



APA Division 16 School Psychology  
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# The School Psychologist

AMERICAN PSYCHOLOGICAL ASSOCIATION

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*The School Psychologist*



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PRESIDENT'S  
MESSAGE

## Navigating APA!

Cecil R. Reynolds, Texas A &amp; M University



“...the staff members do not “run” APA. The APA governance members “run” the association.”

Any organization designed to serve over 150,000 members is inherently complex and confusing. However, to understand the organization and the vital role school psychology plays within the internal politics and policies, as well as the external advocacy efforts, it is necessary first to understand the general make-up of the organization. This column will begin with an overview of the American Psychological Association's organizational structure to allow the reader to better understand the role school psychology has within the larger APA organization's directorates and major governance groups. This will be followed by a discussion about school psychology's vast representation and influence across the organization, as well as the listing some of the current initiatives by APA that school psychology has influenced.

In its simplest form, APA's formal organization can best be described as having four primary staff directorates – Science, Public Interest, Education, & Practice. Each directorate has a primary function of serving a specific area of psychology (i. e. the Science Directorate focuses on science and research in psychology, the Public Interest Directorate focuses on psychology in the public domain, the Education Directorate focuses on the training & education of psychology, and the Practice Directorate focuses on the practice of psychology.) Although there can be overlap between various issues and directorates, each has specific roles and works with the others when overlaps occur. (In addition to these directorates, there are other directorates including public relations, publications, and central office programs. The primary area of focus for these directorates center is on APA as an association.)

Thus, when an issue is raised regarding psychology, such as the establishment of an APA Working Group (WG) regarding psychology's role in the development of zero tolerance policies in elementary school settings (such as recently proposed by the Division 16 EC), there is first a need to determine which directorate will take the primary role for staffing the work group. Similarly, when a member states that APA should be advocating for a specific legislative agenda, again it is necessary to determine which staff will have primary responsibility. For those who would like to learn more about APA's organizational structure, additional information and organizational charts can

be found at the following web link: <http://www.apa.org/about/structure.html>. Of particular note, there is an Executive Director heading each directorate, and these individuals report directly to the APA Chief Executive Officer, Dr. Norman Anderson.

However, the staff members do not “run” APA. The APA governance members “run” the association. Governance members are elected and appointed to the various APA boards and committees. The two key groups are the Board of Directors and the Council of Representatives. The Board of Directors is comprised of three individuals elected by the general membership (President, Treasurer, and Secretary) and six members elected by the Council of Representatives, as well as the APA CEO who is also appointed by the Council. With the Past-President and President-Elect also included, we find that the Board of Directors is comprised of a total of 12 individuals. The Board's primary mission is to oversee the business of the Association. Thus, it is noted that the APA CEO and Board of Directors are ultimately responsible to the APA Council of Representatives, all of whom are elected by APA or affiliated state association members.

The APA by-laws have made the Council of Representatives the primary legislative and policy setting body for the Association. The Council is comprised of a total of 160 members elected by their APA divisions and state/provinces/ territories psychology associations to represent their particular group. APA staff initiates and focuses their work based upon established APA policies and directives from the APA governance boards. In keeping it simple, we find that each of the four directorates have a primary board or committee they work with closely and who helps provide direction for the work conducted at APA. For example, the Education Directorate has the Board of Educational Affairs. Staying with the example of the establishment of a Working Group on Zero Tolerance Policies, we might find that the Board of Directors allocates the funding to create this WG. However, the Board of Directors would then delegate the WG to the Board of Educational Affairs. Since this group is comprised of APA governance members, they would then have the Education Directorate's Executive Director assign a staff member to provide staff support for the WG. Similarly, in advocating for a specific legislative

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**Navigating APA!**

topic, it is the established APA policy that provides the APA staff lobbyists their direction.

School psychologists are found amongst the various governance groups within APA as members and leaders. They play a vital role by keeping the association focused on issues that are meaningful to the field of school psychology. Some key boards or committees value the perspective that school psychologists bring and maintain a position that is identified as a school psychology slate (i.e., they reserve a place on the committee for a person with clear expertise in school psychology and look to Division 16 for nominations.) The two key Boards that have a school psychology slate are the Board of Educational Affairs (BEA) and the Board of Professional Affairs (BPA). School psychology has been well represented on BEA for several years now with two school psychologists (Cindy Carlson and Jon Sandoval). Additionally, Jon has been the chair of BEA for two terms, providing a key leadership role to this Board. Steve DeMers is currently serving on the BPA and has represented the perspectives and interests of school psychology extremely well during his tenure.

However, the Council of Representatives is seen as the critical location for representation. It is Council where APA policy and rules are passed. Reports, guidelines, and recommendations come from the numerous APA boards and committees to Council for their acceptance or rejection. Council approves the APA budget and helps direct the Association. Maintaining strong representation on Council is vital for any group to help direct the work of APA. With the leadership of D16's 2002 president, Steve Little, and his focus on increasing the apportionment ballot, our division increased its Council representatives from two to three seats. When the vast majority of groups on Council have only one Council representative, a third Council seat for a division that makes up approximately 1% of the total membership of APA helps to establish the importance and clout of school psychology on Council and in APA. The number of Council representatives from our division is thus crucial to our level of influence within APA.

This has allowed for school psychology to have a larger role in directing the Association's activities. This is a time when children's mental health has become a primary focus of society, as evidenced by the Surgeon General's Action Agenda on Children's Mental Health, the President's Commission on Excellence in Special Education, and the President's

New Freedom Commission's Report. At a national level, we find there are important policy recommendations being made regarding children. School psychologists are now strategically placed in leadership positions across APA where they can truly help influence the direction and work of the Association to enhance children's mental health.

In particular, the APA Practice Directorate (PD) has long acknowledged and supported the school psychology community. The PD's Office of Policy and Advocacy in the Schools was created in the late 1980's with a specific focus on school psychology. The PD's Executive Director has made it clear that a school psychologist would always lead this office and all four department heads have been school psychologists (Jean Ramage, Rhonda Talley, Tom Kubiszyn, and, currently, Ron Palomares).

Recently there have been numerous initiatives with a primary focus on children emanating from APA. For example, the December Monitor's highlighted "Mental Health Help for Children," BEA's recent sponsorship of a training award for programs that train child/adolescent psychologists, the Board of Director's sponsored Task Force on Psychoactive Medication for Children and Adolescents, APA's recent adoption of a new policy entitled the "Resolution on Children's Mental Health" passed by the Council in August, and the Practice Directorate's Public Education Campaign on Resilience primary focus on children and schools. These are some of the key highlights that demonstrate the Association's increased commitment to children and their mental health. The update of the School Psychology Specialty Guideline is another important focus where both the Division leadership and APA staff have worked together to update this significant document. However, the day-to-day advocacy by APA staff on legislation surrounding like IDEA, NCLB issues, medication by children in schools, are constant and ongoing. School psychology has had a vital role in moving this agenda forward and helping to shape it to include key issues and information that comes from school psychology.

The wheels of the big cog of APA move slowly at most times but nevertheless can be responsive to critical legislative and legal matters on even short notice. However, most APA processes require the coordination of many aspects of the organization, and this is an inherently political process since APA serves many types of psychologists and must keep all of their interests in mind. The Division maintains a presence at APA not only through its Council

**“APA serves many types of psychologists and must keep all of their interests in mind.”**

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## POLICY FORUM

# The FDA Public Health Advisories on Antidepressants: History and Implications

Tom Kubiszyn, University of Houston

“Antidepressant (AD) use has increased dramatically in the last decade in spite of very limited empirical support for the treatment of pediatric depression.”

On October 15, 2004 the U.S. Food and Drug Administration (FDA) issued its latest Public Health Advisory warning about possible increased suicidality (i.e., ideation and attempts) associated with children and adolescents taking antidepressants (FDA, October 15, 2004). Recent surveys indicate that about 6% of school age children now take antidepressants (ADs), primarily



selective serotonin reuptake inhibitors (SSRIs) for depression and anxiety disorders, including obsessive-compulsive disorder (OCD) (Delate, Gelenberg, Simmons, & Motherall, 2004; Zito et al., 2003). Thus, school psychologists are likely to be involved with students taking ADs, or called on to consult with parents, teachers, administrators and prescribers regarding pediatric AD use, monitoring effectiveness, and integration with psychosocial and educational interventions.

Because the topic is controversial and complex, and because media coverage of this issue can be sensationalized, it is important that school psychologists provide accurate, balanced and timely information about this important issue. Toward this end, this article will inform school psychologists about the history of FDA concerns regarding increased suicidality, and describe the FDA's recent recommendations for monitoring pediatric AD use

for indicators associated with increased suicidality.

Antidepressant (AD) use has increased dramatically in the last decade in spite of very limited empirical support for the treatment of pediatric depression (Brown & Sammons, 2002; Kubiszyn, Carlson, & De Hay, in press; Riddle, Kastelic, & Fosch, 2001). Only fluoxetine (Prozac™) carries an FDA indication for use with depressed pediatric patients (Birmaher & Brent, 2003). None of the ADs carries an FDA indication for pediatric non-OCD anxiety (Kubiszyn et al., in press; Riddle et al., 2001). For pediatric OCD, only fluoxetine, fluvoxamine (Luvox™), sertraline (Zoloft™) and clomipramine (Anafranil™) (a tricyclic antidepressant with strong serotonergic properties) carry FDA indications (Kubiszyn et al., in press; Riddle et al., 2001).

Tricyclic antidepressants (TCAs) were the first ADs to be used with children. Today, SSRIs have replaced TCAs for children and adolescents because SSRI side effects are widely regarded to be less troublesome than TCA side effects and because, until recently, SSRIs were presumed to be safer than TCAs (Birmaher & Brent, 2003; Riddle et al., 2001). Yet, a series of FDA warnings and advisories have emerged over the last 18 months cautioning about possible increased suicidality in youth taking SSRIs.

## FDA Advisories: History

In June 2003, growing concern regarding increased suicidality prompted the United Kingdom (UK) Department of Health to ban prescription of the SSRI paroxetine (Paxil™), sold as Seraxat™ in the UK, for the treatment of depression in anyone under age 18. Shortly afterwards the FDA issued a less restrictive Talk Paper recommending that Paxil™ not be used for children and adolescents with major depressive disorder (MDD) because of possible increases in suicidality (FDA, June 19, 2003). In October 2003, the FDA issued a Public Health Advisory reporting a possible increase in pediatric suicidality for additional SSRI medications including: citalopram (Celexa™), fluoxetine, fluvoxamine (Luvox™), mirtazapine (Remeron™), nefazodone (Serzone™), sertraline (Zoloft™), and

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**The FDA Public Health Advisories on Antidepressants: History and Implications**

**Table 1.**  
**Antidepressants included by the FDA in its October 15, 2004 Public Health Advisory**

<ul style="list-style-type: none"> <li>• Anafranil™ (clomipramine HCl)</li> <li>• Aventyl™ (nortriptyline HCl)</li> <li>• Celexa™ (citalopram HBr)</li> <li>• Cymbalta™ (duloxetine HCl)</li> <li>• Desyrel™ (trazodone HCl)</li> <li>• Effexor™ (venlafaxine HCl)</li> <li>• Elavil™ (amitriptyline HCl)</li> <li>• Lexapro™ (escitalopram oxalate)</li> <li>• Limbitrol™ (chlordiazepoxide/amitriptyline)</li> <li>• Ludiomil™ (Maprotiline HCl)</li> <li>• Luvox™ (fluvoxamine maleate)</li> <li>• Marplan™ (isocarboxazid)</li> <li>• Nardil™ (phenelzine sulfate)</li> <li>• Norpramin™ (desipramine HCl)</li> <li>• Pamelor™ (nortriptyline HCl)</li> <li>• Parnate™ (tranylcypromine sulfate)</li> </ul>	<ul style="list-style-type: none"> <li>• Paxil™ (paroxetine HCl)</li> <li>• Pexeva™ (paroxetine mesylate)</li> <li>• Prozac™ (fluoxetine HCl)</li> <li>• Remeron™ (mirtazapine)</li> <li>• Sarafem™ (fluoxetine HCl)</li> <li>• Serzone™ (nefazodone HCl)</li> <li>• Sinequan™ (doxepin HCl)</li> <li>• Surmontil™ (trimipramine)</li> <li>• Symbyax™ (olanzapine/fluoxetine)</li> <li>• Tofranil™ (imipramine HCl)</li> <li>• Tofranil-PM™ (imipramine pamoate)</li> <li>• Triavil™ (Perphenazine/Amitriptyline)</li> <li>• Vivactil™ (protriptyline HCl)</li> <li>• Wellbutrin™ (bupropion HCl)</li> <li>• Zoloft™ (sertraline HCl)</li> <li>• Zyban™ (bupropion HCl)</li> </ul>
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venlafaxine (Effexor™) (FDA, October 27, 2003). By December 2003, the UK Medicines and Healthcare Products Regulatory Agency (MHRA) warned UK physicians against pediatric use of sertraline, citalopram and escitalopram (Lexapro™) because of an unfavorable risk-benefit profile (MHRA, December 10, 2003).

On October 15, 2004 the FDA expanded the warning from SSRIs to TCAs and other types of ADs, more than 30 in all (see Table 1). This Public Health Advisory was based on an analysis of 24 placebo controlled studies involving over 4400 pediatric subjects. The FDA directed manufacturers of all ADs to revise product labels to include a “black box” warning on AD containers and to expand warning statements to alert prescribers and consumers about an increased suicidality risk (from about 2% to about 4%) in children and adolescents taking ADs, and to include additional information about the results of pediatric studies regarding the limited evidence of AD efficacy. The FDA also announced it would provide consumers with a Patient Medication Guide (MedGuide) to advise them of the suicidal risk and precautions that can be taken (FDA, October 15, 2004).

**FDA Recommendations:**

The most recent FDA Public Health Advisory (FDA, October 15, 2004) recommended that the

black box warning include the following points: (1) antidepressants increase the risk of suicidal thinking and behavior (suicidality) in children and adolescents with MDD and other psychiatric disorders, (2) anyone considering the use of an antidepressant in a child or adolescent for any clinical use must balance the risk of increased suicidality with the clinical need, (3) patients who are started on therapy should be observed closely for clinical worsening, suicidality, or unusual changes in behavior, (4) families and caregivers should be advised to closely observe the patient and to communicate with the prescriber, and (5) a statement regarding whether the particular drug is approved for any pediatric indication(s) and, if so, which one(s).

The Public Health Advisory also recommended that prescriptions for ADs be written for the smallest quantity of tablets consistent with good patient management, in order to reduce the risk of overdose.

**What to Watch For**

The FDA issued a draft FDA Medication Guide (FDA, October 21, 2004) that provides specific guidance about what behaviors caregivers (i.e., parents, teachers, others) should watch for that were associated with suicidality in



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**The FDA Public Health Advisories on Antidepressants: History and Implications**

the 24 controlled studies reviewed by the FDA. The draft Medication Guide (a final version is expected in January 2005) recommended that children and adolescents treated with ADs, regardless of diagnosis, should be closely monitored by anyone in frequent contact with the patient for the following indicators associated with increased suicidality, especially during the initial months of AD treatment and whenever dosage is increased or decreased: (1) trying to commit suicide, (2) new or worse depression, (3) new or worse anxiety, (4) feeling very agitated or restless, (5) panic attacks, (6) difficulty sleeping (insomnia), (7) new or worse irritability, (8) acting aggressive, being angry, or violent, (9) acting on dangerous impulses, (10) being extremely hyperactive in actions and talking (hypomania or mania), and (11) other unusual changes in behavior.

If any of the above indicators are noticed, caregivers are advised to contact the prescriber immediately for further evaluation. In addition, as many of you are aware, the Medication Guide clarified that the risks of suicidal behaviors caused by antidepressants may be especially high for young people with: (1) bipolar disorder (sometimes called manic-depressive illness), (2) a family history of bipolar disorder, and (3) a personal or family history of attempting suicide.

Finally, the draft Medication Guide clarified that, although the risk of suicidality doubled in the 24 studies the FDA reviewed, there has not been a single fatality associated with pediatric AD use. By contrast, seven deaths have been associated with TCAs in youth (Riddle et al., 2001).

**What to Do with this Information**

It is important that decision-making regarding pediatric AD treatment carefully consider the risk-benefit ratio for the individual child or adolescent in question. This analysis will require careful consideration of a range of variables beyond the target behavior, its severity and the match between medication and target symptom. These variables include, but may not be limited to, consideration of (a) the background risk factor information identified by the FDA, (b) the capacity of caretakers to closely monitor AD use - especially at treatment onset and as the dosage is adjusted, (c) whether the child evidences the suicidality indicators identified by the FDA, (d) limited AD treatment efficacy for depression and non-OCD anxiety, (e) availability of alternative, effective psychosocial treatments, (f)

capacity of the child to adhere to and benefit from psychopharmacological and psychosocial treatment -including individual, family and community acceptability, (see Power, Eiraldi, Clarke, Mazzuca, & Krain, in press), and (g) especially for younger children, whether the potential benefits of AD treatment outweigh the possible neurodevelopmental effects of SSRIs on receptor density in developing brains suggested in the animal literature (Wegerer et al., 1999) and from self-regulation deficits associated with in utero SSRI exposure (Zeskind & Stephens, 2004).

Because the extent to which those involved with children and adolescents taking ADs have access to the information included in this article is unknown, we hope this information informs and empowers school psychologists to share this information with parents, teachers, prescribers and relevant others. For school psychologists who may feel it is beyond their competency to share this information, we hope that you refer concerned parties to the FDA websites listed in the References section so that they may directly access the FDA information themselves. In any case, we hope that this dissemination effort helps clarify the FDA's conclusions and recommendations regarding children, adolescents and antidepressants. Finally, readers interested for more information regarding the pediatric psychopharmacology area are referred to the upcoming Special Edition of *School Psychology Quarterly* which will include five articles by the members of the Division 16 Task Force on Psychopharmacology, Learning and Behavior and two invited articles that extend the coverage of the Special Edition to psychopharmacology areas beyond the expertise of the Task Force members (see, Kubiszyn, this issue, for further details).

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**Please e-mail all submissions for *The Commentary Section* to: [LReddy2271@aol.com](mailto:LReddy2271@aol.com)**

**COMMENTARY  
SECTION**

This section functions similar to that of the *American Psychologist* and presents members' thoughts and critiques of articles published in TSP or other journals, current events, or discussions sent on the various school psychology listservers. It is our hope that this section will serve as a platform for thoughtful scholarly debate and discussion.

Below is a critique of *Specific Learning Disability Classification in the New Individuals with Disabilities Education Act: The Danger of Good Ideas* by Hale, Naglieri, Kaufman, and Kavale, Volume 58, Number 1 (Winter 2004).

Following this commentary, Hale, Naglieri, Kaufman, and Kavale offer a response to Fletcher and Reschly's paper.

