5-2013

Attitudes of School Social Workers towards Learning

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Disability Diagnostic Models

By

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MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
in Partial fulfillment of the Requirements for the Degree of

Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

Attitudes of School Social Workers towards Learning Disability
Assessment Models
By Susan Opperman

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Committee Members: Courtney Flug, MSW; Joelle Kallio, Psy.D., LP

This study explored school social workers' attitudes about the learning disability

diagnostic models (severe achievement discrepancy model and response to intervention)

which are currently used in schools. Specifically, it attempted to determine whether

school social workers were satisfied with either of these models or if they preferred them

to be replaced. The study revealed school social workers overwhelmingly use only the

serve achievement discrepancy model to diagnose learning disabled children, even

though an alternative model, response to intervention, has been available for use for 9

years. In addition, school social workers indicated that the models need to be replaced.

Finally, most of the school social workers who responded to the study reported they had

been required to deny services to a child whom they thought could benefit from them, but

did not qualify under the current guidelines. While this study revealed some important

findings about school social workers opinions on learning disability diagnosis models, it

also revealed that there are still many questions to answer with regard to the identification

of learning disabled children.

Acknowledgments

I would like to thank my committee members Joelle Kallio, Psy.D. and Courtney Flug, MSW. Your excellent critical feedback challenged the way I saw my work in this paper. Your objective lens was vital for me to see my work in a different way. Without your feedback this paper would not be the same. Thank you both for all of the time and energy you invested in this project; it is greatly appreciated. Thank you to my chair Richa Dhanju, Ph.D. for your feedback on my paper, deadlines for submissions, and your constant encouragement along the way. Without all of you this project would not be the same. Finally, thanks to my husband, Chaney and my children for being patient and picking up the slack while I was on this journey. And thank you to my in-laws for making this journey possible in so many ways.

LEARNING DISABILITY ASSESSMENT MODELS

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Introduction

Learning disabilities (LD) are a problem for some children during their school years and they can continue to pose problems throughout their life. Because of this, it is important for professionals who are involved in working with LD children to understand the disabilities these people are faced with. A Learning disability defined by Merriam-Webster is; "Various conditions (as dyslexia) that interfere with an individual's ability to learn and so results in impaired functioning in language, reasoning, or academic skills and that are thought to be caused by difficulties in processing and integrating information" (Merriam-Webster, 2012). Many are confused about what disorders are included in the category of learning disabilities. There are a number of conditions which are not learning disabilities but often mistaken for them, there are intellectual disabilities such as, autism spectrum disorders, attention deficit disorder, blindness and deafness (Groves Academy, 2012). There are five disabilities which do fall under the category of specific learning disability. They are dyslexia - a reading disability, dysgraphia - a writing disability, dyscalculia - a math disability, dyspraxia- a disability which causes one to mix up words and sentences while speaking (National Center for Learning Disabilities, 2013). The fifth specific learning disability is a non-verbal learning disability which is similar to Asperger's Syndrome, this disorder is characterized by poor motor coordination and poor social skills (University of Michigan Health System, 2013). The most common among them is the reading disability, dyslexia; about 20 percent of the United States (US) population is affected by this disorder (National Disseminations Center for Children with Disabilities, [NICHCY], 2012).

Two million four hundred thousand students are diagnosed with a learning disability and receive services through special education. Learning disabled children account for 41% of people served by special education (National Center for Learning Disabilities, 2012). In school aged children learning disabilities are often remediated through services offered through special education. Today, in the U.S., the most common way to access special education services with a learning disability is to obtain a diagnosis of a specific learning disability (SLD) for one or more of the five disabilities mentioned previously. In order to qualify for learning disability services through special education a child must have an evaluation, provided at no cost to the family, conducted by the school district or by an independent party and paid for by the child's family. To obtain the learning disabled diagnosis and subsequently qualify for special education services, a child must be performing academically well below where they would be expected to be performing given their intelligence quotient (IQ). Once a child has a learning disability diagnoses he/she can qualify for an individual education plan (IEP) and begin receiving special education services through the public school system. These services are at no cost to the families. In 1975 public law PL 94-142 was passed by the Congress. This law which was named the Education for all Handicapped Children indicates that states must provide free and appropriate education to all children in a least restrictive environment (U.S. Department of Education, 1975). This law was the precursor to the Individuals with Disabilities Education Act (IDEA) which was enacted in 1990 and reauthorized in 1997 and again in 2004 with the reauthorization of IDEA Part B all children ages 3-21 continue to be eligible for a Free and Appropriate Education (FAPE). Under this law the services provided must meet the needs of the disabled children and are required to be

provided in the least restrictive environment, in other words as often as possible children

must maintain in classrooms with their peers (U. S. Department of Education. 2010).

Many disabilities are covered by IDEA, including specific learning disabilities such as

dyslexia, dyscalculia, dysgraphia and dyspraxia (Individuals with Disabilities Act, 2004).

Since learning disabilities were first recognized as a disability they have always

been diagnosed in the public school system using the severe achievement discrepancy

model. According to the U.S Department of Education the 2004 reauthorization of IDEA

creates another model for intervention with learning disabilities. This model is called

Response to Intervention (RTI). The use of this model in working with academically

struggling children requires that a child be identified as underachieving either by a parent

or a teacher. Once a child has been identified, the educators and specialists (i.e.

psychologist, speech language pathologist or remedial language teacher) evaluate the

child and determine whether he or she is achieving at an acceptable level for that

particular age. Once it has been established that the child is functioning at a level lower

than what should be expected for children of the same age, appropriate research based

interventions would be implemented for the child. With the implementation of RtI it is

not necessary to diagnose based on a severe achievement discrepancy, which was a

requirement until IDEA (2004) was passed by the Congress.

Both models of LD identification contain different problems including slow

identification, slow interventions, unclear interventions and other problems, which will

be discussed later. Because of the identified problems with the existing models it is

important to know what professionals, who work with these children, think about these

LD identification models, to see if they are seeing similar problems in their work with these children.

According to the Learning Disabilities Association of America[LDA] (2011), if learning disabilities are not discovered and remediated they may lead to many different problems including anxiety (Carroll & Iles, 2006) and depression (Wilson, Deri Armstrong, Furrie & Walcot, 2009), both of which may be a result of the constant experience of school failure. In addition, LDA asserts that individuals with learning disabilities which impact perception can lead to social problems in a child including being bullied by peers and social isolation. These problems can lead to low self-esteem (LDA 2011). It is therefore clear that learning disabilities can impact individuals in many different ways.

Unlike children with low cognitive functioning, deafness, blindness or autism spectrum disorders, whose disabilities are rather easy and quick to identify by looking at them or engaging briefly with them, children with specific learning disabilities cannot be easily differentiated from their non LD peers. This tends to be a problem because it is difficult for parents, teachers and others to understand the apparent discrepancy in a child's apparent intellectual capacity and their level of academic functioning. In addition, children with LD tend to have at least average IQs and often have above average IQs. In fact, a child with a below average IQ would not be able to meet the diagnostic criteria for a LD, because of the severe discrepancy diagnostic model used to identify learning disabled children. Considering that their IQs tend to be high it would make it difficult for the children and their families to understand why learning is so hard for them. Often families and teachers will label learning disabled children as "lazy or unmotivated" to

explain the obvious discrepancy in a learning disabled child's apparent ability and level of functioning. These factors may also contribute to the onset of mental health symptoms which are so often seen in LD children. The family members of LD children often have difficulty reconciling that their child, who is clearly intelligent, struggles so much with one or more of the tasks of reading, writing or math.

School social workers come regular in contact with LD children in a variety of ways through their education. A school social worker may be part of the LD identification team from the school. A social worker may be one who implements special education resources for a learning disabled child including an individual education plan or a 504 plan; often times they also help children who struggle with mental health or social problems. School social workers may provide individual therapy, or group therapy or groups which support social development to children with learning disabilities. School social workers are also the school personnel who may connect families with LD children to community resources. Because of all of these areas school social workers may come into contact with learning disabled children and their families, it is important to gain an understanding of school social workers thoughts and opinions on the different evaluations models used to identify these children.

