

## President's Message

### Is the Diagnosis ADHD or NLD?

Have you, as a professional, often had a child referred for an assessment with rather vague, non-specific problems? Joseph was one such child who would not attract any particular concern or attention during his first two years of school. His reading decoding was above average; his ability to express his ideas was terrific, with remarkable attention to detail. His early school progress caused no red flags. He could memorize most anything and was considered gifted by his early childhood teachers as well as his parents.

Then some subtle changes began to be noted by his third grade teacher, who showed concern about his lack of turning in work. He was slow in putting his thoughts in writing, even though he appeared to work arduously at the task. His teacher noted that he managed to talk through most activities, and did not seem to anticipate consequences for his behavior. His incredible memory and advanced verbal skills weren't serving him so well now at the ripe old age of 8, for there were other demands, which he seemed unable to meet. He rarely completed assignments, and often seemed to not understand what was being asked of him. Idioms and figurative speech were incomprehensible language.

He continued to be physically awkward and frequently fell out of his chair during class. It all looked accidental. His pencil grasp was poor, and his incessant talking during class was becoming a source of irritation to others. The middle years of his elementary school were disclosing a different picture of this former bright, little star.

Some of his teachers interpreted the half completed assignments as defiant behavior, while others viewed his talking out of turn and falling out of his seat as indications of ADHD problems. Perhaps he was too quickly labeled by obvious behaviors. His incredible memory for certain kinds of information still served him well, and he was not labeled as forgetful. His annoying behaviors at school began to be labeled as troublesome. By sixth grade, Joseph could easily be labeled as a difficult troublemaker, or child who has been placed in an emotionally disturbed classroom. Or, perhaps, he will be medicated for years with little notable results.

Despite his early success in reading, Joseph was never able to figure out the main idea or theme of even first grade stories. This was a detail that his teachers overlooked. His minor difficulties of inappropriate talking and frequently failing in the classroom were explained by other diagnostic labels. On closer look, his memory skills were superior only when rote memory was needed, not when abstract reasoning or thinking was required. His practical, problem solving skills were exceedingly low. Joseph seemed to learn little from experience. He was unable to generalize information, so when he was socially confronted in provoking situations, his past learning was not available to him. As a result, he had trouble keeping friends.

According to a recent book by Sue Thompson, *The Source for Nonverbal Learning Disorders* (LinguiSystems, Inc., 1977), many children are undiagnosed for this disorder, and many more become fully depressed because of lack of recognition and intervention on their behalf. She urges professionals to take the time to listen carefully to reported concerns from teachers and parents, to hone their diagnostic skills, and to consider the reality of nonverbal learning disabilities as a diagnosis.

The three areas of symptomatic behavior of the NLD involved child are: motoric problems, visual spatial organization problems, and inability to perceive social cues. A child who misreads social cues typically has no idea when his interaction has gone too far, thus, pushes other away. He doesn't read the

non-verbal cues or facial expressions from others. He invades their personal space often and routinely gets rebuffed from peers. He may be constantly told by his peers "you talk too much." Since his nonverbal skills are underdeveloped, he relies primarily on language in his social relationships as a relief from anxiety. His nonverbal actions are limited.

His visual spatial difficulties may make it more difficult for him to move from one place to another. He instinctively avoids novel situations and prefers the routine. Transitions may be full of problems for this child.

Motor problems are commonly seen in both fine and gross motor areas. This child may have difficulty learning to ride a bike, or kicking a soccer ball. Cutting and writing activities are especially difficult.

Perhaps you know a child like Joseph, and want to reevaluate his mode of operating. Interventions for Joseph and others like him are far different than those for typical ADHD students. This practical book is full of suggestions and ideas for classroom interventions for children with nonverbal learning disabilities, as well as fully describing the kinds of behaviors that you will see in such a child. Enjoy reading it in all your spare time!

Jean Benson, President

## **Providing Workable Alternatives to Retention**

The push for standards-based school reform is the predominant issue facing today's public schools. Half the states apply sanctions to those schools whose students fail to meet the standards, and over a third of the states require students to score at designated levels on tests to get promoted and/or to graduate. For many students, the price of failure is retention in grade. This places minority, poor, urban students and English language-learners in a kind of double jeopardy. Systems that failed to educate them adequately are now punishing them for not being educated.