## Changing Procedures for Identifying Learning Disabilities: The Danger of Perpetuating Old Ideas

**Jack M. Fletcher, Department of Pediatrics and Center for Academic and Reading Skills  
University of Texas Health Science Center at Houston**

**Daniel J. Reschly, Department of Special Education and National Research Center for Learning Disabilities, Peabody College, Vanderbilt University**

In a recent policy forum, Hale, Naglieri, Kaufman, and Kavale (2004) raised several questions about proposals to modify the guidelines for identifying students with learning disabilities in the recently passed House and Senate bills for the reauthorization of IDEA. We agree that identifying children for special education is a complex process and that many factors are involved in this decision. Ultimately, the decision to identify a child for special education is a team judgment that involves the integration of a variety of sources of information about the student and his or her development, instructional history, family and environmental factors, and test scores. Where we depart is the idea that "practitioners must use standardized intellectual, cognitive, and neuropsychological assessment measures to identify process deficits as well as integrities" (Hale et al., p. 6). Cognitive and/or neuropsychological assessments do not help address the complexity of identification, and the use of these methods does not have the strong evidence base suggested by the authors. Widespread implementation would not enhance outcomes for children in special education; rather, it would likely perpetuate an assessment model that in 27 years has not resulted in effective outcomes for these students. In this response, we would like to highlight several areas in which Hale et al. (2004) either misstate the evidence or where there is at least room for disagreement, including assertions that 1) assessment of cognitive processing in IDEA is mandatory; 2) children with specific learning disabilities (SLD) can be differentiated from low achievers on the basis of cognitive processes; 3) the

cognitive correlates of achievement deficits vary by putative cause (i.e., socioeconomic status, cultural factors, etc.); 4) assessment of cognitive strengths and weaknesses is a prerequisite for intervention; and 5) a comprehensive evaluation requires assessment of general intellectual functioning or cognitive processing.

Foreshadowing our discussion of these five points, the proposed changes in IDEA are not mandatory, and the wholesale replacement of the IQ-discrepancy model with a response to instruction (RTI) model is not required in this legislation. Rather, the language in both the House and the Senate bills simply indicates 1) "The local educational agency shall not be required to take into consideration whether the child has a severe discrepancy between achievement and intellectual ability;" and 2) "In determining whether a child has a specific learning disability, a local educational agency may use a process which determines if a child responds to scientific, research-based intervention." Thus, the use of RTI as one part of the assessment process is not mandated, although we hope that SEAs and LEAs adopt regulations that guide practitioners toward the adoption of rigorous and effective instructional and behavioral interventions that have the dual purpose of helping to prevent and determine eligibility for SLD. The use of RTI criteria does not obviate current approaches to identification, maintaining the need for an interdisciplinary team meeting, individualized IEP, and comprehensive assessment. In fact, assessments of the student's RTI are already required in the IDEA regulations, which exclude students from



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identification as SLD if they have not had adequate opportunities to learn. The difference is that attempts to teach the student are formally measured and tied to instruction, effectively making the “inadequate instruction” component of the IDEA exclusions the most important component of identification (Fletcher, Coulter, Reschly, & Vaughn, in press).

Our commentary is also in the context of our participation in three recent consensus reports on special education, each of which addresses the identification of SLD. The reports represent diverse groups of researchers, policy-makers, practitioners, and advocates, and include the National Research Council report on minority overrepresentation in special education (Donovan & Cross, 2002), the Summit on Learning Disabilities by the Office of Special Education Programs (Bradley, Danielson, & Hallahan, 2002) and the President’s Commission on Excellence in Special Education (2002). Between us, the authors (a child neuropsychologist and a school psychologist) served on all three of these committees. None of the reports recommended assessment of cognitive processes as part of the identification of SLD. These reports should be consulted for the evidence base for our responses.

#### 1. Assessment of cognitive processing is mandatory in IDEA

Hale et al. note that guidelines in what we presume are the proposed House and Senate bills “are ambiguous regarding the criteria for diagnosing SLD, and they do not even address the methodology for identifying the mandatory “disorder in the basic psychological processes” that each child diagnosed with SLD must display, according to the IDEA SLD definition (p. 9).” We believe that Hale et al. have confused the federal statutory definition of

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### Navigating APA!

Representatives but by having various Division 16 vice-presidents and others attend APA Board and Committee meetings as observers in some cases but as official liaisons in others. We nominate members to all APA Boards and Committees as well to ensure the needs of children are represented. Once again this year, the Division 16 midyear EC meeting will be held jointly with the other child divisions (e. g., Clinical Child and Adolescent, Pediatric, etc.) so that we may solidify and promote the various coalitions we have formed over the last several years. The Division EC wants to hear from you regarding important issues you see for children, schools, and school psychology where we may be able to help or seek support from APA, and thus engage the process—but do contact us sooner rather than later!

Note: I would like to thank Dr. Ron Palomares for his extensive help in preparing this column.



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“Regardless, assessment of “psychological processes” is not mandatory in IDEA and, given the current state of knowledge, should not be required.”

SLD (34 C. F. R. 300.7), which invokes psychological processes, with the federal regulatory definition adopted by most states in 1977 (34 C. F. R. 300.541) because the statutory definition could not be operationalized. Indeed, there was a broad consensus in the mid-1970s that perceptual or cognitive processing was an inaccurate guide to the existence of SLD, a consensus that exists today among SLD scholars (Bradley et al., 2002, p. 797).

The statutory definition represents a conceptual model, not a set of criteria for identification. Federal SLD identification criteria specify domains of assessment and leave it to the states to determine how to meet the requirements (Reschly & Hosp, in press). These regulations do not require assessment of a “disorder in the basic psychological processes.” Rather, they define LD as a “severe discrepancy between achievement and intellectual ability.” No mention is made of psychological processes beyond the assessment of IQ-achievement discrepancy as a possible proxy for the “disorder of psychological processes.” It is more likely that the difficulties involved in assessing cognitive processes in children with SLD was an obstacle in 1977 when the regulatory definition was adopted, and remains an obstacle today (Torgesen, 2002). Regardless, assessment of “psychological processes” is not mandatory in IDEA and, given the current state of knowledge, should not be required.

The mere presence of “psychological processes” in the statutory definition does not mean that adequate identification requires such assessments. By analogy, functional neuroimaging methods yield reliable neural correlates of word recognition (see Fletcher et al., 2004). The conceptual framework for SLD suggests a biological basis for these disorders. We don’t think that the criteria for LD identification should be modified to include a neuroimaging study of each child, especially because the achievement deficit is a marker for the neurobiological index. There is little added to the identification process by performing brain scans, just as little is added with assessment of cognitive strengths and weaknesses. Classifications and definitions seek parsimonious marker variables that indicate the presence or absence of a disorder, not attempts to assess every component the disorder (Fletcher & Morris, 1986).

## **2. Children with SLD can be differentiated from “low achievers”**

Hale et al. observe that there is research concerning cognitive differences between SLD and

low achieving populations, concluding “that some of these children have disabilities and some are low achieving, but discriminating between the two would be difficult without objective individual measurement (p. 9).” Two recent meta-analyses addressing differences in cognitive and achievement patterns between poor readers who meet or don’t meet IQ-achievement discrepancy definition show that these distributions substantially overlap (Hoskyn & Swanson, 2001; Steubing et al., 2002). Moreover, analyses of the small effect size difference in cognitive processes (about 0.3 standard deviations) show that definitional variability accounts for variation in effect size. Thus, the larger the discrepancy required in the definition of SLD, the more likely it is that an effect size difference will emerge, but this is simply a matter of degree, not of kind. At best, effect sizes in cognitive processes between children defined as SLD and low achievers are small. The meta-analysis by Fuchs, Fuchs, Mathes, Lipsey, and Eaton (2000) cited by Hale et al. is not relevant in that it asked: “Is the reading performance of underachieving children with and without the learning disabilities label the same or different?” (Fuchs et al., 2000, p. 2). They found lower reading achievement in children with a SLD label, but did not separate achievement tests used to define the groups from those used to study the groups. When Stuebing et al. (2002) separated these variables, they found no overall differences in achievement between IQ-discrepant and low achieving subgroups. Differences on variables used to define the groups are inevitable consequences of the definitions that are employed.

The research on differences between students with achievement deficits who meet or don’t meet IQ-achievement discrepancy definitions extends beyond studies of cognitive and achievement correlates. There is no difference in the long-term prognosis of reading skills between individuals defined with IQ-achievement discrepancy criteria and those who are not mentally deficient, but don’t meet such criteria (Francis et al., 1996). A variety of intervention studies failed to find any relations of IQ or IQ-achievement discrepancy with intervention outcome in samples that exclude mentally deficient children (Fletcher et al., 2002). Most importantly, the underlying psychometric model is not viable. Achievement skills represent dimensional traits in the population. Regardless of how SLD is defined, such students are part of the lower end of achievement continuum. There may be different reasons why children are on the lower end of this

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achievement continuum, but it is nonetheless a normal distribution if appropriate exclusionary criteria (brain injury, sensory disorders) are applied. There are no natural cut points demarcating SLD from other forms of low achievement. If a single assessment is used to establish a cut point on a normal distribution, identification errors emerge that reflect not only the measurement error of the test used, but also the attempt assess cut points on a normal distribution. Thus, in real longitudinal data and in simulated data (Francis et al., in press), 35-40% of individuals identified on the basis of test scores as SLD across multiple definitions fluctuate into the eligible or ineligible category. It doesn't matter whether the definition is based on IQ-achievement discrepancy, achievement test scores, or assessments of cognitive processes; the unreliability is a product of attempting to assess the cut point on normal distribution with a single assessment, reflecting the fact that such approaches are inherently under-identified. In suggesting assessment of cognitive processes at a single time point, Hale et al. perpetuate this psychometric model. The inadequacies of this model have been known for the past 20 years (Cristensen, 1992).

**3. Cognitive correlates of low achievement vary with putative cause**

Hale et al. (2004) repeatedly state or imply that the cognitive correlates of achievement difficulties vary depending on putative cause, and that assessment of cognitive processes will assist in the identification of whether the cause is neurobiological, environmental, etc. We know of no evidence that shows that achievement difficulties in children who are economically-disadvantaged, second language learners, or emotionally disturbed vary with putative cause, and we refer the reader to Kavale's (1988) discussion of this issue. For example, a word recognition problem in a student who is SLD, emotionally disturbed, economically-disadvantaged, etc. will be reliably associated with deficits in phonological awareness and/or rapid naming. We do not dispute that neurobiological factors contribute to LD (Fletcher et al., in press; Lyon et al., 2003). We dispute the idea that cognitive or neuropsychological assessments allow us to sort achievement difficulties according to putative causes.

**4. Assessing cognitive processes is a prerequisite for intervention**

In noting the lack of evidence for relations of

cognitive processes and interventions, Hale et al. (2004) state that "much has changed in our understanding of cognitive and neuropsychological processes since those early studies, yet reform advocates seldom report this more recent evidence. These recent studies show that there are meaningful differences between low achieving children and those with SLD (e.g., Kavale, 1995) and there are robust relations between cognitive processes and individualized interventions (e.g., Naglieri, 2001; 2003)."

Kavale (1995) is a re-analysis of data from Ysseldyke, Algozzine, Shinn, and McGue (1982). The original study itself was an early generation study that has many limitations in terms of the definition of LD. Regardless, this analysis of a single study is not consistent with the results of the recent meta-analyses cited above (Hoskyn & Swanson, 2001; Stuebing et al., 2002), which together involved over 50 studies.

In Hale et al. two chapters by Naglieri (2001; 2003) are cited to substantiate the claim of "robust" relationships between cognitive processing hypothetical constructs and instructional interventions. In the two chapters, Naglieri promotes the Cognitive Assessment System (CAS; Naglieri & Das, 1997) as a vehicle for planning instruction. In one empirical study (Naglieri & Johnson, 2000), 19 children with school difficulties were divided into those with significantly lower scores in Planning ( $n = 3$ ) and compared with the other 16 children, 6 of whom were lower on one of the other CAS scales and 10 of whom had no CAS-defined weaknesses. After an intervention that emphasized planning in math problem solving, students with Planning difficulties benefited more from the intervention than students who did not have low Planning scores. However, this small-sample study does not demonstrate (and cannot test for) differential response to different types of interventions required for subtype by treatment interactions. In a large scale study, Kroesbergen, Van Luit, and Naglieri (2003) identified 267 students with SLD in math. In an evaluation of the effects of intervention, no relation of type of CAS deficit and outcomes were found. Thus, the evidence supporting subtype by treatment interactions based on the CAS can hardly be characterized as "robust."

Other recent proposals in the neuropsychological literature for subtype or processing deficit by treatment interactions have not shown such interactions, including perhaps the best developed example of contemporary

“We know of no evidence that shows that achievement difficulties in children who are economically-disadvantaged, second language learners, or emotionally disturbed vary with putative cause...”

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neuropsychological research on this issue, Wolf and Bowers' (1999) "double deficit" model (Lyon et al., 2003). As the double deficit model illustrates, if cognitive processes are tied to achievement deficits, how much value-added information does the assessment of cognitive functions provide? Isn't it more important to look for patterns of strengths and weaknesses in achievement tests that directly assess the constructs of interest as opposed to cognitive processes that are much loosely and less reliably related with the constructs of interest (Torgesen, 2002)? To take reading as an example, what information is apparent in an assessment of phonological awareness and rapid naming that addresses the rate and accuracy dichotomy of contemporary neuropsychological subtyping research (Wolf & Bowers, 1999) that isn't apparent by simply assessing accuracy and fluency of reading skills?

#### 5. What are the professional and legal requirements for a "comprehensive" evaluation?

Hale et al. claim that professional standards and legal requirements require assessment of general intellectual functioning and cognitive processing as part of a comprehensive evaluation. Without going deeply into professional standards, we note that the client benefit is the overall purpose of psychological and educational assessment and the evidence put forth by Hale et al. and others claiming client benefits associated with cognitive processing assessment fails to meet this standard. Specifically, we need evidence that assessment of cognitive processing improves the accuracy of SLD identification, enhances the effectiveness of instructional interventions, and advances attainment of more positive outcomes. It is their responsibility to supply this evidence and, until they do, we shall remain skeptical, and encourage skepticism in others as well.

The phrase "comprehensive evaluation" does not appear in the IDEA regulation regarding "Procedures for Evaluation and Determination of Eligibility (PEDE)" (34 C. F. R. 300. 530-543). The closest regulation to a comprehensive evaluation requirement reads, "The child is assessed in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities." (Regulation 532). A reasonable

interpretation of this regulation is that it requires screening in each of the domains listed and others that might be relevant. It certainly does not mean in-depth assessment in each of the domains. In-depth, expensive assessments are required only if indicated by screening information. Otherwise, ophthalmological, audiological, neuroimaging, and many other kinds of examinations would be required for all students. This principle also applies to general intelligence and cognitive processing. If screening information suggests mental retardation, then in-depth cognitive assessments are appropriate. Absent a reason related specifically to identification or intervention, assessment of achievement is sufficient in SLD identification.

#### Conclusions

We agree that neither IQ-discrepancy nor RTI definitions by themselves are adequate for identification of children with SLD. Other information is required, but it should be functional and developmental information related to specific education needs as required in the PEDE regulations. We also agree that children considered for special education in any category should receive a comprehensive evaluation. We disagree that this assessment should include an expanded evaluation of cognitive or neuropsychological skills beyond the achievement domain. There is little evidence of value-added impact of such assessments in support of the decision-making of the interdisciplinary team. There is no evidence that such assessments are related to intervention or help sort SLD according to putative cause. As such, the notion expressed in the letter to Senators Gregg and Kennedy (see Appendix 1 in Hale et al., 2004) can only be characterized as the opinion of four people with vested interests in current practices who formed what they described as an ad hoc committee that met over a weekend. In this letter, Hale et al. suggested that H.R. 1350 (and presumably the Senate version) be amended: "In determining whether a child has a specific learning disability, a local educational agency should include reliable and valid norm-referenced measures of basic psychological processes." They note that "this change will help ensure the children who are identified as having a specific learning disability will, indeed, demonstrate the request the requisite processing disorder."

We ask the reader whether Senators Gregg and Kennedy should consider the results of an ad hoc committee that met over a weekend or the reports of

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the three major consensus groups that were independently appointed with specific charges, met over several years, systematically evaluated research, took testimony in multiple forms, and wrote extensive evidence-based reports. These reports did not recommend assessment of cognitive process for SLD because there is at best meager evidence demonstrating that such assessments facilitate identification or intervention. In fact, each of the three reports stated specifically that such assessments were not warranted for identification of SLD. There is little evidence that such evaluations, which would increase identification costs at a time when evidence-based interventions often are not adequately implemented because of insufficient resources, help differentiate various forms of low achievement from SLD. Given the effort and systematic nature of the three consensus reports, we suggest that these reports are better grounds for formulating changes in IDEA than the recommendations in Hale et al. (2004).

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COMMENTARY  
SECTION

# Changing Procedures for Identifying Learning Disabilities: The Danger of Poorly Supported Ideas

**Kenneth A. Kavale, Regent University , Alan S. Kaufman, Yale University School of Medicine, Jack A. Naglieri, George Mason University, & James B. Hale, Albert Einstein College of Medicine**

“We cannot support RTI as the sole method for determining SLD eligibility, and instead, stress that comprehensive evaluations of intellectual and cognitive functioning are necessary after a child’s failure to respond to well designed interventions.”

The title of Fletcher and Reschly’s (2004) paper, *Changing Procedures for Identifying Learning Disabilities: The Danger of Perpetuating Old Ideas*, is telling. This characterization of the Hale, Naglieri, Kaufman, and Kavale (2004) position is worth further scrutiny as there is nothing about “perpetuating old ideas” in our work or position regarding identification of children with specific learning disabilities (SLD). Our comments were dismissed “as the opinions of four people with vested interests in current practices.” Admittedly, we have “vested” interests, but they lie in resolving long-standing problems surrounding SLD identification, improving school psychology training and practice in individual assessment and intervention, and fostering system-level changes to ensure diagnostic accuracy and treatment validity for this population. On the contrary, it would appear that Dr. Fletcher, whose work regularly extols the value of neuropsychological methods for learning disorder identification and intervention, and Dr. Reschly, who uses archival data or survey research to advocate for systems change, are the ones with vested interests in ultimately *eliminating* the SLD category as we know it.

Instead of increasing the sensitivity and specificity of diagnostic techniques for SLD identification, some response-to-intervention (RTI) advocates apparently want to reconstruct SLD into a generic “learning problem” category, which could potentially include any child who has below average academic achievement – a considerable portion of the population. While we agree that children with low achievement may require additional academic and/or behavioral supports, regardless of whether they are SLD, rendering the SLD category meaningless is not the way to accomplish this end. Rather than diminish SLD construct validity, our goal is to develop an operational definition that more closely reflects the parameters described in the re-authorized IDEA in an attempt to foster diagnostic sensitivity and specificity, not eliminate it by identifying all children with learning problems

that fail to RTI for a plethora of reasons, one of which could be SLD.