Literature Review

The current research will review literature on the topic of learning disabilities (LD) using a multi-dimensional framework. This will cover the topics of the bio-psychosocial environmental factors and how they impact individuals with learning disabilities while at the same time some of the social justice issues surrounding learning disabilities will also be considered. The paper will go on to identify the problems with the two models (Severe Achievement Discrepancy Model and Response to Intervention), used to identify LD children in the public school system. Finally, it will cover the school social workers' role in working with LD school children.

Bio-psychosocial Environmental

Biological

Learning disabilities tend to run in families. Del'Homme, Kim, Loo, Yang, & Smalley (2007) studied 235 families and found a strong family relationship among people with reading disabilities (dyslexia). The researchers found a significant correlation between siblings with reading disabilities. The same researcher also found having a having a parent with a reading disability was a significant predictor of a child having a reading disability (2007). In other research, Pugh et al. (2001) reviewed existing literature of neuroimaging studies in reading disabled individuals, which included their own studies. The literature they reviewed indicates there is a difference in the brain functioning of reading disabled individuals (dyslexic) when compared by neuroimaging to non- reading disabled brains. Considering the existing literature there seems to be a biological component to the development of some learning disabilities.

Psychological

Having a learning disability may impact individuals psychologically through life in many different ways. A group of researchers studied the mental health of Canadians with learning disabilities. The study compared Canadians with self- reported learning disabilities to a group without learning disabilities. The group with self- reported learning disabilities were more likely to report mental health problems including; distress, depression, anxiety disorders, professional consultation (individuals who went to therapy), and poor self-assessed mental health than the group with-out learning disabilities (Wilson, Armstrong, Furrie, & Walcon , 2009). The same researchers found the people with learning disabilities were less likely to be employed than those without a learning disability. It appears LD's affect individuals and families not just during the education years but throughout life.

Researchers compared a cohort of dyslexic college students with a cohort of non-dyslexic students and found the dyslexic students had higher levels of anxiety than other students (Carroll & Iles, 2006). In the same study, when the researchers controlled for reading ability the group difference with regard to anxiety was marginal, concluding that the source of high anxiety ratings are directly related to reading levels, not necessarily dyslexia. This is important information to know, it would suggest if a dyslexic child is identified early and able to maintain an adequate reading level or if they receive effective remediation, these children might be spared the anxiety often seen in dyslexic children. -Another reason for promoting early identification and remediation of a learning disability.

Researchers have found several psychiatric co-morbidities among the learning disabled population they studied, including attention deficit hyperactivity disorder, oppositional defiant disorder conduct disorder and depression (Willcutt & Pennington, 2000). Learning disabilities are frequently seen in individuals with other psychological problems and learning disabled individuals with a comorbid psychological problem have higher incidence of peer victimization. Although it is unclear which comes first, it is clear there is a relationship between learning disability, psychological problems and social problems.

In addition to the co-morbid psychological problems faced by learning disabled children they are frequently faced with additional struggles. Polombo (1994), asserts that learning disabled children may create incoherent self- narratives. In other words individuals with LD may ascribe different meaning to social interactions, than others involved in the same interaction do. From a self-psychological standpoint this would contribute to creating an incoherent self-narrative. In order to understand our place in the world, we need to understand shared experiences or have coherent self-narratives. According to Palombo, the idea of LD children having an incoherent self-narrative may be a consequence of the child's learning disability (1994).

Considering the number of individuals who are affected by learning disabilities - about 20% of the United States population (NICHCY, 2011); and since according to the research there are some increased mental health problems among people with learning disabilities (Carroll and Iles, 2006; Polombo,1994; Wilson, et al. 2009); it is important to instill supports early in the lives of people with learning LD. The early supports would assist in remediating children early and avoiding some of the potential consequences of

the learning disabilities. Many of these supports would be within the school system, school social workers would be the professionals who would work with the students with identification of the LD and implementation of the individual education plan.

Social

People with learning disabilities also struggle socially. Researchers found people with learning disabilities experience peer victimization (are intentionally injured physically or interpersonally) by a peer if their learning disability is co-morbid with a psychiatric disorder including, attention deficit disorder, conduct disorders, oppositional defiant disorder depression or a somatic disorder (Baumeister, Storch and Geffken, 2008). This information is important to know because of the relationship between LDs and increased levels of anxiety. Considering these children may already be struggling with anxiety symptoms, the added effects of peer victimization may compound their academic and social struggles. It would be important to do what can be done to interfere with these developing problems and remediate or interrupt these effects of a LD early in a child's life to mitigate the impact of these combined factors.

Researchers studied juvenile delinquents in residential facilities in Sweden and found a high incidence of reading problems among their sample of juvenile boys and girls, the reading problems were higher in boys than in girls (Svensson, Lundberg and Jacobson, 2001). The same research found two thirds of the juveniles in residential facilities had difficulty with writing. Although this study did not look for diagnosed learning disabilities, reading and writing difficulties are the most common difficulties seen in learning disabled children. Are these children part of the group who do not get the learning disability diagnosis and services that come with the identification? Is this group

of juvenile delinquents the children who wait for the learning disability diagnosis but never get it? Do they end up in the criminal justice system instead of the education system, because of ineffective or slow diagnostic tools? In addition to all of the other consequences of learning disabilities this may be another. Furthermore, a U.S. Department of Justice Report compiled statistics on prison and jail populations in the U.S. and found that 41% of inmates in state and federal prison and in local jails have not completed high school or obtained a GED. This is concerning considering 18% of the general population falls in that category of no high school diploma or GED (Harlow, 2003). This report indicated that 34.9% of the imprisoned or jailed population reported their reason for leaving school was 'behavior or academic problems or loss of interest' this was the category with the highest percentage of responses. While the individuals from general population who have dropped out of high school, endorsed the same reason for drop out only 17.2% of the time. The number is more than double in the prison population. So it seems like these people who end up in prison may have academic struggles early on. Do these academic struggles remain unaddressed throughout their schooling? If identified and addressed, are they responded to appropriately? The idea that a high percentage of school drop outs end up in the criminal justice system and a high percentage of these people report their reason for leaving school was academic challenges is concerning. It is important to look at why there is such a discrepancy in this group of individuals. The question begs to be asked - can these outcomes be interrupted and changed by adequate early intervention in schools? If anything could be done to change these outcomes it would give these children a chance at an education and a different life outcome. If lack of an appropriate education is a contributing factor to the

outcomes for these people, this is a social justice issue and one that social workers might be concerned with.

Environmental

According to the National Center for Educational Statistics 25.1 % of children, in Minnesota, being served under IDEA (Part B), with a specific learning disability diagnosis, dropped out of school during the school year 2005-2006. In the U.S, during the same period, the rate was higher at 26.2%. This is remarkable when you consider across the board rate of school drop-out is about 8% (PBS News Hour, 2012). Despite the fact that these children who dropped out of school were being served for a specific learning disability under IDEA, 25.1% still left school without a diploma or GED, this is a concerning statistic. Furthermore the unemployment rate of individuals with learning disabilities is twice that of individuals without a learning disability (Cortiella, 2011).

A group of researchers looked at 176 children in a longitudinal study and found that the age of LD diagnosis had an impact on successful remediation (Vandenberg & Emery, 2009). They found that early identification of a learning disability can have positive impact on change in the individual's achievement. When a child was identified earlier they were more likely to have greater remedial gains. This is important when you consider the discrepancy model which is used to identify learning disabilities. To obtain a diagnosis, a child must be struggling significantly academically for years prior to diagnosis. According to Vandenberg and Emery, this late diagnosis would put them in a place where remediation becomes difficult at a later stage (2009). As a result of late identification it would be fair to say effective remediation would cost more money for the school and outcomes for the children may not be as favorable.

But all may not be lost for those who have not received effective remediation early in life. In a case study which looked at an adult who received some remediation training in reading and writing as an adult, the result of the limited remediation was increased ability to decode words, his rate of reading increased and incent of error when reading decreased (Apel, & Swank, 1999). This research indicates if supports are put in place, even later in life, there can be effective outcomes.

