

CBM (from p. 7) lum-based measurement. This method has children reading graded passages repeatedly until they can read at a rate of 100 words a minute with 95 percent accuracy. Once they've met the criteria with one passage, they proceed to a passage at the next difficulty level. This intervention should be conducted in brief sessions, preferably three to five times a week, with about ten trials per session. (See NASP's *Helping Children at Home and School* (1998) for a handout describing this procedure.)

I teach this procedure to a graduate assessment class at the University of New Hampshire every year. Students bring this method into classrooms where they are student teaching and invariably return with glowing reports of its success as an intervention strategy. As an example, one student used it with four at-risk children for five weeks in a third grade class in a school that uses a predominantly whole language approach. Here's a sample of what she said about two of the children she worked with:

"Josh was not a very confident reader at first; however, within a very short time of doing the measurement, he quickly demonstrated progress, and listened carefully to and implemented suggestions for reading more smoothly and fluently. He really enjoyed, more than anyone, seeing his progress on the graph and asked for a daily passage so he could graph his progress and take it home to show his parents."

"Brian, too, has become a much more confident oral reader since the measurement began. He is not as hesitant and pays much more attention to punctuation. He risks trying words he doesn't know and uses textual clues. He is proud of his progress, both in group and as measured by the graph."

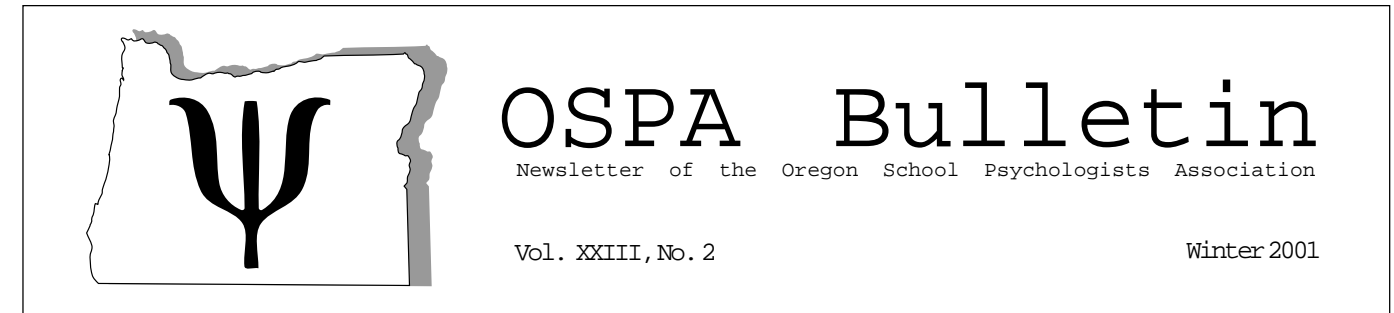
In Conclusion

The last time I conducted a workshop for school psychologists, I asked how many in the audience used curriculum-based measurement in their practice. I was disappointed to see that only a handful of people raised their hands. I was disappointed not just because this

is an assessment tool developed by school psychologists which should be part of any school psychologist's repertoire. I was disappointed because this is a multipurpose strategy which can have a powerful impact on the reading progress of at risk children and which can provide valuable information to parents, teachers, and school administrators on the efficacy of instruction. Why wouldn't every child at risk for reading failure in this country have the opportunity to benefit from this procedure? Surely, that should be the goal of school psychology in the next thirty years.

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- Konte, K.L. & Hintze, J.M. (1999, April). The effects of performance feedback and goal setting on oral reading fluency within CBM. Poster session presented at the annual meeting, National Association of School Psychologists, Las Vegas, NV.



OSPA Bulletin

Newsletter of the Oregon School Psychologists Association

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Winter 2001

"Comprehensive Service" Panel slated for Spring Conference

"Reconciling Expectations with Reality" is the title of the panel presentation/open mike discussion planned for the OSPA Spring Conference March 9th. The panel has been added to the program since preconference brochures went out to members in early February. The session's "subtitle" is: "thrills and tribulations of implementing a 'comprehensive service delivery model' of school psychology services," an issue involving school psychologists from throughout the state.

