Surprising Findings Emerge From Federal Cost Study

by Kevin Dwyer

"During the 1985-86 school year special education in the United States cost at least $18 billion."

This is one answer to the series of questions asked by Congress in the comprehensive Special Education Cost Study published by the Decision Resource Corporation for the Department of Education. The 250 page report details information from 60 stratified school systems across 18 states. Some of the reported data may be obvious to most school psychologists. Special education resource programs cost less than self-contained programs and costs increase as the level of service increases and as the number of related services provided are increased. In 1985 dollars, special education resource programs averaged $1,325 per student whereas self-contained class placement cost $4,233 and residential placement averaged $28,262 per student. The actual difference in excess costs for a self contained class placement when compared to a resource room placement is much less than these figures since the regular education costs are not added to the resource room costs. The actual difference in instructional costs is about $1,200 more for the student who is self contained, when the programs are both in the student's home school. The report found no significant differences in these costs of special education programs in urban versus rural districts and no remarkable differences between wealthy or poor districts surveyed in the costs of special education.

Related Services

The shocking finding is that, although almost all school systems provide one or more related services, psychological services is the least frequently delivered service. The report found almost one third of the 60 school districts surveyed. "Provision of services" includes services delivered by all employed staff as well as purchased services and those provided by cooperatives. In an October 21st meeting of the surveyed districts it was reported that many districts use their school psychologists primarily for assessments, "...leaving no time for psychological services...it's just not put on the ISP." Although this conclusion cannot be derived from the report it was

Continued on page 3

Boston Convention 1989

Boston, the site of this year's NASP convention being held March 28-April 1, 1989, offers conventioners a city that is rich in historical tradition and a variety of recreational opportunities that are second to none. In order to enable NASP members to take full advantage of all that Boston has to offer the NASP convention committee plans to offer a number of optional tours and recreational activities throughout the convention. Plans include:

- A Colleague Tour - See Harvard, Radcliffe, MIT, and Boston University and enjoy dinner in Harvard Square.
- Cocktails at the New England Aquarium - Enjoy hors d'oeuvres and refreshments at this famous aquarium.
- Outstanding Dining Opportunities - These will include a dinner at Anthony's Pier 4 and a tour and group dinner in Boston's famous Italian North End.
- A Guided Tour of Faneuil Hall and Quincy Market - One of the truly unique areas of Boston, you'll find every imaginable dining and shopping experience here!
- An evening of "Sheer Madness" at the Charles Playhouse - Playgoers will enjoy an unforgettable evening at this renowned English Play.
- The Famous All Association Party - Open to all attending the convention, the all association party offers an evening of dancing and conversation with old and new colleagues and friends.
- Don't miss the 21st Annual Convention! Join over 2,500 of your fellow school psychologists in Boston for the best NASP convention ever!!

LOOK FOR UPCOMING CONVENTION INFORMATION!
- Registration materials will be mailed to all NASP members in December.
- The February issue of the Communiqué will highlight pre-convention workshop presentations and provide a comprehensive listing of all papers and symposia being presented at the convention.

Certification Board (NSPCB) Convenes Charter Meeting

The first meeting of the National School Psychology Certification Board (NSPCB) was held October 28-30, 1988 at the NASP Office in Washington, D.C. The Board consists of those practitioners, one supervisor of school psychological services, one state consultant, one trainer and the chairpersons of continuing professional development and credentialing. In those capacities, the following individuals were named on the first Board: Phil Bowser, Oregon, Mary Kay Braccio, Colorado and Joan Bickerstaff Mitchell, Washington, D.C. as practitioners representatives; Ena Vasquez Nutall as trainer representative; Patricia Howard, Florida, as the supervisor representative; Beth Lowman, South Carolina, as the consultant representative; Elizabeth Danielson, Minnesota, as the Continuing Professional Development representative and George Batsche, Illinois as the co-chair of the credentialing subcommittee of ACT. June Stafford of the NASP Office is ex-officio member.

The first meeting of the Board covered a number of subject areas including completion of the Policy Manual, review of continuing professional development proposals, development of certificates, credential review training and basic issues with the operation of the national certification system. June Stafford, Director of Programs assigned to the national certification system in the Washington office provided statistics on the number of applicants, processing system. Ways of improving the efficiency of the system were discussed and a number of changes implemented which will lead to faster processing of applications. Stafford indicated that approximately 12,654 school psychologists had taken the national examination following the November 12, 1988 administration. It was quite clear to the Board that the acceptance of the national school psychology certification system by school psychologists has been very positive and overwhelming in terms of actual numbers.

The next meeting of the Board will be January 14-15, 1989 in Washington, D.C.
To the Editor:

As a school psychologist who is disabled from birth and has an MEd in special education, I am writing this letter because of the repeated use of "wheelchair bound," "confined to a wheelchair," and similar phrases that perpetuate stereotypes of disabled people as helpless and unfortunate. The AP's 1986 Stylebook itself has ruled out such phrases as "wheelchair," with "wheelchair user" as an alternative. The term "handicapped," which suggests inability, should be avoided, in favor of "disabled," the physical component.

To assert that "a child who is wheelchair bound from his or her early years and is even now able to do many more subtle responses by others, by avoiding eye contact and not looking directly at the 'handicapped child' shows a serious lack of sensitivity and understanding. Human perceptions guarantee that even children who have been disabled from birth are all too often mistreated, and that a person with a severe handicap has a very good job on that line and the reaction of others to that child.

The author does suggest a valid message regarding accessibility issues; however, a more subtle message of stereotyped thinking is also conveyed and, unfortunately, the type is used by many psychologists who deal with disabled people. I suggest that if you wish to present a positive message to the subject and to those who consult authors with training in the field and personal experience as well.

Carolyn Yashko Schwebel, EdD
School Psychologist
Lausanne, Nj 07037

The writer of this letter is correct that some common phrases are outdated and equally correct that the editor lacked familiarity with this fact. That has been rectified because of the appearance of this letter. Carolyn Yashko Schwebel will be writing an article for the February Communique.

Special Education Not Panacea
To the Editor:

In the September issue of the Communique, Brad Landman lamented the fate of students with average achievement test scores but poor classroom performance. These students often do not qualify for special educational services. He states that students we have all referred for assessment having difficulty completing homework, poor attendance, poor test taking skills, etc. Assuming these students are not emotionally disturbed, special education need not be the answer. They could be helped through study skills training, test taking skills practice, after school tutoring, behavior contracting, pairing them with a social worker, etc. These services could be provided by regular classroom teachers, the school counselor, school psychologist, or some combination of all three.

Most of the problems described by Dr. Landman can be handled through more conventional methods. Such methods require adequate classroom management and support services, without the need for special education services.

Jeff Cornellus
PO Box 130
Bloomington, IL 61705

Costs Questioned
To the Editor:

How ironic that as I begin writing this letter, I open my Communique and see the letter from Rick Hopp of Hopp Electric School Psychologist, the issue of sexism in school psychology.

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The validation panel for the National School Psychology Exam Convenes

by George M. Batsche, Co-Chair, Credentialing Committee (ACT)

The validation panel for the national school psychology examination met in Washington, D.C. on November 12-13, 1988. The panel included individuals from 25 states, the District of Columbia, and Puerto Rico. Dr. Batsche opened the panel meeting with an overview of the validation process. The NASP validation panel met to review the results of a study conducted by the NASP Office in Washington, D.C. who need special transportation. The validation panel is comprised of 25 states, the District of Columbia, and Puerto Rico.

1. Reviewed and rated each test item to determine what percent of test takers were likely to pass each item.

2. Reviewed and rated each test item to determine whether each item was assessed each year under special

3. Reviewed and rated each test item to determine what percent of test takers were likely to pass each item.

4. Evaluated the relationship between specific knowledge objectives and the test items.

5. Reviewed each test item to determine how it is functioned in the National School Psychology Exam.

6. Reviewed each test item to determine whether each item was assessed each year under special

7. Reviewed each test item to determine whether each item was assessed each year under special

8. Provided open-ended input to ETS on general strengths and weaknesses of the test. This input was from two sources: actual validation panel members present at the meeting as input received by NASP from July test takers.

Educational Testing Service will provide the National School Psychology Exam to the Board with a validity study report for the January 14, 1989 meeting. At this time, the Board will make recommendations to the Executive Board which will determine the direction to recommend to Delegate Assembly.

A new test development committee is being organized by ETS for the purpose of developing item and test revisions. This committee was associated with each of the test areas to develop the content of the examination for the future directions of the examination as well as for setting the present "passing score". NASP has publicly thanked the members of the validation panel for their personal time and effort for their cooperation and dedication to the Panel. The work of the validation panel was very valuable and will have important implications for the future directions of the evaluation of special education services.

The panel engaged in a number of activities designed to validate the national examination in preparation for setting the "passing score". Activities which the panel engaged in included the following:

- Reviewed and rated each test item to determine what percent of test takers were likely to pass each item.
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Debate Over Usefulness of IQ

Comment on "IQ: R.I.P." by Raymond S. Dean

Muriel L. Lezak's article, "IQ: R.I.P.", in the Oregon Health Scientist newsletter (page 4), discusses the decline in the use of IQ tests in neuropsychological assessments. Lezak argues that IQ testing is outdated and that cognitive assessments should be based on discrete abilities rather than a single IQ score. She claims that IQ is a "static and artificial" measure that fails to capture individual differences in cognitive abilities. Lezak's article is a response to her paper, "The Intelligence Quotient was original..." (Lezak, 1987a), which challenges the continued use of IQ tests in clinical and educational settings.

Lezak states that IQ tests are no longer useful because they are based on outdated assumptions about the nature of intelligence. She argues that IQ scores are not as informative as they once were and that they do not accurately reflect individual cognitive abilities. Lezak's article is a call to attention for psychologists to consider alternative methods of assessing cognitive functioning.

Lezak's conclusions are supported by research that has shown that IQ tests do not effectively measure individual differences in cognitive abilities. IQ tests are based on the assumption that intelligence is a single, unitary construct, which is not supported by empirical evidence. Lezak argues that IQ tests are not able to capture the complexity of cognitive functioning and that they are not sensitive to the individual differences that exist among individuals.

Lezak's article is a response to previous research that has questioned the usefulness of IQ tests. For example, a study by Z Hang (1988) found that IQ tests do not accurately reflect individual differences in cognitive abilities. Lezak's article is a reflection of the growing body of research that has challenged the continued use of IQ tests in clinical and educational settings.

In conclusion, Lezak's article is a call to attention for psychologists to consider alternative methods of assessing cognitive functioning. IQ tests are based on outdated assumptions about the nature of intelligence and do not effectively capture individual differences in cognitive abilities. Lezak's article is a response to previous research that has questioned the usefulness of IQ tests and a call to action for psychologists to consider alternative methods of assessing cognitive functioning.
Continued from previous page
IQ as Lezak (1989) recommends but neither integrates the use of IQ scores into a different clinical perspective so that the scoring derived from IQ tests may be more appropriately used in making predictions to the rigidity of end-state thinking towards rehabilitation and treatment. It is in this context that IQ scores retain their value.

George W. Hynd is a Professor at the University of Georgia and the Medical College of Georgia.

Funeral Oration for a Long-Dead Corpse: A Reply
by Alan S. Kaufman

I have long enjoyed and respected Mariel Lezak's (1976, 1983) Neuropsychological Assessment, considering her among the foremost experts in the field. After reading her Presidential Address to the International Neuropsychological Society (Lezak, 1988), however, I realized fully that her expertise does not extend to clinical psychology, neuropsychology, or special education. She delivered a eulogy to the rigid application of the IQ concept—a corpse that has been dead and resting for perhaps 15 years, and is buried whenever well-trained psychologists interpret the Wechsler profiles of children or adults referred for evaluation.

Neuropsychologists and other research psychologists have probably focused too much on summative scores, for example, by conducting study after study on V-IQ discrepancy in patients with unilateral brain damage (Kaufman, 1984). These IQ scores are no longer analyzable but provide useful clinical information for rehabilitation and treatment. It is in this context that IQ scores retain their value.

Lezak has sacrificed the clinical and educational psychologists. Only recently and by Matarazzo & Herman (1985), and by the University of Georgia and the Medical College of Georgia.