In addition, Wolff and Lundberg (2002) conducted a study which compared art students at two universities to students in the school of economics and law to see if there were differences in the incidence of learning disabilities among art students. The researchers found that there was a significant difference in the groups. Fifteen percent of the art students met the criteria set for LD whereas less than 1.3% of the students in the school of economics and law met the LD criteria. In a second and larger study, by the same researchers, a group of 194 art students were compared to a group of 202 non-art students to see if there was a higher incidence of self-reported dyslexia signs. The researchers found higher levels of self-reported dyslexia factors with students in the art programs when compared to students in the other programs. This information is important because it gives some insight on what might be happening to some people who have reading problems, but are able to make educational choices which would enhance their abilities rather than their disability. Knowing dyslexic children are overrepresented in art schools in valuable information to know. Is it that these children who end up in art programs have schools and parents who are able to guide them to their areas of strength instead of focusing on their deficits? It may be critical for learning disabled children to have their areas of strengths identified and focused on when learning. The severe

achievement discrepancy model does identify areas of academic strength as well as the deficits. It could be that this information could be utilized by parents, teachers and social workers to guide children in areas where they may have success.

Learning Disability Identification

Today public school systems in the United States use two models to identify children who are struggling academically - severe achievement discrepancy and Response to Intervention (RtI). Both models will be described including their limitations.

Severe achievement discrepancy model.

The first one, severe achievement discrepancy had been the only way of identifying a learning disability from the beginning of the recognition of LD as a disability in 1976. According to Kavale, in 1976 the Bureau of Education for the Handicapped issued regulations outlining procedures for identification of specific learning disabilities. In the definition, a learning disability required a severe discrepancy between achievement and ability (n.d.). According to Lyon (1996), under the severe achievement discrepancy model there is no specific test or standard for LD identification but to qualify for special education services a child would be given a battery of tests including an IQ test, such as a Wechsler Intelligence scale for Children, and an academic achievement test, such as Kaufman Test of Educational Achievement, to determine if they are performing academically below what is expected given their IQ. To obtain an LD diagnosis children are required to be performing two standard deviations below where they would be expected given their IQ. This model has been called the "Wait and

Fail" model of identification of a child with a learning disability (Reynolds and Shaywitz,

2009). Many problems have been identified with this model including if a child has been

identified as struggling by teachers and parents the child may never qualify for special

education services, if they do not become discrepant enough. Furthermore, if a child is

identified as struggling academically or performing below their grade level in a primary

grade the severe discrepancy model typically does not allow a LD diagnosis until much

later. The reason for this is that it takes a few years for the severe discrepancy to occur.

According to Foorman and Shaywitz, "Most districts do not identify children with

learning disabilities until a child is reading well below grade level, generally in third or

fourth grade" (Foorman and Shaywitz as cited in Lyon, 1996, p 59). So valuable time in

which a typical child would ideally be learning has passed while waiting to meet this

discrepancy. As a result of this wait and late identification children have often

experienced a few years of school failure prior to obtaining a diagnosis of LD (Lyon,

1996).

Late identification is a problem considering the research indicates it is important

to receive remediation prior to 3rd grade in order to effectively get a child on track

academically (Lyon, 1996). In addition, Vandenberg and Emery (2009) found with their

research the earlier children were diagnosed learning disabled and received treatment for

their LD the greater remedial gains they showed. The evidence is clear that early

intervention is critical to effective remediation for these children. Because the research

shows early identification and remediation is important for the best outcomes, it would be

important to be sure supports were in place before children have failed, which is a

problem because failure is required in order to obtain the LD diagnosis by the severe achievement discrepancy standard.

Furthermore, Restori, Katz and Lee, say another problem with this diagnostic model is that some children never become discrepant enough to obtain a LD diagnosis and as a result never get the services which go along with it, because of their below average intellectual ability (Restori, Katz and Lee, n.d). So it is unclear what happens with these children. Do they languish in the general education system until they drop out? This seems problematic when thinking about these people as ones who may be at a high risk for failure in the first place and then systems in place are not likely or able to catch them because of their design.

Another problem asserted by Lyon et al. (2001), indicates the diagnostic formulas are different depending on the state a child is being diagnosed, so a child with a LD in one state may not qualify for the same learning disability services in another state. This begs the question why are there different way of identifying a disability? Should it vary state by state or should there be consistent criteria for all states?

According to Restori, katz and Lee (n.d) this model is applied inconsistently depending on the people making the diagnosis. As a result there is much inconsistently with regard to the individuals being diagnosed or not. Lyon (1996), indicates the prevalence of learning disabilities varies significantly through the U.S. this is because of the discrepancy model of identification. Lyon asserts over identification and under identification can be related to financial incentives.

Response to intervention.

With the reauthorization of IDEA (2004) a new way of identifying low achieving children was established, called response to intervention (RtI). The severe achievement discrepancy model is still the only way for an LD child to obtain the diagnosis of LD and as a result get the disability status which insures them a free and appropriate public education. But RtI provides schools the opportunity to identify any struggling children before they meet the severe discrepancy standard and provide services which may meet their academic needs. According to the Minnesota State Department Education website RtI documents, universal screenings of children in Kindergarten through eighth grade occur multiple times a year including during the fall, the winter, and the spring. The universal screenings are conducted multiple times each year to determine whether children need additional services to make adequate progress. The screenings also monitor what progress has been made by children receiving additional services to determine whether they have responded adequately to the intervention, and subsequently can be removed from the additional services. Reynolds and Shaywitz, have said RtI is a good model for prevention but is inadequate to be used in identification of specific learning disabilities (2009). This model certainly seems to have a valuable role in the school system, but it may be that the value of it is limited to early identification of struggling children and not the intervention and identification of LD children.

With RtI universal screenings are used to identify children, who despite regular classroom instruction are not performing at a level expected for their age (Klotz & Canter, 2006). Once the children are identified research based instruction is introduced to meet the learning needs of these children. The instruction is continually monitored for a response from the child (Klotz & Canter, 2006). A benefit of this model is that teachers

and school personal do not have to "wait for children to fail" (Reynolds & Shaywitz, 2009). However, this model has been called the "watch them fail" (Reynolds & Shaywitz, 2009) indicating these children will be identified not as performing well and the school and teachers will still be unable to provide for the educational needs of these children. So children are identified earlier with this model but interventions still may not go far enough.

A number of problems have been identified with the RtI as an LD intervention model also. First RtI states once children are identified as not achieving at a level they would be expected to achieving at based on their grade level, then evidence based instruction will be implemented. Schools should be always using evidence based education techniques with all children; in fact No Child Left Behind requires this (No Child Left Behind [NCLB], 2004). It may be that these LD children need evidence based instruction which has been found to be effective with this specific population, not evidence based instruction that works with typical learners, which is maybe what they are getting. And yet these LD children are still struggling, considering these children have specific processing disorders which need to be attended to it may be critical to assess what their specific learning weakness is so specific evidence based instruction can be implemented which may be more likely to meet their learning needs. So while RtI may be a good way of identifying children who are struggling academically, it may not be able to meet LD children's specific academic needs.

Next RtI will not identify children who are academically achieving at a level which is expected for their age, but have the cognitive ability which would allow them to achieve academically at a higher level (Reynolds and Shaywitz, 2009). Considering the

public education system should meet the needs of all children, including these children

with a higher cognitive ability, RtI can be a problematic identification model for them. It

would allow them to stagnate, learning less than what their cognitive ability indicates is

possible for them. Would it be fair to these children, to let them get by as average when

they have the potential for much more? The idea that a child is not able to learn to the

highest of their ability has the appearance of a social justice problem, every individual

should be able to perform at the peak of their ability and not just be average when they

are capable of much more.

Another problem with RtI is the idea what a response to intervention is.

According to this model the people who are measuring the response to an intervention are

the same people who are implementing the intervention to the students. This is

problematic because these evaluators are by no means independent; they have an interest

in the response to the intervention. It seems it would be important to have independent

evaluators measuring the response in order to obtain a fair evaluation.

