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978-0-521-65840-9 - Specific Learning Disabilities and Difficulties in Children and Adolescents:
Psychological Assessment and Evaluation

Edited by Alan S. Kaufman and Nadeen L. Kaufman

Excerpt

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Part I

History and Tradition



History lessons

Margaret Jo Shepherd

Introduction

In April 1963, Samuel Kirk, a prominent psychologist/special educator, stood before a group composed of people whose children were in trouble in school and other people, in smaller numbers, who had a professional interest in the children, and said:

I know that one of your problems at this meeting is to find a term that applies to every child. Last night, a friend of mine accosted me with the statement, 'We're going to ask you to give us a term' (Kirk, 1963, p. 1).

A few sentences later, Dr Kirk referred to 'children with developmental deficits of one kind or another' and then, after pointing out problems with 'technical and complex labels' and arguing for behavioral descriptions of children's problems rather than etiological statements, said:

Recently, I have used the term 'learning disabilities' to describe a group of children who have disorders in development in language, speech, reading and associated communication skills needed for social interaction. In this group I do not include children who have sensory handicaps such as blindness or deafness, because we have methods of managing and training the deaf and the blind. I also exclude from this group children who have generalized mental retardation. This approach has led me and my colleagues to develop methods of assessing children, or describing their communication skills in objective terms (Kirk, 1963, pp. 2-3).

Dr Kirk concluded the speech with a detailed description of a test he was creating, the Illinois Test of Psycholinguistic Abilities, emphasizing the test's capacity to specify deficits and strengths in the psychological processes underlying spoken and, by implication, written language.

Subsequently, 'specific learning disability' was acknowledged in federal laws as a disability that entitled every individual so described to publicly funded special education and related special services and to protection from discrimination in education and employment. Simultaneously, professionals struggled to

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turn the idea behind the name Dr Kirk suggested into criteria for identifying the children. That struggle continues, and people who choose to read this book are at the heart of it.

Although the name 'learning disabilities' has a relatively short history, the ideas behind the name are older. I was asked to place these ideas and the identification practices they engender in historical perspective. At first, my task seemed easy, because the history is written (see Wiederholt, 1974; Kessler, 1980; Doris, 1986, 1993; Farnham-Diggory, 1992; Kavale & Forness, 1995; and Torgesen, 1998; among others). Using these texts, I planned to construct another history differing from those in print in the emphasis I would place on identification (more accurately named assessment) practices.

Following Lee Wiederholt's lead (1974), most histories are, understandably, chronological. These histories link work on acquired spoken and written language disorders with work on developmental written language disorders, and link work on acquired disorders of perception, attention, and mood with similar developmental disorders. Although there are variations in sequence, the people whose ideas relate to language disorders are usually considered first and those whose ideas are associated with disorders of perception, attention, and mood are considered second. Whatever the sequence, the implication is that ideas about developmental language disorders and ideas about perceptual and mood disorders and the clinical and research traditions each set of ideas spawned are part of a single history linked to the contemporary concept 'learning disabilities.'

I believe the historical story should be told in a different way. In agreement with others (Hallahan & Cruickshank, 1973; Kessler, 1980; Kavale & Forness, 1995; Torgesen, 1998), I believe that ideas about developmental disorders of perception are the influential ideas in the terms 'learning disabilities' and 'specific learning disability.' We should carry this analysis further, however.¹ Ideas about developmental written language disorders, originating in the work of James Hinshelwood and Samuel Orton, are not compatible with the ideas about developmental disorders of perception that originated in the work of Heinz Werner and Alfred Strauss. Developmental dyslexia and specific learning disability are different concepts and cannot be combined.

An illustration of this point should help. Because I think it is a clear statement about specific learning problems, I wanted to begin this chapter as follows:

Some children enter school without giving advance notice of trouble ahead and proceed to experience severe and persistent difficulty learning to read, spell, write or calculate. The struggle with learning that we see is restricted, initially at least, to this list of tasks and to specific tasks

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within the list. Some children have difficulty learning to read (reading, here, is defined as transcribing printed words back to speech) and spell; others have difficulty learning to write (writing, here, is defined as composing text) and spell. Still others have difficulty learning to use numbers and write (writing, here, is defined as forming letters, numbers, and words). The children's learning problems must exist, in some form, before they enter school, but we do not see them until the children confront reading, writing, or arithmetic. With help, correction and compensation occur, but the children carry the learning problems into their adult lives. These children and the adults they become are the topic of this book.