A cross-section of Oregon school psychologists has been selected to begin the discussion, but organizers hope the panel is only the beginning. The purpose

is to heighten awareness of the way in which school psychologists' roles are expanding.

Panelists will include Dan Goldman, a student at Lewis and Clark College; Steve Haskell, director of special education for Central Point School District, #26, and current OSPA president; and Haze Pope, school psychologist for Portland Schools. Panel facilitator will be Vinny Martin, a school psychologist in Forest Grove Schools.

The panel/open discussion will take place on Friday, March 9, from 4:30 to 5:30 p.m., in the Rogue River Room at the Valley River Inn in Eugene.

Other conference events on Friday

will include morning workshops/presentations on "Early Literacy & Oral Language Development: A Practical Guide to School-Based Intervention," presented by Stella Perkins, of ODE; "Coping With Crisis: Intervention Models & Suggestions for Managing Emotionality During and After a Crisis," by NASP president Scott Polard, and a session on "EI/ECSE Evaluation, Eligibility & Assessment Project." The latter workshop will be presented by Diana Allen, Steve Smith, Walt Wood, Terri Foster, and Jane Squires.

Friday afternoon presentations include "The Acquisition of Early Literacy

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Oregon School Psychologists Association



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The Oregon School Psychologists Association provides leadership in creating a brighter future for all Oregon children through professional affiliation, collaborative problem-solving, and promotion of practices that are both innovative and based on solid psychological and educational research.

Action "Alert" a reminder of need for school psych GPR Training

by David Streight

The boxes were checked: "Urgent," and "Action Required." And the tenor aimed at attracting attention.

The document in question was an "Action Alert" fired to state psychological association presidents, president elects (sic), and executive directors by the APA Practice Directorate, to warn of possible initiatives and potential harm resulting from recently published NASP documents.

The initiatives and potential harm were seen as results of the *Standards for the Credentialing of School Psychologists*, the *Standards for Training and Field Placement Programs in School Psychology*, and the *Guidelines for the Provision of School Psychological Services* adopted by the NASP Delegate Assembly in July of 2000.

The NASP response, mailed to state school psychology association leaders in late February, asserted that, despite "the assertion of the APA Action Alert that

there is new information in the latest NASP standards that justifies alarm, there have been **no** changes in NASP's basic positions, standards, or practices related to the topics in the APA alert."

Some of the emotion appears to stem from the fear that non-doctoral school psychologists will vitiate the quality of psychological services by working outside the school setting. The first-page warning was in anticipation "that these documents will be ... used by NASP and state affiliates of NASP in an attempt to challenge current psychology licensure laws ... and set the non-doctoral level as a minimum standard for provision of psychological services by school psychologists 'in all settings.'"

APA state affiliates and lobbyists were asked "to be on the alert" for such initiatives as "opening current psychology licensure laws to provide for independent private practice work by non-doctoral school psychologists..."

The Alert was carefully examined by a number of NASP leaders during the month of January and early February. Those looking into it concluded that the APA document "contains inaccuracies and provides state psychology associations with erroneous information." In fact, the NASP examiners asserted, NASP position has not changed in the past 22 years regarding the issues in the Alert.

A further—and perhaps greater—concern was the APA implication of potential harm to the public. The Alert "anticipated that there may be a concerted effort by NASP and their (sic) state affiliate school psychology associations to influence upcoming legislation in some states in ways that we believe would be confusing and potentially harmful to the public." Such misrepresentations and warnings, in the published NASP opinion, "could result in un-

continues on p. 6

presidential perspective



The latest issue of *School Psychology Review* is timely. The last OSPA Bulletin highlighted the issue of leadership; several examples from Central Point and Roseburg were included. Articles in the Review covered the field of school psychology in the past, present and possible future directions. Here are some perspectives you might find helpful, in my opinion.