Continued on next page

December, 1986

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COMMUNIQE

I have taken care of the error in your report writing program.
Comment on "IQ: R.I.P." Continued from previous page

cognitive processing, is. We feel that at­tentional and planning components of human functioning, as well as simultaneous and successive processes, must be measured if a greater understanding of human cognitive functioning and increased validity is to be achieved.

Lezak: The major problem with the very concept of IQ is that it has a qus­tionable basis. This statement is exactly on the mark. This has been a serious problem in our field for some time [Binder, 1987]. We find no continual insistence on the part of in­terpreters that most IQ tests are designed to move the field forward while looking backward. This is, if we look at the Wechsler scales, McCarthy, K-ABC, we find those same factors are being measured in a qua­si-theoretical manner. The result is that a stagnation of the breadth of intellectual assessment irters defies the failure of all the ch­arent results of IQ are to be sensitive to the in­teractions of many exceptional individuals (e.g., the learning disabled). Keep in mind that the reason we are calling it a "discrepancy approach" to identify LD is because our IQ test fails— it is blind to the cognitive difficulties underlying the specific child's failure. To address the need for a conceptual framework (as argued by Kaufman, 1979) which are base­d on theories which have been pro­posed, tested, modified and deemed worthy of operationalization and have some relevance to the neuropsychological status of the organism. Additionally, assessment of intelligence should be focused on the measurement of intellectual functioning and should replace intelligence and IQ. A cognitive measure should be constructed accor­ding to and completely following the theories of intellectual functioning. Theory. Areas, the nervous system's common cerebral profile or a composite IQ score is not the only tool needed to identify a per­formance discrepancy. The IQ score generated by a profile with discrepan­cies this great is truly meaningless; it neither indicates the subject's excep­tional cognitive strengths nor does it call attention to the presence of significant cognitive problems which can only be understood by taking the full profile into account. e.g., was Digit Symbol down because the test taker had murk or were Arithmetic and Digit Backwards abnormal in a way that is not indicative of an intel­lectual deficit? or could this be a visual tracking problem? one of general Swedish scores on the most time-dependent tests? along with other tests that would help explicate the puzzle presented by wide interest rate. Intelligence.
Welcome to Grade Two-Point-Four

by Anthony D. Fredericks

"Good morning, Mrs. Jones," said the principal, "Welcome to Stan Dardize School. I am your principal. "Welcome to Stan Dardize School." Mrs. Jones, you are a new student at our school and you are very welcome."

"Yes, of course," Mrs. Jones replied. "I understand. I am very pleased to be here and I look forward to being a part of this wonderful school family."
A Stitch in Time: Expansion of t

by Rhoda Bernstein and Dennis J. Simon

INTRODUCTION

For more than a decade, the psychology community has reiterated the importance of developing prevention programs (AACD, 1984; NASP, 1974). The major thrust of school psychology, the strongest emphasis has been on tertiary prevention, i.e., the development of programs to promote mental health for all students (Caplan, 1984). School psychologists found themselves responsible for ensuring that all students have equitable access to psychological and counseling literature (Egan, 1975). Directives via "homework" assignments were employed (Haley, 1976), as well as contextual, kinesiological, and strength bombardment exercises (Lazarus, 1981; Meichenbaum, 1978). However, the focus centered upon more manageable problems that impacted upon psychological and educational development (Weiss, 1977). It is, however, certain that modification of the school system may enhance the psychological well-being of students screened for special education (Branham, 1977). One of the many areas of continuing concern in American schools is the manner in which students handle stress throughout adolescence. Treatment of emotional, and behavioral problems is often an important factor contributing to behavioral problems. The school psychologist offers the therapeutic flexibility to focus on a wide range of emotional and behavioral problems. In this framework, interventions can be drawn from the full spectrum of therapeutic modalities. This is a time-efficient mechanism for regular interventions with a large number of students.

The Expanding Role of the School Psychologist

The school program model has significant implications for the practice of school psychologists, who are the logical professional candidates to design and implement such programs. They possess the diagnostic and therapeutic skills essential to the task. Their involvement in secondary and tertiary prevention programs provides them an opportunity to use a broad range of their professional skills, to intervene with students before problems reach crisis proportions, and to prevent the emergence of behavior disorder placements. Participation in extracurricular activities is an extension of other tasks that school psychologists perform, and thus is likely to enhance the acceptability of the organization and training techniques (Ellis & Garfield, 1977; Malllow, 1981; Meichenbaum, 1978). Because of many of the participating students were found to be receiving support as being test-angst, test-taking techniques and skills were taught as part of this program.

Eating Problems Support Group

Eating disorders are a significant adolescent problem which seriously impacts upon psychological and educational development (Joffe, 1974). Included in this female support group were students demonstrating disordered eating patterns of anorexia nervosa, bulimia, and/or obesity. Group discussion provided an opportunity for girls to share and compare with each other's attempts at healthy weight control and explore change strategies related to body image and eating disorders. However, the focus centered upon more practical ways to handle stress, body image concerns, and interpersonal dilemmas which precipitate eating problems. The group met with employment of the career and family interventions of the school year and remained continuous until open to receiving new members.

Phobia Group

This 4-session group met at the very beginning of the school year. Its target population was school phobics and agoraphobics. How to drastically reduce fear and anxiety, and to become a normal citizen of their high school was a primary goal. The treatment approaches used were primarily supportive, utilizing peer sharing and problem-solving techniques (Igar, 1975). Directives via "homework" assignments were utilized (Haley, 1976), as well as confrontation and paraprofessional approaches (Glisson, 1985; Madanes, 1981; Weeks & Abate, 1982).

Senior Separation Group

The focus of this 20-session group was threefold: (1) Developmental tasks (i.e., separation from home and high school and reduced association anxiety); (2) help students gain a realistic understanding of vocational associations; and (3) to assist and guide the participants in exploring and selecting vocational and educational plans. The treatment approaches used were primarily supportive, utilizing peer sharing and problem-solving techniques (Igar, 1975). Directives via "homework" assignments were employed (Haley, 1976), as well as confrontation and paraprofessional approaches (Glisson, 1985; Madanes, 1981; Weeks & Abate, 1982).

Turning Plans into Action: Procedures

A number of preliminary steps were taken to implement this new program. The essential first step was to obtain administrative support for the group. An existing guidance counselor held informal meetings with district administration to explain the program. A guidance counselor was then held with all guidance counselors to outline our treatment goals and objectives. Additional suggestions and ideas from the types of students we sought for referrals. Another preliminary step was to invite faculty to participate. We also solicited additional leaders needed for these groups. We met with our own school psychologists, a few teachers and some guidance counselors to explain our new teaching staff. Our school, like many others, has faculty members with significant

Continued on next page
The Role of the School Psychologist

Continued from previous page

cant course work or degrees in guidance and counseling who do not function in the role of the school psychologist are not as excellent (but underutilized) resources. The district's social workers and guidance counselors are not sufficiently recruited as group leaders.

Leaders were trained and oriented to the program as a whole and then provided with background literature and specific information to examine the group's agenda. To ensure the quality of short-term interventions and minimize the potential for negative effects, the outlines were provided for groups which were co-leaders. The training materials were generated by the group leaders with assistance from other school personnel in the district. Ongoing periodic consultation with all group leaders became an important facet of this program. Several meetings, for all involved parties, were held throughout the year. The forest was poor consultation. Here leaders shared experiences, clarified plans, provided feedback, and identified difficulties and generated new therapeutic solutions.

Student referrals were obtained by a variety of means. All guidance counselors, fringe personnel, and teachers were approached directly and asked to refer students. Referrals were noted in faculty meetings and student bulletins, resulting in additional technical education and student self-referrals. However it was possible, group meeting times were arranged around student referrals' study hall periods. When the group and group counseling problems were unavoidable, arrangements were made generally with the classroom teacher to give the pupils the opportunity to leave their classes and enter the group at any time. Letters explaining the nature of the group were sent directly to all parents of referred students. Individual conferences with referred students were held prior to the onset of the group to inform the students about the nature of the group, explain why they were referred to the group, and allay any concerns or fears they may have about participating in a counseling group.

The problems we encountered during this year are representative of the same problems which may be intrinsic to work in any setting. The group counseling problems which may be specific to working within high school settings. The main problem encountered in working with adolescents is that of sufficiently motivating these students to be active, involved participants for the duration of the treatment. Students who are not satisfied are in the two groups: the girls' problem-solving group and the drug group. Each of these was designed as a long-term approach.

The solutions prepared for this student motivation problem modified the group counseling plan. To tackle the attendance problem we developed a system of incentives for components for these groups in order to: (a) add more structure to the less structured groups, (b) provide added credit for group participation, and (c) build an atmosphere of focus and short-term duration. All of these adaptations have provided leaders with more opportunities to remain focused on attendance and participation.

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The Pre-Referral Intervention Manual
&
Pre-Referral Checklist
Answering the Mandate for Pre-Referral Intervention in Regular Education Classrooms

469 Pages
Comprehensive intervention strategies for the 193 most common learning and behavior problems encountered by classroom teachers.

Developed by Stephen B. McCarney, Ed.D.
Kathy K. Cummins, M.Ed.

• The most practical intervention strategies for regular education teachers to implement in their classrooms for students exhibiting learning and behavior problems.

• A must for any school psychologist acting in a consultant capacity in school systems involved in Pre-Referral activities.

• The most valuable resource for Teacher Assistance Teams, Intervention Assistance Teams, Child Study Teams, Building Level Teams, Student Support Teams, etc.

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Personal Viewpoint

by Timothy S. Harshorne

Several years ago my colleague Dean Jones and I, in my capacity as Director of Research for the Kansas CEC which was later published (Harshorne & Johnston, 1982). The original title of the article was published as "The Devil and Missy." This title was changed before publication, it was meant to point out a significant contradiction between the attempts to identify the source of learning difficulties, often at the expense of the effort to resolve these learning difficulties. We have attempted to deal with the Devil as opposed to correcting the behavior.

Now if it were possible to do something about the Devil, then identifying it might be useful. I have to admit that there are those who hope that it can. A noted school psychologist, George Hynd, for example, insists that a psychological approach to learning disabilities can help us classify types of LD. The only specific program intervention programs (Hynd, 1988) points out that the autopset of the term for the longitudinal first pattern of "disturbed cytoarchitecture." Well, having been at least mildly dyslexic myself, I would like to see the distance from George Hynd.

Such an approach would have problems with such a neurological approach. First, how prevalent are patterns of disturbed cytoarchitecture in the general population? Is this truly unique to dyslexics? Second, what can we do about the fact that the least sophisticated psychologists can perform brain surgery. Additionally, there is the question of the relationship of the intervention interactions and the neurological structures. Isn't it possible that the stimuli is successfully match processing strengths, or neurological structures with teaching strategies?

What's What

It is popular to pick on LD as a category, and I will, particularly as it represents 40% of the special education population in Kansas (KSDE, 1988), and 4% of all children nationwide (Will, 1988). If we can't define what we're talking about, how can we determine if it's a child? What is a mentally retarded child? What is a dyslexic? What is a schizotypal child? What is a hyperactive child? Many individuals have devoted much of their career to identifying the etiology, classification, and treatment of children not surprising; the has been done because we have been asked to do it by the DSM-III-R. I guess they must have messed up a bit with the DSM-III-R. I mean that I enjoyed the DSM-III. I was an orderly for two years on a psych ward, and I learned a lot at that time about "normal" demonic-like children. I would have thought that many of the schizotypic children were labeled "chronic, undifferentiated," "bipolar," or some other split personality label than their finger on exactly what it was, but it happened a lot. In fact the diagnosis of our patients kept changing. They might be manic one week and schizophrenic the next. The child was diagnosed as a schizophrenic, but her diagnosis was modified when she abruptly died of an apparent heart attack.

We do the same thing in special education. In the last year I have seen a large number of mentally retarded children when we changed the IQ admission requirements. The IQ level for more gifted children than we already do; come reevaluation, by raising the admission level for the mentally retarded students. Actually, mentally retarded and gifted children have a lot in common, in that they are both equally rare: they are both more than two standard deviations from the IQ mean. The IQ, fortunately, is a scale that has been fairly highly up given frankly having been tested for IQ.

I find great difficulty deciphering the first Kansas formula, and have to thank my colleague Susan Salsbery for assisting me with it. Then I read the report of the Department of Education work group on Cognitive Issues in Learning Disabilities, in which all possible formulas were considered and reviewed. After that I realized that we were trying to define the Devil by some- sort of a behavioral-environmental paradigm. Perhaps churches could get some statisticians to do the same thing for them.