Hinshelwood and Orton are talking in this paragraph and Strauss and Werner's voices are silent. Consequently, I could not begin this chapter with this paragraph. I could not combine these two clinical and research conditions and tell an accurate story. Hinshelwood and Orton believed that brain damage or dysfunction could disrupt learning specific to reading and writing. They described children and adolescents who were considered intelligent by their teachers except in relation to reading and writing. In contrast, Werner and Strauss believed that brain damage could affect a specific mental activity, perception, and consequently disrupt learning on any task that required that mental activity. Strauss and Werner studied adolescents who were known to be mentally retarded and, presumably, struggled to read, spell, write, and calculate. Strauss and Werner and Hinshelwood and Orton cannot speak in the same paragraph. Their views about specific learning disabilities were different in the ways described above. And their views about remedial or special education were different, too.

Both views are presented in this chapter. I begin with the Werner/Strauss view because, as indicated earlier, several people who have studied this history believe that their view influenced the definition of 'specific learning disability' in federal laws and also influenced US public school practices. The Strauss/Werner view is introduced with a story told by a school psychologist who, with the other members of his assessment team, is trying to use the federal definition and criteria to identify students with 'learning disabilities.' The Hinshelwood/Orton view is introduced with a story about an adolescent who has a specific arithmetic and writing (penmanship) disability. I have a preference for the Hinshelwood and Orton view, and that preference is certainly reflected in the way I wrote this chapter. I do not believe that I have privileged knowledge, however, so in the end I leave decision and choice in your hands.

Though it will be repetitive to some of you, I will preface the psychologist's story with information about assessment guidelines in the federal special education law.² Remember, each state education agency develops regulations for the state that must conform with, but can exceed, the federal regulations.

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Furthermore, most states give some latitude to local school districts. Consequently, there is not one way across all states and all school districts within a state to determine that a child has a learning disability.

'Specific learning disability' according to Federal Special Education Law

A definition of 'specific learning disability' was first incorporated into federal law when Congress amended Title V of the Elementary and Secondary Education Act to include The Children with Specific Learning Disabilities Act of 1969 (PL 91-230). This act authorized federal funds to support the professional preparation of educators, programs of research, and the creation of model education programs for children with specific learning disabilities. The same definition was incorporated into the Right to Education for All Handicapped Children's Act of 1975 (PL 94-142). Unlike the earlier legislation, however, PL 94-142 not only contained a definition, but also criteria for identifying learning-disabled students. The definition and identification criteria have been maintained, without change, through the various amendments to PL 94-142 and are currently in place in the Individuals with Disabilities Education Act of 1997 (PL 105-17). The definition reads:

'Specific learning disability' means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, speak, read, write, spell, or do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not apply to children who have learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage (Federal Register 42 [1977] p. 60 582).

Regulations then specify that a multidisciplinary assessment team can find a 'specific learning disability' if:

(1) The child does not achieve commensurate with his or her age and ability when provided with appropriate educational experiences, and (2) the child has a severe discrepancy between achievement and intellectual ability in one or more of seven areas related to communication skills and mathematics abilities (Federal Register 42 [1977] p. 65 083).

The severe discrepancy specified in the regulations may be found in one or more of these domains: oral expression; listening comprehension; basic reading skill; reading comprehension; mathematical calculation; and mathematical reasoning. As part of the assessment, one member of the team must observe the child in the classroom. A child may not be called 'learning disabled',

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regardless of discrepancy(ies), unless the team can exclude other disabilities and adverse environmental factors (see list in definition) as causes for the discrepancies. Members of the assessment team must also document a need for special education.

Federal law, then, specifies three identification criteria: discrepancy between a measure of aptitude and measure of achievement; exclusion of certain causes for the discrepancy(ies) between aptitude and achievement; and need for special education. Most state education agencies use the federal definition and eligibility criteria with only minor variations (Frankenberger & Harper, 1987). It may interest you to learn, if you do not already know, that ‘specific learning disability’ is the only disability for which federal law specifies identification criteria.

Now that we know the psychologist’s task, we can hear his story.

One psychologist’s story

New York State is beautiful in the fall. And you don’t have to travel far from New York City to enjoy the beauty. One particularly pretty autumn day, not so very long ago, a friend called to ask if I would like to join him on, in his words, a ‘fall foliage walk.’ As we walked, our conversation turned to retirement and my friend asked when I planned to leave the faculty at Teachers’ College. I replied to his question by saying that I enjoyed teaching and wanted to continue as long as I had reason to believe that my lectures were current and coherent. Hearing my reply, he stopped walking, turned to face me and, with a look on his face that would be difficult to describe, exclaimed, ‘Jo, you teach about learning disabilities. How will anyone know if your lectures are coherent!’ He was teasing, of course, and he wasn’t teasing, too.