First, growth in our field as seen by the number of funded positions in the Reschly article is clearly linked to the growth in Special Education. The 1997 IDEA amendments mandate some level of assessment when a child is suspected of having a disability. So it is not a big surprise when surveys show at least half of a typical school psychologist's time is spent in evaluation of disabilities. Those who employ us see us as experts in assessment.

In the Government Professional Relations (GPR) survey just completed by a small number of you the implementation of IDEA '97 came in as the third top issue, following children's mental health and interagency collaboration. You might find the NASP publication on "IDEA amendments of 1997: Practice guidelines for school based teams" instructive. The eleven chapters cover many of the GPR issues listed for ranking (these can also be seen on the OSPA web page).

The state average for students enrolled on current IEPs is presently about twelve per cent. So a quick figure based on the average per-student ratio for a school psychologist in Oregon (1 to 1500+ based on membership responses with your application) means that at least 150 students have been through the referral/evaluation/eligibility process. This factor makes your presence on Child Find teams very important if you want to lead efforts in problem solving and prior interventions before the team determines the need for an evaluation.

In this regard, when a number of OSPA Board members attended the NASP Regional meeting in Portland last fall I participated in a work session on IDEA '97. Two people from California expressed concern for legislative efforts in their state to carry on with the problem-solving model of intervention for one to two years before initiating a formal evaluation. In perhaps a crude comparison-but one I am familiar with-the team needs to decide whether it is time to fish or tie flies. And you need to be on the team.

The time spent on testing by school psychologists is a flash point topic that can lead in two directions. One direction, expressed at the Regional meeting in a session on Role Expansion, is the one where a psychologist says sure, I'd like to do other things but my workload for evaluations is awesome and I don't want anyone else less trained than I am to do assessments. Role expansion doesn't mean much if I don't have time to do now what I am supposed to do. Bit of a catch 22. The other direction is the one outlined in Blueprint II that encourages us to let go of some of the assessment role and do more of the other things that training programs train us to do. I presume we all have followed this debate and do the best we can, given who employs us, what we are expected to do, and what support we can get to try new things.

In the Review article on "The Ecology of School Psychology," the word "must" was used many times by the authors to direct school psychologists to loosen up and let go of some old paradigms and old ways of doing business. In a section on connections within schools, the authors said "Perhaps the most significant task facing school psychologists in their daily school-based practice is the problem of influencing and, at times, changing the attitudes and behaviors of other educators" (p. 490). Amen.

When you add up what you received in your training program, what you are provided with by NASP, APA, OSPA and other groups, what you learn at workshops, you certainly have sufficient data to appropriate for yourself what you would like to become as a school psychologist. And if you think about your workplace and come up with ideas to improve your service delivery to all concerned, then you will need to convince those who employ and supervise you that you know what you are talking about, and let's give this a try. So go for it; two or more heads are better than one if you have colleagues you can team with.

One last comment on the high priority given to Mental Health and Interagency Collaboration by respondents at the regional level as well as by OSPA members who completed the GPR survey. You need to check out what is currently going on for interagency collaboration projects in your area. The web page is <http://qpt.hr.state.or.us>.

So if you are not on the OSPA listserve, sign up with Phil Bowser pronto. If you have been following the legislative session and proposed budgets you know that there may well be diminished services available from social service agencies. For example, a Service to Children and Families worker shared at our integration team meeting that proposed legislation would no longer allow SCF to investigate referrals for potential harm to a child. Apparently Oregon is the only state that allows that kind of referral to be investigated. So there may be fewer people to collaborate with unless the legislation and budget proposals change. Write your representatives-letters count big time.

Steve Haskell, Ph. D.

Spring Conference (from p. 1)

Skills: Assisting Schools in Implementing Research-Based Instructional Practices & Reading Interventions," presented by Alex Granzin and Cheri Connachione, school psychologists for Springfield schools and Bethel School District, respectively; a session on Alternative Dispute Resolution," by Hood River school psychologist and former OSPA president Rod Windle; and a continuation of the morning workshop on "EI/ECSE."