Labels

The bottom line for me here was that what I understand to be a LD has been done on artificial, statistical manipulations. For example, all we know that the Kansas formula for LD can be calibrated to identify any given percent of the population as LD. I want 3 percent, we can have 3 percent. If we want 1 percent, we can get it. No wonder the people who are defining the characteristics of the LD child are having a tough time of it. Their sample keep changing.

A recent article (Lalich, Miyamoto, & Ryckman, 1987) has found a means of comparing the three types of LD students: one group has problems with attention and concentration, another with verbal-linguistic functioning, and a third with visual-spatial and motoric functioning. The modern approach emphasizes the overloading techniques on reading and math for the group with verbal-linguistic functioning, and is doing some good for those with visual-spatial and motoric dysfunction. The authors do note the limitation of their findings when they conclude that the classification was based on a cluster analysis of psychometric data on ident-ification, and their conclusions are based on the fact of the tests we use to "diagnose" LD. If we stopped using the test battery, the third category might disappear. I see nothing useful in this kind of analysis. It is absolutely no evidence that the use of these treatments will be successful for these groups, and yet there is not any evidence that it is not.

This is the difficulty that we continue to listen to the medical model. In an excellent recent article, Joe Kovaleski from the University of Wisconsin, used the concept of the medical model on special education. He pointed out that students with school problems have discrete disorders that are 1) internal to the child, 2) not remediable, and 3) can be remediated with techni-ques. Source to failures of the intervention program. At that point the assessment may shift focus to eligibility concerns. Even once eligibility is established, the difficulty is that many schools, and some states, do not have enough resources to support these children, and they continue to qualify for special education. The public at large is well aware of the difficulty is that we continue to listen to the medical model. In an excellent recent article, Joe Kovaleski from the University of Wisconsin, used the concept of the medical model on special education. He pointed out that students with school problems have discrete disorders that are 1) internal to the child, 2) not remediable, and 3) can be remediated with techniques. Source to failures of the intervention program. At that point the assessment may shift focus to eligibility concerns. Even once eligibility is established, the difficulty is that many schools, and some states, do not have enough resources to support these children, and they continue to qualify for special education. The public at large is well aware of.

Shifting Focus

Now, when we conduct an assessment of a child, we are really determining eligibility, while we are pretending to be doing something else. A shift in focus is not likely to alleviate the need for any pretense. Some testing would allow us to have a greater understanding of the child and we could decide how to best use the program resources. Actually, mentally retarded and gifted children have a lot in common, in that they are both equally rare: they are both more than two standard deviations from the IQ mean. The IQ, fortunately, is a scale that has been fairly highly up given frankly having been tested for IQ.

Florida Waits

The Florida Association of School Psychologists is preparing for the Second Annual Summer Institute to be held July 20 to July 23. The Institute, featuring Stephen Elliott and Thomas Kratschwill, both of the University of Wisconsin, will be titled "Designing Assessment and Intervention Programs in Academic Performance, Social Skills, and Problem Behaviors." In addition to the Institute, activities will also include sailing, beach lounging, and sundry social activities. The Institute will be held at Tradewinds Resort on St. Petersburg Beach.
Focus on the States: Oregon

by Fred Piazza

Anyone who has visited Oregon will attest to the fact that it is a state of wonders - powerful, colorful, natural landscapes. Most people in this country who images come to mind when they think of Oregon and they'll probably speak to you of lush green forests, snow-capped mountains, breathtakingly lovely beaches. They may also speak of the rugged pioneer-stock individualists that they imagine inhabit this Northwest. And their image wasn't be very far removed from what actually exists in our state. The geography of Oregon is indeed magnificent: picture postcard scenes seem to confront the visitor at every turn. Oregonians are an independent-thinking lot; in their dealings with each other, they tend to be informal, unpretentious, and respectful of diversity. They're fiercely protective of their environment and wary of any influences that threaten to alter the character of the natural surroundings. It's no wonder that Oregon has attracted many school psychologists from across the country to its borders, and that most of these quickly adopt the Pacific Northwest at the homes they'd never leave.

It is against the backdrop of a state recognized for the grandeur of its natural beauty that the school psychology profession flourishes. The individualists that characterize all Oregonians also distinguishes the profession in the state. School psychology in Oregon has many different forms. As the state's distinctiveness is reflected in its multi-patterned mosaic of ocean beaches, luxuriant forests, grand rushing rivers, and sun parched deserts, so too is the unique character of the school psychology profession revealed in the varied ways in which it's brought to life by its practitioners.

Oregon can be arbitrarily divided into several regions that differ markedly on a number of important dimensions. The cities of the northern portion of the "I-5 Corridor" (Portland, Salem, Eugene, Corvallis) embody the bulk of the state's population and about 60 percent of Oregon's school psychologists. These areas constitute the most urbanized and professionalized regions of the state. "High tech" industries have located in these cities and towns of southern Oregon that characteristic small-town, rural, and casemanager. Today, Oregon is a diverse state with various clear-cut organizational identity with a comprehensive agenda of goals and activities. Oregonians haven't lost their individualism; they've just discovered some effective ways to channel that quality into cultivating productive relationships. During recent years, the scope of OSPAs activities has rapidly increased as new areas of professional involvement have been identified. Each year, OSPAs representatives two annual conferences. Three biennial conferences have been held to date in collaboration with the school psychology associations of Washington and Idaho. The OSPA members, published five times a year, have matured into a publication that reflects OSPAs members' developing sense of professionalism. In the areas of public relations, professional standards, legislative activity, training and certification, and membership, OSPAs has demonstrated strong forward movement in recent years, thanks to the efforts of the chairpersons and members of the various committees. OSPAs has dedicated many of its efforts to cultivating productive relationships with the Oregon Department of Education, the state educator credentialing body (Teacher Standards and Practices Commission), and the state legislators.

The structure and organization of the Association are guided by the By-Laws which were revised in 1989. Current elected officers who serve on the OSPA Executive Board are: Pat Neill-Carlton, president; Judy Jones, president-elect; Fred Piazza, past president; Mary Pederson, secretary; and Peg Urban, treasurer. Phil Bowser has perhaps the longest period of continuous service to the Board and currently serves as OSPA Delegate, as well as OSPA Bulletin Editor. The Board convenes for monthly business meetings which are held in varying locations in the state. In addition, an annual fall retreat is held in a relaxed and recreational setting. This retreat provides an opportunity for the Board to tackle projects/activities that may have a more concentrated time block than the monthly meetings generally afford.

Fred Piazza is immediate past president of the Oregon School Psychologists Association and recently moved to New York.

State Statistical and Demographic Information

There are approximately 200 practicing school psychologists in Oregon, and about three-fifths of these are employed by school districts and the remaining 35 percent are employed by Education Service Districts - a network of countywide centers which provide a range of specialized educational services to students. Two school psychology training programs exist in Oregon - one at Lewis & Clark College in Portland and the other at the University of Oregon in Eugene. School psychologists in Oregon are certified by a state agency known as Teacher Standards and Practices Commission, which is based in Salem.

Members of the Association (as of November 1988): 155 regular members, 10 student members.

Annual Dues Schedule: Regular members, $35; students/retirees, $15.

Professional Development: OSPAs holds two conferences a year. The spring conference is held in October and consists of either a one-day or two-day program. The spring conference is generally a two-day event and may also include a pre-conference workshop. Three biennial joint spring conferences have been held to date (1984, 1986, 1988) in collaboration with the school psychology associations of Washington and Idaho.

These joint conferences have represented outstanding examples of cooperation and shared resources among the states of the Pacific Northwest; and there is a high probability that this tradition will be maintained in the future.
A Comparison of Standard Scores for Commonly Used Tests of Early Reading

by Margaret K. Schultz

One of the questions faced by school psychologists in assessing a student is what test instrument are the most appropriate. In the case of standardized achievement tests one usually considers the match between the test and the curriculum, the appropriateness of the normative sample, and the statistical properties of the test, including reliability, validity, and the adequacy of the floor and ceiling scores. Another characteristic of the student. One factor often overlooked in the generation of the standard scores, since this information is often not known. Ideally, both the letter and word reading abilities of students at each age or grade level and exist. In an attempt to provide myself with the standard scores, since this information is often not known. Comparing the resulting scores, but such research has not always been available as I came to administer the most widely used tests plus separate spring and fall norms to 8 years. The specific letters and numbers of the tests have been changed to protect the identity of the students. The median rank follows. The table and, since I found it useful, adding a brief description of the procedures used follows.

Most of the frequently used reading tests begin with letter identification and proceed to word recognition. I have compiled each of the tests and determined the raw score that a student would obtain if that student were able to (1) correctly identify individual letters, either capital or lower case, depending on what the particular test included, but not recognize words, and (2) both identify the letters, as above, and also read correctly the first three words on that particular test.

I then obtained the standard scores in the usual way for each of these two raw scores by six-month intervals for ages 6 to 8 years. The specific letters and numbers vary among the tests and some of the tests have dual scales. It can be argued that both letter and early sight word recognition are general skills. The letter scores representing achievement in these areas should be at least roughly comparable.

In the table the standard scores are listed for each of the 11 entries (nine tests plus separate spring and fall norms for each of the two K-TEA forms) for the five first-grade clusters. The 11 entries were rank-ordered in each column from highest to lowest standard score and the ranks were averaged for each entry. The resulting median ranks are given in the last column.

It can be seen that the Peabody Individual Achievement Test yields the highest standard scores, followed by the K-TEA Brief Form, Fall norms. The WRAT-R yields the lowest standard scores. This is particularly true for the K-TEA, K-TEA Comprehensive and the Woodcock Johnson tests. The K-TEA Reading Cluster scores for the Woodcock tests are a raw score of 0 on both Word Attack and Passage Comprehension was used. Standard scores below 50 for the Woodcock tests were calculated using the procedure described in DLM Teaching Resources Assessment Service Bulletin #3, "Standard Scores Equivalent for the Woodcock-Johnson Psycho-Educational Battery," 1985.


Continuing Professional Development by Elizabeth Bull Danielson

With implementation of the National Certification System, school psychologists have become increasingly interested in and concerned about continuing education activities. The NASP Continuing Professional Development (CPD) Committee is currently working on a proposal for a CPD system that will form the basis for renewing national certification. The proposal will be presented to the NASP Delegate Assembly in April. While the system cannot receive final approval before April, the CPD Committee felt that Nationally Certified School Psychologists (NCSP) need general information to help guide their planning prior to that time. This article is designed to provide such preliminary information.

Each NCSP must document completion of 75 clock hours of professional development activities every three years in order to renew certification. With the complete list of approved CPD activities not yet been adopted, credits can be claimed for such things as attending national, state, and local school psychology association conferences, attending professional workshops, completing graduate coursework at a university, and conducting research.

Documentation of CPD activities will be required and should include the following information: (1) type of activity (e.g., course or conference), (2) title of the activity, (3) name(s) of presenters, if applicable, (4) date(s) of the activity, (5) actual number of hours the activity took, (6) location of the activity, and (7) signature of the activity coordinator or presenter. If the activity has already taken place and the necessary signature was not obtained, a canceled check, receipt, and/or copy of the official program will be accepted as a substitute. Many workshops distribute CEU certificates to participants. Submission of the original certificate will be acceptable. If no such certificate is available, however, participants should write down the required information on a sheet of paper (one page per activity). For those attending the NSCPS grandparenting condition, activities documented during 1988 may be applied toward the first NSCPS renewal at the end of 1991.

Many state associations have CPD (or CEU) systems already in place. Where that is the case, the documentation required to meet the state standards must be supplied to the National School Psychology Certification Board (NSPCB) at the time of renewal. In addition, credits earned to meet other professional associations (e.g., APA, NCPA) and continuing education requirements will be generally accepted by the NSPCB.

While there is no automatic approval of local district or state department of education plans, if credits earned locally meet NASP standards, they may be used to fulfill the 75 hour requirement for renewal.

Each school psychologist is responsible for keeping track of his/her own CPD activities. A summary record form, along with complete instructions, will be provided to each NSCP no later than June 30, 1988. At the time of renewal, this form and the required documentation (as described above) will be submitted as a package to the NSPCB for review. CPD credit will be available to those attending the NASP convention in Boston in March. Details on documentation procedures will be included in convention registration material. In addition, CPD credit is available to those attending NASP pre-convention workshops and the NASP regional preschoo1 training institutes. CPD certificates will be provided to participants of all NASP-sponsored skill training workshops and institutes.