Despite Fletcher and Reschly’s (2004) arguments to the contrary, we clearly support the response-to-intervention (RTI) approach as a method of ensuring systematic prereferral strategies are attempted and documented before referral for formal evaluation, however, we believe the exclusive application of a behavioral approach to school psychology advocated by some RTI proponents must be rejected as overly narrow and reductive. This does not mean we don’t support RTI or behavioral intervention techniques, we merely suggest they are not the panacea suggested by some advocates. We cannot support RTI as the sole method for determining SLD eligibility, and instead, stress that comprehensive evaluations of intellectual and cognitive functioning are necessary after a child’s failure to respond to well designed interventions.

To be clear, our position:

- Does not assume that cognitive assessment is a necessary prerequisite for intervention or is a mandatory requirement under IDEA;
- Does not support a single cognitive assessment using rigid psychometric or cut-off procedures to determine LD eligibility and develop interventions;
- Does suggest children with SLD differ from those with low achievement – that outdated and methodologically-flawed research cannot be used to justify ignorance of these differences;
- Does suggest that achievement deficits are caused by multiple factors, including brain dysfunction and environmental causes; and
- Does advocate the use of repeated measurement of children using multiple data sources over time for identification purposes and evaluation of treatment utility.

Fletcher and Reschly (2004) rightly point out that the re-authorized IDEA stipulates that “the local educational agency shall not be required to take into consideration whether the child has a severe

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discrepancy between achievement and intellectual ability.” Although some RTI proponents would have preferred the discrepancy criterion be eliminated completely, we recognize this language permits the continued inclusion of this conceptually necessary construct for SLD identification. This is not to say that we advocate traditional approaches to establish “ability-achievement discrepancy” per se, as these methods in practice have been ineffective in identifying and serving children with SLD. We believe children with “true” SLD have cognitive deficits and integrities in the basic psychological processes, which often lead to academic failure. However, as these same impairments and integrities render a global ability score meaningless (e.g., Fiorello et al., 2001; Hale et al., 2001), it is no wonder that the use of ability-achievement discrepancies inadequately defined this population in the past – a point with which most of us can agree.

We are also pleased that RTI is not mandated because its diagnostic validity has not been established in the peer-reviewed literature. RTI is a method for determining whether instructional support results in apparent improved academic achievement. As a result, RTI is a method for helping children, and that is a good thing. It should be incorporated as part of the overall assessment process for every child suspected of having SLD because we believe it best represents a more rigorous and systematic *prereferral* process. Thus, RTI has a place in the identification process but one where it is used early and primarily to indicate the need for a more formal evaluation that relies on multiple data sources, including standardized measures of intellectual functioning and cognitive processes.

#### The SLD Definition Problem

The SLD category has been contentious for some time because of a failure to achieve consensus about fundamental issues—most notably SLD definition and how it should be operationalized. Nevertheless, students continue to be identified and, in recent years, the SLD numbers have reached unparalleled and unprecedented proportions in special education. The increasing SLD numbers made it difficult to determine the validity of any individual SLD diagnosis and misclassification became rampant. There was a reversal in the logical relation between the concepts of “SLD” and “learning problems.” “All students with SLD have learning problems” was transposed to “All students

with learning problems have SLD.” With the integrity of the SLD construct continually undermined, a conventional wisdom arose suggesting that SLD and low achievement (LA) were not different. Research appeared to demonstrate that there were few psychometric differences between students with SLD and students with LA.

Fletcher and Reschly (2004) endorse this view because the only element the RTI model can identify is LA. They were quick to dismiss findings from the Kavale, Fuchs, and Scruggs (1994) re-analysis demonstrating that SLD and LA groups could be differentiated even though the original study data presumably showed no group differences (see Ysseldyke, Algozzine, Shinn, & McGue, 1982). What Fletcher and Reschly failed to recognize was what made the groups different was not only the achievement differences but rather the differences in cognitive functioning. When compared, the SLD and LA “represent two distinct populations...defined by an ability-achievement distinction...” (Kavale, 1995, p. 146). Consequently, cognitive impairment and integrities are an important consideration in differentiating SLD and LA, with discrepancy serving as an important, but not the sole, marker of SLD. In fact, even Dr. Fletcher’s own studies have supported the utility of cognitive assessment in distinguishing between the two populations (O’Malley, Francis, Foorman, Fletcher, & Swank, 2002; Shaywitz, Fletcher, Holahan, & Shaywitz, 1992; Stuebing et al., 2002) and identifying SLD subtypes (Morris et al., 1998), points somehow overlooked in Fletcher and Reschly’s presentation. In addition, a large sample longitudinal study conducted by Dr. Fletcher and colleagues found that children with SLD have specific learning *deficits*, not learning *delays* (Francis et al., 1996). Although it makes sense to employ uniform behavioral strategies for children with delayed academic achievement, tailoring interventions based on individual cognitive integrities and deficits would be more appropriate given the findings from these studies.

#### Process Deficits

Fletcher and Reschly (2004) sought to correct our supposed misunderstanding of the law regarding assessment of cognitive processes, but their comments failed to address the real issues. We reportedly confused the federal statutory and regulatory definitions. The major problem, in both past, current, and possibly future practice unless changes are made, is the *disjunction* between the two definitions. A rational system would demand



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“In fact, we believe that the presence of process deficits, along with unexpected learning failure given cognitive integrities, represents the essence of SLD.”

that a logical association exist between the statutory and regulatory definitions. The 1977 definition established discrepancy as the operational definition of SLD, but one is forced to ask why this happened when there is no reference to discrepancy in the formal (statutory) definition. Elements used for identification cannot be plucked out of thin air, and it is simply not good science to have such a disjunction between formal and operational definitions.

To better align the two definitions, we suggested that cognitive processing assessment be included since there continues to be a clear statement that SLD is “a disorder in one or more of the basic psychological processes.” In fact, we believe that the presence of process deficits, along with unexpected learning failure given cognitive integrities, represents the essence of SLD. As noted by the representatives of the 10 professional organizations that comprised the LD Roundtable “the identification of a core cognitive deficit, or a disorder in one or more psychological processes, that is predictive of an imperfect ability to learn *is a marker* [emphasis added] for a specific learning disability” (U. S. Department of Education, 2002).

We understand that the assessment of psychological processes is not mandatory under IDEA, but are suggesting that it *should* be in order to align the definition of SLD with methods used to identify these children. Because regulations have required severe discrepancy for SLD identification, the assessment of cognitive processes should not have been precluded in the past, nor should it be in the future. An ability-achievement discrepancy is not a legitimate proxy for “a disorder in the basic psychological processes.” Nor is a failure to RTI, where at best a “disorder of the basic psychological processes” can only be ascertained by a substantial inferential leap, with no apparent evidence to support the contention. We urge administrators to require that school psychologists identify if a child has a “psychological processing deficit” before SLD classification so that the method used to identify a child is consistent with the definition of SLD. Although cognitive assessment can provide this information, RTI data does not address this essential component of the SLD definition. .

Fletcher and Reschly (2004) also suggest that, “Classifications and definitions seek parsimonious marker variables that indicate the presence or absence of a disorder, not attempts to assess every component of the disorder.” We are hard pressed to

understand the meaning of this non-sequitor. Are not marker variables “components” of a disorder? How many variables constitute parsimony? Even a cursory examination of the SLD definition would reveal the importance of “disorders in the basic psychological processes” and suggest they be included as part of the identification process. Fletcher and Reschly argue that cognitive and neuropsychological assessments of these processes would be of little benefit, yet one need only refer to the dozens of articles written by Fletcher and colleagues to identify the processing deficits associated with reading disability subtypes and brain regions associated with reading disability (e.g., Breier et al., 2002; Pugh et al., 2000; Pugh et al., 1996; Shaywitz et al., 2003; Shaywitz et al. 2002). In addition, Dr. Fletcher and colleagues argue that it is important to remediate academic and cognitive deficits when overcoming brain-based learning disorders (Ewing-Cobbs et al., 2004) and changes in brain function occur following intervention (Shaywitz et al., 2004; Simos et al., 2002). It would appear that these studies argue for the importance of identifying and remediating both academic *and* cognitive deficits associated with SLD, not against such practice.

Fletcher and Reschly (2004) also suggest that the assessment of cognitive processes is an obstacle to SLD identification. Although this may have been true at one time, it is simply no longer the case. The early days of SLD emphasized primarily perceptual-motor processes and these proved to be the wrong choice. The conceptualizations of Kirk, Kephart, Frostig, and Cruickshank, among others, failed to demonstrate acceptable construct validity; consequently, attempts to ameliorate process deficits were not successful. But research over the past 15 years has brought a new perspective that has clearly established the validity of “psychological processes.” Kaufman and Kaufman (2001) detailed an array of well-validated tests that could be used in an SLD evaluation, including multiple measures with adequate specificity for the assessment of Successive and Simultaneous processes. Furthermore, Das, Naglieri, and Kirby (1994) demonstrated that sequential or successive processing scores could be used to identify the types of disorders in basic psychological processes that are related to reading failure, while Naglieri (2001, 2003) offered empirical evidence that measures of planning—included in his Planning, Attention, Simultaneous, Successive (PASS) theory—can be

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used to guide academic interventions (Naglieri, 2001, 2003). Similarly, Flanagan and her colleagues have summarized a large body of research that directly ties Cattell-Horn-Carroll (CHC) Narrow Abilities to reading, math, and writing achievement (Flanagan & Kaufman, 2004, Table 7.3; Evans, Floyd, McGrew, & Leforgee, 2002; Flanagan, Ortiz, Alfonso, & Mascolo, 2002, Tables 2.11, 2.12, 2.13, & 2.14; Floyd, Evans, & McGrew, 2003).

Hale and colleagues have identified specific cognitive constructs that predict not only reading achievement, but other academic domains as well (Fiorello et al., 2001; Hale et al., 2001; Hale et al., 2003). Their findings suggest cognitive predictors of academic achievement have greater specificity for children with disabilities, an important criterion for idiographic interpretation. Finally, the last 15 years have brought about substantial knowledge about different cognitive and neuropsychological processes associated with word reading, reading comprehension, math computation, math word problems, written expression and handwriting (see Hale & Fiorello, 2004; Naglieri & Rojahn, 2004). These data derived from neuroimaging, neuropsychological, intellectual, and processing measures clearly show that it is not the observable stimulus-input or response-output that matters when predicting academic achievement, rather it is the psychological processes underlying these overt experiences that allow for accurate prediction (e.g., Hale et al., 2003). Early research focused on these overt stimulus-response characteristics (i.e., visual, auditory, tactile, motor), used instruments that weren't technically sound, and developed interventions that had little validity or integrity, so it is easy to see why early efforts failed to establish an association between psychological processes and academic achievement (e.g., Ysseldyke, 1977), because the processing deficits were never clearly defined, measured, or treated.

If reliable and valid measures of processes are available, then why not include them in a comprehensive SLD evaluation? The reason is simple: many of the measures detailed by Kaufman and Kaufman (2001) are considered "intelligence tests", and IQ tests are under relentless attack as being irrelevant for defining SLD. Although Dr. Fletcher has published paper after paper extolling the benefits of neuropsychological assessment in the identification of childhood disorders, intelligence tests are apparently *different*, even though both intellectual and neuropsychological measures require many of the same psychological processes. Most "intelligence" tests have better technical quality and normative samples than most any neuropsychological test, and as noted earlier, at least the factors possess sufficient specificity for individual interpretation in disabled populations (Hale & Fiorello, 2004).

Fletcher and Reschly (2004) endorse a short-sighted view that fails to acknowledge advances in multifactorial intellectual theory and cognitive assessment practices. For example, most of the IQ debate seems to be predicated on IQ being a unidimensional "g" factor like that posited by Spearman in 1904.

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“The real value of modern tests of cognitive abilities and cognitive processing lies in their ability to predict academic performance... and in elucidating processing strengths and weaknesses that have relevance for disorder identification and intervention design.”

Like many ideological movements that ignore current research, the works cited by Fletcher and Reschly that fail to discriminate between SLD and LA students is not only based on an adherence to the “g” factor, but also on old familiar tests (like earlier versions of Wechsler’s scales) that barely pay lip service to current, well-validated intellectual and neuropsychological theories. In a recent article in *School Psychology Review*, Reschly (2004) recalls a now infamous “battle cry” paper for the behavioral approach to school psychology, Cronbach’s disavowal of aptitude-treatment interactions (ATI), which was published in 1975. He then suggests ATI advocates “espoused” a “religion” that “proves false”. This incendiary rhetoric does little to further the conversation. We all know that science dictates we never accept the null hypothesis about process-intervention associations (e.g. Braden & Kratochwill, 1997), only reject or fail to reject it. Reschly then goes on later to describe our efforts (e.g., Hale et al., 2004) at striking a balance between the correlational and experimental paradigms, including adoption of RTI principles in practice, as being a position of “outright hostility”. Sadly, these characterizations are consistent with a position that is driven by ideological goals. This position has evolved little in recent times. As a consequence, some RTI proponents now see any and every challenge as hostile and/or heretical to the point that they now ignore or suppress data that are not consistent with their existing beliefs.

In contrast to the antiquated conclusions and vague recommendations for their position (e.g., no substantive discussion beyond single subject methodology and phonology instruction for word reading), the plethora of currently available processing measures come from modern theory-based intelligence and neuropsychological tests such as the Cognitive Assessment System (CAS; Naglieri & Das, 1997), the Kaufman Assessment Battery for Children—Second Edition (KABC-II; Kaufman & Kaufman, 2004), the Woodcock-Johnson III (WJ III; Woodcock, McGrew, & Mather, 2001), the Stanford-Binet—Fifth Edition (SB5; Roid, 2004), and the NEPSY (Korkman, Kirk, & Kemp, 1998). Even the most recent edition of Wechsler’s scales, the WISC-IV (Wechsler, 2003), departs from previous editions by emphasizing separate cognitive or intellectual factors, and de-emphasizes Full Scale IQ. In its new format, the WISC-IV joins the newer breed of theory-based test as multi-scale instruments that are designed to provide reliable and valid measures of a student’s integrities and deficits. The new tests have

strong theoretical foundations, most notably Luria’s neuropsychological theory (CAS, NEPSY), Cattell-Horn-Carroll (CHC) psychometric theory (WJ III, SB5), or both (KABC-II). Although coming from different orientations and methods, empirical support is growing for a convergence of these neuropsychological and cognitive theories (Hale & Fiorello, 2004). These modern theories are far more dynamic than older conceptions of global ability and provide a multidimensional view of intelligence.

The insistence on viewing IQ as a single factor leads to some nonsensical conclusions. For example, Siegel (1999) suggested that, “One assumption behind the use of IQ tests is that the scores predict and set limits on academic performance...” (p. 311). Any understanding of individual differences would reveal the idea of limits on performance to be patently false. Although the predictive validity of intellectual factors is quite high for social science research (e.g., Hale et al., 2001), derived scores account for less than half the achievement variance (Naglieri & Bornstein, 2003), which means that a large portion of variance in achievement is due to other factors (e.g., maturation, quality of teaching, parental involvement). Fletcher and Reschly (2004) thus protest too much and contend that most of the academic achievement variability is due to factors other than those measured by standardized intellectual or cognitive measures. The real value of modern tests of cognitive abilities and cognitive processing lies in their ability to predict academic performance (Naglieri & Bornstein, 2003) and in elucidating processing strengths and weaknesses that have relevance for disorder identification and intervention design (Hale & Fiorello, 2004; Naglieri, 2001, 2003).

**Classification vs. Intervention**

Fletcher and Reschly (2004) decry the use of cognitive and/or neuropsychological assessments because their use “would likely perpetuate an assessment model that in 27 years has not resulted in effective outcomes for those students”. We believe this shows an indifference to our position, and more importantly, this statement illustrates that these RTI proponents are not really concerned with SLD identification. Special education has taken an unfortunate turn wherein the emphasis has shifted to providing instruction regardless of student special education eligibility. Although such an advocacy stance will increase the number of students served (perhaps a good thing for children and special education), the cost would increase as well as

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diagnostic confusion and inconsistent service delivery. For some time, the very existence of SLD has been called into question by being termed “myth”, “questionable construct”, or “imaginary disease”.

Under the heterogeneous and inconsistently identified SLD category, Fletcher and Reschly (2004) found a tempting target for their goal of creating a category for children experiencing academic failure who, without additional instruction, might be “left behind”. Thus, Fletcher and Reschly view SLD as merely a category of “convenience” for children who would not otherwise be eligible for special education. This plea has served the RTI proponents well, as we all think children who are struggling to learn should receive additional support. In fact, this humanistic concern has likely led to poor diagnostic practice in school psychology, resulting in de facto inclusion of children with SLD and low achievement in the same heterogeneous category. Although we see the relevance and importance of serving all children’s educational needs, we think that systemic changes must be directed at serving children without unnecessary labels and the previously attached funding streams. If children can be served without labels, and RTI or systematic prereferral strategies are undertaken, then only those comparatively few children who fail to RTI will require a comprehensive evaluation of cognitive processes. Instead of diluting the SLD category, we argue that legislative and practitioner efforts should be directed at establishing SLD as the particular disability class originally intended when first introduced into special education.

None of these points are intended to suggest that instruction is not important. In fact, it is the *raison d’être* for special education. By definition, however, special education instruction must be individualized to meet a child’s needs. The RTI model advocated by Fletcher and Reschly (2004) does not provide individualized instruction but rather a “one size fits all” behavioral approach to intervention. Although their mantra, “scientific, research-based intervention” sounds plausible and empirically-driven, RTI is a method for determining treatment response, it says nothing about the academic content or methods for defining the intervention, ensuring treatment integrity, or evaluating whether the instructional techniques are indeed efficacious or generalizable. In other words, “scientific, research-based intervention” translates into “Try something, anything, try to measure it well, make sure the teacher does what might or might not

help, and if the child doesn’t get better, than he’s SLD”.

Although the actual interventions may change for children and problems, at no point in the RTI process is the instruction tailored to the unique learning needs of the student, because these needs are ignored. Will such individualization ever take place? Fletcher and Reschly (2004) deflect attention away from this question, suggesting that we support cognitive assessment in order to sort achievement difficulties according to putative causes, when it is clear from our position that a myriad of factors contribute to a child’s learning experience. Our concern is the lack of information about what practitioners will do after the RTI process. Under the strict RTI approach, children who fail to RTI will be SLD, and the rest will be devoid of learning difficulties just because we have systematically measured their performance over time. And because there are no uniform teaching techniques, assessment tools, expected outcomes, and formal timelines to be identified, the RTI technique cannot be falsifiable – no one can show us that RTI methods were ineffective, and instead, we can blame any child’s failure to RTI on the child. Since RTI cannot be empirically evaluated beyond the single subject design attempted for each individual child, the child will surely be the cause of his/her failure to RTI – now that’s accountability! Failure to RTI should not be a “life sentence” in a self-contained SLD class, but instead should be a prerequisite for a comprehensive, individualized evaluation. A formal assessment of basic psychological processes, academic functioning, as well as social-emotional status and the environmental determinants of behavior, seems appropriate in order to gain insight into the reasons for a child’s failure to RTI, leaving us in a stronger position to design individualized instruction so that the student may become successful after initial efforts have failed.