The Saturday morning presentation will be by Jeffrey Sprague, director of the University of Oregon's Institute on Violence and Destructive Behavior. The presentation is titled "Early Identification and Treatment of Antisocial and Violent Youth: Integrated School, Family, & Community Approaches."

Topics at the conference should be of interest to a wide variety of school and mental health professionals, in addition to school psychologists. On-site registration is possible.

On the Job: It Ain't Always Easy

by Vinny Martin,
OSPA Health Care Coordinator

It Ain't Easy Being Us...sometimes
Last year, I evaluated 65 students at my 1,500 student H.S. Thirteen of them (20%) required consideration of a change in their eligibility status, most often from Learning Disabled (LD) or Communication (CD) to Mentally Retarded (MR). One pair of brothers (not twins) "swapped" eligibilities (LD and MR). Their mother, who was involved in their education, had not (at the time of the re-evaluations) realized one of her sons was previously found MR eligible. She thought they were both LD. However, the IEP team met with the mom, reviewed the 3-year re-evaluation data and readily recommended the appropriate changes in the student's eligibilities.

Consideration of changes to the eligibilities of the other eleven students was not so smooth. A reality is that school psychologists often find themselves in competition with colleagues for influence in a case.

You've heard the saying, "To a hammer, everything looks like a nail." On the contrary, to a school psychologist, the possibilities are endless. As the best trained health (including mental health)


professionals working in our schools, school psychologists are trained to provide a "comprehensive service delivery system." We can assess a referral for evaluation and help determine which of the eleven eligibilities (or combination thereof) is appropriate. Unlike some other specialists (who can also be very competent within their respective scopes of practice), school psychologists are most often the best trained to "interpret and evaluate the data," as mandated by IDEA regulations. Let us take one of the aforementioned eleven students as a competitive case in point.

A ninth grader was due for a 3-year re-evaluation. Although CD eligible, a review of the records indicated at best borderline cognitive functioning; I questioned the possibility of functioning within the MR range and recommended a comprehensive psychological re-evaluation, which was done. I used the Woodcock Johnson-Revised (WJ-R) as a measure of cognitive functioning and that instrument (along with adaptive behaviors and other data) supported consideration of a change of eligibility from CD to MR. Here is where life got a bit more interesting.

The case manager, who also re-

evaluated the student, disagreed and wanted me to give the student a WISC-III, because he/she was familiar with that instrument and could compare results on the WISC-III with his/her results to determine whether or not the student's functioning was "commensurate." The case manager threatened at first and eventually contacted the Director of Special Education to request an outside consultant to "do the WISC-III." (The request was denied.) This situation occurred during my second month on the job.

Good thing I had 25 years experience (and a lot of continuing professional development under my belt) in New York before moving to Oregon. I thought about what it must be like for a first year school psychologist or intern faced with similar circumstances.

It's not easy being a school psychologist...sometimes... We have a lot to offer students, their families and staff... sometimes... Much is expected from us... sometimes... Little is expected from us... sometimes... What really counts, though, is what we expect from ourselves: to be the best trained health care professionals in our schools and offer a comprehensive service delivery model...all the time. 

CBM (from p. 6)

ices they are providing to students are effective. Given that it takes a comparatively small amount of time to obtain these data, this record-keeping should be a top priority for all special education administrators. Although very few of my cases end up in due process hearings or in litigation, I always feel badly that the schools I am testifying against have to scramble to find unambiguous, objective data that the student in question has made reasonable progress. And, all too often, they can't.

CBM as an Intervention Strategy

Progress monitoring via CBM not only provides data regarding the efficacy of reading instruction. There is evidence to suggest that the graphing procedures associated with CBM can motivate stu-

dents to improve. A poster at the recent NASP convention (Conte and Hintze, 1999) compared two CBM procedures which incorporated graphing and goal-setting to a no graph/no goal-setting control group and found that second grade students assigned to either of the CBM groups (goalsetting involving either short- or longterm goals) made significantly greater progress than the students in the control group who read the progress monitoring passages but received no goalsetting or performance feedback.