The NASP CPD Committee is also considering working on development of self-study packages which will meet NASP standards. Information will be provided as products become available. If you have questions about CPD activities, contact Elizabeth Bull Danielson, Chair, NASP CPD Committee, NASP Convention, 1988, National Press Building, 14th and Pennsylvania Ave.

Margaret K. Schultz is a school psychologist at the Cleveland City Schools in Ohio.

December, 1988

COMMUNIQUÉ

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There Should be a Right Not to Read in Our Society

by Mary Ellen Sarbaugh

There has always been the right not to read, and it has meant what it means today: the right to live at the bottom rung of society. One of the surest ways to survive in any civilization is to possess the power or the ability to make written or carved marks mean something. The marks were and are the carriers of culture. Even a simple society, such as the Aborigines of Australia, reaches a point when more knowledge exists than any one person can carry around on their skin or her head. The Aborigines make maps on their skin of the routes to waterholes and to sacred places. Deciphering these marks is the key to finding more food, more furs, a place nearer the fire, and perhaps time to think or paint. The vital importance, the dangerousness of reading ability, was recognized by slavemakers, who made it a capital offense to teach a slave to read. A slave who could read could conceivably gain access to the idea of freedom.

We must teach our children to read, and for the most part they have to be able to read English. Otherwise we may restrict them to being laborers, never foremen, employees, never bosses. If reading is only for the elite or for those who learn easily, we will have a few pharaohs, buried splendidly in pyramids constructed with the lifelong labor of thousands of lower-caste men, women, and perhaps children. We will have a Great Wall, whose construction cost was one man per stone. We will have a real photographer who can’t get a job in photography because he can’t read an ad, write an application form, or read and understand the terms and conditions of employment. We must present each child’s strengths and weaknesses clearly and credibly, not just the positive. We must give them the skills and knowledge that are necessary to lead successful, fulfilling lives. The Aborigines make maps with the lifelong labor of thousands of lower-caste men, women, and perhaps children. We will have a Great Wall, whose construction cost was one man per stone. We will have a real photographer who can’t get a job in photography because he can’t read an ad, write an application form, or read and understand the terms and conditions of employment. We must present each child’s strengths and weaknesses clearly and credibly, not just the positive. We must give them the skills and knowledge that are necessary to lead successful, fulfilling lives.

There are, of course, many ways to learn and many ways to share that learning; but very frequently, in some important way, they depend ultimately on the reading the instructions, reading the TV guide, reading songs. You have to be able to read the rules or "how to" articles in order to participate in and master a sport.

Teachers keep talking about making a child “feel good” about himself. In a setting where the basic task is learning, it is extremely hard to feel good about being a non-reader. Letting reading disabled kids participate in more furs, a place nearer the fire, and to sacred places. Deciphering these marks is the key to finding more food, more furs, a place nearer the fire, and perhaps time to think or paint. The vital importance, the dangerousness of reading ability, was recognized by slavemakers, who made it a capital offense to teach a slave to read. A slave who could read could conceivably gain access to the idea of freedom.

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Mary Ellen Sarbaugh is a school psychologist in Arlington Heights, IL.

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Miscellaneous Item: "Those who fear for the fate of civilization may take comfort in the fact that, precisely 50 years ago, the American Legion was founded in St. Louis." In NASP’s first year (1969-70) four issues of the Newsletter were produced. In this 20th Anniversary year, the Communique is listing the contents of each of these issues. The items are submitted by Tom Fagan.
For a Detailed Profile of Adolescent Depression . . .

Multiscore Depression Inventory for Adolescents and Adults (MDI)

by David J. Berndt, Ph.D.

This unique instrument overcomes the principal limitations of many other self-report depression inventories. It measures not only the severity but also the specific aspects of depression. And it detects subtle variations in milder forms of depression. These benefits, along with the provision of separate norms for adolescents, make the MDI a particularly useful tool for school psychologists.

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A Parent's Perspective

Rachel: A Parent's Love Story

by Debby Mooresre

My daughter, Rachel, has a handicap. Following is my experience with the hope that it will give insight to you, as professionals, in dealing with parents of special children.

My experience was the roughest I have ever had, but I came out of it ten times the person I was before. A very negative period can have a very positive outcome, so I've given this period a title with a positive connotation - the Prelude Period. Prelude is defined as doing something to prepare the way for something more important.

My husband, John, and I had just created the stereotypical "perfect family" when Rachel was born, becoming the little sister to our two-year-old son John Michael. We were in our late twenties, had a solid marriage and a beautiful home in the country. Mine was a classic, normal pregnancy and a simple, uncomplicated delivery. On both sides, our family histories included nothing but normal, healthy people.

I scoffed when shortly after Rachel's birth, our family doctor said he felt her legs were too short for her body. I am from a Yugoslavian background where women hover around 5-foot-2-inches tall, I was 18-1/2 inches long when I was born; Rachel was 18 inches. But the doctor insisted we see a specialist as soon as possible. Our minds went a step toward familial crises; time would tell, but her mold was cast.

Rachel was ten days old, we took her to a geneticist with the thought that we would pursue every avenue in order to correct whatever the problem was. The geneticist started out on a technical note, but when the conversation turned to joining a support group, my heart stopped. She said there was a form of dwarfism that had no cure; hormones would not help. She hinted that growth would stop at four feet and her head would be larger than normal, but that would not be considered abnormal on her intelligence. It was simply a fluke of nature. Rachel may live a healthy carefree life or one full of many complications; time would tell, but her mold was cast.

My husband and I could not accept the trauma of our daughter's incurable condition and faced it relentlessly for a cure. When the diagnosis was first made, my husband and I felt full of pain and helplessness. Our minds ran the gamut of sorrow, hurt, anger, disbelief and pity for ourselves, our family and our daughter. Our minds went a step further and projected the whole picture into the future.

Words of assurance from relatives and friends were useless. People trying to congratulate us on Rachel's birth found it very awkward. We were bleeding from our "wound." No one knows what you are a parent and individual is going through because we all bleed differently, don't let anyone tell you otherwise. Facts, figures, and information from doctors and other "afflicted" families in adversity added salt to our wound.

It was our innate human nature to reel anything or anyone that had anything to do with our child's incurable disorder. We avoided the subject as if it might go away, when deep down that is all we could think about. I was 25 years old and I felt that my days of happiness and laughter were over and that they would just be a memory of my past.

I envied John for being able to throw himself into his time-consuming job. I stayed home and mourned; I couldn't even look at babies in diaper commercials. I didn't want to be alone and I didn't want to be with other people; I was afraid of breaking down at the wrong time. I denied myself simple pleasures as if in a twisted way I couldn't feel so guilty about Rachel. Looking at growth charts was an emotional crisis and the pain sharpened when I received birth announcements from friends having healthy babies. I spent a great deal of time holding Rachel; I loved her so much. But there were so many go-no-gos; was our society accepting her in a world conditioned to accept not less than close-to-normal? Would the world accept her? Would she survive the cruelty of other children? Would she have a hard time making friends, getting a job, finding true love? My emotions were snowballing too far down the road and I knew I must accept things one day at a time.

The Little People of America support group was there but I didn't want to hear another mother of a dwarf child telling me about the victories and defeats. When one mother did contact me I asked her only one question, "Does Down the road can I laugh at all the things I'm crying about now?" Her answer was, "Yes." Rachel was a beautiful baby. Her eyes were - and still are - enormous dark brown saucers. She didn't win hearts; she stole them. Strangers often stopped to look at her, sometimes noticing her shortness, sometimes not. Sometimes I told them the whole story; sometimes I just said she was short for her age. Little did I know that our "helpless afflicted child" was jam packed with strengths, abilities and determination that we, her parents, would turn to and draw on.

Of the many people who stopped to notice Rachel, some thought her problem was awful; others asked, "Is that all that's wrong?" Some shared their own hardships, unselfishly giving me therapy. Hearing their adversaries allow.

We need more of your type.

No matter what blood type you are, if you're a timer, you're the type this world can't live without. Please give.

The Mooresreiner family: from left, John Michael, John, Rachel, Andrea, and Debby.

Dear Reader,

I must point out the world's own problems, we are the only red-leafed maple tree that hadn't grown an inch in eight years. Despite its small size, the tree was the only true red leafed maple among thousands of trees. Its brilliance never failed to startle him. It wasn't the great trees with their heads in the clouds that fascinated him, but rather those that, like handicapped children, strive to rise above their afflictions. Ellis wrote, "That little red maple was my Rachel. It was all beginning to make sense."

My husband and I realized that our daughter needed our hearts. She was throwing a world of rainbows at us and all we could blindly envision were the thunderstorms. Rachel had a long, happy, fruitful life in front of her and the on thing holding her back was us. We knew we could no longer avoid reality. We could either show her a cold cruel world full of defeats, misery, unhappiness, tears and sorrow or we could show her a world full of warmth, laughter, happiness, challenges, victories, songs, and most of all, love.

For many reasons John and I wanted another child after Rachel. She was only six months old, but I greatly feared the longer I waited to become pregnant, the more resistant I would become. When I became pregnant again, I was filled with anxiety even though I was assured the chances of having another child with mongolism was extremely remote. Through the strength I had drawn from God and from Rachel, I got through the first 20 weeks of pregnancy, the period before analysis of the fetus.

Amniocentesis showed the baby I was carrying was a girl, a fact that caused me more anxiety. Rachel would one day have to deal with her sister's normal growth and activities and be reminded daily that she was different. But they could also play together, go to movies, shop, share their secrets and laugh together. I liked the idea of giving Rachel a sister. Andrea was born 15 months after Rachel, a healthy girl and 22 inches long. Reality was not going to waste any time.

John Michael is now 7-1/2, Rachel is 5 and Andrea, 4. They have each other. Along with their infinite parade of friends, who leads the pack? Rachel. I now realize that I had to go through the emotions of guilt, hurt, anger and confusion before I would realize that those emotions were not going to help Rachel. There are still hurdles to clear but I know that if we do take some painful falls, we'll be able to laugh at them later and each hurdle will make us stronger.

Our hearts will never be the same. They have become more sensitive, understanding, patient and stronger, and most of all, bigger. We all need clouds in our lives to make a beautiful sunset. My little red maple is in the midst of that sunset and she is standing brilliantly among the trees.

Debby Mooresreiner lives in Oconomowoc, Wisconsin. This article was coordinated by Kathy Lechel, Oconomowoc School Psychologist and NASP Wisconsin Delegate.
Retention and Personal Adjustment

Holmes & Matthews (1984) investigated the effects of retention on students' self-concept. They found an average effect size of 

\[ \text{effect size} = -0.27 \]

that the earlier a student is retained the more likely these effects will be to persist. This finding is consistent with the idea that early retention produces a harmful effect that may continue to influence students' academic performance throughout their school careers.

Retention and School Dropout

Students who are retained face an increased risk of dropping out of school. A study by Talmadge (1980) found that children who were retained in the first grade were more likely to drop out of school than their non-retained peers. The study also found that the risk of dropping out was higher for students who were retained in the second grade.

Retention and Academic Achievement

Talmadge (1980) found that students who were retained in the first grade had lower academic achievement than their non-retained peers. The authors suggested that this finding supports the idea that early retention has a harmful effect on students' academic performance.

Retention and Social Adjustment

Retention and its effects on students' social adjustment have been studied extensively. A study by Miller and Norris (1967) found that children who were retained in the first grade were more likely to have social problems than their non-retained peers. The authors suggested that this finding supports the idea that early retention has a harmful effect on students' social adjustment.

Retention and Emotional Adjustment

Retention has been found to have a harmful effect on students' emotional adjustment. A study by Miller and Norris (1967) found that children who were retained in the first grade were more likely to have emotional problems than their non-retained peers. The authors suggested that this finding supports the idea that early retention has a harmful effect on students' emotional adjustment.

Retention and Behavioral Adjustment

Retention has been found to have a harmful effect on students' behavioral adjustment. A study by Miller and Norris (1967) found that children who were retained in the first grade were more likely to have behavioral problems than their non-retained peers. The authors suggested that this finding supports the idea that early retention has a harmful effect on students' behavioral adjustment.