These comments about instruction still leave unanswered questions about who is being served. Although Fletcher and Reschly (2004) do not consider this an important question, we do and would like to see the identification process strengthened to provide greater confidence that the child in question is “truly” SLD. A formal assessment would seem the most appropriate and efficient way to enhance the identification process but Fletcher and Reschly disagree. The reasons for the disagreement are found in criticisms about “no natural cut points demarcating SLD from other forms of low achievement.” When combined with

“Although the actual interventions may change for children and problems, at no point in the RTI process is the instruction tailored to the unique learning needs of the student, because these needs are ignored.”

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measurement error, eligibility decisions are likely to be unreliable according to Fletcher and Reschly. Measurement error, however, is only a concern when there is rigid adherence to a single cut point without further investigation of other contributing factors. In the RTI model, of course, there is no measurement error concern, because there are no agreed upon measures for use in determining RTI, and little agreement as to the interventions that will be attempted (beyond word reading), or established guidelines for determining intervention integrity or efficacy.

Once again, Fletcher and Reschly (2004) are operating from an outdated system that features global IQ (“g” theory) and focuses on the ability-achievement discrepancy. That is not our emphasis and not our concern. Identifying ability-achievement discrepancies in rigid quantitative fashion has no meaningful role in SLD identification. The tests are merely tools for use in a comprehensive evaluation, and they are the measures that can identify disorders in the basic psychological processes fundamental to the identification of SLD. So, too, is identifying cognitive processing strengths for a group of children who are known to display achievement deficits despite the presence of intact intellectual abilities and processes. All of the newer instruments – the WISC-IV, CAS, KABC-II, SB5, and WJ III- offer ways to assess ability or processing assets and deficits. Each instrument provides 4 to 7 reliable and valid measures of processes or abilities, and all instruments deemphasize global scores in favor of profile interpretation. When practitioners use the newer tests appropriately, they are able truly to identify those individuals who have low achievement, presumably due to one or more identified processing deficits, while displaying clear-cut processing integrities. This latter group represents the “real” category of SLD. As a side benefit of great consequence, cognitive evaluations can provide great insight into each child’s processing strengths and weaknesses, enabling practitioners to design interventions that are specifically geared to help practitioners determine whether remediation and/or compensation of discovered deficits are necessary to meet the child’s needs. Indeed, RTI and cognitive assessment should be intimately entwined in SLD assessment to best serve children. However, Fletcher and Reschly seem to pit one against the other as if they are natural adversaries.

We do not consider this more “comprehensive” evaluation a legal requirement but rather a means to increase confidence about the validity of SLD

classification. At the end of the identification process, we do not need to provide evidence that a comprehensive assessment “enhances the effectiveness of instructional interventions, and advances attainment of more positive outcomes.” We are satisfied with a reliable and valid SLD classification because it provides a better foundation for both understanding the special needs of the student with SLD and designing effective instruction that will promote more positive outcomes. Comprehensive evaluations will allow for the development of interventions tailored to the needs of the child that can be carefully monitored to determine if they are effective.

Fletcher and Reschly (2004) remain skeptical about our suggestions, but their firmly entrenched position is substantiated by limited evidence for academic domains and specific instructional techniques, and documentation of their position decreases with each subsequent advocacy effort. For instance, in a recent position paper in the NASP Communique, Fletcher, Reschly and colleagues (Gresham et al., 2004) do not provide citations to support many of their claims and instead indicate “research citations will be supplied upon request to support the assertions made in this article (p. 35).” Although we are merely an ad hoc committee, we believe that there are many significant issues surrounding RTI that require answers, and we are not alone.

For example, at the December 2003 symposium organized by the National Research Center on Learning Disabilities Margo Mastropieri carefully examined the claims made by RTI advocates and asked several important questions that illuminate some of the weaknesses of this approach. For example, she asked: (1) “Where is the solid research base providing scientific evidence for optimal instructional methods and materials across all grade levels and all curriculum levels?”, (2) “Given that a significant number of students are currently identified at the middle and early high school years, how will RTI procedures apply in those settings?”, and (3) “Learning Disabilities may involve many more aspects of learning other than reading difficulties...how will problems with writing, spelling, handwriting, listening, note taking, organizational skills, maintaining learning at the pace of instruction” be managed? Similarly, Fletcher and Reschly need to respond to Scruggs and Mastropieri (2002) cautions that the RTI does not provide a procedure: (1) that addresses the multifaceted nature of SLD; (2) can be applied

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across the age spectrum of students with SLD; (3) can be applied with measures demonstrating technical adequacy; (4) will reduce overidentification of SLD; (5) will reduce inappropriate variability in identification rates across state and local educational authorities; and (6) will be more likely than current procedures to identify students who meet present conceptualizations of SLD.

Consistent with these concerns, McBride, Dumont, and Willis (2004) provide RTI proponents with several salient and unanswered questions, including: (1) How long will teams have to wait to determine whether a child RTI? (2) How will teams determine whether proposed interventions are “empirically based”, and will they be prescribed? (3) Will schools still consider the results of Independent Education Evaluations and will there be a “bull market” on them? (4) Who will be responsible for monitoring and evaluating the interventions, and does this affect the intervention outcomes? (5) What level of achievement deficit is required for intervention, and if unsuccessful, for identification as SLD? (6) Will all levels of the process be considered special education, and if so, how does this affect informed consent and funding allocations? and (7) When a child fails to RTI what will happen next?

Fletcher and Reschly (2004) emphasize that their response is based on recommendations from three “major” reports commissioned by Federal bureaucrats for the purpose of SLD identification. We are less impressed by these partisan reports, as they reveal more about foregone conclusions and ideological dogma than evidence-based recommendations. Fletcher and Reschly’s emphasis on these reports is a selective reference. They state “these reports did not recommend assessment of cognitive process for SLD because there is at best meager evidence demonstrating that such assessments facilitate identification or intervention. In fact, each of the three reports stated specifically that such assessments were not warranted for identification of SLD.” Fletcher and Reschly are selectively reporting consensus reports and omitting others that do not support their view. For example, the LD Roundtable consensus report (U. S. Department of Education, 2002) of members representing 10 national organizations concluded that “The concept of Specific Learning Disabilities (SLD) is valid, supported by strong converging evidence... neurologically-based and intrinsic to the individual.” Moreover, the LD Roundtable consensus

stated that identification “should include a student-centered, comprehensive evaluation and problem solving approach that ensures students who have a specific learning disability are efficiently identified”. The National Association of School Psychologists’ official position on assessment clearly states that no single approach to assessment should be used and that school psychologists should consider “all approaches to assessment are used in ways consistent with their scientific base, recognizing the uniqueness of each student and the referral question(s). These approaches include but are not limited to techniques such as norm- and performance-based assessments, functional assessment, standardized measures of intelligence, cognitive processing, and academics, curriculum-based assessment, psychological, personality, and other social-emotional measures, behavior rating scales, ecological assessment, portfolio review, etc.” Additionally, it is clearly stated in the re-authorized IDEA that the use of any single measure or assessment as the sole criterion for determining SLD is *not permitted*. The sole application of RTI for SLD determination is, therefore, inconsistent with IDEA language.

We must emphasize that although SLD identification needs modification the process needs to become more rigorous and systematic. The only tools with psychometric integrity and established validity are standardized – why not include them in part of a comprehensive evaluation after a child fails to RTI? How does the RTI model add rigor to the identification process? We do think the RTI model will increase rigor in the identification process, by ensuring children receive appropriate prereferral interventions prior to formal referral for comprehensive evaluations. But as a sole procedure for determining eligibility it will reduce rigor because it moves the identification process further away from our conceptual understanding of SLD. What can be said about a student who does not respond in the RTI model? We can all agree that this suggests the student possesses significant learning problems. What should not be concluded is that the student is now SLD. What is the basis for the SLD designation? We believe that, in reality, there is none unless there are some clever feats of legerdemain where reading (or math, or writing) problems magically transform themselves into SLD.

We believe that the real problem with the “radical” proponents of the RTI model lies not in the procedures they advocate, but rather in the leap of faith necessary for a failure to RTI to result in SLD.

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At best, the RTI model identifies students at-risk for continued learning failure, but this is a far cry from SLD in any significant or tangible sense. The RTI model cannot address the problems that have plagued the SLD field, namely the limited specificity of the SLD construct, and the inconsistent and idiosyncratic approach to diagnosis taken by both practitioners and researchers (Dombrowski, Kamphaus, & Reynolds, 2004). The history of the SLD construct clearly shows that it evolved beyond a reading or learning problem that resists treatment. Our concern is the potential for diagnostic chaos resulting from the lack of consistency between the RTI model and SLD construct and definition. Given the continued inclusion of the dubious ability-achievement discrepancy in IDEA, this chaos could border on educational anarchy and become a boon for special education advocates and litigants. As the RTI approach relies on subjective clinical judgment rather than objective methods guided by AERA, APA, and NCME standards (e.g., Dombrowski et al., 2004), the number of false positives and false negatives will likely increase dramatically, because of a failure to articulate what a true positive actually is. If implemented blindly, this unfortunate scenario would do little to enhance SLD identification.

The RTI concept, when implemented in concert with a sensible comprehensive evaluation that includes standardized assessment of basic psychological processes, will enhance the entire SLD assessment process, from identification to intervention implementation, evaluation, and recycling. As research clearly supports that children with SLD have specific developmental deficits, not delays (Francis et al., 1996), identifying those cognitive deficits can help ensure concurrent, predictive, ecological, and treatment validity of the results. When considered within the context of a larger problem-solving model, individual cognitive and neuropsychological assessments can inform instructional efforts that can then be systematically developed and evaluated through ongoing progress monitoring using single subject designs, a position lucidly argued by Braden and Kratochwill (1997). Not only will all children be served by the model we propose, but a greater consistency between the definition of SLD and the methods used to identify these children will be obtained as a result.

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**THE  
COMMENTARY  
SECTION**

**Below is a critique of the *American Academy of School Psychology Statement on Comprehensive Evaluation for Learning Disabilities* by AASP Ad Hoc Committee on Comprehensive Evaluation for Learning Disabilities, Volume 58, Number 3 (Summer 2004).**

**Following this commentary, the AASP Ad Hoc Committee offers a response to Gresham et al's paper.**

## Comprehensive Evaluation of Learning Disabilities: A Response to Intervention Perspective

**Frank M. Gresham, University of California-Riverside, Daniel J. Reschly, Vanderbilt University, W. David Tilly, Heartland Area Education Agency, Jack Fletcher, University of Texas Health Sciences Center at Houston, Matthew Burdick, University of Minnesota, Theodore Christ, University of Southern Mississippi, David Prasse, Loyola University of Chicago, Mike Vanderwood, University of California-Riverside, & Mark Shinn, National Louis University**



Recently, the American Academy of School Psychology (AASP, 2004) expressed concern over certain language contained in the House (HB 1350) and Senate (SB 1248) reauthorization bills of IDEA. The language that concerns the AASP is the “response to intervention” alternative in both the House and Senate bills. This language addresses state education agency (SEA) and local education agency (LEA) SLD policies, and states specifically “...the LEA shall not be required to take into consideration whether a child has a severe discrepancy between achievement and intellectual ability in...” (achievement areas listed) and “In determining whether a child has a specific learning disability, a LEA may use a process which determines if a child *responds to a scientific, research based intervention* (emphases added).

The AASP seems to fear that some educational agencies and school psychologists may take this language to mean that a comprehensive evaluation is *not* needed to qualify a student as having a specific learning disability (SLD). There is obviously nothing in this language that would suggest a comprehensive evaluation is not needed. In fact, the student's right to a comprehensive, fair, and nondiscriminatory assessment is ensured under the Procedures for Evaluation and Determination of Eligibility component of both the House and Senate versions of the reauthorization bills. In fact, the proposed reauthorization does not change the protections that first appeared in the Education of the Handicapped Act (EHA) (1975, 1977) and that have continued with

important additions in subsequent reauthorizations of the Individuals with Disabilities Education Act (IDEA) including the most recent (1997, 1999). We know of nothing that will change the “full and individual evaluation” requirement (34 C. F. R. 300.531), nor do we wish to do so.

The AASP statement reflects two misconceptions about current requirements.

*1. Does the law require the assessment of cognitive and perceptual processing in the full and individual evaluation of students suspected of specific learning disability?*

First, nothing in the current and past versions of the IDEA statute or regulations requires that standardized tests be given to determine a child's eligibility for special education. Moreover, there is nothing in either the pending House or Senate IDEA reauthorization bills that mandates a response to intervention (RTI) model, although we believe that the best interests of children are served by a strong RTI component in eligibility determination. RTI along with a problem solving process operationalizes disability in part by documented slow rate of learning and large differences from age or grade expectations even though high quality, scientifically based interventions are provided to the child.

The EHA/IDEA has never required the assessment of cognitive or perceptual processes as part of determining SLD eligibility. The history of SLD as part of EHA clarifies this issue. When Congress enacted EHA in 1975, a conceptual

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definition of SLD highlighting deficits in psychological processes related to learning was in prior federal statute. This conceptual definition was continued in EHA; however, Congress expressed grave concerns about the absence of well-established methods to diagnose SLD, the likely of large variations between states in diagnostic methods, and the possibility of unacceptably large percentages of children and youth diagnosed as SLD.

Due to these concerns Congress ordered the Bureau of Education for the Handicapped (the forerunner of the Office of Special Education Programs) to establish classification criteria for SLD that would provide guidance to states and limit prevalence (1975 EHA statute cited in the Federal Register, November 29, 1976). What followed was an intense debate about how best to diagnose SLD. Cognitive and perceptual processing approaches were *rejected* in the mid-1970s because ample evidence available then indicated that these measures did not produce more accurate identification of SLD, valid and effective implications for instruction, or improved accuracy of predictions about outcomes.

Nevertheless, SLD classification criteria had to be developed and published in the Federal Register by December 31, 1977 or a de facto prevalence cap of 2% automatically went into effect. A controversial solution in the form requiring "...a severe discrepancy between achievement and intellectual ability" with areas of achievement listed was published just before the deadline (Federal Register, December 29, 1977). This action produced, in effect, a definition that emphasized psychological processing and classification criteria that ignored psychological processing and emphasized general intellectual functioning and achievement.

Despite the absence of validity evidence or effective control of SLD prevalence, the ability-achievement discrepancy survived for 25 years. Research published beginning in the late 1980s and continuing to the present established unequivocally the intractable validity and reliability problems with ability-achievement discrepancy as a key marker of SLD. Moreover, ability-achievement discrepancy caused harm by delaying treatment, a phenomenon well known to school psychologists.

It has been nearly 30 years since cognitive and perceptual processing was rejected as a basis for SLD classification criteria. Has anything occurred to change that decision? We note the publication of several processing tests, some of them based on

theory, claiming to measure key processing components of SLD. In some cases the results of these tests are tied to hypothetical (usually unverifiable) inferences about brain structure or processes. We have not seen, however, the development of a substantial body of evidence showing that the use of cognitive and perceptual processing measures, a) improve the accuracy of SLD identification, b) produce reasonable control over prevalence, c) contribute to more effective instructional interventions, or d) enhance predictions of important outcomes. Absent evidence that the use of cognitive and perceptual processing measures improve child outcomes, we urge the use of other approaches that are more related to positive child outcomes. Current law does not require assessment of cognitive and perceptual processes as part of SLD eligibility determination. We believe this policy is appropriate and in the best interests of children and youth.

2. *What is a comprehensive evaluation?*

AASP advocates for the inclusion of "psychometrically sound, norm referenced measures of cognitive ability and academic achievement" as an important part of LD diagnosis and that "a response to intervention process should not be viewed as a sole criterion for diagnosing LD." We know of no RTI advocates who suggest RTI as a sole criterion for SLD eligibility. Perhaps we can resolve this question by describing two principles strongly endorsed by RTI advocates.

The first principle is that the measures and domains included in a comprehensive evaluation should be determined by their relationships to child outcomes. Useful and appropriate measures and domains have a documented relationship to positive child outcomes; not just predictions of failure. Measures without such relationships do little for children and may cause harm because they deflect attention from measures and domains that can be used to produce positive outcomes along with the expenditure of precious resources without benefits to children. If unrelated to positive child outcomes, even with good psychometric properties and ties to theories, we can see no benefit to children.

The second principle endorsed by RTI advocates actually appears currently in two federal regulations at 34 C. F. R. 300.532.

- A variety of assessment tools and strategies are used to gather relevant functional and developmental information about the child (emphasis added)
- The child is assessed in all areas related to the

**“Absent evidence that the use of cognitive and perceptual processing measures improve child outcomes, we urge the use of other approaches that are more related to positive child outcomes.”**

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suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities (emphasis added).

It is critical to understand the qualifying phrase, "if appropriate" in the clause cited above. Does the list of areas mandate in depth assessment in each of the areas? Surely that cannot be the intent OR all children considered for special education eligibility would be given in depth examinations in the domains of health, vision, hearing, and motor abilities involving multiple medical specialists.

Surely, it must mean that all of the domains listed and others not listed are *considered through* screening for problems and, *if appropriate*, followed up with in-depth assessment. The role of general intellectual functioning in SLD, given the failure of the ability-achievement discrepancy, has no greater status than any of the other areas listed in this regulation. It is a domain like vision and hearing in which children should be screened for problems with in depth assessment occurring only when indicated.

If SLD is to be diagnosed as required in most states with categorical special education systems, general intellectual functioning should be screened in order to rule out mental retardation (MR), if it is suspected. Brief screening measures for intellectual functioning are sufficient to decide whether MR likely exists based on the strong relationship between short-form intellectual assessment tools and full scale IQ. Absent information suggesting MR and with the rejection of the ability-achievement discrepancy, in depth, comprehensive measures of general intellectual functioning have little role in SLD diagnosis.

#### 3. What is the core of the comprehensive evaluation with SLD?

AASP claims that, "The core procedure of a comprehensive evaluation of LD is an objective, norm-referenced assessment of the presence and severity of any strengths and weaknesses among the cognitive processes related to learning in an academic area."

We disagree. As noted earlier, there is NO substantial body of evidence that cognitive processing domains and measures improve SLD identification, control prevalence, translate into more effective instruction, or improve prediction of the outcomes of interventions. Absent such evidence, benefits from cognitive and perceptual

processing practices to children are ephemeral.