A second intervention strategy which incorporates CBM is the *Reading to Read* program (Edwards, Tingstrom, and Cottingham, 1993), which combines repeated readings with curriculum *continues on p. 8*



NASP GPR Training

A Capitol IDEA, A Capitol Experience

Join the NASP Government and Professional Relations (GPR) Committee for a FREE half-day workshop, Wednesday morning, April 18, 2001, on legislative advocacy and making contacts with your elected officials. Then go to Capitol Hill in the afternoon and use these skills!

Register online for the limited number of GPR Pre-Convention Workshop available!

Go to: <www.naspweb.org/advocacy>. At the top of page, you will see: *Experience Capitol Hill with GPR at the NASP convention! Sign up for this free session at the Annual Convention.

Click to fill out the online registration form. Also find the day's schedule (also found in the preliminary program under general information): 8:30 am to 3:30 pm, including a bus ride to Capitol Hill and a luncheon for those who participate in the full day.

Fill out form completely with home address and email. We will want to contact you regarding information before you arrive. Because this is a free workshop, it was not part of the paid workshops registration form in the preliminary program. However, registration is limited. Please let us know if you are interesting in participating.

With convention taking place in D.C., you have a unique opportunity to represent OSPA and the profession of school psychology - not to mention your social, economic, and political

priorities. See Capitol Hill from the inside. Take the opportunity to express your opinion to your elected officials.

- Learn about the most current policy issues in education and school-based mental health services.

- Learn how to advocate your position and be a voice for the profession of school psychology.

- Accompany experienced colleagues to Capitol Hill for a luncheon to recognize our Congressional honorees as "Special Friend of Children" Award.

- Use your newly acquired advocacy skills to visit your members of Congress to discuss issues important to school psychology. [If you already have advocacy skills through our Public Policy Institute or GPR training, please join us for the afternoon visits to Congress.]

- Begin a relationship with your legislators, to continue to foster future policy needs in Oregon and your district.

You may also want to enjoy the remainder of your day on Capitol Hill for a tour of the Capitol building or a visit to the House and Senate chambers.

School Psychology needs to have a strong voice on Capitol Hill. If you plan to attend Convention 2001, consider coming early to take advantage of this exciting opportunity. Help us make as big an impression as possible!

Questions? contact: Libby Kuffner Nealis, NASP Director of Public Policy, lnealis@naspweb.org

warranted and damaging suspicion or confusion and potentially could be harmful to the entire field of psychology."

NASP leaders encourage state school psychology associations to keep school psychologists, state departments of education, and other interested individuals or organizations apprised of the facts.

Training/Field Placement standards and Credentialing Standards can be downloaded from the NASP website at www.naspweb.org (click "Certification," click "proceed to Cer-

tification page," scroll down a half-page to "Standards for Training and Field..." OSPA members wishing a copy of the NASP response and clarification can contact the *Bulletin* Editor at the address in the box on p. 3.

This false alert is not unlike AFA turf protection actions in the past; it highlights the need for school psychologists, likewise, to maintain contact with what's happening in the legislature and at the State Department of Education. OSPA members have found training such as that offered by NASP (see article above) is invaluable for such skills. ■

CBM (from p. 5)

and I believe it is then the most important reading measures will assess fluency and automaticity.

The most useful CBM measure that I've found is taking one-minute samples of reading fluency (i.e. counting the number of words read correctly per minute). I use this approach in my initial assessments of students, either by asking the child to bring samples of current classroom reading to the assessment session or by computing fluency rates using either formal or informal assessment measures. For instance, in addition to reporting standard scores from the Gray Oral Reading Test, I report both fluency and accuracy rates for each passage, noting in my report that a general rule of thumb is that fluent readers can read grade level material at a rate of 100 words per minute with at least 95 percent accuracy. Generating fluency and accuracy rates provides more meaningful statistics than either grade level scores or standard/percentile scores. Furthermore, these results can be used to determine whether a particular book is at a child's instructional level. And they can be used as a benchmark to assess progress after the initial assessment.