Retention and Readiness

Retention has been found to have a harmful effect on students' readiness for the next grade. A study by Miller and Norris (1967) found that children who were retained in the first grade were more likely to have readiness problems than their non-retained peers. The authors suggested that this finding supports the idea that early retention has a harmful effect on students' readiness for the next grade.

Retention and Learning

Retention has been found to have a harmful effect on students' learning. A study by Miller and Norris (1967) found that children who were retained in the first grade were more likely to have learning problems than their non-retained peers. The authors suggested that this finding supports the idea that early retention has a harmful effect on students' learning.
It should be thoughtfully considered by any educator who wants to gain an understanding of an important transformation in the delivery of educational service. It is simply the best available resource in this field.

W Alan Coulter
New Orleans Public Schools
Director of Support and Appraisal Services

Now it will have relevant application well into the next century. It is comprehensive: it addresses the needs, techniques and strategies that effect change from the district, the school, the classroom, and the student. It is practical: the techniques discussed are uppermost in the minds of most educators—reading interventions, managing student behavior, peer tutoring and adapting instruction for difficult to teach students, consultation service delivery, integrating students with severe disabilities, providing services to infants and pre-schoolers, building-level assistance teams, curriculum-based assessment, and intervention-oriented assessment are among those systems receiving the most attention.

### Alternative Educational Delivery Systems

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**Conclusion and Recommendations**

A review of the research on the effectiveness of retention of students shows disparity between best practice and actual practice. Despite the widespread use of retention, few state consultants who responded to a mail survey (Rafaeli & Carey, 1998) reported that any systematic data collection is conducted at a state level regarding number of children retained and follow-up. While doubt remains about the effectiveness of retention, little indication is given that state educational agencies are currently trying to assess the quantity or consequences of non-progression.

With the research effectiveness of retention has been criticized for its poor quality. Some recent reviewers have concluded that the cumulative body of research has found that retention can negatively affect school achievement, social-emotional adjustment, and attitudes toward school. Retention has been linked to later lower grades and dropout with little to no improvement in student background and achievement level. While it may be that retention benefits a small percentage of students, our ability to predict exactly which students may benefit is exceedingly limited.

Furthermore, more positive alternatives to retention may exist that will have a far greater likelihood of success. Given the lack of convincing evidence supporting the use of retention, it is imperative that school psychologists and educators give careful consideration to alternative instructional strategies such as cooperative learning, mastery learning, direct instruction, and curriculum-based instruction. However, programs such as after-school tutoring, remedial reading, or math classes, and summer school programs may all be ways to increase time-on-task, a crucial variable in understanding academic achievement.

**NASP encourages school psychologists to become involved in making retention decisions in their local schools. They can do this by helping to evaluate the reasons for school failure, helping to plan appropriate instructional interventions for the following year whether or not the child is retained, and by acting as consultants to parents to help them make retention decisions.**

In addition, NASP encourages school psychologists to collect data on the at-risk pupil at the local level that will help delineate the long-term effects of retention policies and to share this data with policy makers. Finally, NASP urges school psychologists to become familiar with the research base on the effects of retention and to share this knowledge with educators both at local and state levels in order to promote alternatives to retention.

**References**


Griems, J.B. & Smith, J.D. (in press). Retaining or promoting L.A. students: The role of RET.


Sandover, J. & Pidgley, P. (1985). A high school follow-up of children who were promoted or attended a junior first grade. Psychology in the Schools, 22, 102-106.

A Series on Suicide Prevention

How to Select, Train, and Supervise a Crisis Team

by Susy R. Kofu and Joann M. Harris

In this article we will describe how to select, train, and structure a school district crisis team. Such a team is properly supervised. First, a part-time, full-time, or group is selected. In the following paragraphs we will describe "outside," "inside," and "combined" models. Upon discussion the advantages and disadvan-
tages of each of the three models. The "combined model because it pro-
vides better supervision and support for crisis team members, helping students, and is the most time and cost efficient. We will then discuss the selection of members, the structure of crisis team members, the internal struc-
ture of the team, and how to design the team.

An outside team can be composed of therapists from a local mental health agency. More often it is a school district level and not an individual. We have made contacts and/or social workers which is instan-
taneous among the various schools. The team is called to help evaluate suicidal students. The advantage of this model is that the people doing the in-
terview are experts in the area, and have the knowledge of clinical skills, good agency connections, are part of the school district, and have the training of social workers, and have enough power to in-
fluence decisions by other professionals. One advantage of the "outside" model is that referrals need to be routed through an evaluation of the student, to be located and called to the building. Because they usually want concrete signs of suicidal intent before "bossing" the team a referral may not be made. Another disadvantage of this model is that there may not be enough psychologists and social workers in a

If these services must be contracted from outside the district, the expense can be an issue. An inside team model trains existing staff members within a building to inter-
vene with suicidal students. The advantage of this model is that the people doing the in-
terview are already familiar with the students. We discuss suicidal concerns about students with students who are also familiar with their colleagues who also know the students well. Having an in-
side team is important because they are always available to initiate ap-
propriate interventions, evaluate their effects, and make referrals to outside services for the student. A disadvantage of the team

Retention

Continued from previous page

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Talmai, S.J. (1981). Descriptive and predict-
itive relationships among family environments, coping, symptom characteristics, behavioral adaptation, transition plan placement, and early readjustment ability. Unpublished Ph.D. disserta-
tion, University of Oregon.


EDUCATION RESEARCH Service No. ED 212 377

Zalki, J.P. (1981). A study of the effects of a peer/grade transitional class as compared with fifth grade retention on the acting score of

work. We emphasize that they are in-

Both senior team members and building crisis team members need to ge-

Each interview is unique, and the success of the interview depends on the team members and the student. The team members need to be aware of the needs of the student and be able to provide support and supervision. The team members should be trained in suicide prevention and should have the knowledge and skills to intervene in a crisis situation. The team members should also be able to work effectively as a team and communicate effectively with each other. The team members should be selected based on their training, experience, and expertise in suicide prevention.

After the interview a new crisis team member is an apprentice. They only do interviews jointly with a senior member and they take an observer role. Then they begin to share the load and finally the new member is responsible for most of the interview with the student and the team members serving as support. As the building members increase their skills and experience, initial policy is changed to allow for the building members to take on more responsibility in the team.

We recommend a combination model which capitalizes on the strengths of these models and eliminates their weaknesses. In this model the crisis team is internally structured so that all members have adequate support and supervision. Initial interviews with suicidal students are conducted jointly by an inside team member and an outside team member. Then a joint plan of action is developed with the appropriate school district and/or mental health services. The interviews are obtained from the local school district or the appropriate mental health service. Joint interviews are required and should be provided for all students at the building level. With the consultation from the senior team members an initial plan of action is involved in the initial interview.

There are two levels of crisis team members within the school district. Each is different. Senior team members are psychologists, social workers, or school nurses who have the clinical skills and their credentials and training are in the area of suicide prevention. They do not have the time and resources necessary to fulfill this role. There may also be some "advisory" members to the senior team who are not clinicians but who have a great deal of knowledge in the district and outside agencies. They can be helpful in securing emergency services for a suicide evacuation, providing advice on procedures within legal guidelines, and pro-
promoting policies and procedures. They can provide guidance and advice and are the natural helpers in the building. We recommend about one board member per hundred children, with each building having a minimum of two members. We select board members who are students already trusted and teach them specific suicide intervention skills. They need to be stable and mature, demonstrate good judgment, be able to handle stress and confrontation, and have good support systems themselves. If possible they should have flexible schedules. We chose some people for the team who did not want to regularly interview suicidal students but who could help establish the confidence of the team to the community at large because they are respected by the community.

Membership on the crisis team is "by invitation only" but anyone chosen is selected for their expertise. The team members must make affective team members because they do not want to become a crisis team with no team. To reduce fears as members are selected we are very clear about the role of each of their responsibilities and the amount of support they will get from senior members of the team and from district administration. We also make clear how many are in the room when people are involved from the media, even though in some districts even have a rotation of team members (two years on, one year off) because of the stressful nature of the

This is the sixth in a series of articles about suicide prevention. Material for these articles is drawn from the authors' experience and published work, Handbook: Suicide Prevention in the Schools (1987), 113 pages, which is available for a cost from Special Education, Wold BOOKS, P.O. Box 575, LaJolla, Colorado 80458. Cost: $12.25 (in-bulks postage). Susy R. Kofu is a School Psychologist ("Colorado School Psychologist of the Year," 1987), and Joann M. Harris was Child Final Coordinator for the Wold BOOKS, Colorado. December, 1988
An Interview with Barbara Keogh

Barbara Keogh is Professor of Education, Psychology, and Chair of Special Education in the University of California, Los Angeles. She is also Director of the National Center for School Psychology and Chair of the Publications Committee.

One orientation to the training of school psychologists emphasizes a strong emphasis on evidence-based practice and what seems to be a trend toward diagnosis focusing more on cognitive and academic achievement. School psychologists have been put in the position of being the health care providers for a population of youngsters who aren't making it. School psychologists are, special education teachers are often a little cynical because they think the methods they help they think they need. So, I think the prevalent orientations on how we go about psychology, what psychologists have a great deal to offer, but I'm not sure the services are delivered in the way they might be.

And where is that breakdown? If school psychologists are looking for a way to offer, why is it do not seem to be provided? It is partly a training problem and it is partly a problem with the structure or organization of the schools. Most of the school psychologists have been put in the position of being the get-tough in the system. In addition, in training models where school psychologists are trained in "traditional" psychology, there's an emphasis on out-of-classroom activities and on a non-psychological label of children with problems, whether they are handicapped or not. Most school psychologists have been trained to deal with children who are doing fine, except for those who have outstanding aptitudes. Most special education psychologists are considered as a psychologist as an armorous resource; yet, the school psychologists are saying that if the psychologists are armorous resources and special education teachers are often a little cynical because they think the help they think they need. So, I think the prevalent orientations on how we go about psychology, what psychologists have a great deal to offer, but I'm not sure the services are delivered in the way they might be.

So if you were to identify one major step involving this problem, what would this be? It would be more experience in a contextual approach to school psychology training. There have been some efforts to provide some special education psychologists have more understanding about what goes on in the classrooms, what they can do to help, how they can help, and what the content of instruction is. It is very unfortunate if the school psychologist is going to say to a young, young youngster is taken out of the classroom - test him - and send him back. I don't see that as being effective and it isn't working too well.

As you may be aware, NASP adopted a position statement on the identification and education of young children. Much of your own research and writing has involved the educational performance of very young children. Please comment on the special issues school psychologists need to be aware of as services to very young children are expanded.

I am not sure how very young children are well trained in early childhood development or in the problems of early childhood. This is something we need to light up whether our training programs need to be modified to train school psychologists to deal with younger children and the problems of younger children become the major interest from those of older children. Secondly, early identification and intervention is a very critical. We all would like to believe that we can do something about it, and it is the problem that we know what to do about the problems we identify. I'm not sure how very young children are being identified with sensory problems and serious cognitive, developmental problems, but it doesn't take a trained school psychologist to do it. It is this marginal, subtle kinds of problems in children that are at issue.

I am uneasy with mass screening procedures for school psychologists. One reason is because I think that the kindergarten and the first grade are so important in exposing children to an educational environment. Many of the children who are referred on the basis of "looking up" on earlymattter of three to six months, are un-distinguishable from other children. In a given school, we might be able to identify programs identify children who simply don't have a growth spurt; thus, we have not yet learned school appropriate behaviors. We need to give children chance to learn what school is all about.

In fact you have published some data on that very issue. Could you summarize that briefly? In an early study we screened the whole group of children in the first two weeks of school, using a very simple modification of the Bender Gestalt Test. We identified a rather high proportion of "at risk" children based special education programs. Students who participate in a special education program are those who have been tested. Students who do not attend school. Poor screening on testing at the beginning of the school year doesn't work. And, what have you found? The test in question were tested, they did extraordinarily well. In fact, the examination that did the testing thought they had found a particularly bright bunch of kids! What they didn't come up with is that what's going on is that this screening is really testing a child's aptitude and how much is an indication of school experience and how much is a function of cognitive, academic aptitude. To tie this to your first question about training, I think the consultant model is one in which the term of identification, it would not be the school psychologist testing children, as much as working with teachers to identify the youngsters who aren't making it. School psychologists can help teachers be more sensitive to a range of indicators of poor risk - children who are about a lot, those who are a sick, those who don't seem to be able to participate fully, those who are compensating, or different, or whose problems are motivatic rather than cognitive. School psychologists can help teachers be more sensitive to change teachers' sen-sitivity and be able to be more aware of a range of attributions about why children behave the way they do.