We view *direct measurement* of achievement, behavior, and the instructional environment in relevant domains as the core foci of a comprehensive evaluation in SLD. Our focus is on achievement, behavior, and the instructional environment because we are concerned primarily with the assessment of measurable and *changeable* aspects of the instructional environment that are related to child outcomes. That concern leads to in-depth analysis of academic skills in key achievement domains in which performance is low compared to peers. In our assessment activities we focus on the factors that are related to achievement and interventions to improve rate and level of skill development.

We would argue that some significant proportion of children who are or might be identified as SLD may be more accurately characterized as "instructional casualties." Many of these children "learn to be learning disabled" because they are not exposed to early fundamental literacy skills (e.g., phoneme awareness, print concepts, letter-sound correspondence). Moreover, many are exposed to marginally effective general education reading curricula and instruction that have either not been scientifically validated or that are implemented with poor integrity. Focusing only on the child, as often is the case with comprehensive evaluations using cognitive processing as the core, leads to missing extremely important factors in what may appear to be SLD.

The RTI core in the comprehensive evaluation of SLD and other students with disabilities involving low achievement is to screen in domains of behavior that might affect achievement (vision, hearing, etc.). Absent information indicating the need for in depth assessment in those areas, we then focus directly on current skills, instructional environments, behaviors, and interventions. The emphasis on academic skills, for example, with children with reading problems the comprehensive evaluation focuses on, along with other domains, phonemic awareness (seen as a skill area, not as a correlated cognitive process), phonetic knowledge, fluency, vocabulary, and comprehension. We determine the child's current level of skills, differentiate acquisition versus performance deficits, and work with teachers in applying effective interventions to improve academic performance.

The RTI core also involves analyses of prior and current instructional opportunities and the application of powerful instructional principles

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related to more positive outcomes. Moreover, competing problem behaviors that interfere with the delivery of instruction are assessed and, as needed, powerful behavioral interventions are applied. Instructional variables assessed include alterable factors such as: time allocated for instruction, academic learning time, pacing of instruction, number of opportunities to respond, sequencing of examples and nonexamples of skills, and so forth.

Comprehensive evaluation in a RTI model focuses on direct assessment of *teachable skills* related to the curriculum that inform decision makers about what to teach and how to teach it. Evaluation in a RTI model also collects representative, direct, and low inference measures that focus on referral concerns and answer the assessment question(s). Evaluation in a RTI model uses the principle of convergent validity and comparative data collected from multiple sources across multiple settings to inform decision-making. Finally, comprehensive evaluation in a RTI model involves the direct measurement of the treatment integrity of instructional interventions delivered in the general education classroom.

Precise measurement and instructional/behavioral interventions are considered part of the RTI model of a comprehensive system of multi-tiered interventions that focus on prevention, early identification/early intervention, identification of disabilities and provision of special education. Children proceed through a graduated series of increasingly intense interventions guided by increasingly precise measurement of skills and responses to instructional/behavioral interventions. Disability is conceptualized as: (a) *low level* of performance in a relevant domain in relation to peers, (b) slow growth rates compared to peers despite high quality, scientifically-based interventions, (c) documented adverse impact on educational performance, (d) documented need for special education, and (e) exit criteria defining goals for the special education program. Child achievement and behavior outcomes in natural settings drive decisions at every step in the RTI comprehensive evaluation of SLD.

The science of psychology is applied through problem solving, development of direct measures that are individualized to children and settings, the application of powerful instructional and behavior change principles, and the assessment of change in performance. Complex measurement issues are involved with determining growth rates compared to peers and in other aspects of measuring outcomes.

The objectives are clear. The core of RTI is producing better outcomes through decisions made on the basis of child responses to high quality interventions. These methods are based on an enormous database of published research regarding variables related to positive child outcomes.

RTI expands school psychologists' opportunities to apply the rich knowledge base of psychological theory, principles, and research and improves the demand for school psychologists. In every setting using RTI today, demand for school psychologists has remained stable (despite draconian cuts in school budgets) or has increased. We are convinced that the future of school psychology is enhanced through adoption of problem solving, application of empirically-based interventions, precise measurement of progress, and decision making based on response to treatment.

#### **Conclusion**

There is a burden of proof in these discussions. The burden of proof rests with those who advocate the use of cognitive processing tests just as RTI advocates must document claims made about child outcomes. Alan Kaufman, a developer and advocate of cognitive processing measures noted correctly that the stakes are high in a workshop description that appeared in the 2004 Annual Convention Program of the National Association of School Psychologists.

"With the certain disappearance of the ability-achievement discrepancy for the determination of learning disabilities, along with other substantial changes in definitions and procedures, the fate of the traditional IQ test and the newer breed of theory-based cognitive measures—as well as the nature of clinical practice in general—hangs in the balance."

Indeed the stakes are high for traditional psychologists and the school psychology profession. It is quite clear that school psychologists adopting a RTI approach will administer fewer IQ tests and tests of cognitive processing. We think, however, that the stakes for children are equally salient and a higher priority. Wasting precious time and resources in activities that result in minimal benefits for children cannot be continued even if the interests of some psychologists are diminished. In the end, we all have to be accountable for the child outcomes associated with our services. The continued failure of processing conceptions and measures, whether couched in cognitive, neuropsychological, or information processing terminology, to improve

**“Comprehensive evaluation in a RTI model focuses on direct assessment of *teachable skills* related to the curriculum that inform decision makers about what to teach and how to teach it.”**

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THE  
COMMENTARY  
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Reply to Response-to-Intervention  
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“The ad hoc committee addressed the suggestion, made in the President’s Commission report, that the special education identification process should be drastically changed.”

**Fredrick A. Schrank, Hedwig T eglasi, Irna L. Wolf, Jeffrey A. Miller, Linda C. Caterino, & Cecil R. Reynolds, The American Academy of School Psychology**

On behalf of the American Academy of School Psychology (AASP), we would like to thank the editors and readership of *The School Psychologist* for publishing the AASP “Statement on Comprehensive Evaluation for Learning Disabilities” and for the opportunity to reply to Gresham, Reschly, Tilly, Fletcher, Burns, Christ, Prasse, Vanderwood, and Shinn’s “Response to Intervention Perspective on Comprehensive Evaluation for Learning Disabilities,” which also appears in this issue. The debate over identification of specific learning disabilities (SLD) is arguably one of the most important issues in school psychology practice today. Consequently, we welcome this professional dialogue as part of the primary objective of the AASP: to contribute to the development and maintenance of school psychology practice at its highest level.

#### Summary of AASP Statements

The AASP has developed two position papers, or statements, related to the identification of individuals with SLD. The major tenets of these statements are summarized in this section.

The first AASP statement was developed by an ad hoc committee of Academy Fellows in response to the *Report of the President’s Commission on Excellence in Special Education* (AASP, 2002). The ad hoc committee addressed the suggestion, made in the President’s Commission report, that the special education identification process should be drastically changed. The AASP concurred that the ability-achievement discrepancy model is a

controversial—and misused—component in identifying SLD. To address the misuse, the AASP recommended that procedures for determining eligibility should be amended to discourage the use of an ability-achievement discrepancy formula as the sole or determining measure of the presence of SLD. However, the Academy’s statement expressed a common belief of the committee members: Norm-referenced cognitive measures provide important information that is useful for determining the presence, nature, and severity of a specific learning disability.

A second statement with a similar theme (AASP, 2004) was based on a subsequent survey of all Fellows of the Academy who overwhelmingly agreed that any proposed criteria for diagnosing SLD should emphasize the requirement for a comprehensive evaluation. Similar to our concern over a singular focus on the ability-achievement discrepancy criteria for SLD diagnosis, the Fellows asserted that using a response-to-intervention (RTI) model as the *sole criterion for diagnosing SLD* would not be an improvement in practice.

#### Legislative Basis for AASP Statements

An evaluation for SLD—if it is *comprehensive in nature*—must address the legal definition and identifying characteristics of SLD set forth by 300.7 (c) (10) as follows:

- (i)(i) General. The term means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an

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#### Comprehensive Evaluation of Learning Disabilities: A Response to Intervention Perspective

identification and treatment with children classified as poor achievers or SLD should be reflected in policy and practice. The future of school psychology will be bright if we lead the development of practices that produce positive outcomes for children and avoid perpetuation of practices such as cognitive processing assessment that are unrelated to positive outcomes.

We welcome further dialog with AASP

members and other professional colleagues. Through this dialog we hope to improve the opportunities and outcomes for children and youth. To guide this dialog about school psychology practices, we strongly suggest one ground rule. The litmus test is child outcomes. On that principle we stand firmly and confidently.

**Please e-mail all submissions for *The Commentary Section* to: [LReddy2271@aol.com](mailto:LReddy2271@aol.com)**

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**American Academy of School Psychology Reply to Response-to-Intervention Perspective**

imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

(ii) Disorders not included. The term does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.<sup>1</sup>

The legal definition of SLD is not changed in either the House or Senate versions of the reauthorization legislation that specify the identifying characteristic of SLD as a processing disorder. This characteristic marker of SLD was first recognized by pioneers in the study of SLD (Cruickshank, 1983; Kirk, 1978) and remains recognized today by the representatives of 10 professional groups in a consensus paper orchestrated by the National Center for Learning Disabilities and the Office of Special Education Programs (2002), "An essential characteristic of SLD is failure to achieve at a level of expected performance based on the student's other abilities" (p. 18). Consequently, there is longstanding and broad professional consensus that in SLD at least some other cognitive abilities—particularly those not strongly related to the specific area of concern—are not impaired.

Similarly, the breadth of the comprehensive evaluation is defined by the proposed regulations at 34 C.F.R. 300.532 that state:

- *A variety of assessment tools and strategies are used to gather relevant functional and developmental information about the child (emphasis added), and*
- *The child is assessed in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities (emphasis added).<sup>2</sup>*

Gresham and colleagues challenge the Academy's statement that "the core procedure of a comprehensive evaluation of LD is an objective, norm-referenced assessment of the presence and severity of any strengths and weaknesses among the cognitive processes related to learning in an academic area." Instead of addressing the processing definition of SLD, Gresham et al. argue for "direct measurement of achievement, behavior,

and the instructional environment in relevant domains as the core foci of a comprehensive evaluation in SLD" and further suggest that "disability is conceptualized as a low level of performance in a domain relative to peers, slow growth rates compared to peers, a documented adverse impact on educational performance, and a documented need for special education."<sup>3</sup>

**Reply to the Response-to-Intervention Perspective**

Low achievement in comparison to classroom peers and slow rates of learning in response to intervention, the central foci of RTI proponents, are typically good starting points for establishing the need for a comprehensive evaluation. However, we should keep in mind that prior to a referral, someone—usually a qualified teacher—has typically been engaging in appropriate instructional practices with the referred student. The teacher, noting that a child's achievement appears discrepant from peers and that current strategies are not effective, would bring the child's needs to the attention of the child study team and/or intervention specialist. The team or specialist would typically suggest additional interventions or modifications in the form of pre-referral services. Some state regulations that have implemented these types of pre-referral intervention activities have assigned a mandatory review date, such as 60 days, for the implementation and review of these interventions so that if a student continues to demonstrate learning problems a comprehensive evaluation must be initiated to understand why the student is not responding to the interventions. Such an evaluation would examine any relevant variables—including intra-individual differences in cognitive abilities—that may help explain why the child's achievement and learning rates appear to be discrepant from those of their peers.

Among other considerations, a comprehensive evaluation for SLD would include an assessment of the core cognitive processes or abilities that are causing (or related to) an academic problem and that are either amenable to intervention or require educational accommodations. For example, phonological processing is a core cognitive process and a core causal factor of specific reading disabilities as reported in a major review of the literature by Velluntino, Fletcher, Snowling, and Scanlon (2004). The most effective evidence-based interventions for specific reading disabilities are training programs that target the remediation of identified phonological processing deficits

“...a comprehensive evaluation for SLD would include an assessment of the core cognitive processes or abilities that are causing (or related to) an academic problem and that are either amenable to intervention or require educational accommodations.”

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**American Academy of School Psychology Reply to Response-to-Intervention Perspective**

“School psychologists are instrumental in determining SLD because, unique among other professionals, they possess the knowledge and skill set for addressing the core definition of SLD.”

(Shaywitz, 2003; Velluntino et al., 2004). School psychologists can measure phonological processing using norm-referenced tests either after a student has failed to respond to interventions or, more importantly, before the student is supposed to have learned to read. Because a deficit in the core cognitive process of phonological processing can be easily identified using norm-referenced cognitive tests, early intervention targeting phonological processing skills can be implemented.

Processing speed is an example of a well-researched basic psychological process that has implications for SLD identification and the provision of educational accommodations. Kail and colleagues (1990, 1999, 2003) have provided evidence that this psychological process is informative and important to understanding the nature of many types of cognitive disabilities. Several studies have demonstrated that students with SLD score significantly below non-SLD peers on norm-referenced measures of processing speed (Ackerman, Dykman, & Peters, 1977; Gregg, Coleman, Flaherty, Norris, Jordan, Hoy, & Davis, 2003; Gregg, Jordan, Davis, Hoy, Coleman, & Knight, 2003; Johnson & Wollersheim, 1997; Ofiesh, 2000; Vance, Wallbrown, & Blaha, 1978) and that many individuals with SLD are slower than peers on a variety of timed cognitive and academic tasks (Bell & Perfetti, 1994; Geary & Brown, 1990; Hayes, Hynd, & Wisenbaker, 1986; Shaywitz, 2003; Wolff, Michel, Ovrut, & Drake, 1990).

Without psychometric measures of the basic cognitive processes, there is simply no reliable and valid way to differentiate SLD from other causative factors for poor learning outcomes. In a recent study examining the validity of the RTI paradigm, Case, Speece, and Molloy (2003) noted that, apart from the nature of the instruction and its context, individual differences in response to instruction—which they termed the child’s “persona” or “access to learning”—need to be understood. However, as a consequence of redefining the conceptual basis for a comprehensive evaluation of SLD as the behavioral sequelae of learning problems, Gresham and colleagues appear to negate the disorder itself. Perhaps this is why Fuchs, Mock, Morgan, and Young (2003) recommend that cognitive assessments be used for students who do not respond to treatments (without their use, the SLD construct will disappear altogether and lead to a category of high-incidence disabilities). They concluded that “more needs to be understood before RTI may be viewed as a valid means of identifying students with LD” (p. 397).

**Professional Purpose**

The AASP is organized for the purpose of contributing to the development and maintenance of school psychology practice at its highest level. The AASP strives to represent a balanced perspective based on the views of experienced professionals who are broadly trained in professional psychology and who are board-certified Diplomates in School Psychology by the American Board of Professional Psychology (ABPP). Academy Fellows have stressed the need for a comprehensive evaluation for diagnosing SLD.

School psychologists are instrumental in determining SLD because, unique among other professionals, they possess the knowledge and skill set for addressing the core definition of SLD. Additionally, school psychologists are broadly trained to distinguish between the emotional and cognitive or processing deficits that contribute to academic difficulties. In most school settings, school psychologists are the most highly qualified professionals to:

- (1) conduct individual and comprehensive diagnostic evaluations for SLD that include reliable and valid measures of the basic psychological processes;
- (2) determine if the learning problems are related to, or primarily the result of, other disabilities, particularly emotional disturbance and mental retardation;
- (3) interpret assessment data to develop an understanding of the nature of the learning problem(s); and
- (4) use the understanding gained from a variety of assessment tools and educational strategies to inform appropriate recommendations for instruction and/or accommodation.

Ultimately, accurate identification of SLD should be a multidimensional process that includes understanding why the student is having difficulty learning. Dynamics that are intrinsic to the individual (i.e., cognitive processes) and external conditions (i.e., methods of instruction) interact uniquely for different individuals. A student’s responsiveness to intervention is unquestionably an important part of an intensive effort to positively influence learning outcomes, but this strategy should not be construed to represent a full and individual comprehensive evaluation. As professional psychologists, we support the application of broad-based and psychometrically sound comprehensive evaluation practices to develop an objective

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**American Academy of School Psychology Reply to Response-to-Intervention Perspective**

understanding of the nature of the student's learning problem. We agree with the suggestion made by Fletcher, Morris, and Lyon (2003) that a model for identifying SLD that integrates psychometric tests and intervention strategies is likely to provide the broadest picture of the child and the learning problem.

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**Footnotes**

- 1 See Congressional Research Service Report RL31259, *The Individuals with Disabilities Education Act: Statutory Provisions and Selected Issues*.
- 2 Note the contrast between our emphases and those of Gresham et al. to 34 C.F.R. 300.532. We emphasize that a "variety of assessment tools and strategies are used" whereas Gresham and colleagues highlight only "relevant functional" information. We have added emphasis to "the child is assessed in all areas related to the suspected disability" whereas Gresham and colleagues emphasized the words "if appropriate." Because English is a head-initial language, we suggest that the primary semantic intent of the proposed regulations is found within the initial concept in each bullet—as we have emphasized.
- 3 This definition suggests that all children who show this performance pattern meet the legal criteria for SLD. We find this questionable. Not all children who are performing at a level below that of their peers will show evidence of a disorder in one or more of the basic psychological processes. In addition, a comprehensive evaluation may yield information to suggest that the reason underlying the low level of performance may be due to exclusionary factors (see "Disorders not included" in 300.7 (c) (10) (ii)).

**Please e-mail all submissions for The Commentary Section to: LReddy2271@aol.com**

## BOOK REVIEW

Brophy, Jere. (2004).  
*Motivating students to learn* (2nd ed.).  
 Mahwah, New Jersey: Lawrence Erlbaum Associates.  
 Pp. xiv + 418. ISBN 0-8058-4772-3.

Paula S. Wise, Western Illinois University

“Students are motivated when they believe they are able to succeed at a given task and when they understand and value the outcome of the task.”

I recently wrote a review of Jere Brophy's *Motivating Students to Learn* (2nd ed.) for an online education journal (Wise, 2004). After submitting the review, however, it occurred to me that this book would be of interest to school psychologists, many of whom might not see the review in *Education Review*. So I have adapted the original review slightly (with permission of *Education Review*) for *The School Psychologist*.

In the second edition of his book, *Motivating Students to Learn* (2004), Brophy addresses topics that educators have considered probably since before Socrates and other topics that educators may never have considered. Many of his ideas are research based and described in such a way that educators may be able to formulate more succinctly their own unique philosophies of and principles for motivating students. As school psychologists, we frequently get questions from teachers and parents about motivating students. Although each of us probably has ideas or suggestions we can make in response to such requests (e.g., talk to the child, observe the child in the classroom, set up a quiet place to study at home), Brophy takes a more academic or theoretical approach. He begins the discussion by defining student motivation. Students are motivated when they believe they are able to succeed at a given task and when they understand and value the outcome of the task. Teachers, therefore, need to emphasize the reasons for their lessons and convince students they can be successful. Students who do not value the activity and/or do not believe they will be successful may be expected to adopt a variety of maladaptive strategies in the classroom.