CBM as a Measure of Progress

An initial CBM assessment provides a baseline measure of reading fluency. Engaging in ongoing CBM, and graphing the results, will provide a clear picture of whether the child is making appropriate gains. Ideally, reading samples should be taken once or twice a week. However, I have collected them on a monthly basis, and the results obtained give a meaningful indication of progress.

Now that I work for an agency outside the schools, I frequently assess children whose parents are either questioning their child's progress or who are questioning the school's ability to teach their child to read. This is the point in this article where the "How to Avoid Lawsuits" comes in. If schools maintained ongoing CBM records for those children being served in special education because of reading problems, they would be in a far stronger position to argue that the ser-

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OSPA Interest

Public Relations: A Must

by Karen O'Brien

OSPA PR/Information Chair

As school psychologists we must engage in public relations in our schools and communities in order to communicate what we are doing and what we can do. This is imperative if we are to keep our positions and not be replaced by other professionals or service delivery systems, such as contracting for psychological services. We need to let others know the quality of services we are providing to students and schools during this time of "educational accountability."

When engaging in public relations, there are several groups to interact with. There are school related groups: students, teachers, educational assistants, custodians, administrators, school board members, secretaries, and other support personnel. Other groups include parents, community agencies, senior citizens, business community members, and civic organizations. We need to communicate through mass media as well as face to face with these groups.

Carol Kelly has written a book chapter in *Best Practices in School Psychology-II* entitled "Best Practices in Building-

Level Public Relations." This chapter will help you assess the current state of your public relations efforts and give suggestions to develop your plan so it covers more audiences. Several activities are also provided.

If you are a NASP member, you can take advantage of the Practical Strategies for Expanding Services to Children and Families by going to the "Members only" section of the NASP website (www.naspweb.org). These materials give suggestions about writing letters, presenting workshops, using handouts and making media contacts.

This year OSPA will provide you with a packet of materials to promote School Psychology Week (April 9-13). The focus this year will be on building and district level public relations. The OSPA website will have other ideas not offered in either the packet or this issue of the *Bulletin*. You should receive this packet in March.

Have fun promoting school psychology! You may be surprised how many things you already do to promote your services and the profession.

Public Relations for Students

1. Make positive statements about students to principals and teachers when students have been successful.
2. Have students shadow the school psychologist as part of a careers class.
3. Greet students by name, wander through the cafeteria, be seen during class breaks.
4. Have a booth at your local career fair to talk with students about school psychology.
5. Send students letters of congratulation for their accomplishments.
6. Make "good news" phone calls to parents. Congratulate them on their children's progress or other achievements.
7. Make presentations about your services to students.
8. Sponsor a student group such as student council, school newspaper, running club... Or be a coach.
9. Help in student recognition programs or award ceremonies.
10. Eat lunch with a group of students and answer their questions.
11. Offer an after-school session for students on stress reduction, handling peer pressure or making friends.
12. Attend social events such as plays, field trips, or assemblies.



The *OSPA Bulletin*, the official publication of the Oregon School Psychologists Association, is published four times a year and distributed to members as a membership benefit. OSPA is a nonprofit, non-partisan, educational association of professional school psychologists. It is dedicated to providing for the educational and mental health needs of all children and to advocating for their achievement of independence, dignity, and purpose of life.

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The *OSPA Bulletin* invites contributions. Professional issues and news, articles, questions, reviews, letters and graphic works should be sent to David Streight, 7735 SW 87th, Portland OR, 97223, or <streight@teleport.com>. Changes of address should be sent to Shannon Van Horn, Membership Chairperson, 7423 N. Buchanan Ave., Portland, OR, 97203, or <shannon@spoiler.com>.

Bulletin deadlines for future issues:
Spring, April 15, 2001
Summer, June 1, 2001

Differentiating ADHA and Bipolar Disorder in Children and Adolescents

by David Learner, Ph.D., North Shore Children's Hospital

There is growing debate as to whether ADHD is being overdiagnosed in school-age children and adolescents (Edwards, 1995). Even among professionals this question arises. Whether it is heightened awareness of ADHD or increased media coverage contributing to the number of cases remains unclear.