He has reason to care. He leads a school-based assessment team whose members are responsible for assigning students to special education. In any one school year, they place more students in the category ‘specific learning disability’ than in all the remaining disability categories that entitle students to publicly financed special education combined. They do this, he says, despite the fact that they are dissatisfied with the way they make the decision. Subsequent to our ‘fall foliage walk,’ we talked about his team’s concerns about assessment for learning disabilities. I report summaries of these conversations as though he is speaking directly to you.

He begins, ‘A child is referred to us for assessment because of persistent learning and, frequently, behavior problems in the classroom. We are supposed to decide how to explain these problems and to determine if the child will

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benefit from special education. Specific learning disability is an explanation for learning problems that we can use to recommend special education. Federal special education law and state education codes give us a definition and identification criteria to guide our assessments.'

Drawing a breath, he continues, 'Here is our problem. We don't know how to define, let alone test for, the psychological process disorder(s) specified in the definition. We don't know if we are supposed to look for a disorder that is common to all of the symptoms listed in the definition or if we should look for a process disorder specific to each symptom: imperfect ability to listen, speak, read, etc. We thought we had this problem solved for reading disability with the evidence that a phonological processing disorder causes specific reading disability. We ordered new tests and began testing phonological processing skills to differentiate students with specific reading disability from other poor readers. Then we learned that phonological processing disorders are common to all children who have difficulty decoding print back to speech, including children who are mentally retarded.'

He pauses for a moment and continues, 'Since we don't know how to use the federal definition to guide our assessments, we are left with criteria that tell us to find a discrepancy between an IQ score and achievement test scores. We can select appropriate intelligence and achievement tests. Though we know that underachievement is a problematic concept, we have acceptable methods for determining expected achievement based on IQ and for determining if the distance between expected and actual achievement is significant. When we do this carefully, though, what do we have when we are finished? We have a symptom, only a symptom. After we exclude other explanations for the discrepancy, we are left with an unexplained symptom. Presumably, the reason for the discrepancy is the learning disability that we couldn't find in the first place. So we end where we began.'

Speaking a little faster, he says, 'I want to be sure you understand our concerns here. This would make more sense to us if we could find both the process disorder (i.e., the learning disability) and a significant discrepancy between IQ and achievement, but without the process disorder, the discrepancy does not make sense as a diagnosis. We are willing to use the discrepancy and exclusion criteria to justify the need for special education. But we do not like to label those students learning disabled without better evidence for a disability.'

This pause is longer than the first. Finally, he says, 'There is more to this story. Because we don't know how to treat this construct as a diagnosis, we often give tests and then put our data aside and place the student in the

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learning-disability category for reasons unrelated to our data. For example, we respond to teachers who need relief in their classrooms and to parents who either want their child in special education or want to protect a child from special education. Our decisions are always influenced by the resources for help that are available in our school. If a student needs help and a teacher needs relief and special education is all we have, we use it regardless of the message in the assessment data. I don't understand what I am about to say but I can feel it. The ambiguous definition and identification criteria that do not explain the problem paralyze us. We are reluctant, or, perhaps, afraid, to use professional or clinical judgment to guide our decisions. We are not happy with our role in this process. We feel trapped between the commonly held belief that "specific learning disability" is an explanation for learning problems in school and the fact that, as we use it, the name is nothing more or less than an unrestricted ticket to special education.'

'Wait,' he says, after thinking for a moment, 'I am not finished. I have one more thing to say. The identification criteria we are using tell us that we can find a specific learning disability if the student presents a severe discrepancy in one or more of two language and five academic domains. What is so specific about a learning disability that technically can occur across all of these domains?'

Beyond one psychologist's story

My friend tells us that, for his assessment team, at least, the federal definition and identification criteria do not work. He says that the members of his team are not willing to create their own interpretations of a psychological process disorder and that, though they can minimize the technical problems in determining a discrepancy between IQ and achievement test scores and, thus, create a consistent criterion for special education placement, they are unwilling to call children 'disabled' on the basis of one unexplained symptom. He admits that they usually make decisions based on adults' needs and available resources.

This is one person's story. It is an important story, which certainly warrants our attention, if it is a common story. Although we have to draw inferences about practice from the data, we do have studies, conducted over several years and in different places, that describe the characteristics of students identified as learning disabled by the assessment teams in their schools. These studies indicate that other teams also have difficulty using the definition and identification criteria in federal law and state education codes.