Brophy encourages teachers to establish learning communities in their classrooms by making students feel comfortable, cared about, and empowered. Learning should be emphasized, but within a supportive climate. For optimal learning to occur, students must feel safe and secure whether asking for clarification, venturing opinions, or seeking assistance. Brophy also urges educators to make their classrooms physically attractive to the

extent possible. As someone who teaches in windowless and concrete classrooms, I wholeheartedly appreciate this perspective but wonder at its feasibility.

Brophy's positive approach to learning and motivation comes through in every chapter. The overarching principle in the book is that all students can be motivated to be successful in all subjects using a variety of techniques. He addresses the need to focus on achieving success rather than avoiding failure. When students are successful, that success should be attributed to their ability and effort. Any failures should be attributed to a lack of relevant information and/or effort, but not to a lack of ability. Again, he ties this back to the idea that students must believe they can be successful.

What kind of feedback motivates students? Brophy encourages teachers to provide informative feedback. It is less helpful to tell students simply how well or poorly they did. Instead, students should be told what they did particularly well, as well as what they need to do to improve. Strengths as well as weaknesses should be discussed. It is also helpful to stress the connection between effort and outcome. All of us like to hear that our efforts are appreciated as well as useful in achieving our goals.

In addition to general guidelines for motivating students there are also some gems in the book that readers will want to copy and perhaps share with colleagues. For example, on page 81 there is a list of strategies for test administration (e.g., let students know about tests well in advance, avoid time pressures, avoid behavior during testing that may appear threatening) that I plan to copy and leave in our faculty lounge.

Chapter Five discusses ways of “rebuilding discouraged students’ confidence and willingness to learn.” Certainly this is a topic of interest to all school psychologists. Brophy even identifies four different types of unmotivated students: those with limited ability who have a hard time keeping up and thus develop low expectations; those who have developed failure attributions and are experiencing learned helplessness; those who are obsessed with

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**Brophy, Jere. (2004). *Motivating students to learn* (2nd ed.).**

self-worth protection; and those who underachieve in order to avoid responsibilities.

Chapters Six, Seven, and Eight address the extrinsic versus intrinsic rewards debate of education. Brophy offers suggestions about making the curriculum more intrinsically rewarding to students by focusing on student autonomy and competence, emphasizing relevance of subjects, and providing opportunities for project-based learning. On the other hand, he notes that extrinsic incentives can be effective at times, although he cautions educators not to become too dependent on such rewards as they may undermine learning in the long run. In Chapter Nine Brophy notes that fostering students' motivation to learn may be more realistic than finding ways to make every subject intrinsically motivating. He defines motivation to learn as "a student's tendency to find academic activities meaningful and worthwhile and to try to get the intended learning benefits from them." (p. 249).

Additional useful treasure troves of information in the book are the chapters dealing with motivating discouraged, uninterested, and alienated students. These chapters may be unusually helpful for discouraged teachers struggling with such students on a daily basis.

Overall, the book is recommended for school psychologists, teachers, administrators – anyone dealing with issues of student motivation. It provides a thought provoking and in depth discussion of a critical topic.

**Reference:**

Wise, P. S. (2004). Brophy, Jere (2004). *Motivating students to learn*. Second edition. Mahwah, N. J.: Lawrence Erlbaum. Education Book Reviews. <http://www.lib.msu.edu/corby/reviews/posted/brophy.htm>

“Additional useful treasure troves of information in the book are the chapters dealing with motivating discouraged, uninterested, and alienated students.”

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**EXECUTIVE  
COMMITTEE**

# Petition for Continued Renewal of Specialty of School Psychology Submitted to APA—CRSPPP

“Following the period of review, feedback, and possible revisions, CRSPPP will review the Petition at their April 2005 meeting.”



The Division 16 Executive Committee is happy to report that the Petition for Continued Renewal of the Specialty of School Psychology has been submitted to the Committee for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) (there was a December 1, 2004 deadline). CRSPPP requires a review every seven years, very similar to the process required for education and training programs in professional psychology for accreditation through the Committee on Accreditation.

Division 16 President Cecil Reynolds appointed Deborah Tharinger to chair the Task Force for the Continued Renewal Petition, and appointed Elaine Clarke, Steve Demers, George DuPaul, and Randy Kamphaus as members to the Task Force, as well as Ron Palomares. The Task Force was fortunate that the Petition submitted in 1997 was so outstanding that only updating was needed. Thus, this Petition is based on the 1997 Petition, which served as an excellent foundation for the Specialty of School Psychology at the doctoral level. This Petition has been updated in relation to recent events in federal law and policy that affect the specialty, developments in assessment, intervention, prevention and corresponding research that impact the specialty, and cited references. Clarifications of the previous Petition have been made where needed, as well as slight additions.

Thanks again to Jan Hughes and Jane Close Conoley for spearheading the excellent 1997 Petition.

A final draft of the Petition was reviewed and approved by the Executive Committee of Division 16. In addition, input and letters of support were received from the National Association of School Psychologists (NASP), Council for the Directors of School Psychology Programs (CDSPP), Society for the Study of School Psychology (SSSP), American Academy of School Psychology (AASP), American Board of School Psychology (ABSP), and Trainers of School Psychologists (TSP).

The Petition itself consists of a 65 page, single spaced narrative that addresses the 12 criterion required by CRSPPP (see below), as well as appendices that include the descriptions of the four

programs featured, a list of APA Accredited School Psychology Programs, By-laws of Division 16, examples of Division 16 publications, and the last four years of budgets for Division 16. The School Psychology Programs at the University of Utah, Lehigh University, the University of Texas, and the University of Georgia were presented to illustrate education and training procedures.

- Criterion I. Distinctiveness.
- Criterion II. Structures and Models of Education and Training in the Specialty.
- Criterion III. Doctoral Education and Training Prerequisites to Specialty Preparation.
- Criterion IV. Advanced Scientific and Theoretical Preparation.
- Criterion V. Advanced Preparation in the Parameters of Practice.
- Criterion VI. Public Need for Specialty Practice.
- Criterion VII. Administrative Organizations.
- Criterion VIII. Effectiveness.
- Criterion IX. Quality Improvement.
- Criterion X. Guidelines for Specialty Service Delivery.
- Criterion XI. Provider Identification and Evaluation.
- Criterion XII. Continuing Professional Development and Education.

There will now be a 60 day period of public review of the Petition. Notification that the Petition can be found on an APA website will occur in the APA Monitor. Following the period of review, feedback, and possible revisions, CRSPPP will review the Petition at their April 2005 meeting. If approved, CRSPPP, hopefully along with members of Division 16 Executive Committee members, with consultation from NASP, will write an Archival Description of the Specialty. We are fortunate that Nadine Lambert is a member of CRSPPP. The final step will involve endorsement by the APA Council of Representatives (CoR), likely at their August 2005 meeting. Members of the Task Force, Deborah Tharinger and Randy Kanphaus, currently are representatives to CoR, which should be facilitative. Thanks to all who helped to make the revision and

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**Petition for Continued Renewal of Specialty of School Psychology Submitted to AP A-CRSPPP**

submission of this Petition a smooth and collaborative process.

The 60-day period for public notice and opportunity for comment will be from February 1- April 1, 2005. Comments may be submitted to Joan Freund at [jfreund@apa.org](mailto:jfreund@apa.org). The Petition will be posted for review during the comment period at the the CRSPPP website at <http://www.apa.org/crsppp/>. CRSPPP will consider the petitions at their annual meeting in May 2005.

Petitions from Clinical Psychology (Div. 12: Society of Clinical Psychology), Clinical Child Psychology (Div. 53: Society of Child and Adolescent Psychology), Counseling Psychology (Div. 17: Society of Counseling Psychology) are also open for review and comment.

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# Developments, Issues and Controversies in Pediatric Psychopharmacology: The Division 16 Task Force on Psychopharmacology, Learning and Behavior

**Tom Kubiszyn, University of Houston**

A forthcoming Special Edition of *School Psychology Quarterly* (SPQ) will be devoted to a series of papers from the Division's Task Force on Psychopharmacology, Learning and Behavior. The Task Force was formed in 2002 under the presidency of Jack Cummings and is chaired by Tom Kubiszyn. Task Force members include Ronald T. Brown, George DuPaul, Thomas Power, all Division members, and Marianne Glanzman, a developmental/behavioral pediatrician. For those of you unfamiliar with this Task Force, or the Division's history of involvement with pediatric psychopharmacology, we offer a brief history and then describe the articles to be included in the forthcoming SPQ Special Edition.

## History

In 1992, the Division 16 Executive Committee (EC), under the leadership of Jon Sandoval, sponsored a Task Force on Psychopharmacology in the Schools and charged it with identifying issues, controversies, implications and possible opportunities for the field of school psychology around the emerging arena of pediatric psychopharmacology. The members of this Task Force were Tom Kubiszyn, (chair), Ronald T. Brown, Steve DeMers, Steve Landau, Cecil Reynolds and Desmond Kelly, a developmental pediatrician. The Division 16 EC accepted the report of the Task Force in August 1992. Presentations at APA and NASP, a survey of the membership's attitudes and a series of articles in *SPQ* in 1994 (Brown, Dingle, & Landau, 1994; Carlson & Kubiszyn, 1994; DeMers, 1994; Kratochwill, 1994; Kubiszyn, 1994) and 1995 (Kubiszyn & Carlson, 1995) disseminated the findings of the Task Force.

In the decade since this Task Force reported its findings the pediatric psychopharmacology arena has expanded dramatically. This expansion continues to generate considerable controversy in both professional and lay circles around issues related to practice, research, policy and training. One example of these concerns is the recent series of Food and Drug Administration (FDA) Public Health Advisories warning of increased suicidality

associated with children and adolescents taking antidepressants (see Kubiszyn, this issue). In addition, ever increasing numbers of very young children are now prescribed a wide array of medications, often in combination with each other (i.e., polypharmacy). Although integration of drug and psychosocial treatment is often recommended, treatment integration is difficult to accomplish in clinical practice and has had little empirical study. Another concern is that most medications prescribed for children and adolescents lack FDA indications for pediatric use. Thus, their prescription is "off-label", with pediatric prescription practice, including polypharmacy for multiple symptoms, driven by extrapolation from adult prescription practice (Martin, Van Hoof, Stubbe, Sherwin, & Seahill, 2003), a practice that may be of suspect validity.

The rapid growth of pediatric psychopharmacology has ensured that today's school psychologists find themselves involved in the above and other issues and controversies around pediatric psychopharmacology. In recognition of the need to help inform the membership about developments in this burgeoning area, the Division 16 EC established a Task Force on Psychopharmacology, Learning and Behavior in 2002 to expand on and update the findings of the first Task Force, with particular attention paid to the implications of contemporary pediatric psychopharmacology for school psychology.

## Task Force dissemination activities

The Task Force presented its initial set of findings at a symposium at the APA Convention in Toronto, Canada on August 8, 2003. This symposium included four presentations, with Kenneth Gadow, Ph.D. as discussant. An update on externalizing disorders was presented by Ronald T. Brown with an update on internalizing disorders presented by Tom Kubiszyn. George DuPaul reviewed the contributions school psychology can make toward enhancing outcomes for pharmacological and combined pharmacological, psychosocial and

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### **Developments, Issues and Contr oversies in Pediatric Psychophar macology: The Division 16 Task Force on Psychopharmacology, Learning and Behavior**

educational interventions in the schools. Finally, Thomas Power and Amy Krain presented a review of the application of social validity, acceptability and feasibility research to the design and implementation of combined pharmacological/psychosocial/educational interventions.

The Task Force expanded its focus over the next year to include emerging neuroimaging research that related to pediatric psychopharmacology, the FDA Public Health Advisories, and other recent developments. A presentation on Neuroimaging and Psychopharmacology by Margaret Semrud-Clikeman, a school psychologist and pediatric neuropsychologist, was added to the four topics presented at the 2003 Workshop for an expanded, four-hour CE symposium presented by the Task Force at the APA Convention in Honolulu, Hawaii in July 2004. Illustrating the breadth of interest in this topic, the workshop drew an overflow audience. The Task Force was invited to resubmit this CE presentation for consideration for the next APA Convention in Washington, DC in August 2005, and has done so.

#### **The SPQ Special Edition**

Recognizing that school psychologists needed a convenient source of contemporary, balanced information about a range of issues in pediatric psychopharmacology, the members submitted a proposal for a special edition to SPQ in late 2003 to disseminate the findings of the Task Force. The proposal was well received by reviewers, with the recommendation that an update on psychopharmacology for autism-related disorders be added. The manuscripts have been accepted by SPQ with publication expected in spring or summer 2005. Seven articles will comprise this Special Edition. Five articles were written by Task Force members and their colleagues and two articles were invited contributions by experts in their fields in an effort to extend the Special Edition's impact beyond the expertise of the Task Force's members.

The introduction and overview is written by the Guest Editor, Tom Kubiszyn. Ronald T. Brown reviews psychopharmacology for the externalizing disorders. Tom Kubiszyn, John S. Carlson and Tamara DeHay review the evidence base for the safety and efficacy/effectiveness of both psychopharmacological and psychosocial treatment of selected internalizing disorders. Benjamin Handen, a psychologist and expert on

psychopharmacology for autism spectrum disorders, and Martin Lubetsky, a child psychiatrist and researcher, both invited contributors, review psychopharmacological treatments for autism-spectrum disorders. Next, invited contributors, Margaret Semrud-Clikeman and Steven Pliszka, a child psychiatrist and pediatric psychopharmacology researcher review emergent neuroimaging research related to psychopharmacology and provide an initial summary of their ongoing research. Thomas J. Power, Ricardo B. Eiraldi, Angela T. Clarke, Laurie B. Mazzuca and Amy Krain review the literature and describe what they have learned from their research about identifying and influencing cultural and familial factors that influence treatment adherence (both drug and psychosocial). Finally, George DuPaul and John S. Carlson describe various psychopharmacology-related roles for school psychologists that can enhance treatment effectiveness, and attendant legal and ethical considerations.

We hope this brief "heads up" about the Task Force and the upcoming SPQ Special Edition will encourage you to read the papers assembled by the Task Force. Moreover, we hope that the Special Edition helps school psychologists become increasingly involved in applying their research, evaluation, clinical, consultation and assessment skills to enhance medication treatment outcomes, and the integration of medication, psychosocial and educational interventions to the benefit of the children and adolescents we serve.

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# 2004 DIVISION 16 Election Nominee

## David E. McIntosh Nominee for President



**David McIntosh**

Division 16 has made significant progress over the last three years. The Division has increased its membership, gained an additional seat on the APA Council of Representatives, and has continued to work toward alleviating the shortage of school psychologists. In addition, a position statement and task force was created to help address the shortage of practicing and academic school psychologists and there was a renewed focus on increasing the Division's collaboration with other child specialty divisions. Also, there was an increased emphasis on working with other professional school psychology associations with the goal of enhancing the mental health services to children and their families. The Division also has increased its visibility (e.g., Division 16 booth at NASP) within APA and with its members. All of these goals and activities were attained through the hard work of the D16 Executive Committee.

Although we have made significant strides, we still have many issues to address. Division 16 needs to work harder to gain key positions within the APA governance structure. Specifically, we need to position ourselves in a way that will allow us to communicate our position on a variety of topics relevant to the professional practice of school psychology. Also, we need to recognize that the membership of Division 16 is primarily composed of practitioners. Therefore, we need to become more familiar with the needs of practicing school psychologists and develop a plan to address their needs. The Division also needs to continue to develop stronger alliances with other child and family divisions. This can be done by developing joint task forces with specific agendas, pursuing joint programming during the APA convention, and developing formal liaisons with the other division executive committees. These types of activities will help increase the likelihood of shaping APA's agenda to more fully address the needs of children and youth and the provision of psychological services in the schools.

Meeting the needs of Division members is at the top of my list. Increased input and participation in

the Division 16 governance system, committees, and task forces by practicing school psychologists also needs to be pursued. One approach would be to develop a survey asking Division 16 members to identify key issues that they feel are important for the Division to address. In addition, the survey would help identify members who are interested in serving on committees and task forces. Also, the survey would be helpful in identifying members with specific skills and interests the Division can use as resources. Therefore, a primary goal is to be more responsive to the needs of the membership and to increase involvement of our members.

While Division 16 has worked closely over the years with NASP and will continue to do so, we need to procure stronger alliances with other professional school psychology associations. The Trainers of School Psychologists, the American Board of School Psychology (ABSP), the American Academy of School Psychology (AASP), the Council of Directors of School Psychology Programs (CDSPP), and the International Association of School Psychologists are other associations that are actively addressing many of the same issues as Division 16. Therefore, their perspectives, input, and collaboration should be welcomed and pursued.

Division publications should be continually reviewed, improved, and updated to meet emerging technology for the benefit of Division members. Continuing to expand the topics and role of the Conversation Series and on maintaining the quality of the books published through the Division 16 Book Series should be objectives. Lastly, publishing a quality Division journal and newsletter (*School Psychology Quarterly* and *The School Psychologist*, respectively) will always be an objective of the Division.

Mentoring students who have an interest in governance and providing opportunities for their involvement should continue to be a high priority. Specifically, we should continue to support the Student Affiliates of School Psychology (SASP). SASP has become more active over the last 5 – 6 years and has grown in membership. They have

CONTINUED FROM PAGE 40

**David McIntosh – Nominee for President**

developed a conference to coincide with the APA convention and have increased opportunities to support student research and travel. As a Division, we should do what we can to support SASP. In addition, providing opportunities for individuals and pursuing individuals who can fill openings within the Division and APA also should be a high priority.

It is projected that the profession of school psychology will have to address the shortage of practicing and academic school psychologists for the next 20 to 30 years. As a profession and as a Division we already have begun to take steps to address this problem. However, we have a long way to go. After recently guest editing a special issue of *Psychology in the Schools* focused on addressing the shortage of school psychologists, it was clear that we are still in the formative stage of addressing this problem. Although all the authors who contributed to the special issue focused on the continued need to provide quality mental health services to children within the school setting while addressing growing personnel shortages in the coming years, it was clear that legislative mandates could not be ignored and that a major paradigm shift needs to occur in school psychology. There also was recognition that other mental health professionals have a role in providing mental health services in the school setting. Most importantly, there was an overall sense of urgency that school psychology as a profession must act quickly if it is to continue to provide high quality mental health services within the school setting. Therefore, as President I would advocate that we move beyond the formative stage of addressing the shortage problem and begin implementing an active agenda with measurable outcomes.