Inattentiveness, impulsivity and hyperactivity occur in various syndromes which are in fact often misdiagnosed as ADHD. To make matters still more complex, Biederman, Newcorn and Sprich (1991) reported that ADHD exists comorbidly with several disorders including conduct disorder, mood disorders such as depression and anxiety, and learning disabilities.

Understanding the differences between attention deficit hyperactivity disorder and bipolar disorder may be one of the more challenging differential diagnostic issues for school psychologists. Bipolar youngsters often are misdiagnosed as ADHD, but there are differences that have been plainly delineated in a concise and clear article by Popper (1990).

Psychotic symptoms and gross distortions of reality are the clearest differentiating symptoms. ADHD youngsters do not demonstrate psychotic symptoms or other distortions of reality. Parents share that their ADHD youngsters frequently deny events or misattribute blame or responsibility. In addition, parents have observed that verbal output can be disorganized or circumstantial, making it more difficult to carry on a prolonged conversation. This is more reflective of inattentiveness when the youngster is not capturing all the information of an event or is exhibiting poor appreciation of cause and effect. In addition, psychotic symptomatology and distortion of reality are far more extreme than the minor misinterpretations of events or disorganization of elaborate verbal output seen in the ADHD group.

Further, Popper explains, it is important to distinguish the type of destructiveness between the two groups. The ADHD youngster carelessly may break things in use or play, while bipolar youngsters exhibit more extreme tantrums of significant proportions. Destructiveness in the bipolar group usually occurs out of anger and rage, which can be quite disorganizing. In addition, bipolar children are harder to calm down. Popper explains that the trigger for temper tantrums in ADHD youngsters is overstimulation (sensory or affective), whereas bipolar children can become enraged with limit setting.

From the standpoint of effect and arousal, according to Popper, ADHD youngsters generally do not show dysphoria, irritability and unsociability, which are usually the predominating affective experiences of bipolar

youngsters. ADHD children arise quickly and attain alertness within minutes, but bipolar youngsters may show slow arousal levels and be unduly irritable and dysphoric. Sleep problems are noted in that bipolar children may experience gory nightmares. ADHD children may have difficulty settling down and arise early, but they characteristically do not have nightmares beyond the norm.

Interpersonally, Popper observes that bipolar children demonstrate dysphoric, rejecting, and hostile responses during the first few minutes of an interview or meeting. In working with intelligent teenagers, sarcasm, attempts to debate the interviewer, and attempts to compete intellectually are not uncommon. By contrast, ADHD children tend to be pleasant on meeting and to maintain a pleasant demeanor during an interview or during testing, although inattentiveness and hyperactivity may impede performance.

Finally, Popper explains differences in the quality of attentiveness between the two groups. Bipolar children can be motivated to overcome inattention more readily than the ADHD group. Youngsters with ADHD may not be able to stay fully involved for a required amount of time—even if they are interested. This can be a confusing differential sign, since ADHD youngsters can become quite engrossed in a task, such as computer games. This characteristic, however, might better distinguish the groups when academic or artistic pursuits are considered. The bipolar group is likely to become more thoroughly engrossed in these activities than the ADHD group.

The difficulty in appropriate diagnosis is highlighted in a study by Isaac (1992). He re-evaluated the twelve most problematic, crisis-prone and treatment-resistant youngsters in a school that serviced fifty students. The twelve youngsters were originally diagnosed as ADHD or conduct disorder. These twelve students were reevaluated over a six-month period. These reevaluations included intensive semistructured interviews on several occasions, multiple observations in and out of the classroom, parental interviews to clarify past and present symptomatology and assessment of family history with regard to psychiatric symptomatology. After this reevaluation, eight of the twelve youngsters satisfied the diagnostic criteria for bipolar disorder.