School psychologists often are asked to do psychological testing in schools. I'm interested in comments for some thoughts about the role of school psychologists in the context of interventions for children's learning problems. Children by use of the Luria-Nebraska Neuropsychological Battery (LNNB) and the Luria-Neuropsychological Associates of California (LNNA) risk factors in "at risk" children. Several years ago we involved a group to develop markers for disabilities. The idea is that in order to improve research. Can you comment on that effort, and talk about its current status? Actually it was one of the most fun projects I've been involved in. We have to look at the literature on learning disabilities, and here we have done sample vari-ence samples. Definititonal parameters or criteria vary from state to state and even from one school district to another. As a result, studies of LD are quite disparate kinds of samples. This makes it very difficult to make any kind of generalization across studies.

Our notion was that if we could come up with a set of markers that are sensitive and of the, and low, and high, and whatever markers models where markers have have been attempted (e.g., genetic markers). Our goal was to identify what would be reasonable common markers for learn- ing disabilities. To do what we sampled from a very broad literature - medical, neuropsychological, occupational, psychological, educational, psychiatric, etc. Over a two year period, we examined over 4,000 presumably normal children using a number of neuropsychological testing. Then we did a very systematic and detailed analysis of over 400 children, randomly selected from certain criteria. We developed a proposi-tional model which works in the system, and it maps onto four primary dimensions. These categories are a) ability measurements and achievement, b) demography and diagnosis markers; c) study specific markers; and d) comparative markers, which really deal with control or comparison groups. When first published this material, not a whole lot happened. Maybe there is a gap between the work and the usability! But I find there are more and more references to the work now and more and more people are starting to tell me that it's an excellent idea to use a combination of neuro-behavioral, more neuropsychological tests, and vision training is one of these. That is to say that there is not some real problems really a gap between the work and the usability! But I find there are more and more references to the work now and more and more people are starting to tell me that it's an excellent idea to use a combination of personality, more neuropsychological tests, and vision training is one of these. That is to say that there is not some

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updates on selected aids information

by pat heran

AIDS and Children will appear periodically in the Communication to Professional AIDS Education and Research newsletter. Readers are encouraged to share related projects, resources and share information about the impact of local school systems.

The "Champion of Education Award" presented to NASP and the Children's Fund was to recognize and honor their efforts in support of children and families affected by HIV/AIDS. The Children's Fund project, "TEENAGERS AGAINST AIDS," which was presented by a representative from the Children's Fund, was one of many awards presented to foundations, government and private individuals who had made substantial contributions to the NC State Education Foundation. The award was presented to NASP and the Children's Fund to support research and education in this critical area.

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The findings of school psychologists in the state. The listing of three levels, Career Level I, II, and III, outstanding performance can be $7,000 by Donald J. Dickinson, Ron Carlini, and Melinda Dukes. In 1984, Tennessee established a Commission on Psychologists with the primary goal of identifying and rewarding outstanding teaching performance. This effort was designed to include counselors and school psychologists. The evaluation of personality and academic potential is also made using the Woodcock-Johnson Tests of Achievement and the WRAT on combined, nonverbal second, fourth, sixth, eighth and tenth grade students, found that 15 percent and 30 percent had severe discrepancies in verbal ability and performance, respectively. The severe discrepancies between ability and performance were identified in the Woodcock-Johnson Tests of Achievement and Achievement, respectively. Using a sample of 50 identified learning disabled students and 50 non-identified students, this study examined discrepancy patterns and student work habits and behaviors. The results suggested that while learning disabled students demonstrated severe discrepancy patterns, other low achievers also evidenced low achievement with such discrepancies.

The competencies were then ordered into the five domains of: Planning, Delivery, Supervision, Evaluation, and other factors, such as the school psychologist’s support from regular education teachers and administrators, and school pretest behavior of a target within the school psychologist’s school system. Instruments used for the evaluation include: a) observations, b) dialogue sessions, c) questionnaires from an administrator and teachers, d) a summary of professional development and leadership activities, e) ratings of psychological reports, and f) written test.

The method for evaluating school psychologists, under the Career Ladder, is to determine whether they have the competencies is similar to other methods which generally suggest three sources of data could be used for conducting an evaluation of school psychologists. These are (1) Direct observations of the school psychologist, (2) reported perceptions of other stakeholders, and (3) judgment of the school psychologist. Each of these methods holds the potential of measuring change of student attitudes, and behavior, and does not play a prominent part in the total evaluative process. The implementation of these components has been implemented as included only as a field test data items and does not influence the outcome of the evaluation. Dialogues with the school psychologists: the superordinate questionnaires in addition to the three most important evaluation instruments, accounting for 20%, and 10% to 25% of the school psychologist’s total score on the Career Ladder. This instrument was designed to gather data on CBA procedures, including those peers involved in the use of CBA procedures. The survey was conducted concerning the implementation of school psychologists on the Career Ladder and to determine what kind of data they believe is important in the evaluation of competencies. Although much school psychologists on the Career Ladder in theory, a large percentage believed that it might not be successful for school psychologists in the evaluation of outstanding psychologists in practice. In general, school psychologists support the use of data based on how people perceive their services (practices data) rather than what impact their services have on children (outcome data) which is consistent with the manner in which the Career Ladder has been developed. Concerns of school psychologists on whether the competencies identified as indicating outstanding performance are related to effective service delivery are recorded during each activity. 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The Behavior Disorders Identification Scale

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• Includes the most contemporary items representing the most common characteristics of emotionally disturbed/behaviorally disordered children and youth which can be observed in the school and home environments.
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Adjacent to the luncheon we've seen growing enrollment, and with it increasing responsiblities for me. One day last month I'd completely lost my patience, and considering that I was divorcing not divorce but Murder, along with maybe administractrice. So when the junior high school counselor dropped into my office on business, I detained him and bent his ear for about an hour and a half, with all of my troubles. I then proceeded, as in the case to give myself some answers and priorities. I once worked in a counseling center where the director insisted on regular "maintenance counseling" for each of us. I forget the rest of refreshments. Too bad, though, if word got out I wouldn't be able to run for U.S. President.

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Background—In our society children will learn to be competitive naturally. Because of its pervasive existence, competition will affect the development of our children in either positive or negative ways. At best, it can facilitate the development of skills, self-discipline, and physical, mental and social growth. At worst, it has been related to rivalry in siblings, often of a violent nature. For instance, one study found that in families where siblings aged 3-17 lived, 82% had taken violent action against a sibling in the previous year. In competitive children's sports, 1 out of 3 kids under the age of 15, or 17 million, sustain injury serious enough to warrant medical attention. In school, competition can lead to failure, dropping out and anti-social behaviors. Less dramatic, though more common, is its impact on the self-concept. It encourages our children to rely on external sources for self-validation and esteem. Though some professionals believe all competition is harmful, other stress the importance of putting it in proper perspective. Though the debate continues, it is clear that the effects of competition on the individual child will depend on personality characteristics, social context, and the structure of the activities or situations at hand.

Development—During the preschool years, ages 3-5, children typically refuse to share objects, toys or places, and will also strive against a peer or sibling for the attention of adults. Yet, during this period of development, children are motivated primarily by the desire to attain an object or goal. Because they are characteristically self-centered, they tend not to focus on “beating” or gaining victory over another.

Older children, age 6-10 years, exhibit similar competitive behaviors. They differ, however, in their primary focus which is to outperform their peers. During this time social comparisons are more often made, and children judge the outcome of the events in self-evaluative terms. Now the results begin to have more serious consequences and implications for the child's self-concept.

Primary and secondary school-age children generally engage in competitive events on their own initiative. Their spontaneous contests are characterized by formal rules, structure and allowance for a winner. The decision making and power are shared and everyone participates in his or her own way. Within this structure there does not seem to be any fear or loss of love or esteem due to failure to win. Negative self-evaluations are minimized and children acquire skills, receive feedback and develop confidence in a safe and less judgmental context. This is in contrast to adult structured contests where the existence, competition will affect the development of our children in either positive or negative ways.

Inappropriate or excessive competition can be detrimental to all children. There are a number of indications which signal the negative impact of competition, and warrant parental attention. Some of the more prominent are as follows:

- low self-esteem and confidence,
- chronic or situational anxiety,
- non-assertiveness, shyness or underachievement,
- avoidance of contests of any kind (excluding those who do so for cultural or religious reasons.)

What Can I Do As A Parent?—All children will benefit from an emphasis on cooperation and events that are fun, encourage growth, skill, participation and belonging. Towards this end parents can teach children about the destructive aspects of competition, advocate for cooperative activities, and present children with appropriate resources and strategies that foster more cooperative behaviors. More specifically, parents can

- monitor formal sports and school contests to insure the child's well being takes precedence over winning,
- provide positive role models and guidance during competitive activities,
- avoid using children for vicarious victories,
- avoid language that reinforces competitive attitudes.

There are particular concerns for various age groups:

Preschoolers: Parents should consider the following do's and don'ts:
- Do be patient and accepting of self-centered behaviors.
- Do demonstrate appropriate sharing and cooperative behaviors.
- Do avoid lengthy explanations of why cooperation is necessary.
- Do not expect them to be empathic.
- Do allow time for adjustment to infant sibling and to share and care where possible.

School-age Children:
- Do allow them to structure their own contests.
- Do avoid comparisons with siblings, classmates, yourselves as children.
- Do not make love or approval dependent on winning.
- Do allow them to quit or participate in competitive events without any form of pressure, rejection or humiliation.
- Do not remain silent or avoid child after a loss, nor blame or punish.
- Do empathize and encourage child to understand and accept loss, and learn from it.
- Do seek professional consultation if negative reactions are lasting or extreme.

RESOURCES:
- No Contest—The Case Against Competition by Alfie Kohn. Houghton Mifflin, Publisher, 1986. This work promotes the view that all competition is unhealthy. It does suggest alternatives and resources for cooperative methods.
- The Second Cooperative Sports and Games Book by Terry Orlick. Pantheon, Publisher, 1982. A wealth of materials to help parents and educators promote more creative competitive contests.
- International Association for the Study of Cooperation in Ed. (IASCE). C/O Center for Teaching and Learning. University of N. Dakota, Grand Forks, N.D. 58202. The center disseminates information to promote cooperative education. Useful for parents as a resource to gain understanding and assist schools moving in this direction.
- Focus on Interscholastic Sports and the Middle School by K. C. McEwin. E. Laning: Michigan State University, Michigan Asn. of Middle School Educators, 1981. Gives the parent a clear presentation of the controversy surrounding interscholastic sports below the high school level. Sets forth the express advantages and disadvantages.
BACKGROUND—Anorexia and Bulimia are serious, life threatening disorders with a wide range of physical and psychiatric components. Research suggests that the current diet and fitness phenomenon may be responsible for the increase in eating disorders. Evidence suggests that eating disorders may affect 18–20% of the students between the ages of eleven and nineteen. That means that the significance equals or exceeds all other low and high incidence handicapping conditions with which school personnel typically deal. The dieting phenomenon has increased well over 50% among normal weight adolescent girls as compared to the last decade. In a recent research study 86% of the girls between the ages of ten and eleven were afraid of becoming fat and were dieting to lose weight. Since this is the time a young girl should be entering a period of rapid growth, excessive dieting may affect later development.

The literature suggests Anorexia Nervosa and Bulimia are disorders occurring predominantly among females. Both disorders occur in males, however the current incidence rate is set at two percent of the population. The diagnostic criteria that is used for assessing eating disorders is that which are spelled out by the Diagnostic and Statistical Manual of Mental Disorders.

Anorexia Nervosa

— Intense fear of becoming obese, which does not diminish as weight loss continues.
— Disturbance of body image, e.g., claiming to “feel fat” even when emaciated.
— Weight loss of at least 25% of original body weight or, if under 18 years of age, weight loss from original body weight plus projected weight gain expected from growth charts may be combined to make the 25%.
— Refusal to maintain body weight over a minimal normal weight for age and height.
— No known physical illness that would account for the weight loss.

