. Nearsightedness usually becomes progressively worse through adolescence and stabilizes in early adulthood. It is an inherited problem. Nearsighted students are the ones that get caught by the school screenings.

Stereo vision is the ability to use both eyes together to create a single image in the brain. The eyes must align to give the patient stereo vision and the image sizes created by each eye must be the same size (in other words, the prescription must be within approximately 3 diopters of each other).

Astigmatism is when the curvature of the eye is more football shaped than spherical. The light focuses at 2 points in the eye instead of one. These patients see shadows around images, almost double vision. They tend to be able to guess letters and numbers pretty well even though it is not very clear. They will also tend to squint a lot to eliminate some of the astigmatism. This is often not caught by school screenings.

The parents of these children often think they are doing their child a favor by making them squint in stead of getting glasses because they are "Working their eyes and keeping them stronger." This is not a true. A person's vision is determined by eye shape (mostly from genetics) not by muscular conditioning. Not providing glasses doesn't prevent an individual from needing them in the future. (This is a commonly believed wives' tale.)

Eye alignment is the ability to keep both eyes together looking at the same point. It is also used to denote a child's ability to jump from one spot on the page to the next (also known as saccades). Eyes may be looking in the same direction but can't jump from place to place. Or eyes may lose alignment and thus the child doesn't know which eye to follow. Eye alignment problems are manifested when a student consistently skips words or lines in a text.

CONCLUSION

Children typically think that whatever their vision is, it is normal. Consequently school psychologists need to watch for these behaviors and ask others whether they have noticed these behaviors. Don't expect the child to raise the complaint!

School vision screenings are better than nothing; however by their very nature they miss a lot. They are moderately successful at catching nearsightedness, but typically miss farsightedness, astigmatism, and eye alignment problems. To get a good picture of how eyes are functioning, you need a thorough eye exam from a trained professional who can look inside the eye at the image projected on the retina, and examine how eyes are coordinating their efforts. The truly unfortunate part of all this is that those of us that are trained to test and catch these things are, by law, not allowed to donate our time to help with school screenings. I don't know why it was legislated to not allow us into the schools. My guess is for marketing reasons but my children come home with dentists' free kits with their names on the bags and everything. The dentists don't even do a screening they just send home the advertisements.

Given this state of affairs, it is all the more important that school personnel, such as school psychologists, are aware of behavioral symptoms of those with vision difficulties. The presence of such symptoms is often a better indication of a vision problem than are the school screenings. Vision problems may be a root cause of academic difficulty; however they are typically easier to remediate than academic difficulties resulting from other sources.

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