Current high-profile political rhetoric decries social promotion as being partly responsible for students who are unable to pass tests measuring the new, higher standards. Policy-makers, school administrators and teachers see retention as a desirable alternative. When asked why they retain students in grade, teachers respond that it gives students another year to master the academic content and to improve their social behavior. Yet, this reasoning flies in the face of an overwhelming amount of research.

The author of a 1989 analysis of 63 studies conducted on the effects of retention in grade found that 54 of the studies indicated overall negative effects. Retention was found to harm students achievement, attendance record, personal adjustment in school and attitude toward school. In a study published in 1997 in the *Journal of School Psychology* a group of low-achieving students who had been promoted were compared with a group of similarly low-achieving student who had been retained. The researchers found that the groups did not differ significantly on intellectual functioning at five years, four months of age, and at the end of the third grade. In addition, the researchers found that by sixth grade, retained students displayed exacerbated behavior problems while the behavior of the promoted students remained stable.

Studies have found that retention increases the probability of a student's dropping out of school. Male, black, Southern and poor students are more likely to be the ones retained according to a report from the National Center for Education Statistics, *Dropout Rates in the United States: 1995*. Of those students who had been retained, nearly twice as many reported having dropped out of school as those who had never been retained. A study conducted by the Association of California Urban School Districts found that students who were retained twice had a nearly 100% chance of dropping out.

Jeannie Oakes of UCLA suggests that the strong support for retention is in part an attempt to accommodate the expectation that all children must learn while, at the same time, maintaining the powerful social norms of traditional schooling. Although it makes no sense to ignore the research that points to the futility of retaining students in grade, neither should the negative effects of retention be used to support whole-scale promotion. Students should not be pushed through a system that does not ensure they acquire the skills and knowledge they need. It should be clear to educators, if not to policy-makers, that students with behavioral or academic problems should be identified early and provided the support and interventions needed to help them.

Resources should be provided for early childhood education, smaller class sizes, tutoring programs, year-round schooling, multigrade classrooms and assessment for continuous improvement. In addition, resources should be provided for after-school and Saturday programs, summer school, teacher professional development and other strategies designed to help, not punish, students.

Patricia Cloud Duttweiler, Assistant Director of the National Dropout Prevention Center

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## **Graduate Student Awards**

Congratulations to the recipients of the OSPA Graduate Awards this year, Shonda Ballard and Rita Echelle. Both of these OSPA members demonstrate excellence in their scholastic achievements and are highly recommended by their professors and supervisors.

Shonda Ballard is a student in the M.A. School Psychology Program at the University of Central Oklahoma and is Dr. Peggy Kerr's graduate assistant, as well as, UCO student representative to OSPA. She is near the end of her program and will be completing her internship in 2001-02. Prior to beginning practicums in the Oklahoma City Public Schools and UCO Testing Clinic, Shonda was a teaching assistant II in a special education classroom for the Edmond Public Schools. She has the long-term goal of working in an effective and respectful manner with children, educators, and parents toward the betterment of educational services.

Rita Echelle, M.Ed., a practicing school counselor in the Stigler Public Schools, is pursuing school psychology certification through the College of Social and Behavioral Sciences at Northeastern State University. Rita began her career in education as a teacher of both regular and gifted education. She also counseled women and children from abusive situations for two years in a women's shelter. Her experiences have sensitized her to the tremendous need for mental health services in the schools and the lack of availability in rural and/or lower socioeconomic settings. This has been her inspiration for furthering her knowledge and ability to provide such services to all children irrespective of their geographic location or financial means.

Jami Haywood, OSPA Awards Chairperson

## **OSPA and OSHA Cohost Breakfast for Oklahoma Legislature**

On April 11th the Oklahoma School Psychological Association (OSPA) and the Oklahoma Speech and Hearing Association (OSHA) cohosted a breakfast for members and staff of the Oklahoma Legislature. The Faculty House provided a delicious menu of fresh fruit, yogurt, coffee, sweet rolls, and orange juice. Both Associations presented their displays and disseminated brochures and coffee mugs in an effort to educate and inform the members of the importance of our roles in Oklahoma's public schools. The beautiful blue coffee mugs which had our logo and the words, "Kids are our only business" were a big success! They were unquestionably one of the best public relations investments OSPA has made. Several influential members of the House made an appearance including Rep. Barbara Staggs, House author of SB 389, Senator Johnnie Crutchfield, Senate author of SB 389, Rep. Mary Easley, Vice Chair of the House Education Sub Committee on Education, and Rep. Larry Adair, Speaker of the House. Assistant Superintendent John Corpolongo, NCSP, who is a staunch advocate of OSPA, attended on behalf of the State Department of Education. We were encouraged by the warm reception of the members and it is likely both associations will be cohosting legislative breakfasts in the future. Thanks to all of those who participated.