In summary, it truly is an honor to be nominated and I would work hard to fulfill the responsibilities of the President's office. Again, my primary goals as President would be to dramatically increase membership input and participation, push for increased participation within the APA governance system, and to pursue strong alliances with other APA Divisions and other school psychology associations. I look forward to serving the Division and welcome your support.

**Background**

David McIntosh is a professor in the School Psychology Program in the Department of Educational Psychology at Ball State University. He also serves as the Director of the School Psychology Clinic and Director of Internships. After receiving his doctorate in 1990, David became an assistant

professor and Director of the School Psychology Program at Oklahoma State University. He also is a licensed psychologist and is board certified in school psychology by the American Board of Professional Psychology. David maintains a private practice specializing in working with children with disruptive behavior disorders and their families.

**Professional Service**

David is honored to be nominated as a candidate for the office of Division 16 President-Elect. David recently served Division 16 as Vice-President of Publications, Communications, and Convention Affairs (VP-PCCA; 2001-2004). David also has been active in other professional school psychology associations at the state and national level. David is currently representing the American Board of School Psychology as a Trustee for the American Board of Professional Psychology (2002-2004). He also was recently elected to serve on the American Board of Professional School Psychology (2003-2005). David also is active as an examiner and mentor for candidates pursuing diplomate status in school psychology. From 1997 to 2000, David was a member of the Executive Board for the Trainers of School Psychologists and served as their Newsletter Editor for the *Trainer's Forum: Periodical of the Trainer's of School Psychologists* (1999-2002). David also was elected as President for the Oklahoma School Psychological Association and served as Editor (1995-1997) of the Newsletter for the Missouri Association of School Psychologists.

# 2004 DIVISION 16 *Election Nominee*

## Frank C. Worrell Nominee for President



**Frank Worrell**

### **Background Information**

I am currently an Associate Professor and Director of the School Psychology program at the University of California, Berkeley. Before moving back to California in 2003, I was on the faculty in the School Psychology program at Penn State, where I also served as Practicum Coordinator. Over the last 5 years, I have been actively involved in service to school psychology and to Division 16, and I have just completed a three-year term as the Division 16 Vice President for Education, Training, and Scientific Affairs.

My research interests focus on the psychosocial development of adolescents in several populations, including academically talented, African American, and at-risk youth, and I am particularly interested in the relationship between psychosocial variables and academic achievement. Much of my work involves identifying psychosocial variables that act as protective factors for youth who are at-risk for poor school outcomes.

### **Position Statement**

School psychology is one of the most important and one of the most underutilized professions in the educational setting. In a time when accountability is being thrust upon the schools through NCLB and accompanying state mandates, when a revitalized IDEA is providing the opportunity to focus on students who are not learning rather than students who have an IQ-achievement discrepancy or some other categorical label, our profession continues to be one of the first on the chopping block as budgets tighten, in part because we continue to hide our worth under a bushel. There are several general areas that I wish to focus on as President of Division 16.

First, school psychologists must broaden their professional focus to the schools that they serve rather than the special education populations within those schools. Current federal mandates for accountability, use of empirically validated interventions, and how students respond to interventions provide us with an opportunity to use

our test kits less often and engage in more consultation, program development, and program evaluation. They encourage us to do more consultation at the school and district levels where decisions are made about the types of programs that will receive fiscal and other resources, and they also increase the likelihood that our message will be heard. The mandates remind us that school psychologists can make contributions in academic areas such as reading, writing and arithmetic, and not only with behavioral and emotional problems. Finally, these mandates also highlight the importance of prevention and early intervention on a school-wide basis. All of these are areas that our training and skills make us uniquely qualified for.

A second area that I wish to focus on is related to the role of the scientist-practitioner in training. This training model is the dominant one in our programs and we need to assess our success in preparing our students to continue to be scientist-practitioners. It is not enough to ask how many of our students go on to positions in university training programs. More important questions include how many of our graduates who are based in schools and other practice settings keep up with the empirical literature, and use research to guide their practice? How many of these scientist-practitioners who are in daily contact with students actively contribute to the research literature, and what can Division 16 do to promote these efforts?

A third concern centers on the issues of recruitment and representation. School psychology, as a discipline, is still far from representative of the increasing ethnic and racial diversity in the country. Additionally, 75% of the students in our training programs are female, although only 43% of our faculty are female. At the same time, male underachievement is increasing at the K-12 and college levels. What can Division 16 do to identify and disseminate models of successful recruitment for underrepresented groups, including males?

All of the above are important issues for Division 16 needs to address, but we must be also address them in concert with our partners at NASP.

## 2004 DIVISION 16

*Election Nominee***Linda C. Caterino****Nominee for Vice President of Professional Affairs**

I am very honored to have been nominated for the office of Vice-President of Professional Affairs. I believe that this is an extremely important position as it affects the identity of school psychologists. The role of the Vice President for Professional Affairs is to help develop and establish standards of practice and professional policies in school psychology and to continue to maintain the establishment of school psychology as a distinct specialty, within professional psychology. I believe that School Psychology, Division 16 should maintain a strong role in APA. Although our size is smaller than many of the other divisions, especially the other professional divisions, we can provide very strong leadership. The Vice President of Professional Affairs should have the ability to work with other specialties and to demonstrate a good understanding of their programs. As a joint-appointed professor in both School and Clinical Psychology, I believe that I can work well with representatives from different specialties. The Vice President for Professional Affairs must also be able to collaborate with other agencies and again I believe that my experience as a founding member of the interagency organization, the Arizona Association of Behavioral Health Providers has equipped me to work with members of various psychological and mental health associations.

As our latest specialty definition (11/9/04) states,

“School Psychology is a general practice specialty within professional psychology that is concerned with the science and practice of psychology with children, youth and families; learners of all ages and the schooling process...Its distinctiveness is found not as much in a list of settings, populations or procedures as in an approach to the delivery of services that is founded on a coherent value system and philosophy...”

I believe that school psychologists, as all psychologists, must have a broad psychological base as well as specific knowledge relevant to school psychology, including knowledge of school system

theory, cognition and learning, evidence-based practices, and service delivery functions, including consultation and assessment.

School psychology as a profession is affected by numerous internal and external factors. Unlike Clinical Psychology, School Psychology is represented by two distinct national groups, the American Psychological Association and the National Association of School Psychologists, who have had an interesting association. In addition, while Clinical Psychology has been moving toward more uniformity with the development of the EPPP and the CPQ, school psychology requirements have remained distinct from state to state. Moreover, the control of the school psychology certificate seems to rest in most states with a non-psychological agency, the Departments of Education, while licensure is controlled by the Board of Psychologist Examiners. Thus, doctoral level school psychologists must meet two different state requirements in order to practice, both of which may not have had much input in their development from practicing school psychologists.

School Psychology as a profession is not only affected by state requirements, but also by national legislation such as the IDEA-Reauthorization which can effect the role of the school psychologist, his or her prospects of employment, skill development and learning outcomes of training programs. Even within professional psychology, doctoral level school psychologists represent such a small group of individuals. The voice of school psychology while strong, can be overwhelmed by the larger numbers on psychologists in other APA divisions on accreditation and other committees, etc. In Division 16, we have been so fortunate to have had as previous Vice Presidents of Professional Affairs, dynamic leaders such as Deborah Tharinger and Samuel Ortiz who have been able to represent the specialty admirably. I hope to follow in their footsteps.

**Background**

I completed my doctoral studies in school psychology at Arizona State University in 1977. For



**Linda C. Caterino**

**Linda C. Caterino - Nominee for Vice President of Professional Affairs**

the first eight years of my career, I was the Head Psychologist at Kyrene School District in Tempe, Arizona. Then, due to the increasing demands of parenthood, I developed a school-based private practice, in which I am still involved. In 2001, I began teaching at Argosy University/Phoenix. The next year, I developed a proposal for a School Psychology Program and am currently Chair of the program. The program has been quite successful and has now been transferred to our Hawaii campus. At Argosy I teach courses in Professional Issues, Lifespan Development, Child and Adolescent Assessment, Child and Adolescent Psychopathology, and Practicum.

I was very active while working in the schools and my private practice. I developed an assessment model for bilingual students, innovative programs for Native Americans, as well as an early intervention school-wide program. In the late 1970's we developed a system whereby, every one of our students' progress was reviewed at least three times a year by a team including the school psychologist, special education teacher, classroom teacher and principal. The students' growth on specific academic objectives was assessed, with unique interventions developed for each student. Those students who did not make adequate progress were administered comprehensive psychological evaluations. We also developed various behavioral and socio-emotional interventions, including individual counseling, group counseling, social skills training classroom groups, teacher in-services and parent training programs, as well as alliances with local mental health agencies and university training programs, which, in essence represented an early attempt at implementing an ecological model.

During this period and later, while conducting my private practice, I attempted to keep involved in the school psychology community, by presenting at local conferences and serving as a member of the editorial review boards for the *Journal of School Psychology*, *The School Psychology Review* and *Professional School Psychology* and reviewing for *Contemporary Educational Psychology*. I am currently a reviewer for *Contemporary Psychology*. I have also written journal articles and chapters for NASP publications including *Children's Needs: Psychological Perspectives* and an article on bilingual assessment for *Poverty, Minority Status and Emotional Equity*. I also worked on the development of my assessment instrument for attention deficit hyperactivity, generalized anxiety and oppositional defiance disorder (the CAADS) and

its correctional version. My professional focus became the American Board of Professional Psychology after I received my Diplomate in School Psychology in 1985. I was asked to help develop a new examination procedure and had the good fortune to work closely with Nadine Lambert, Walter Pryzwansky, Beeman Phillips, and John Jackson. I later became Treasurer of the Board. In 2002, I was elected President-elect of the Academy of School Psychology and am currently serving as President of this organization.

I am currently joint-appointed in School Psychology and Clinical Psychology at Argosy University and since I began teaching there, I have worked closely with first our Clinical and now, our School Psychology students to foster their educational and research experiences. In 2002, I was awarded the Faculty Member of the Year Award from the Arizona Psychological Association, an especially important award to me, since it was student-generated. My students have presented at numerous local, state and national conferences. Our current interests are working memory and attention deficit hyperactivity disorder, as well as the relationship between attention deficit hyperactivity and temperament, school mobility and behavioral problems, and social skills training for children with Asperger's Syndrome. At our program we also emphasize practitioner skills and I have worked with several students on developing programs for Reactive Attachment Disorder, Gender-Specific groups for incarcerated juvenile females, and for sexually abused children. This year I was fortunate to have been awarded the Distinguished Contributions to the Science of Psychology award from the Arizona Psychological Association.

While at Argosy, I have attempted to provide many community outreach programs such as APA's ACT (Adults and Children Together) anti-violence workshop, as well as facilitating continuing education programs on new assessment measures.

I have been a member of Division 16 since 1977 and have reached a time in my career where I would like to serve the Division in a more involved manner as Vice President for Professional Affairs.

# 2004 DIVISION 16 *Election Nominee*

## Rachel Barrón Stroud Nominee for Vice President of Professional Affairs

It is my privilege and an incredible honor to accept the nomination to run for the office of Vice President for Professional Affairs within the Division of School Psychology. As a practicing school psychologist for the past 12 years, I bring to this candidacy a belief that through the efforts of the Division and its membership, we have tremendous opportunities and circumstances in which to continue our journey to strengthen and shape our profession for the benefit of children, youth, families, and schools. My accrued range of professional experiences has prepared me to actively contribute and be successful in the fulfillment of obligations for the position of Vice President for Professional Affairs.

School psychologists are often placed at the crossroads between the practice of psychology and mediating variables, including legislation, science, education, and training. In the legislative arena, school psychologists are constantly faced with challenges and opportunities in the practical interpretation of federal and state regulations, specifically related to IDEA and NCLB. In the recently reauthorized IDEA, methods for identifying learning disabled students, changes in disciplinary procedures for students already placed in special education, and other more general changes involving paperwork reduction and the role of the paraprofessional are key areas that will have consequences for the everyday practice of school psychology. Scientifically, school psychologists are challenged to support, create, and implement evidence-based interventions, and also to train and educate those in ours and other disciplines who continue to embrace interventions that may have excellent face validity but poor outcome data. There are a myriad of issues facing our profession involving training, education, and experience related to the development and promulgation of standards for the delivery of school psychological services, not only in who may provide services to ensure adequate care to children, youth, and families but also in the support and monitoring of activities of state licensing and educational boards that affect professional practice, including certification, licensure, and compensation.

Considering the nationwide shortage of school psychologists, there is a great need to continue the work between APA and NASP regarding the principles of professional practice, a key role for the Vice President for Professional Affairs. Still another issue pertaining specifically to educational settings involves the increasing practice of school districts in setting zero tolerance policies for even minor disciplinary infractions, which have the potential to unwittingly harm rather than protect our children. This important topic will be addressed by a proposed task force within APA to provide leadership and guidelines on the formulation of zero tolerance policies. The Vice President for Professional Affairs has a vital role in guiding the Division on policy regarding these issues, as each has a tremendous impact on education, training, and the provision of services to children, families, and schools.

APA Division 16 has an opportunity and responsibility to address all of these professional challenges that are impacting and shaping the school psychology profession. It is my hope that, as a practicing school psychologist, being elected will allow me to work within the leadership of Division 16 to represent the pressing issues and competing agendas school psychologists face on a daily basis when working within the constraints of organizations with various populations.

### **Background**

I am currently employed as a full-time licensed school psychologist for a school district northwest of the city of Columbia, SC that encompasses both suburban and rural areas. My professional experiences prior to this point have been varied, including work as a school psychologist in a large, urban school district and as a therapist-consultant on the Multimodal Treatment Study for Children with ADHD (MTA) with Dr. Bill Pelham in Pittsburgh, Pennsylvania, where I worked directly with ADHD children and their families as well as teachers and paraprofessional aides. I was also the project coordinator on a multi-million dollar grant funded through NIMH, CDC, and other collaborating agencies, during which I supervised full-time



**Rachel Barrón Stroud**

# 2004 DIVISION 16 *Election Nominee*

## Rich Gilman Nominee for Vice President of Membership



**Rich Gilman**

It is an honor to be nominated as a candidate for Vice President for Membership. The ongoing shortage of school psychology trainers and practitioners across the country, combined with the reality that many of our colleagues are approaching retirement age, indicate that school psychology will face many challenges in its efforts to provide the highest quality of services to children, families, school personnel, and the community. A strong national organization is necessary to address these challenges in the coming years. I believe that I have the experience and skills necessary to help Division 16 maintain and increase its membership, which is vitally important for the continued good health of the Division and to school psychology in general. If elected, I will focus on three specific areas:

First, the most recent statistics reported by the APA Directory Survey indicate that enrollment in Division 16 has decreased by approximately 35% in the last five years. Further, less than 10% of the members are at the beginning-to-middle stages of their careers (i.e., age 40 or less). State and national legislative mandates that have direct ramifications for our discipline, if implemented today, will likely influence school psychology practice for decades to come. The continued decline in membership and an under representation of younger professionals in Division 16 is alarming at a time when greater contributions and an equal representation of professionals across career stages are needed. It is therefore vital that strategies are designed to increase membership, with a strong emphasis on targeting younger professionals. If I am elected, I will put into action a membership campaign that will specifically target recent Ph.D. graduates, in addition to targeting all professionals who identify themselves as school psychologists. I will also work diligently to enhance relationships with state school psychology organizations (of which many Ph.D. practitioners and trainers are members) in order to emphasize the importance of membership at the national level. Further, many policies proposed by entities outside our field have a direct bearing on all school psychologists, regardless of level of training.

Much the same as other psychology subdisciplines that have implemented similar strategies, I will explore the possibility of joint membership in Division 16 and in NASP. There are a number of benefits to joint membership. For example, school psychologists will become aware of information that is general to our field and important to understand, regardless of training level. Further, joint membership would automatically increase the ranks within Division 16, and may provide some cost-savings to members. Another possibility is joint membership with other divisions in APA that work with youth, families, schools, and communities.

Second, in the mid-1990's I co-founded the reorganization of Student Affiliates in School Psychology (SASP). In my three years as president, I worked closely with the Executive Board of Division 16 and with graduate students across the country to create an organization that informed students of school psychology issues at the national level. The organization continues to grow, and many of the recruiting strategies that were created a decade ago remain in place. Considering that the graduate student today is the leader of tomorrow, I am committed to working with the Executive Board and graduate students to ensure that (a) innovative and successful strategies are implemented across programs nationwide to increase membership within SASP and Division 16, (b) membership requirements are sensitive to the financial constraints faced by many students, and (c) quality mentorship and services are provided to SASP chapters and its members.

Finally, the continued vitality of Division 16 is only possible through the active involvement of its members. The necessary first step in this endeavor is through timely and efficient distribution of information and services. This effort fosters member satisfaction and confidence that Division 16 places the needs of its members paramount to all others. As Vice-President of Membership, I will collaborate with the Executive Committee to ensure that members receive ongoing and up-to-date information through various outlets (i.e., the

# 2004 DIVISION 16

## *Election Nominee*

### Lea Theodore

#### Nominee for Vice President of Membership

I am honored to have been selected by the Nominations Committee for Vice President of Membership for Division 16 and look forward to the prospect of becoming a more active member of the Division. I believe that my prior and current involvement in Division 16 as Hospitality Suite Chair and Convention Program Co-Chair have prepared me for fulfilling the responsibilities of Vice President of Membership.

It is perhaps not too grand an overstatement to suggest that one of the most profound and practical challenges confronting the field of school psychology is the critical shortage of school psychologists. In light of increased growth in the school population, greater recognition of the importance of school psychologists, and the disproportionate number of individuals nearing retirement, it is imperative to develop strategies to successfully attract and retain school psychologists, faculty and practitioners alike. Understanding the implications and impact of the status of the field of school psychology in this current trajectory presents with sufficient concern and need for management and monitoring. School psychologists are considered to be at the forefront of providing mental health services to students and this issue must be addressed. Schools need full service psychologists who not only address the special needs of children, but also serve as consultants to teachers and parents as well as providers of intervention and primary prevention strategies to all students.

Despite these concerns, the forecast for further progress seems entirely hopeful for school psychology at this time. Division 16 is optimally positioned to take an active stance in the recruitment of school psychologists by publicizing the field, via public relations, and increasing public awareness of the roles and functions of school psychologists. To extend the scope and application of recruitment, it is important for Division 16 to interface with students, both graduate and undergraduate. Having worked with the Student Association of School Psychologists (SASP) through my service as Hospitality Suite Chair, I would be

committed to collaborating with students to foster active participation. The notion of establishing peer mentorship programs would further promote school psychology by having professional school psychologists serve as mentors to school psychologists in training. This approach would provide students with direct guidance and information about the field and practice of school psychology as well as opportunities to collaborate on implementing and writing research studies for those interested in going into academia. This would afford opportunities for networking with other students and professionals, and perhaps forging relationships within their communities. As Vice President of Membership, I would support and encourage the continued collaboration of SASP's miniconventions, activities, newsletters, and listserv communication. Finally, and of significance, is to actively recruit individuals representing diversity. In light of predictions of continued minority growth in the general population, the paucity of minority students and faculty needs to be addressed. Clearly, the need for more school psychologists representing diversity necessitates the creation of effective strategies to successfully recruit students and faculty.