Isaac points out some important ways to recognize bipolar disorder in adolescents. First, bipolar disorder may not be an episodic illness with marked periods of exhilaration and depression. Instead, Isaac notes, there can be incomplete remissions with waxing and waning of symptoms. It is this non-episodic characteristic that complicates the diagnostic picture. Second, brief depressions, periodic somatic complaints and low energy periods suggest consid-

continues on p. 5

CBM: School Psychology's Contribution to Assessment Practices

by Peg Dawson, NCSP, NASP Past President
Reprinted from *NASP Communicate*, June, 1999

Someday I would like to run a workshop for special education directors and teachers entitled, "How to Avoid Lawsuits and Help Children, Too." The topic of my workshop would be "Curriculum Based Measurement"; the title sums up the two benefits of this approach to assessment that make it a more useful assessment strategy than any other I know: 1) it is an exquisite measure of progress, something that is essential if schools and teachers are to be held accountable for student learning; and 2) the very act of assessing progress, frequently and explicitly, increases the achievement of the students being assessed. As someone who spends most of her time involved in the assessment process, and who teaches a graduate level assessment class, I have many assessment tools at my disposal: formal, informal, behavioral, ecological/environmental, and authentic/performance-based. I value curriculum-based techniques above all others, and I am proud that these procedures were developed by school psychologists. When we identify school psychology's contributions to

ADHD-Bipolar, from p. 4

eration of a mood disorder.

Isaac suggests that formulating an accurate diagnosis necessitates long periods of observation and detailed interviews with primary caregivers regarding symptomatology in the child and in other family members. As school psychologists, we are in a unique position to obtain varied information. In addition to psychological testing, which may not provide complete answers, we are in a position to observe the child over time and in various school settings. We also have the expertise to gather and integrate developmental and family histories.

With regard to intervention, there are some points to consider. First, keep the course of the two disorders in mind. According to Popper, the course of ADHD, although chronic and unremitting, has a better chance of improving by adulthood. Over time, individuals have the luxury of gravitating toward interests and skills, particularly once they are out of school. Their chances of success are significantly improved if their condition has been managed appropriately throughout the academic years. The bipolar group on the other hand, tends to show more dramatic symptoms as they become older and impulsivity becomes more difficult to control.

Second, a psychiatric referral for a medication consult is an appropriate referral route for school psychologists to consider, especially since they can provide input with regard to nuances of symptoms. As Popper explains, Lithium is often a medication that benefits the bipolar group but has little effect on the ADHD youngster. Con-

assessment practices in the last thirty years certainly CBM should go near the top of the list.

Rather than provide a comprehensive overview of CBM or expound on the myriad applications of this assessment strategy, I would like to describe those applications that I've found most beneficial and that I feel can have the biggest impact on improving the achievement of at-risk learners. I will focus on early reading achievement, since I believe this is where CBM has the potential for large, meaningful impact.

CBM as a Measure of Reading Fluency and Automaticity

Marilyn Jager Adams, in her now classic book, *Beginning to Read: Thinking and Learning About Print*, stated: "Research indicates that the most critical factor beneath fluent word reading is the ability to recognize letters, spelling patterns, and whole words, effortlessly, automatically, and visually. Moreover, the goal of all reading instruction-comprehension depends critically on this ability." If this is true-

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versely, a stimulant medication such as Ritalin can destabilize a bipolar youngster.

Third, from an in-house approach, bipolar youngsters may not benefit as directly from special education services as ADHD youngsters do, since ADHD students often have a concomitant learning disability. Rather, regular education teachers need to learn how to negotiate more explicitly with the bipolar youngster, since this population is so reactive to limit setting. This would be especially helpful during the adolescent years. Regular education teachers also might benefit themselves and their bipolar students by increasing flexibility. For example, they could allow more self-designed projects with the bipolar group (especially for the brighter youngster). In other words, it would be worth a teacher's effort to find particular interests to help motivate a youngster (of course this could be considered good teaching for any student). The ADHD youngster, on the other hand, may benefit from more direct remediation of skills.

Differential diagnosis between ADHD and the bipolar population requires dramatically different interventions. The over-popularization of the diagnosis of ADHD can lead to much confusion. It should not, however, undermine our ability and expertise to consider the full ecology of students and the multiple possibilities inherent in individual differences to overt psychopathology.

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