Marshall Andrew Glenn, Ph.D., NCSP

## **OSPAWEB.ORG is Popular**

Our OSPA membership dues support OSPA Today and OSPA's Web site. While our newsletter is mailed to our members, our Web site is just a click away for anyone worldwide. Web site activity is tracked through WebTrends Corporation who provides monthly reports on our Web site visitors.

For the month of February (27 days), we had 3,192 visitors. Individual visitors were counted each time they came to the Web site, and were counted only once per visit no matter how many pages they looked at. This is an average of 118 visits per day. Approximately 71% of these individuals were from the U.S.

The most active countries, in order, were the U.S., Canada, Saudi Arabia, Australia, Singapore, Qatar, Sweden, and Denmark. Within the U.S., the most active states were Virginia, California, Oregon, Washington, Utah, and Michigan. The most active state is based on where the domain name of the visitor is registered, and may not always be an accurate representation of the visitor's actual geographic location.

The most active day of the week was Thursday. The most active hour of the day was 2:00 to 3:00 p.m., with the least active hour being 4:00 to 5:00 a.m. The average visit length was 15 minutes and the median visit length was 2 minutes. Very long visits skewed the average, so the median is probably closer to the typical visit length.

The most popular pages, in order, were "Helpful Web Sites," "OSPA Board Members," and "Newsletter." It seems our pages are popular for linking to other sites and for gathering information about OSPA.

Our webmaster, Michael Kerr, Ph.D., receives many email inquiries. All inquiries are forwarded to the appropriate person or are answered by the OSPA Today editor.

Peggy Kerr, Ph.D.  
Editor

## **NASP NEWS**

Congratulations to Dr. Andrew Glenn the newly elected Delegate for NASP. He will begin his three-year term starting July 1, 2001. It has been a great honor to represent Oklahoma for the last seven years as Delegate. I have made many friends and traveled to many states during my term. NASP is a wonderful organization that represents our profession and promotes the ever-expanding roles of School Psychologists. If you are not currently a member, I encourage you to join. In addition to representing our profession through lobbying and advocacy activities you receive two wonderful publications: The Communiqué and the School Psychology Review with pertinent, current information that relates to the field of School Psychology. You also have the opportunity to attend conferences and workshops at a reduced rate, purchase affordable liability insurance, access to many publications at a reduced rate and more. Please consider clicking on <http://www.naspweb.org/> for the additional benefits.

NASP will be sponsoring several crisis intervention workshops and Policy Institutes that will be available to individuals in our state. If you are interested please contact one of the Officers of OSPA. If you are not able to attend the NASP annual conference in Washington D.C., this year please go to the Website and visit the Virtual Conference for the highlights of workshops and activities. I hope you have the opportunity to attend a NASP conference. It is an amazing experience to be in a hotel with 3000 to 5000 school psychologists that all have similar viewpoints and problems that you face everyday. Next years conference will be in our region in Chicago. Start planning now to attend.

Joyce Lowrey, NASP Delegate

## **Outstanding School Psychologist**

Candis Hogan is the recipient of the Faye Catlett Award for Outstanding School Psychologist of the Year 2001. Her poignant words at the OSPA spring conference touched the hearts of all those present.

After graduating Summa Cum Laude at Southwestern Oklahoma State University, Candis began her career as a 4th grade teacher in Crutcho, Oklahoma where she earned the honor of Teacher of the Year. Her devotion to children and education led Candis to a masters program from University of Central Oklahoma where she graduated Magna Cum Laude and most recently to the doctoral program of Oklahoma State University where she is finishing her dissertation. Candis is completing her 19th year as a school psychologist for the Mid-Del Public Schools where she is lead psychologist.

A strong leader of OSPA, Candis has served as secretary, treasurer elect, treasurer, and the representative at the Oklahoma Institute for Child Advocacy. She was the task group chair for school psychology for the Recruitment, Retention, and Retraining Blueprint Committee and chosen as one of two psychologists selected by the OSDE to represent Oklahoma for the Summer Mega Conference in Mobile, Alabama and the Positive Behavior Supports in Birmingham, Alabama.

Candis has worked tirelessly as a liaison between OSPA and the OEA and state legislature in the pursuit of attaining legislation that would recognize and compensate Nationally Certified School Psychologists commensurate to Nationally Certified Teachers.