In summary, I am honored to be nominated as VP Membership and I look forward to working collaboratively with the Executive Committee and students in order to promote the field and practice of school psychology.

#### **Background:**

Lea A. Theodore, Ph.D., is an assistant professor in the School Psychology Program at The City University of New York, Queens College. She earned her doctorate in School Psychology at the University of Connecticut in 2002 where she subsequently accepted a position as an Assistant Professor in the School/Community Psychology Program at Hofstra University. Within Division 16, Lea is currently the 2005 Convention Co-Chair and Hospitality Suite Chair, served as the 2004 Hospitality Suite Chair, 2003 Hospitality Suite Co-



**Lea Theodore**

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**Frank Worrell – Nominee for President**

Given APA's decision to withdraw from the APA/NASP inter-organizational committee, we in Division 16 must be especially vigilant in keeping the channels of communication open.

It is both an honor and a privilege to be nominated for the position of President of Division 16, especially alongside a colleague whom I greatly

respect and admire. If elected, I will serve Division 16 and its members to the best of my ability.

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**Rachel Barrón Stroud - Nominee for Vice President of Professional Affairs**

professional staff, graduate, and undergraduate students in community and school-based programming for at-risk children in a mid-sized urban community. Other experiences include teaching at the University level and working privately in the training of other professionals throughout the United States in the implementation of a comprehensive behaviorally oriented parent-training curriculum. I completed my doctoral degree in school psychology at the University of Texas at Austin, where I had the opportunity to work in varied settings ranging from schools to partial hospitalization programs and outpatient mental health clinics.

My work-related and professional experiences have provided me with opportunities to develop a comprehensive orientation and representative perspective about the challenges and opportunities faced by practicing school psychologists. Given the current administration and legislative agenda, it is

more important than ever to have professionals in the field who can speak to and understand the practical implications of legislation as it interfaces with the practice of psychology. I feel fortunate to be practicing in a school setting at this time of legislative change in order to view and experience first-hand how the new guidelines and laws impact our profession of school psychology in the delivery of services to children, families, and schools. I believe that having and sharing this perspective will help strengthen our leadership base within the Division by providing support for the Division's activities that will ultimately help define and further our profession. I appreciate very much your consideration of my candidacy and am hopeful that I will be given the opportunity to share my strengths and experiences in service to the Division as your Vice President for Professional Affairs. Thank you very much.

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**Lea Theodore - Nominee for Vice President of Membership**

Chair and will serve as the Chair of the 2006 Convention. She is also a member of the Conversation/Videotape Series committee. Her research interests include interventions for children with behavior disorders and classroom-based interventions. She has published in school psychology journals including *Psychology in the*

*Schools, School Psychology Quarterly, Journal of Applied School Psychology, and Journal of School Psychology.*

## EDUCATIONAL PSYCHOLOGIST

St. Albans School for Boys in Washington, D.C., is seeking an educational psychologist to join its faculty in the 2004-2005 academic year. The School prefers an individual with a doctoral degree in educational or clinical psychology and considerable experience (at least five years) in working with both high school and elementary school students. Prior teaching and testing experience is also preferred.

The educational psychologist will coordinate his or her efforts with the head of upper school, academic deans, head of the study skills program, department chairs, and faculty in responding to the learning needs of all students, and will help to identify students who may have learning disabilities.

He or she will also schedule, as needed, the testing of students with educational diagnosticians in the community, will confer with diagnosticians before testing, will work closely with the diagnosticians in interpreting and summarizing test results for students, parents, and teachers, and will help determine which learning accommodations are most appropriate to a student in the St. Albans School setting.

The educational psychologist will also document the need for national standardized test accommodations in accordance with the Educational Testing Services' (ETS) criteria for accommodations.

Interested applicants should send a letter of interest and resume to:  
Mr. Paul R. Barrett, Dean of Faculty, St. Albans School, Mt. St. Alban, Washington, D.C. 20016.

E-mail: pbarrett@cathedral.org

Fax: 202-537-5587

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### Rich Gilman - Nominee for Vice President of Membership

Division 16 website, listserves). In addition, I will work hard to ensure that all membership services are delivered as expected. Finally, I am committed to receiving and processing feedback and suggestions from members on how the Division can most effectively address their needs.

My past experiences in Division 16 and my ongoing experiences as a trainer and a practitioner reflect my passion for school psychology. I believe that my organizational skills, interpersonal skills, strong belief in the collaborative problem-solving model and my enthusiasm for school psychology will extend easily to my responsibilities as Vice-President for Membership. As a member of the Division 16's Executive Committee, I would recognize the work that is necessary to create strategies to recruit new members, retain existing members, and to ensure that members receive information and services in a timely and expected manner. I welcome this opportunity.

#### Background

I am on the school psychology faculty at the University of Kentucky, where I teach both Ph.D. and Ed.S. level students. I received my Ph.D. at the

University of South Carolina, and completed my pre-doctoral internship at Boys and Girls Town. I hold licenses in two states, and am part of a private practice specializing in the treatment of child/adolescent disorders and providing parent training. Among my research interests, professional issues in school psychology are of particular importance to me. I am most interested in exploring factors related to why graduate students originally choose school psychology, and the perceptions that teachers and administrators have of school psychologists. Since my graduation in 1999, I have authored or co-authored over 30 journal articles and I have presented at over 40 international, national, and state conferences. I am the most recent recipient of the Lightner Witmer award for early career accomplishments. I am past Associate Editor of *Behaviour Change*, and currently serve on the editorial boards of *School Psychology Review*, *Journal of Social and Clinical Psychology*, and *Residential Treatment for Children and Youth*. I have and continue to be active in both state and national school psychology organizations.

**AWARDS ANNOUNCEMENTS****Senior Scientist Award**

Division of School Psychology (Division 16) of the American Psychological Association requests nominations for the Senior Scientist Award. This award is presented to school psychologists who throughout their careers have demonstrated exceptional programs of scholarship that merit special recognition. This is not an award necessarily for the amount of writing done by a scholar, but rather for a sustained program of outstanding theoretical and research activity. Nominees must be (a) either 20 years past the granting of their doctoral degree or at least 50 years old by December 31, 2004, and (b) a Fellow, Member, or Associate of Division 16. The award recipient will be asked to prepare an address for the Division to be presented at the subsequent APA annual convention and may be asked to serve on a committee to select subsequent award winners. Anyone, including a candidate him or herself, may nominate a school psychologist for the award. Five sets of materials should be submitted for each nominee, including a vita, 3-5 supporting letters, and five major papers or publications. Please send nominations by March 15, 2005, to Cecil Reynolds, Ph.D., 101 Reynolds Ct., Bastrop, TX 78602.

**The Jack Bardon Distinguished Service Award**

The Division of School Psychology (Division 16) of the American Psychological Association requests nominations for the Jack Bardon Distinguished Service Award. This award is presented to mature professional and academic school psychologists who throughout their careers have demonstrated exceptional programs of service that merit special recognition. This award is given for accomplishments relating to (a) major leadership in the administration of psychological services in the schools, (b) major contributions in the formulation and implementation of policy leading to psychologically and socially sound training and practice in school psychology, (c) sustained direction and/or participation in research that has contributed to more effective practice in school psychology, and/or (d) the inauguration or development or training programs for new school psychologists or for the systematic development of inservice training for psychologists engaged in the practice of school psychology. The award recipient will be asked to prepare an address for the Division to be presented at the subsequent APA annual convention and may be asked to serve on a committee to select subsequent award winners. Anyone, including a candidate him or herself, may nominate a school psychologist for the award. Two sets of materials should be submitted for each nominee, including a vita, supporting letters (minimum of three), and other appropriate supporting documentation. Please send nominations by March 15, 2005 to Cynthia A. Riccio, Ph.D., Department of Educational Psychology, TAMU MS 4225, 704 Harrington, Texas A & M University, College Station, TX 77845-4225

**Lightner Witmer Award**

The Division of School Psychology (Division 16) of the American Psychological Association requests nominations for the Lightner Witmer Award. This award is presented to school psychologists who have demonstrated exceptional scholarship early in their careers. Continuing scholarship, rather than a thesis or dissertation alone, is the primary consideration in making the award. Nominees must be (a) within seven years of receiving their educational specialist or doctoral degree as of September 1, 2005, and (b) a Fellow, Member, Associate, or Student Affiliate of Division 16. A person does not need to have a doctoral degree to be eligible. The award recipient will be asked to prepare an address for the Division to be presented at the subsequent APA annual convention and may be asked to serve on a committee to select subsequent award winners. Anyone, including a candidate him or herself, may nominate a school psychologist for the award. Five sets of materials should be submitted for each nominee, including a vita, 3-5 letters of support, reprints, and other evidence of scholarship. Please send nominations by March 15, 2005, to Shane Jimerson, Ph.D., Counseling, Clinical, & School Psychology, 2208 Phelps Hall, University of California, Santa Barbara, CA 93106-9490.

**Outstanding Dissertation Award**

The Division of School Psychology (Division 16) of the American Psychological Association requests nominations for the Outstanding Dissertation in School Psychology Award. This award is presented to a school psychologist who has completed a doctoral dissertation which merits special recognition and which has the potential to contribute to the science and practice of school psychology. Nominees must (a) have successfully defended the dissertation between January 1, 2004 and December 31, 2004, and (b) be a Member OR Student Affiliate of Division 16 at the time of receipt of the award (August, 2005). The award recipient will be may be asked to serve on a committee to select subsequent award winners, and to give an award presentation based on the dissertation at the subsequent APA annual convention. Anyone, including a candidate her or himself, may nominate a school psychologist for the award. Four copies of the nominee's vita and letters of support from at least two members of the dissertation itself should be submitted for each candidate, along with a copy of the dissertation. Please send nominations by March 15, 2005, to Marika Ginsburg-Block, PhD, NCSP, School Psychology Program, School Psychology Program, University of Delaware, 206B Willard Hall, Newark, DE 19716.

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## Second Language Acquisition in Children: What to consider as a School Psychologist

**Kisha Haye, SASP President**  
**University of Nebraska-Lincoln**

“(learning and acquiring a new language) is much more of a complex process than most people realize, which often leads to the misconception that children can acquire a second language faster than adults.”

As the general population becomes increasingly diverse, school psychologists in every setting (e.g., rural schools, public schools, private schools) are more likely to work with students from diverse backgrounds who speak English as a second language. What follows is a review of two articles that provide useful information regarding second language acquisition. These articles also help differentiate between typical behaviors that might be observed when a student is learning a new language and those behaviors that are consistent with a language disability. This review will provide a glimpse into the complexity surrounding second language acquisition in children. A goal is to encourage school psychologists both in training and in the field to continue to learn about cultural issues that affect our practice.

The first article by Collier (1995) provides some important information about the process of acquiring a second language. One of the main points of this article is that there are four major components of language acquisition: sociocultural, linguistic, academic, and cognitive development. Collier emphasizes the interconnectedness of these four elements. All four elements must be nurtured in order for the child to develop proficiency in the second language. Additionally, learning a second language is a lifelong process. It takes about 7 to 10 years for an individual learning English if they have had no formal schooling in their first language (Collier, 1995). According to Collier's research, it takes about 5 to 7 years if the individual has had a few years of schooling in his or her native language. Collier also discusses the role of the native language in acquiring a second language; emphasizing that proficiency in the first language directly affects the development of a second language. Collier offers suggestions for developing English Language Learners (ELL) programs.

Additionally, Collier (1995) presents a conceptual model that provides some understanding

of the multiple elements that are involved in learning and acquiring a new language. According to Collier, it is much more of a complex process than most people realize, which often leads to the misconception that children can acquire a second language faster than adults. Collier emphasizes the importance of continually providing services to English language learners. According to Collier, these students often only receive 2 or 3 years of education in the new language, and then it is assumed they have learned the language. More often than not, these children have developed the sociocultural aspects of the language (i.e., they are successful in social situations, but continue to have difficulty in the classroom). Collier reports that if a student has a strong ability to decipher a new language by using context and his or her own language development, it is easy to assume that he or she has acquired the language and that the student doesn't require as much assistance.

According to Collier, students often do not receive adequate education and support for developing a new language. This is unfortunate, in particular for those students who have developed the sociocultural aspects of a new language. These students are likely to slip through the system. It is important that individuals working with children in the schools (i.e., teachers, administrators, and school psychologists) continue to provide training for those students who are non-native speakers of English throughout their educational experience. School psychologists can play a role in supporting ELL students and ensuring their language development.

The second article by Wilen and Diaz (2003) provides information for educators about second language acquisition similar to that presented by Collier (1995). Additionally, the difficulty in distinguishing between students with disabilities in language and the typical behaviors of students acquiring a new language is discussed. This is an

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## Second Language Acquisition in Children: What to consider as a School Psychologist



important issue for school psychologists to consider. The nature of the problem is going to dictate, to some extent, what intervention strategies would be most appropriate for the child. Several suggestions of how teachers and school psychologists can assist ELL students are provided for educators. Wilen and Diaz provide specific strategies that teachers can implement without drastically changing their teaching style or lesson plans. In addition to helping the student develop the new language, these strategies include guidelines on how to make the student more comfortable in the new environment. The authors also discuss risk factors that can contribute to a child experiencing difficulty acquiring a second language (e.g. social-economic status, if they come from a war-torn country, silence due to the newness).

Both school psychology students and school psychologists are urged to read these and similar articles, which provide a more in depth look at this issue. As the ELL population grows, it will become increasingly important that practitioners expand their knowledge in this area so that they may provide the most effective services to these

students.

### References

- Collier, V. P. (Fall 1995). Acquiring a second language for school. *Directions in Language and Education National Clearinghouse for Bilingual Education*, 1 (4). Retrieved July 14, 2003, from [http://www.ncela.gwu.edu/ncbepubs/directions/\\_04.htm](http://www.ncela.gwu.edu/ncbepubs/directions/_04.htm)
- Wilen, D. K., & Diaz, B. (2003). Second language acquisition: A handout for educators. *Helping Children at Home and School: Handouts from Your School Psychologist*, pp. 489-492, Washington, DC: National Association of School Psychologists.

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## People & Places

- The School Psychology Program at the **University of Minnesota** is pleased to announce that **Matthew Burns**, an Associate Professor, has joined our faculty as of fall 2004. Matt's research interests include curriculum-based assessment, Intervention Assistance Teams, cognitive psychology and instruction, and consultative service delivery for special education.
- In September, **Jessica Blom-Hoffman** received a 5 year early career award from the **National Institute of Child Health and Human Development (NICHD)**. The title of the grant is "Promoting fruit and vegetable consumption in schools." The grant is mentored by **Debra Franko, Ph.D.** from **Northeastern University**, and **Thomas Power, Ph.D.** and **Ginanne Stallings, M.D.** from **The Children's Hospital of Philadelphia** and the **University of Pennsylvania School of Medicine**. The research will involve an outcome evaluation of a nutrition education program in the Boston Public Schools. The grant will enable her to develop her skills in the area of primary prevention of childhood obesity.
- The School Psychology Program at the **University of Houston**, in cooperation with the **University of Houston-Clear Lake**, is pleased to announce the addition of **Dr. Julie Landis** as an Assistant Professor. Dr. Landis, is immediate past president of the Houston Psychological Association and left a research position at the Baylor College of Medicine to join Program faculty, **Dr. Tom Kubiszyn** and **Dr. Romila Ramirez**.
- **Linda Caterino** of **Argosy University/Phoenix** was awarded the "Distinguished Contribution to the Science of Psychology Award" from the **Arizona Psychological Association** in October, 2004. The award recognizes significant contribution to research in psychology.
- **Joseph Buckhalt** at **Auburn University** recently received grants from the National Institutes of Health and the National Science Foundation. The NIH grant, "Child Regulation and Exposure to Marital Violence", is in collaboration with Mona El-Sheikh (R01; \$2,224,843, 2004-2010) and will be a five year longitudinal study of children's emotional regulation and reactivity as pathways and moderators in the associations between marital psychological and physical aggression and child outcomes, including adjustment, cognitive functioning, and academic achievement.
- The NSF grant, "Socialization in the Family and Interpersonal and Cognitive Functioning: Emotion and Sleep Regulation as Pathways and Moderators of Outcomes" is in collaboration with Mona El-Sheikh and Jacquelyn Mize (\$250,000; 2004-2008) and is a three year study of how individual differences in vagal tone and sleep regulation moderate or mediate relationships between parent-child relationships and child outcomes.
- The department housing **Auburn University's** school psychology program has had a name change. The former name was Counseling and Counseling Psychology. The new name, effective Fall, 2004 is Counselor Education, Counseling Psychology, and School Psychology.
- Peabody College of Vanderbilt University is proud to announce that **Stephen N. Elliott** has joined its Special Education faculty. Steve is the **Dunn Family Professorship of Educational and Psychological Assessment** and will direct the new **Center for Assessment and Intervention Research**. New contact information for Steve: [steve.elliott@vanderbilt.edu](mailto:steve.elliott@vanderbilt.edu) or 615-322-2538.



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## People & Places

■ **Argosy University/Phoenix, Arizona School of Professional Psychology** is seeking an applicant for a faculty position in the School Psychology program to start September, 2005 (contingent upon funding). **Assistant, Associate or Full Professor is available based upon qualifications.**

**Qualifications:** Doctoral Degree in School Psychology. Graduates from an APA or NASP approved School Psychology programs are particularly encouraged to apply. The applicant should be eligible for licensure as a psychologist in Arizona and certification as a school psychologist. Applicants with university teaching experience are particularly welcome. A commitment to diversity, supervisory experience in school psychology, as well as experience providing direct or indirect psychological services to school populations is critical.

**Responsibilities:** Teaching and advisement in the Psy.D. and M.A. School Psychology programs, participation on faculty committees, supervision and evaluation of students in their field experiences and research projects. The ability to make a broad contribution to the curriculum, teach

courses on psychological assessment, consultation, counseling, school systems, interventions, etc. is critical.

Please send letter of interest, CV, and three letters of recommendation, at least one of which addresses teaching effectiveness, to Linda C. Caterino, Ph.D., ABPP, Chair, School Psychology Search Committee, Argosy University/Phoenix, 2233 W. Dunlap Ave., Ste. 150, Phoenix, AZ 85021. Applications accepted until position is filled. Informal inquiries may be made to Linda Caterino, lcaterino@argosyu.edu, or (602) 216-2600. It is the policy of the Argosy University to provide equal educational and employment opportunities to all individuals without regard to race, color, gender, religion, age, disability, marital status, sexual orientation, or national origin.

Linda C. Caterino, Ph.D., ABPP  
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