The first studies (Kirk & Elkins, 1975; Norman & Zigmond, 1980; Mann

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et al., 1983) were conducted with students enrolled in the model education programs, called Child Service Demonstration Centers, funded under PL 91-230 (1969). As indicated earlier, these centers were created before the discrepancy and exclusion criteria were added to federal law. Thus, the definition of 'specific learning disability,' alone, provided the guidelines for identifying students to be served as 'learning disabled.' Data for the studies were obtained either through questionnaires or by visiting the sites and reviewing students' records. Summarizing results from all three studies, Zigmond (1993) concluded that, given a significant number of IQ scores below 85 concomitant with low-achievement test scores across academic domains, many of the students identified as learning disabled in these center programs could also be identified as mentally retarded or as slow learners. She reported that investigators for each study could not find evidence that the definition in the law authorizing the centers was used to select students. Notice that the first of these studies was published in 1975, revealing that the definition was problematic from the start.

MacMillan and Speece (1999) reviewed three studies (Shepard, Smith, & Vojir, 1983; Shaywitz et al., 1990; MacMillan, Gresham, & Bocian, 1998) conducted after PL 94-142 was implemented. Assessment teams identifying students whose case records provided the data for these studies were using regulations that included the definition and the discrepancy and exclusion criteria. In these studies, the investigators created identification criteria derived from state education codes and, using records' review, sought to determine the percentage of students identified by their school teams who also met the investigators' criteria as learning disabled. Across the three studies, between 52% and 70% of the students identified as learning disabled by their school teams did not meet the investigators' criteria (MacMillan & Speece, 1999). Shepard et al. (1983), for example, found records of students for whom English was a second language, records documenting emotional problems, and records indicating IQ scores low enough to meet criteria for mental retardation among the records of students identified as learning disabled. Conclusions reached by MacMillan and Speece confirm our psychologist's story:

Several observations about how the schools sort students with severe and persistent achievement problems into the LD category seem in order. First, LD in the schools is a *nonspecific category of children with absolute low achievement relative to school peers* (italics added). At present, school practices do not appear to consider aptitude and achievement simultaneously as the definitions and education codes suggest they should. Cases where the low achievement is consistent and inconsistent with 'expected' levels of achievement are not differentiated . . . Second, the classification of 'mental retardation' apparently is viewed as pessimistic in its prognosis, and LD appears

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to be a more acceptable diagnosis. As a consequence, the schools have evolved a practice of certifying most students with absolute low achievement as LD, regardless of whether the IQ is below the cutoff for mental retardation or whether the achievement qualifies as discrepant from expected level . . . Finally, the schools do adhere to the requirement of administering instruments and scales required for certification of children as eligible under the various state-sanctioned disability categories. Hence, individual intelligence tests, achievement tests, adaptive behavior scales, and processing tests are administered; however, this is done more to conform to requirements than to secure data on which a differential diagnosis is to be made (1999, p. 117-18).

Remember, these conclusions are not based on direct observations of assessment teams at work, but on the records that their work produces.

Our psychologist's story and conclusions from the studies cited here help us to understand data released by the US Office of Education in 1996. Between 1977 and 1995, the percentage of students identified as learning disabled increased from 1.8% to 5.8% of the total public school enrollment (grades kindergarten through 12). This represents an increase close to 200% in the number of students identified as learning disabled in less than 20 years. By 1995, students identified as learning disabled accounted for slightly more than 50% of all students enrolled in special education. Consistent with MacMillan and Speece's conclusions, during the period characterized by a dramatic increase in the numbers of students identified as learning disabled, the number of students identified as mentally retarded decreased by 41% and the number of students identified as speech and language impaired decreased by 15% (US Office of Education, 1994).

By now you should be prepared to understand the following quotation, taken from the first chapter of a book emanating from a symposium on learning disabilities convened under the auspices of the National Institute for Child Health and Human Development:

The field of learning disabilities has grown since learning disabilities were first recognized as a federally designated disabling condition in 1968 to represent almost half of all students receiving special education nationally. At the same time, learning disabilities remain one of the least understood yet most debated disabling conditions that affect children in the United States (Lyon & Moats, 1993, p. 1).

Similar statements, decrying the fact that psychologists and educators are placing students, in ever-increasing numbers, in a disability category that cannot be defined and that no one understands, appear continuously in the literature about learning disabilities. (To read particularly passionate criticisms of this practice and to see that the practice has been criticized for a long time, read Freeman, 1976, and Stanovich, 1999.)