Finally, according to Reynolds and Shaywitz (2009) since RtI does not include a

comprehensive evaluation, like the severe achievement discrepancy model does, as part

of the identification, it will be unclear the areas of strengths and weaknesses of each

individual child, under RtI. As a result how will the individual needs of a child be if it is

not clear what the needs are? If a child's strengths are known, a teacher can utilize that

information to help the facilitate learning. RtI provides a more general intervention which

is a great prevention tool, but like this paper stated earlier the specific needs of a child are

not identified; therefore their learning needs may not be addressed.

Social Workers' role with Learning Disabled Children

Vigilante (1990), discusses the importance of school social workers' role in understanding and working with learning disabled children and their families. In addition, she asserted the importance of families' response to the school experience. According to Vigilante both the school social worker and child's family play a role in the child's anxiety development around the learning disability. If a family is the chaotic type characterized by inconsistent rules and poor boundaries a child will generally have a higher level of insecurity and anxiety. If a child is in a family which would be considered enmeshed or where the family is tightly bound, to the point of not functioning well a LD child will not learn the life skills he/she needs to function outside this family. In turn, they will not learn age appropriate skills and are also likely develop anxiety. In the same article, Vigilante discusses the idea that family's response to children's learning disabilities is varied based on different family characteristics (1990). And school social worker would be the logical person to understand each different family's response to their children's learning differences, limitations, and needs of their learning disabled child.

Mcconkey (2003), conducted a survey to find out how caregivers obtained information about their children's disabilities. Most of the respondents in the study reported they contacted a social worker for this information. Knowing that school social workers are the school personnel families are likely to contact for information regarding their children's disabilities, it is important to understand what social workers know about the different learning disabilities; what they understand about children with learning disabilities. And more specifically, it is imperative to understand what they know about

diagnosis of a LD, and know what they think about the models they are required to use to identify LD.

According to the Minnesota School Social Workers Association, school social workers are responsible for many tasks within the schools they work. A few of the responsibilities school social workers have with regard to LD children are; they are a piece of the assessment process for special education, they also provide direct and indirect services to these children. Furthermore, they also have the role of educating families about the developmental and educational needs of children. School social workers support classroom teachers surrounding learning disabled children also, by assisting in implementing academic and behavioral interventions and facilitating the special education process. Additionally, they also work as a liaison between the school, the children and families, and outside agencies. In the case of a learning disabled child a SSW may refer him/her to another agency for additional education or mental health services (Minnesota School Social Workers Association [MSSWA], n.d.). In addition to these services a school social worker may take on a more macro role and engage in policy change discussion and advocacy surrounding issues related to the children they serve. This advocacy could be on a variety of levels, including on the mezzo level, within the school or community, within the district, or even on a macro level lobbing the State Department of Education for changes in policy. They also would be a logical group to assist families in organizing groups to promote change with-in or outside the system in which they work. All the possible roles of a SSW are very important when thinking about the issues surrounding these children.

School social workers have the potential to play a vast role in the educational life of a learning disabled child. And considering what we understand about the potential impact of learning disabilities; including that children with learning disabilities struggle on many levels including; academically by definition of the learning disability, psychologically (Carrol &Iles, 2006; Wilson et al., 2009), and socially (Baumester, Storch and Geffken, 2008), it is critical that school social workers and other professionals who work with LD children be well informed about issues they may potentially be faced with. If well informed, the response of a SSW might be rapid identification of a problem and subsequent intervention. Because of the broad role the school social worker plays in the school they may be an important person in recognizing a psychiatric disorder or instances of peer victimization with children who are struggling academically may come to his/her attention as well. As stated previously the school social worker is also often the person who orchestrates the implementation of the individual education plan IED for a learning disabled child in school. So the social worker is looking at the psychological and social environment of the child, while considering social justice issues related to the testing and intervention. Considering this, it is important that a child's school social worker understands learning disabilities and understands the obstacles people with learning disabilities face, including potentially problematic testing which may limit access to necessary services. Furthermore, it is critical to understand what school social workers know and understand about the problems which currently exist with regard to identification of a LD. To answer these questions it is necessary to survey social work professionals to see what their thoughts are

surrounding the identification models commonly utilized to identify children with learning disabilities.

Social Justice and Learning Disabilities

Knowing there are limitations with both of the LD identification models currently used in the United States leads one to contemplate: What do the individuals who are working with these children think about the identification models? Do they see them as problematic in the way they are slow to identify or ineffective at intervention? School social workers are among the people who frequently work with struggling children. They often assist in rolling out individual education plans and organizing appropriate services as indicated by the individual education plan. Furthermore, social workers also are the people who may become involved when these children begin to suffer from anxiety, peer victimization, depression, and any other psychological problems that have been linked to learning disabilities. Additionally, social workers, because of the values they hold as a profession would be inclined to see problems when education equality is at risk for any group, maybe even more so when the group is disabled children.

According to the National Center for Learning Disabilities, of all the people with learning disabilities nearly half of students perform three grades or more below their grade level in math and reading (2012). This is disconcerting considering these children must have an IQ which is average or above average in order to accurately obtain a LD diagnosis. So the question begs to be asked is: why is this happening? Why are children with average or above average IQs struggling to such great degree? It would seem to be the school systems are not meeting the education needs of these children for some reason.

In addition, to not meeting the students' needs, the education system is also failing them because once they see these children are struggling, the system in incredibly slow to respond when using the severe achievement discrepancy model because of the design, it takes time to reach that discrepancy. Although the RtI model is much faster at identifying and responding to struggling children it does not include a diagnosis or testing so we are still left with not knowing what the specific learning needs of a child are. So RtI may have a great prevention focus but it is a model with a number of problems also, which were discussed earlier.

Since the school systems can be slow to respond, with the models in place, children can end up developing some of the mental health problems (Carroll & Iles, 2006; Willcutt & Pennington, 2000; Wilson et al. 2009) and social (Baumeister, Storch & Geffken, 2008) problems discussed earlier which may not be developed if a child was successful in their school environment. Why is this happening? This ineffective testing seems to be problematic for these children. As a result they may be left to languish in the educational system which is not meeting their educational needs. A potential consequence of this is that they may be developing other problems. The questions are: Are school social workers doing anything to intervene here? Do they think they have a role in helping these children obtain the needed services? Do they even identify a problem here? It is clear the LD identification models both contain significant problems. What is being done about this? Do school social workers find the identification models problematic considering the work they are doing?

Learning disabilities can and do continue to impact people once they leave primary and secondary education (Wilson, Deri Armstrong, Furrie & Walcot, 2009).

However, Madaus (2006) conducted research on college graduates with identified

learning disabilities indicates relatively positive findings for this group. The same

researcher surveyed college graduates to see what the employment outcomes were for

this group of graduates. The survey found that these individuals have comparable

employment, income, and benefits to the general workforce in the United States. So, this

is positive on one hand, but on the other hand this study does look at people who have

identified learning disabilities and colleges they graduated from were aware of their

learning disabilities, so they likely had received services through college. Considering

most people are diagnosed with a learning disability in elementary school it is likely they

have a lot of information about their learning disability over the years and have

developed coping skills which help them manage their disability (Madaus, 2006). In

another study, researchers found working adults with learning disabilities who reported

high degrees of self-efficacy also reported high levels of job satisfaction (Madaus, Zhao,

& Ruban, 2008). These researchers also found self-regulatory strategies including, things

like goal setting, planning of goal achievement, and the ability to reframe the LD in a

positive way, were also correlated with job satisfaction in adults with LD. It is critical to

understand what allows for this transition into adult hood so these skills can be taught

during a child's school years. According to Madaus (2006) children who have a LD

diagnosis and who have made it into and have graduated from college have positive

outcomes. But the question exists what happens to the people who are not identified

because of ineffective testing? Or identified late and have developed psychological,

social or education problems prior to obtaining a diagnosis? Considering the statistics

identified earlier about individuals with learning difficulties being over represented in the

prison population, do they end up in prison? Can adequate interventions prevent such

outcomes? And what happens to the children who drop out of high school as a possible

result of their LD? These individuals deserve the same outcome possibilities as the

college graduates Madaus (2006) studied. Perhaps ineffective education, LD

identification problems, and slow intervention lead to different outcomes than what

(Madaus 2006; Madaus, Zhao, & Ruban, 2008). There appears to be a social justice issue

at work here. The idea that some are educated effectively and others are left to languish

in a system, which is ineffective at meeting their academic needs, leads itself to further

inquiry from a social justice framework. Considering this has the appearance of being a

social justice issue and social justice being deeply imbedded in all of the work social

workers perform, we must try to understand the perceptions of school social workers

about the problem of LD identification. With regard to learning disabilities social

workers are in the position where education policy is put into action, they are in a unique

position and may be the first to notice problems with identification. Is it a social justice

problem for them? If so, then does it create a dilemma in their work? Is there a conflict

between their professional values and the organization's rules they must follow? These

are some of the questions my research aims to answer.