Bulimia

— Recurrent episodes of binge eating (rapid consumption of a large amount of food in a discreet period of time, usually less than two hours).
— At least three of the following:
  1. Consumption of high-caloric, easily ingested food during a binge.
  2. Inconspicuous eating during a binge.
  3. Termination of such eating episodes by abdominal pain, sleep, social interruption, or use of cathartics or diuretics.
  4. Repeated attempts to lose weight by severely restrictive diets, self-induced vomiting, or use of cathartics or diuretics.
  5. Frequent weight fluctuations greater than ten pounds due to alternating binges and fasts.
— Awareness that the eating pattern is abnormal and fear of not being able to stop eating voluntarily.
— Depressed mood and self-deprecating thoughts following binges.
— The Bulimic episodes are not due to Anorexia Nervosa or any known physical disorder.

Physical Symptoms   Emotional and Perceptual Characteristics   Behavioral Characteristics

Insomnia     Distorted Body Image       Unusual Eating Habits
Constipation   Inability to Think Clearly   Hyperactivity
Lanugo        Dichotomous Thinking   Frequent Weighing
Premature Aging Overpersonalization   Laxatives
Hair Loss     Low Self-Worth   Diuretics
Dental Problems Masked Anger   Diabetics
Amenorrhea    Perfection   High Achievement
Hypothermia   Extreme Sensitivity
Dehydration

From Handouts (1990), edited by Alex Thomas. A publication of the National Association of School Psychologists.
Position Statement

Advocacy for Appropriate Educational Services for All Children

P.L. 94-142 (The Education of All Handicapped Children Act) has achieved major goals in serving handicapped children, many of whom had been previously excluded from appropriate educational programs. Since its enactment in 1975, all handicapped children have been guaranteed a free and appropriate education, the right to due process, and individualization of program according to need. We strongly support the continuation of legislation which has mandated these guarantees.

We also recognize that serious problems have been encountered as school districts strive to meet these mandates and that quality education is still an elusive goal. Some problems reflect difficulties within special education; others appear to be special education issues but have their origins in the regular education system.

One major set of problems involves reverse sides of the issue of access to appropriate education: (1) on the one hand, access to special education must be assured for all significantly handicapped children who need and can benefit from it. Conversely, children are being inappropriately diagnosed as handicapped and placed in special education because of: (a) a lack of regular education options designed to meet the needs of children with different learning styles, (b) a lack of understanding of the diverse cultural and linguistic backgrounds, and (c) inadequate measurement technologies which focus on labels for placement rather than providing information for program development.

It is not a benign action to label as 'handicapped' children who are low achievers but are, in fact, handicapped, even when this is done in order to provide them with services unavailable in general education. School personnel often resort to labeling because it seems the only way to obtain needed services for children. This is an unfortunate result of categorical models which attach funding to classifications. Other problems originating in the classification system include:

- Labels that are often irrelevant to instructional needs.
- Categories, based on deficit labels, that are arbitrarily defined, particularly for mildly handicapped and low achieving students, but which come to be accepted as "real" and may prevent more meaningful understanding of the child's psychosocial needs. The intent of this statement is not necessarily to endorse mixing children with different moderate to severe handicaps in a single special education classroom.
- Reduced expectations for children who are placed in special needs programs.
- Assessment procedures aimed at determining eligibility which often deflects limited resources from the determination of functional educational needs and the development of effective psychoeducational programs.
- A decreased willingness on the part of regular education at times bordering on abdication of responsibility to modify curricula and programs in order to better meet the diverse needs of all children.

As increasing numbers of children are classified as handicapped and removed from regular classrooms for special instruction, there has been a dramatic reduction in the range of abilities among children who remain within the general education system. Concurrently, as national standards for excellence are being raised, the number of children at risk for school failure is growing dramatically. Without provisions to prepare students for higher expectations through effective instructional programs, many of these children may also be identified as handicapped and placed in special education. This climate, in which children are tested and labeled as failures or as handicapped in increasing numbers, creates an urgent need for reexamination and change in the system which provides access to services.

In view of these problems, and based upon the commitment to see that all children receive effective and appropriate education irrespective of race, culture, background, linguistic ability, socioeconomic status, or educational need, we believe:

- All children can learn. Schools have a responsibility to teach them, and school personnel and parents should work together to assure every child a free and appropriate education in a positive social environment.
- Instructional options, based on the individual psychoeducational needs of each child, must be maximized within the general education system. Necessary support services should be provided within general education, eliminating the need to classify children as handicapped in order to receive services.
- Psychoeducational needs of children should be determined through a multidimensional, nonbiased assessment process. This must evaluate the match between the learner and his or her educational environment, assessing the compatibility of curriculum and system as they interact with the child, rather than relying on the deficit based model which places the blame for failure within the child. Referral to the assessment and placement process must always relate directly to services designed to meet psychoeducational needs.
- In addition to maintaining current protection for handicapped children, protections and safeguards must be developed to assure the rights of children who are at risk for school failure and require services while remaining in general education without classification as handicapped.

We propose a new national initiative to meet the educational needs of all children:

Propose the development and piloting of alternatives to the current categorical system. This requires reevaluation of funding mechanisms, and advocacy for policy and funding reform. Without provision to prepare students for higher expectations through effective instructional programs, many of these children may also be identified as handicapped and placed in special education. This climate, in which children are tested and labeled as failures or as handicapped in increasing numbers, creates an urgent need for reexamination and change in the system which provides access to services.

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Caution Urged for Kindergarten Screening

by E. M. Bard

Whether school districts provide screening in the spring, summer or fall, the popularity of providing some type of program to assess various attributes of incoming kindergarten students has gained momentum in many states. It is now in vogue to gather data on this young population in order to determine their needs and to successfully master kindergarten curriculum and to provide educational and psychological baseline data in this era of accountability.

Kindergarten screening programs, while providing a good forum for determining educational needs, also serve a greater role: community public relations. It is the responsibility of school authorities to be comprehensively appreciative regarding their child's first school experience and welcome immediate feedback on the child's capabilities. The powerful impact of how the results of kindergarten screening are used are within the local school system's sole discretion. That 1.7 million screening procedures will most likely continue in school districts throughout the nation. Kindergarten screening programs frequently are composed of developmental tasks, readiness activities, criterion referenced test items. These areas are assessed through activities and tests that require language, motor, and academic development.

School psychologists are often called in for consultation, monitoring, and evaluation as part of the kindergarten screening program. It is the responsibility of the district school psychologist to evaluate any of the actual screening process.

The following case reports are offered to those psychologists charged with developing or participating in a kindergarten screening program:

Kindergarten programs are mandated in all but perhaps one United States and must be offered by all public school districts. Attendance, however, is not required.

It is illegal for a school district to require any personnel place a label on any child who is five years of age on or before the legal cutoff date, regardless of the child's performance on any of the screening batteries. The performance on a kindergarten screening instrument should be viewed with caution due to the reliability and validity issues of all instruments (criterion referenced as well as norm referenced) at this age level.

It is ethically and legally questionable to force a parent to have his or her kindergarten entry based solely on a child's summer birthdate or poor screening performance. Children of legal kindergarten age have the right to place out of the test.

If the parent chooses to delay the child's entry until the age of six, this is within the compulsory school attendance jurisdiction and may be honored. However, if the parent does not wish to delay the entry, the school cannot refuse to admit.

In many states a child who is six years old by March 1 is eligible for a first grade placement regardless of whether or not kindergarten was completed. In states that follow a pre-school-to-a-kindergarten program by a kindergarten screening instrument, any child who has not shown the ability to hinder his or her demonstrated readiness, skills, and knowledge, the child should not be allowed to enter first grade.

If the child's kindergarten screening results are extremely deficient and it is felt that this child may have a problem, the most likely initiative in order to determine the need for specialized education.

Advise the parent to return the child to a pre-school program who could result in the pre-school tuition being paid by the school district. If the child was determined a handicapping condition was present at the time the student's parents were referred to the pre-kindergarten program and that the school personnel in the pre-kindergarten placement have knowledge that the child was a suspected handicapped student from the time of the entry for a first grade level program.

It is illegal to use any parts of standardized tests in the kindergarten screening battery without the test publisher's pre-authorization. The vocabulary list on the Binet, Binet-R, WPPSI, or PPVT-R cannot be reprinted or photocopied without violating the copyright law.

If screening results are only gathered, analyzed, and stored for reference, they probably have very little practical value for the classroom teacher. The purposes of the screening program should guide the use of the final results.

Careful review of the State's Public Schools Revised Codes in regard to kindergarten entry, legal school age, and first grade enrollment, prior to formulating decisions based on kindergarten screening data.

School psychologists who are involved with kindergarten screening, may wish to request a copy of a parent's permission brochure. School psychologists who provides a copy of a brochure to a parent helps to understand the activities commonly evaluated during kindergarten screening. The book entitled "Kindergarten screening" takes a second look at the first third revision and has become very popular within the community. For a copy of the second edition of this publication, please send a 9 1/2 x 6 1/2" envelope, self-addressed with 90 cents postage to the author c/o the Akron Board of Education, Akron, OH 44306. (Supply is limited.)

E. M. Bard, Ph.D., is supervisor of Psychological Services for the Akron Board of Education.

A Seven-Stages Progression in the Treatment of Abuse


by Tony D. Crespi

Abused children often become abusive adults. Without treatment, they are three to six times more likely to attempt suicide during adolescence or young adulthood. In the vast majority of cases of child abuse and neglect were reported for 1984. Clearly child abuse and neglect is a national tragedy which affects the entire fabric of society.

Although children's responses to abuse and neglect are varied, "Ney provides one of the few systematic guidelines available for the treatment of this population.

In the Treatment of Abused Children: The Natural Sequence of Events, Ney presents a seven-stage progression for use in counseling abused or neglected children.

1) Realization. Before children can learn from their experience they must gain objectivity about the abuse and gain the ability to speak about it. Through talking and through use of a metaphor about similar children they can be encouraged to explore their "secrets" and share each episode of abuse for each child. Ney notes that this must occur quickly since resistance builds as the child develops a disempowerment toward the counselor. With an initial confusion nothing is left to hide. The realization stage is one in which children have covered immediately clients later become insecure, project more displaced, and disrupt the treatment process.

2) Protest. Once the children realize they are victims, they can approach the stage of protest. Here, they can explore their anger and other feelings. The idealized emotional objectives to their abuse. This phase can often be intense since they may experience and release pent-up emotions. Ney notes that children may express anger at figures other than solely the abuser. Why didn't the other parent protect them? Often they are an angry about what failed to happen correctly as about what actually did happen. Support groups can be helpful in this stage.

3) GUILT. It is important that children explore the guilt they feel regarding the abuse and its effects on the family. Whether they feel responsible because of their passive or punitive guilt seems inevitable. "Why didn't I say NO?" According to Ney, "ganger or that he did well with, directly it can be complex. "My mom says I asked for it." Ney suggests that if a child is aware of the metaphor - perhaps a child did distract a driver's attention by windows' driving ability? Hearing different sides can be instructive, educational and helpful.

4) Despair. Abused children suffer a tremendous loss. The idealized childhood dreams of safety and security at home are forever lost. As children come to terms with their sense of despair, a mourning occurs as they mourn the childhood they have lost. This is an enormously difficult phase of treatment as children look to a future they can't share. As children look to a future with the world as they are encouraged to use their perception into the development of their new insights potentially helpfully ways. Helping other abused children is a concrete way abusers and abused children can actively move toward their own reconstruction. Reconstruction takes time and, sadly, the scars remain forever.

5) Reevaluation of Relationships. After experiencing a period of mourning and feeling their own sense of despair abused children must realistically consider their current relationships. What types of protection, nurturing and care can be realistically expected now and in the future? Often abused children enter dependent relationships as they feel people who parent them. It is important to evaluate present relationships and needs and to become realistic about the relationships they feel. They feel they can achieve through opportunities for challenge, children can become aware of their strengths and weaknesses. Obviously this facet is dependent on the abuser. If the abuser is unable to change behavior and offer an unequivocal apology this facet may become more difficult and complex.

6) Reconciliation. In this final stage, children can explore their personal perceptions into their existing view of the world and how they can see new insights in potentially helpful ways. Helping other abused children is a concrete way abusers and abused children can actively move toward their own reconstruction. Reconstruction takes time and, sadly, the scars remain forever.