Candis exemplifies the highest standards for a school psychologist and is truly an inspiration to all.

## **The Surgeon General's Findings Related to Mental Health**

Mental health disorders are real health disorders.

The efficacy of mental health treatments is well documented.

A range of treatments exists for most mental disorders.

Mental illness is the second leading cause of disability and premature mortality.

Twenty percent of children and adolescents experience the signs and symptoms of a DSM-IV disorder during the course of a year.

Five percent of all children experience "extreme functional impairment."

Twenty-one percent of children, ages 9 to 17, receive mental health services in a year.

Seventy-five to eighty percent of children in need of treatment never receive mental health specialty services.

Of children who presented with both a diagnosis and impaired functioning, seventy percent received services from the schools and, for nearly half of this group, the schools were the sole provider of mental health services.

Adapted from: Mental Health. A Report of the Surgeon General, 1999

## **Too Small, Too Soon: Low Birth Weight & Preterm Infants**

**Dr. Lola Heverly**

"Low birth weight" is the term used to describe infants who are born too small and "preterm birth" is used to describe infants who are born too soon.

Low birth weight (LBW): under 2500 grams or five pounds, eight ounces;

Very low birth weight (VLBW): under 1500 grams or three pounds, five ounces;

Extremely low birth weight (ELBW): under 1000 grams or two pounds, three ounces;

Preterm birth: birth after fewer than 37 weeks of gestation;

Very preterm birth: birth after fewer than 32 weeks of gestation.

Because of advances in neonatal care, many infants who weigh only 750 grams (one pound, ten ounces) at birth can now survive; however, they many experience significant long term health and developmental problems. Also, infants born at 24 or more weeks of gestational age survive. Only 15% of infants at 23 weeks gestational age survive and almost none of the infants born at 22 weeks gestation survive (Allen, Donohue & Dusman, 1993). More than three quarters of infant deaths are caused by babies being born too small or too soon (Paneth, 1995).

### **Low Birth Weight/Preterm Facts**

In 1991, 7% of all infants in the United States were born too small and 11% were born too soon (Wegman, 1993).

In 1993, the US ranked 22nd in the world in infant mortality (Wegman, 1993).

One family in 100 will suffer the loss of their child soon after birth.

Low birth weight is considered an index of biological risk because infants born with low birth weight are more likely to have brain damage and/or lung and liver disease.

Low birth weight infants have higher rates of subnormal growth, adverse health conditions, and developmental problems.

Rates of brain injury total approximately 7% for moderately low birth weight infants and increased to 20% among the smallest infants (Hack, Klein & Taylor, 1994).

Some of the less severe but more common developmental and physical delays reflect the fact that low birth weight children are disproportionately more likely to come from disadvantaged environments.

Only 17 % of all births are to African-American families, yet 33% of all low birth weight babies are born to African-American Families.

African-American babies are twice as likely as Caucasian infants to be born low birth weight, to be born preterm, and to die at birth.

Cigarette smoking during pregnancy, low maternal weight gain and low prepregnancy weight account for nearly two-thirds of all growth-retarded infants (Kramer, 1987).

Cigarette smoking is the single largest modifiable risk factor for low birth weight and infant mortality. Up to 20% of all low birth weight births could be prevented if no pregnant woman smoked cigarettes (Chomitz, Cheung & Lieberman, 1995).

Low birth weight children score significantly lower on intelligence tests than do children of normal birth weight. These differences increase with decreasing birth weight (Breslau, Del-Dotto & Brown, 1994).

At school age, children who were born low birth weight are more likely than children of normal birth weight to have mild learning disabilities, attention disorders, developmental impairments, and breathing problems, such as asthma (Hack, Taylor & Klein, 1994).

Approximately one-half of all very low birth weight children enroll in special education programs. Cerebral palsy, deafness, blindness, epilepsy, chronic lung disease, learning disabilities and attention deficit disorder are all found more commonly in low birth weight infants (McCormick, 1993).

Levels of achievement in reading, spelling and math are lower for very low birth weight children than for full term children (Saigal, Szatmari & Rosebaum, 1991).

Researcher concluded that children with birth weights of less than 1000 grams have specific biologically based problems in attention (Klein, 1988).

About 31% of low birth weight children will repeat a grade by grade ten compared with about 26% of normal birth weight children (Corman & Chaikind, 1993).

(References were not available from article source.)