Conceptual Framework

The current research will utilize two frameworks to theoretically guide this study, the biopsychosocial model and a social justice perspective. First, the biopsychosocial model which was developed by George Engle in 1977 is a model in which one adopts a perspective that people cannot be understood without thinking about them in the context in which they exist, including their biological, psychological, social environments (Borrell-Carrio, Suchamn & Epstein, 2004). According to this model, "human behavior is considered to be the result of interactions of integrated biological, psychological, and social systems" (Hutchison, 2008, p.11). While a medical model might be symptom focused and reductionist in nature a biopsychosocial model rather looks to gain a more complete understanding pathology, disease and/or functioning by exploring all potential contributing factors. Therefore it tends to be a more holistic approach to understanding illness and disease (Borrell-Carrio, Suchamn & Epstein, 2004).

According to Borrell- Carrio et al. (2004), the biopsychosocial model could be understood at two levels – philosophical and practical. On the philosophical level it is a way of understanding illness and disease are potentially impacted by all level of an organization. And on a practical it allows for a patients subjective experience to be included when diagnosing in fact would need a patients experience for an accurate diagnosis.

Further this model takes into account an individual's subjective experience as opposed to a medical model which maintains a separation between a patient's body and their emotional experience. In contrast, a medical model would look just at the illness

without much consideration for the individuals experience it. The biopsychosocial model

also considers the relationship between the provider and patient as an important part of all

understanding the illness of an individual. Further, the approach is client centered in that

the provider must work to understand the subjective experience of patient in order to

more completely understand what the illness means to the patient (Borrell-Carrio,

Suchman & Epstein, 2004). In sum, this model would say you need to understand all

aspects of an individual to understand their functioning.

When using the biopsychosocial lens to consider the development and subsequent

functioning of a learning disabled child it seems clear that all levels (biological,

psychological, social and environmental) may be working together to cause learning

disabilities. Once a learning disabled child had been identified, all levels of this model

continue to interact with and either contributes to better or worse functioning as a result.

While looking at LD children through the lens of this model one comes to

understand the importance of what is going on in the educational environment and the

consequences it may have on a struggling child. The child can be experiencing anxiety,

depression, peer victimization and even school drop-out. Knowing the potential impact

of LD on children, it is critical to instill supports potentially on all levels early and

maintain them throughout the school years. It would be difficult understand a LD without

looking at all potential factors that contribute to the development of a LD and that can

contribute to better or worse functioning. A Biopsychosocial framework is important to

consider when addressing issues related to learning disabled children.

This research also utilizes the social justice framework which is at the heart of social work. The Social Justice Principles: Ten principles, state that all people are equal and must have equal access to resources for their wellbeing (2006). A number of social justice principles might apply to the learning disabled population. Overall the Social Work for Social Justice: Ten Principles, emphasize the importance of providing for individuals and groups who are the most vulnerable to being left behind. Considering all do not have an equal ability it is the work of social workers to speak for and organize these individuals or groups when they are not able. An important part of the social work profession is to work on the behalf of the more vulnerable, less likely to participate, members of our society. When social workers identify injustice they would be expected to speak out on behalf of the victims. Social workers are responsible to see that all individuals have access to participate in society (2006).

When considering how the identification of LD occurs in the United States education system there is an appearance that it is leaving some children behind, not because they are not in need of services or because they are performing well, but because the way the schools identify children for services seems to be inadequate. Utilizing a social justice lens to view this issue is important because the population is at high risk for a number of problematic outcomes. It is the work of social workers to advocate for change in the systems. It is also their work to see that systems become more responsive to the needs of the people, including learning disabled children.

This research will aim to answer what do school social workers think about the diagnostic model used in determining special education funding for LD children? To answer these questions the researcher will use a brief survey administrated through

Qualtrics. The survey will contain a few demographic questions about the social worker

completing the survey, questions about the social workers attitudes towards LD

identification models and a one open-ended questions that will attempt to get at the

attitudes and experiences with LD children.

Methods

Research Design

The purpose of this study is to explore the thoughts and attitudes of school social workers towards the severe achievement discrepancy model and response to intervention (RtI) which are currently used to identify learning disabled children in the public school system. The study design is quantitative methods in nature. It consists primarily of quantitative questions and includes one open ended qualitative question. The survey has been written by the author of the study so the reliability and validity of the survey have not been studied. Respondents provided answers to a few questions on a Likert scale, and one short answer question. The respondents were also asked to answer a few demographic questions. The questionnaire (Appendix B) was available on Qualtrics, an online survey tool available via the University of St. Thomas.

Sample

Survey respondents were limited to school social workers with MSW or BSW degrees. The study used a non-random convenience and snowball sampling method to obtain subjects. Three initial informants were contacted by emailing two school social workers and a contact who works with some school social workers, their participation was requested in the study. In the email it was requested that they forward the survey on to other school social workers whom they know in order to complete the snowball sample. Once the school social worker agrees to participate the author will send the survey link to them to their personal email. This link will be sent through a private email which only the study's author has access to thought the Qualtrics system. Hence, only the researcher will have access to the identifying information of the initial informants and not

all respondents. A limited number of survey responses were obtained this way. In order to obtain more respondents the survey link was also sent out to school social workers emails directly. The emails of the school social workers were found on district and school websites from around the state of Minnesota. In total, 18 responses were obtained.

Protection of Human Subjects

The current research has been reviewed by a research committee in order to ensure respondent privacy. The research proposal was also subject to review and approval by the St Catherine University's Internal Review Board (IRB) prior to data collection.

The researcher recruited three initial informants by sending emails and making phone calls requesting participation in the study. Upon agreeing to participate, a link to the questionnaire was sent to their email. The informants were asked to forward the survey on to their school social work peers in order to obtain the snowball sample. The initial 3 informants did not yield the number of respondents needed to obtain enough data to analyze. Additional respondents were recruited by searching district and school websites for school social workers emails. The survey link was sent to their emails requesting their participation in the study.

The researcher does not have additional contact or demographic information on the research respondents. The Qualtrics survey tool will not collect the names or any other identifying information of the respondents. The responses to the survey will be returned to the researcher anonymously; therefore the researcher will not have identifying

information about who is completing each survey. This will ensure respondents'

confidentiality.

As required by the IRB this researcher obtained informed consent (Appendix A)

from every participant prior to survey participation. The informed consent was embedded

in Qualtrics survey and the participants were only able to move ahead with the survey

only after s/he has read the document and agreed to it. If the participants want to

discontinue after reading the informed consent, they will have the option of exiting the

survey. The researcher will not have access to any identifying information about those

who chose not to participate or those who did participate. With the informed consent

form the risk and benefits of the research will be outlined for potential respondents.

Data Collection

Data was collected through Qualtrics, survey software available to students at the

University of St. Thomas.

Data Analysis Plan

Data was collected from 18 respondents. The quantitative data was analyzed and

descriptive statistics were created. Because of the small sample size inferential statistics

were not appropriate for analyzing this data. The qualitative question was analyzed and

coded for content. Three broad categories were identified as frequent responses to the

question.