Since the stages of treatment with abused children address such emotionally sensitive issues, anyone who will regret the brevity of this article. Clearly the thorough exploration of Ney's stages could provide a book with chapters devoted to school involvement, peer relationships, and parental supports. Undoubtedly though, The Treatment of Abused Children: The Natural Sequence of Events provides a luminous perception into the developmental sequence for abused children as they explore and reevaluate the effects of abuse on their lives. The delineation of the stages provides a framework for the treatment program a treatment program offers parents and children an understanding of the process. Ney's book in treatment and provides a foundation for a difficult and arduous reconstruc- tive process. Children and school counselors with a developmental outline for the treatment of abused and neglected children.

Tony Crespi is a school psychologist at Albrovelli Hospital in Connecticut and a Communique Contributing Editor.
Preparing Culturally Competent School Psychologists

by Sherman Hu

Published information on minority training programs is especially necessary in the clinical area, particularly in the area of psychology, typically focuses on recruitment of minority students. However, little information is available regarding preparation of minority students and faculty, and culturally relevant courses in psychology (Bernal & Padilla, 1986). Bernal and Padilla (1986) report on the recent National Conference on Graduate Education in Psychology emphasizing the importance of diversity issues in psychology where such issues have already been incorporated into the preparatory programs. However, published information that examines minority status in school psychology is meager (Zins & Halstead, 1986). The purpose of this Communique article is to serve as a reminder for those who prepare school psychologists to consider carefully the multicultural issues in school psychology.

Need for Cultural Competence in School Psychologists

Minority enrollment in public schools is on the rise. This can be attributed to the growing numbers of minorities (e.g., Black, Hispanic, and Asian) and the increasing continuous immigration from Central and South America and East Asia. In addition, there is a rapid increase in the numbers of children entering formal education in the school system (Bernal & Padilla, 1986). It is estimated that those who are culturally different from the majority are frequently in the minority. A new and that minority children outnumber white children in the rate of referral and placement (Dunston, 1983; Zins, 1985).

They are also more likely to drop out of school, become school dropouts, and are culturally different from those who are culturally different from the majority (students, parents, and language-specific materials). Particularly in those schools that are home to the white majority (e.g., California, New York and Texas) where there is a strong presence of Native American (students, parents, and language-specific materials). Particularly in those schools that are home to the white majority (e.g., California, New York and Texas) where there is a strong presence of Native American (students, parents, and language-specific materials). Particularly in those schools that are home to the white majority (e.g., California, New York and Texas) where there is a strong presence of Native American (students, parents, and language-specific materials).

Minority students who prepare school psychologists need to be prepared to take the minority status as it is a part of their culture, background, and family (Bernal & Padilla, 1986). Zins and Curtis (1988) recognized that a minority group needs to be prepared as culturally competent psychologists (specializing in the legal aspects of minority group membership in school psychology). The need for cultural competence in psychology is not a new issue, but it is a growing one.

Complete the training of minority psychologists (NASP) in the curriculum of multicultural psychologists (NASP) and the curriculum of multicultural psychologists (NASP) of school psychology programs. These courses could be categorized into four areas suggested by Bernal and Padilla (1986). They are (a) minority, (b) cross-cultural, (c) sociocultural, and (d) cross-cultural research courses.

In the field of education, psychologists need to be prepared to take the minority status as it is a part of their culture, background, and family (Bernal & Padilla, 1986). Zins and Curtis (1988) recognized that a minority group needs to be prepared as culturally competent psychologists (specializing in the legal aspects of minority group membership in school psychology). The need for cultural competence in psychology is not a new issue, but it is a growing one.

According to the biographical sketch of the newly elected Board of Directors for the NASP (1988), the newly elected Board of Directors for the NASP (1988) is comprised of the newly elected Board of Directors for the NASP (1988) and the newly elected Board of Directors for the NASP (1988).

What Can Be Done

Among the 211 programs listed in the NASP Directory of School Psychology Training Programs (Brown & Minke, 1984), 26 programs have formal courses in multicultural topics. Among each such culturally relevant courses as Cultural Differences, Intercultural Relations, Multicultural Counseling, Non-Blacks, and Native American Psychology. Seven of those 26 services were published in the APA directory of multicultural psychology, and the rest of those services were published in the APA directory of multicultural psychology. The APA and NASP Task Force should develop a plan to work together to revitalize this process. The purpose of the plan is to address the importance of cultural issues by developing cultural courses and programs in the training programs (Zins & Curtis, 1986). It is surprising that only a limited number of programs explicitly address cultural issues as shown by their courses, and curriculum addresses both the structural and cultural aspects of cultural competence.

Prepared by Peggy Dawson

The newly elected Board of Directors for the NASP Children’s Fund met in New York City on November 12 to begin planning for the future of the Children’s Fund established by NASP in 1985. On the agenda was a presentation on the role of Board members in managing a charitable organization, a review of the financial status of the Fund, the election of Chairman and Secretary, and the initial planning of strategic planning for the Fund. Board members in attendance were Dan Bernal, G. B. Rosenfield and J. M. Kurtz.

Dan Bernal, G. B. Rosenfield and J. M. Kurtz were elected to the position of Chairman and Secretary. By the time of the first meeting of the executive committee, Dan Bernal, G. B. Rosenfield and J. M. Kurtz were elected to the position of Chairman and Secretary.

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Chairperson and Secretary were then elected. Mary Hanna was elected to the position of Chairperson and Peggy Dawson was elected to the position of Secretary. Both are one-year positions.

The agenda for the next meeting of the Children’s Fund Board of Directors was that of the last. The Board will meet on Saturday, February 4. The purpose of the meeting will be to develop a two-year plan of goals and objectives for the Children’s Fund.

An immediate activity of the Children’s Fund will be to plan and run the popular Children’s Fund Auction, to be held at this year’s NASP. The Children’s Fund Auction will be held in Boston on Thursday, March 30. Letters with further information will soon be mailed to NASP leadership. Carl Kelly and Mary Hanna will be coordinating this year’s auction. For further information, contact Carol Kelly.
DOCTOR OF EDUCATION DEGREE IN SCHOOL PSYCHOLOGY

Indiana University of Pennsylvania's Department of Educational Psychology is accepting applications from students seeking a doctoral degree (Ed. D.) in School Psychology. The program is supervised by Dr. Robert M. Kaufman, who is a noted community psychologist. The students' academic year must have completed the basic of gender, race, or grade-range were omitted.

VALIDITY: The authors sought to establish concurrent validity by correlating the K-TEA with the WPPSI, K-ABC, and the PPVT-R. In addition, correlations were made to the .91 criterion of Achievement Test Metropolitan Achievement Test and Comprehensiveness of Basic Skills. Comparing subtests which purport to measure the same construct, favorable correlations were .65, .59, and .60, respectively.

NORMATIVE DATA: Two separate national standardizations were conducted in 1983 and 1984. One sample was taken from the Appalachian Mountains, the other from the Midwest respectively. The two samples were stratified with respect to age, grade, and the number of students. as an individual test.

METHOD OF ASSESSMENT: Individually administered by paraprofessionals, teachers, or others trained in individualized assessment.

NORMATIVE DATA: Two separate national standardizations were conducted in 1983 and 1984. One sample was taken from the Appalachian Mountains, the other from the Midwest respectively. The two samples were stratified with respect to age, grade, and the number of students. as an individual test.

DIVERSED SCORES: Age-levels, grade-levels, percentiles, normal curve equivalents, stanines, and standard scores are available.

RELIABILITY: Split-half reliability coefficients were calculated for both the Battery and for the individual subtests with few exceptions. Coefficients for the Battery Composite are .97 and above. Test-retest reliability coefficients were .84 to .96 for lower grade levels and .93 below 97. Coefficient correlations are reported for upper grades ranging from .90 to .97. Items were selected using a standard item analysis procedure plus a Rasch-Weight latent trait model. Expert bias was addressed, and items which were found to discriminate on the basis of gender, race, or grade-range were omitted.

The K-TEA provides flexibility by allowing the examiner to use curriculum norms or age norms or standardization groups. This test is easy to administer and score. Because of the Administration and Scoring, the examination pages are available for teachers to administer the test. Scoring the test also includes using a test that is appropriate for the student's performance level and the examiner's skill level. As a result, teachers can use the results from the K-TEA to address specifically the areas for remediation.

The validity and reliability of the K-TEA are accurate. Floors and ceilings are high, but caution is advised for broadband predictions. The test is available for all age groups. Scoring floors are also available for students in Reading and Spelling. The test is designed to assess the performance of students and their performance on each subtest. As a result, teachers can use the results from the K-TEA to address specifically the areas for remediation.

CONCLUSION: The K-TEA is a well-constructed instrument which yields an abundance of useful information about a student's performance. Typical of the Kaufman's efforts, the manual contains a wealth of technical information and provides useful information about the test.

Employment Notices

continued from previous page

and experience. Contact: Luce W. Rosas, EDI, Director of Personnel Services, County Schools, 1400 NE 6th Street, Pompano Beach, Florida 33309. 305-796-7002.

Doctoral Programs Opening at Mississippi State University

The Department of Psychology at Mississippi State University announces a fully funded PhD School Psychology Program. Students are eligible to specialize in a variety of specialty areas, including: Learning Disabilities, Gifted/Hindicapped, School Psychology, Applied Research, Collaborative Consultation, and Educational Psychology. The program offers the MS and PhD degrees. MSU is an Equal Opportunity, Affirmative Action Employer.

The Department of Psychology offers the MS and MEd degrees. MSU of­
courages application for a number of doctoral positions in School Psychology. The PhD program in school psychology is supported by grants from the National Science Foundation, the National Institute of Mental Health, and the National Institute on Disability and Rehabilitation Research. The program is NCATE/NASP approved. At the doctoral level the program is designed to prepare professionals who are comfortable with a military college setting. Applicants should have a strong background in experimental and clinical psychology. The PhD program in school psychology offers stipends for graduate study.

Applicants should have a background in psychology, strong interpersonal and communication skills, and the ability to effectively work with teachers in developing intervention strategies. Applicants should have a minimum of 3 years teaching experience in a classroom setting, an earned doctorate in psychology or a closely related field, and the ability to develop and maintain NCATE and/or APA accreditation. The position offers the MS and PhD degrees. MSU is an Equal Opportunity, Affirmative Action Employer.

Adolescent School Psychologist: Position available in Pompano Beach, Florida. Applicants must have at least two years experience with adolescents or be beginning their postgraduate training. The position will offer a full-time salary of $30,000. Applicants should send a letter of interest and curriculum vitae to: Director of Personnel Services, 1450 NE 8th Street, Pompano Beach, Florida 33309. 305-796-7002.


School Psychologist - Position available in Jackson, MS. The University of Southern Mississippi is offering a full-time, 9-month position beginning August 1, 1989. The position offers a salary of $28,000 per year. The successful candidate will be expected to provide psychological services to the students at the University of Southern Mississippi. The University of Southern Mississippi is an Equal Opportunity/Affirmative Action Institution.

School Psychologist - Position available in Miami, FL. The Miami-Dade Public Schools are now accepting applications for the position of School Psychologist. The Miami-Dade Public Schools are the second largest school district in the United States and serve over 300,000 students in grades K-12. The School Psychologist will provide psychological services to students in grades K-12. The position offers a salary of $30,000 per year. Interested candidates should send a resume and letter of interest to: Personnel Office, Miami-Dade Public Schools, 250 Northeast Second Avenue, Miami, FL 33137. 305-470-4000.

School Psychologist - Position available in Pompano Beach, FL. The School Psychologist will provide psychological services to students in grades K-12. The position offers a salary of $30,000 per year. Interested candidates should send a resume and letter of interest to: Personnel Office, Miami-Dade Public Schools, 250 Northeast Second Avenue, Miami, FL 33137. 305-470-4000.

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Application Deadline: December 31, 1988

The deadline for application to the national school psychology certification system under the "grandparenting" clause is December 31, 1988. Applications must be postmarked by December 31st in order to qualify for the "grandparenting" provisions. Applicants may take the examination in April, 1989, but NASP must have receipt of the application for the certification with a postmark no later than December 31, 1988. Application for the examination is made directly to ETS (Princeton, N.J.) and not to NASP. Direct all questions to: June Stafford, NASP, 808 17th Street NW Suite 200, Washington, D.C. 20006 (202-223-9498). Request application materials from the same address.

Beginning January 1, 1989, all applicants to the national certification system must comply fully with the NASP Training Standards (1985). These standards call for a minimum of a specialist level degree or equivalent (60 semester hour), practica and a 1200 hour internship. Specific course content is required within the 60 semester hour criterion.