Bias

The current research is being conducted by a student who has some personal experience with having a learning disabled (LD) child in the public school system. This experience has an influence on the researcher's bias. It is her experience that the school system failed to respond appropriately to her child's needs. The researcher keeps in her mind through the research process the impact of these types of biases on research and will work to limit the impact of her experience. Being aware of the biases will limit the impact. The researcher understands the ethical problems with research conducted by individuals or groups with a certain agenda. The goal of this research is to be objective and transparent thought the process.

Strengths and Limitations

The study's strengths are the idea that it is brief in nature to encourage more respondents. In addition the study is responding to a gap in the literature, so there is a need for the current question to be answered.   Another strength of the study is that this research is asking critical questions about learning disability identification models used in schools today. This research also provides scope for future research on SSW perceptions and practices with LD students.

With regard to limitations the research is looking at a limited number of participants so the generalizability will be limited. Considering the sample being used is a non-random convenience snowball sample, this will also limit the ability of the researcher to generalize the results of the study.   With 18 survey respondents there are inadequate numbers to provide data for inferential statistics.

Findings

The study intended to collect data from 30 - 40 respondents. However, despite several attempts, only 18 responses were received. The sample was small therefore analysis with inferential statistics, which was planned, was not possible. Therefore the data was analyzed and descriptive statistics were compiled. The study did uncover some important findings.

Eighteen school social workers (SSW) responded to the current research. Of the respondents 10 or 56% work in elementary schools, 3 or 17% work in middle schools, and 5 or 28% work in high schools. There were no respondents who worked in early education or in alternative school settings (see Table 1). Fourteen of the respondents had at least a master's degree in social work. Eleven of the respondents reported having a LICSW level of licensure, one had a master's in education, and two were licensed school social workers. Most of the survey respondents have significant experience as school social workers, 12 or 67% of them have more than 9 years of experience as a school social worker. Three or 17% have between 4 and 8 years of experience, 2 respondents had between 1 and 3 years of experience, and only 1 respondent had less than one year of experience (see Table 2). Of the 18 respondents, 6 or 33% assisted in the diagnostic process of learning disabled children, 8 or 44% reported participating in individual education plan process, 15 or 83% did individual work and the same amount, 15 or 83% performed group activities. Of the SSW who responded to the survey 16 reported using the discrepancy model for identification of LD children and only 1 reported using response to intervention, one did not respond to the question.
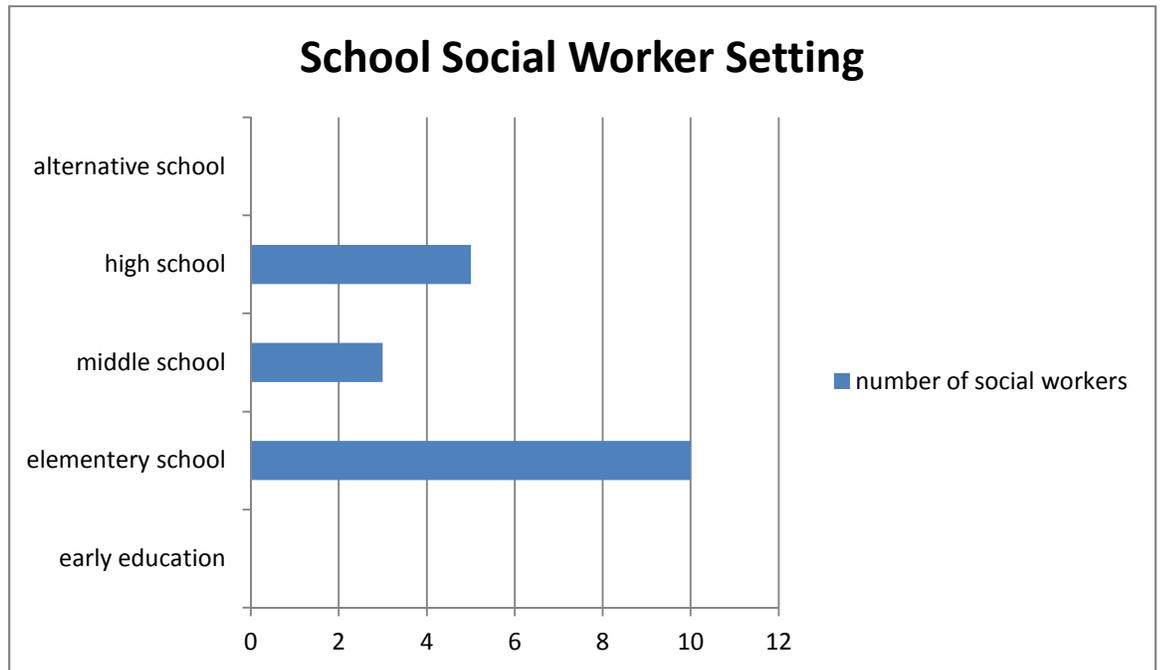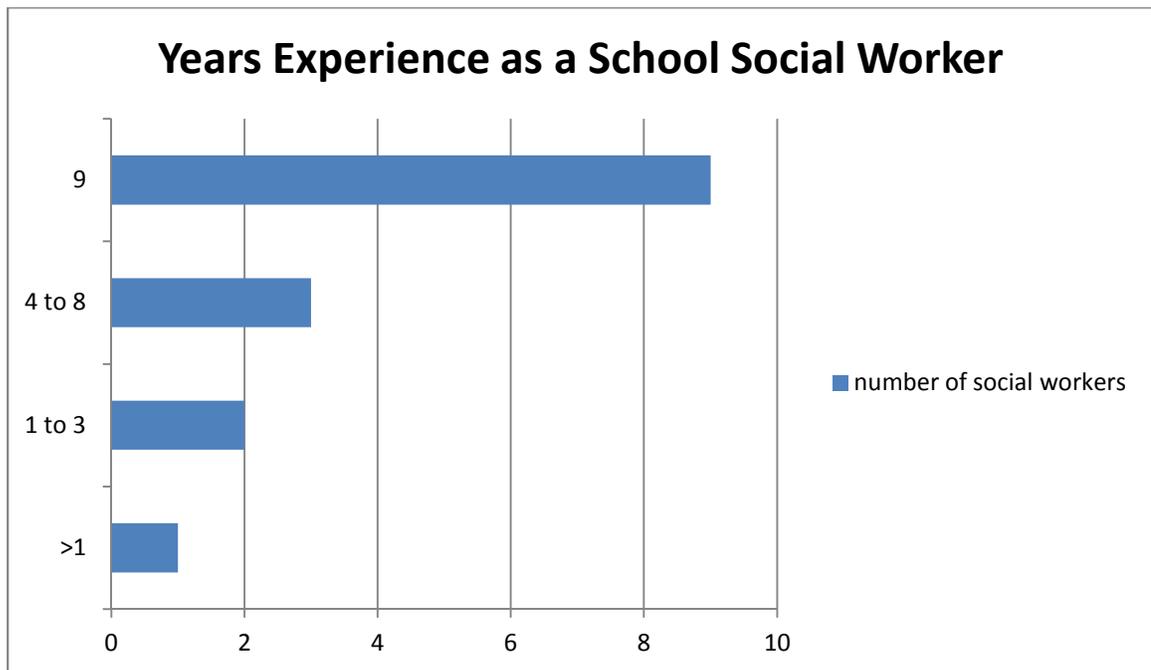
Table 1.

School Social Worker Setting

Table 2.

Years Experience as a School Social Worker

This study sought to examine the perceptions of school social workers about the two learning disability diagnostic models – severe achievement discrepancy and response to intervention. The survey responses indicated that all but one respondent use the severe achievement discrepancy model for learning disability identification in their schools; one respondent reported using the response to intervention.

A key result of the study is that 67 % of the surveyed school social workers agreed or strongly agreed that it is important to find a new identification model for diagnosing learning disabilities. It is also notable that only 2 respondents disagreed or strongly disagreed with this statement. The vast majority of respondents either agreed with the statement or responded neutral to the statement.

Another notable finding in the current research is that 44% of the respondents neither agreed nor disagreed with the statement "The discrepancy model is the best way to identify children with learning disabilities". Thirty-nine percent of the respondents strongly disagreed or disagreed with this statement; while 17% agreed or strongly agreed with this statement. Most respondents were either neutral or indicated this model is not the best way to identify LD children.

A significant finding of the current research is that 76% of respondents reported they had been required to deny special education services to a child the SSW thought needed them, but the child did not meet the requirements for obtaining services.

A cross tabulation was performed on the questions/statements- 'What type of work do you do with learning disabled children?', and, 'in your opinion is finding a different model for learning disability identification is important'. Of school social

workers who do group and individual work or activities as part of their work with LD

children 11 agreed or strongly agreed on the need to find a new identification model.

Only three people in each of these categories (group or individual work) neither agreed

nor disagreed with the statement.

It is also notable that when analyzing the cross tabulations with the

questions/statements – 'The discrepancy model is the best way to identify children with

learning disabilities' and 'what type of work do you do with learning disabled children in

your school', 3 of the 8 respondents who do individual education planning (IEP)

disagreed with the statement while the remaining 5 neither agreed or disagreed, with the

statement. This left none of the respondents agreeing or strongly agreeing with the

statement. Most of these respondents were neutral. But of the respondents who were not

neutral, they all agreed this model is not the best way to identify learning disabled

children.

The responses to the statement, 'The services our school offers learning disabled

students are effective.', were that 10 SSW agreed or strongly agreed the services their

schools offer are effective, 6 gave a neutral response and only 2 SSW disagreed that their

schools LD services were effective (see Table 3).

Table 3.

School offers Effective LD Services
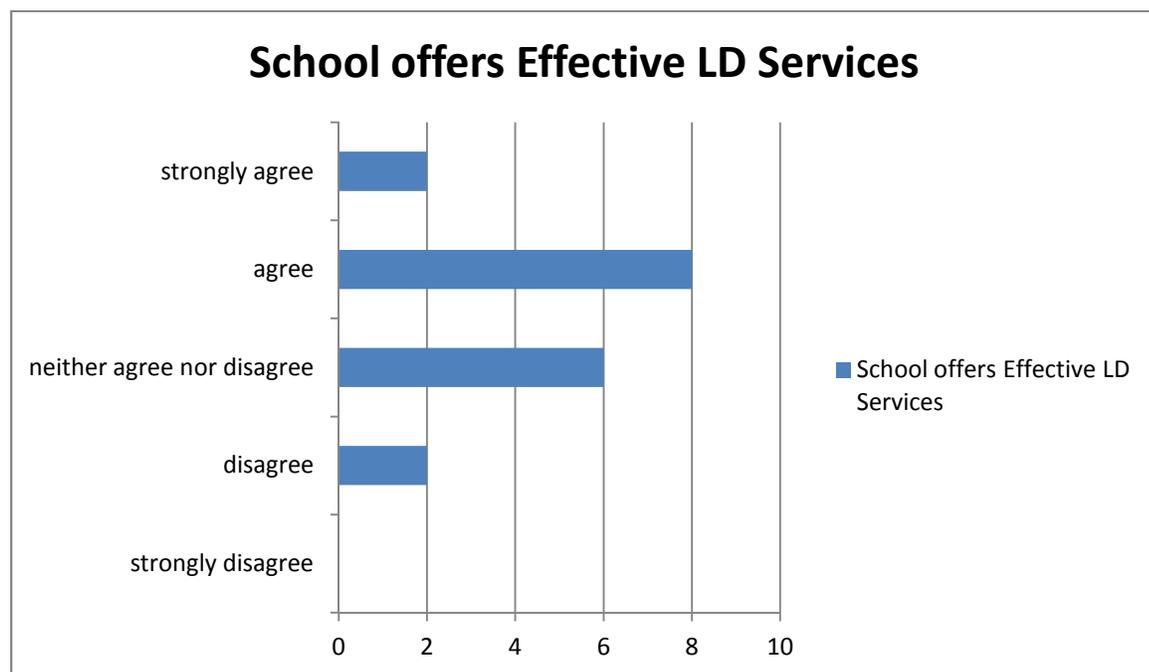
In response to the survey statement, 'Using the discrepancy model in identification of learning disabilities requires a child to be performing below their expected performance based on their IQ- this is good timing for identification.' Six respondents strongly disagreed or disagreed, 5 were neutral and 6 agreed or strongly agreed. On this question the respondents are again evenly distributed among the responses, indicating no clear consensus.

Included in the survey was one open ended question qualitative in nature. 'In your opinion what are the causes or origins of learning disabilities?' This question was analyzed and coded for content. The majority of the responses to this question fell into three broad categories which included: environmental, genetic/biological, and educational. Some of the responses to this question are following:

"Organic brain differences and poor phonics instruction when first learning to decode/encode for reading (example – whole language curriculums)."

This first statement was coded as a biological reason and education because the respondent identified both reasons.

"There are environmental, organic, genetic, accidents, poverty lack of adequate nutrition, lack of sleep, emotional neglect, chemical abuse etc."

This response included many potential reasons including environment, then a few biological, and an injury,

"Genetics, medical issues, and environmental factors all influence the child.-"

The previous response incudes an item that was coded as biology and one coded as environmental responses.

These three responses were the typical among the themes that were found in the responses to the qualitative question.

Discussion

Understanding what school social workers (SSW) think about learning disability diagnostic models is important for the social work profession for a number of reasons. First, the profession of social work is grounded in the idea of social justice. In the Ten Principals (Social Work for Social Justice, 2006) which are guiding social work principals, the idea of social justice is deeply rooted in many of them. If learning disability identification models are doing a poor job of identifying children in a timely manner and as a result are leaving vulnerable children behind educationally this would be a social justice issue for school social workers and for the larger community. This may even raise a larger question about the quality of our free public education, which is available to all.

In the case of working with learning disabled children, school social workers are among the professionals who put the government policy into action with the population. They assist in the identification process, roll out individual education plans and work with these children individually and in group settings. Since school social workers are one of the professionals in this unique role, and work with these children on many levels, it is important to see if they have identified problems with these diagnostic models. Considering the unique position they are in they would be among the first group of people to identify things that may not be working well with the design of the model. Because of this it is a good place to begin looking at how the models are working from their perspective.

The current research found that 94% of school social workers who responded to the survey currently use the severe achievement discrepancy model to identify children as

learning disabled in their schools. This leaving only one respondent reporting they use

Response to Intervention (RtI). This is important to know because a new model has been

available for use for 9 years. Why are more schools not using this model? During an

email exchange with Vicky Weinberg, from the MN State Department of Education, she

indicated that the state department does not have numbers on the percentage of

Minnesota schools which use each model at this time, but they are currently conducting a

study to find these numbers. This indicates this is an area of research that is currently

important to the State Department of Education, as well.

The current study also found that most respondents, 67% reported, 'finding a

different model of identification is important'. This may mean that the current model they

are using is ineffective in some way. Considering only one survey respondent uses

response to intervention it can be assumed that the severe discrepancy model is somehow

problematic for the SSW who responded to the study. Furthermore, this finding is

interesting considering when the respondents were asked about whether,' the

achievement discrepancy model is the best way to identify LD children', more people

disagreed/strongly disagreed than agreed/strongly agreed, only 3 respondents agreed with

the statement (8 responses were neutral). Most of the SSWs are currently using this

model and their responses indicate that it is not the best way to identify learning disabled

children. Additionally, the majority of the survey respondents agree that finding a

different model for learning disability identification is important. The survey results

indicate SSW see problems with the identification model they are currently using. What

are the problems they are seeing? Are children being diagnosed after they have fallen so

far behind where remediation is difficult? Are SSWs seeing them once the children have

developed mental health or social problems? There seems to be a problem with the severe

achievement discrepancy model, what is it? And what are the SSWs identifying as

reasons why it needs to be replaced?   Furthermore, why is it the still the primary model

being used to identify children when there is another model available?

It may be that SSWs are identifying the same problems that the research asserts;

that is, the achievement discrepancy model does not identify children until they are

performing well below grade level Foorman and Shaywitz (as cited in Lyon, 1996). This

slow identification can mean children fall further behind academically, maybe to a point

where remediation will be more difficult. Perhaps, it the slow identification may increase

the likely hood of a learning disabled child developing mental health problems (Carroll,

2006;Wilson et al.,2009) and/or social problems (Baumeister & Storch, 2008), both of

which are frequently seen in LD children. It may be that SSW's are able to identify a link

between late identification of LD children and them subsequently leaving school without

a diploma or GED. When you consider the 25.1% drop out rage among this population

(Condition of Education, 2008) there may be a connection to problematic diagnosis. If

this is what is going on this may be a big social justice problem for SSW, families, and

communities as a whole. This would seem to be problematic social workers because of

their professions emphasis on social justice issues. And in particular this would be

important to school social workers because the work so closely with this population,

perhaps they would notice when education equality is at risk. These may be some of the

reasons SSW deem it necessary to find a new model for identification of learning

disabled children. The current research did not seek to determine what the problems

where with the current models just to see if SSW's identified problems.

When asked whether response to intervention was the best way to identify LD children the responses were evenly dispersed among disagree/strongly disagree, agree/strongly agree and neither agree nor disagree. This response pattern may be because only one of the 18 survey respondents currently uses RtI as a learning disability identification tool. Perhaps they may not be familiar with the model and the potential promise and problems it contains. This response pattern leads to more questions including- why are more schools not using this model yet?

Another important finding is that 94% of the respondents are using one model – the severe achievement discrepancy model. This sample is not a representative sample of SSW in the state of Minnesota, however there is still a very high percentage using that model considering RtI has been an option since 2004, with the new IDEA implementation. Considering there is another option available for schools to use it is important to understand why more schools are not using the other newer model. Are there barriers to implementation? Are they reluctant to begin using it because of the identified problems with it? Is there a lag time in getting it started? It is important to understand the reasons so few schools have implemented response to intervention. Answering these questions was beyond the scope of the current study, but understanding more about RtI is an important area of future research.

This study found that 76% of respondents have had to deny special education services to a child who they thought needed them but did not meet the requirements. Since so many SSW have had to do this it begs the question. Why? What is going on here? Considering according to the research a child has to be severely behind before they can be identified as learning disabled. . Are the children who are being denied services

the ones who are not quite meeting the discrepancy yet? Who are these children the SSW are denying services to? It may be that school social workers are seeing needs in children but as a consequence of the diagnostic criteria they are unable to serve these children.

The existing literature provides evidence for learning disabilities being biological in nature (Del'Homme et al. , 2007; Pugh et al., 2001). The findings of the current research indicate that most school social workers endorsed biology as a factor in the development of learning disabilities. In addition to biological factors, most of the survey respondents endorsed environmental factors when asked what the causes or origins of learning disabilities are. These findings indicate that SSWs seem to consider all factors (biological, social, and environmental) when thinking about LD children, which is expected given their professional training. SSWs are knowledgeable about the factors contributing to learning disabilities indicating a high level of competence in working with these children. Knowing the SSWs working with these children have a biopsychosocial orientation, it may be this orientation that is contributing to them seeing problems with the identification model. Despite their knowledge they do not come across as strongly advocating for a more effective model considering their dissatisfaction with the current model. Is it that this issue is more complex than straightforward for them? School social workers are in a host setting and may be the only SSW in an entire school. Does the host setting impact their perceptions about these models and does it impact the advocacy work they might otherwise engage? Clearly SSWs are knowledgeable about a multidimensional approach to understanding LD, this was easy to see in the way they responded to the qualitative question, and yet may not be advocating for the learning

disabled children. It may also be that this advocacy is occurring but change process is slow.

Importance for Social Work Practice

This research indicates that school social workers are seeing some issues with the diagnostic models that require further research. School social workers work in a position where they implement education policy when working with learning disabled children. Because of this unique position they are in they would be able to identify social justice issues with these models when they arise. Social workers have responsibilities to work on micro, mezzo and macro and levels of social work.

The current findings are important for social workers for a few reasons. When thinking about children with learning disabilities a SSW can play a vital role in their education experience. On the micro level they work individually and in group settings with these children; they assist in the identification process; work with the families; and broker outside services. School social workers are also in the position in schools to assist with the implementation of education policy. Because their unique position in this area and their professions focus on social justice they would be the professionals who would identify problems with the identification models, which appears to be the case when looking at the result of the current study. Once problems are identified SSWs would be a logical group to bring the problems they are seeing to the school district, school board, organize families or even lobby the State Department of Education for a change in policy. When SSW have facts about numbers of people who see the discrepancy model as problematic they can take that information and advocate for change.

In addition the SSW is a position in a host setting in a school system which makes this issue even important for them. The SSW may be the only professional in this system whose training emphasizes the importance of social justice; because of this they may be the only people to see problems with these models. Finally, school social workers working on a macro level would advocate for policy changes. They could assist in the development of a new model which would more effectively identify learning disabled children. They could organize the community and demand changes in the way these children are educated so their individual needs are met, once problems have been identified. School social workers have the professional focus on social justice, because of this they may be the only logical advocate for children with learning disabilities in the school system.

Policy Implication

The current research has a few potential policy implications. If SSWs are seeing problems with these models they may lobby for policy change with regard to how LD children are identified, which may include a new model. It may be that they work on the mezzo level and look to their schools to implement the alternative, response to intervention which is currently an option but according to this research not used by many. It may be that funding will need to be increased in order to adequately get these LD children remediated to the level that their non LD peers are. In doing this it could be that identifying and instilling supports earlier for these children can decrease the school drop-out rate of this group of children.

Knowing that SSW are seeing problems with the severe achievement discrepancy model of identification could allow a chance of response to intervention to be implemented on a broad level or it could be a catalyst for the identification of an new model of identifying LD children. Additionally, school social workers would be a logical group to inform and mobilize parents to demand more research on the current identification models used and have them changed when needed.

Future Research

The current study created more questions than answers on the topic of learning disability diagnostic models. There is much potential for future research. Future research on this topic might be qualitative in nature and could take a deeper look at why school social workers SSW responded in the way that they did to the survey. From this research it is clear SSW want a new model for identification, it is still unclear why- this needs to be explored. Research could explore with SSWs what the problems they are seeing with the model they are using. Are there social justice issues with them? Are they seeing children who have developed mental health problems or have fallen so far behind that remediation becomes very difficult. Is it that SSWs are seeing the same problems which have been identified in the existing literature?

Additionally, future research must explore the circumstances surrounding situations when school social workers have been required to deny services to a child who could have benefited. Considering a high amount of SSW reported doing this, this is a very important idea which needs to be looked into some more. Gaining a clearer picture

of what is going on here is essential information for the field of school social work and the field of education in general.

Currently the MN State Department of Education is conducting a survey to identify the number of schools which have implemented response to intervention (RtI). Additional research in this area might look to see what the problem is with this model? Why has it taken so long to implement? Has it been tried already and does not work? It may be useful to explore what is going on here.   Researchers may also examine whether RtI or an entirely different model would best serve learning disabled students.

In addition to the other potential areas for future research previously discussed, further study in this area would require a larger sample size to be more generalizable and lend more credibility to the findings. Lastly, it would be important to sample a diverse body of professionals who work with LD children to assess if different professional (schools social workers, teacher, psychologist etc.) have similar opinions about what is going on here or are these opinions unique to the social work profession.

Conclusion

The aim of the current research was to determine what school social workers opinions are of the learning disability diagnostic models (response to intervention (RtI) and severe achievement discrepancy model) are. According to existing research there are problems with both of these diagnostic models, one of the goals was to see if school social workers also identified problems with these models. When considering how closely they work with these children, and considering social work, as profession, has a focus on social justice issues this would put SSW in a position to notice problems with these models.

With the limited respondents the current research found that overall school social workers think finding a new LD identification model is important. This implies there are identifying some problem with the model they are currently using. The survey also identified that most SSW are still using the old model of identification (severe discrepancy model). They are still using the first model even though another is available. According to the Minnesota State Department of Education they are currently conducting a survey to determine the numbers of schools that use each model indicating this is a hot topic in the world of education at this time.

Furthermore, the study found that most of the SSWs who responded to the study have been required to deny special education services to a child whom they thought needed them but did not meet requirements. These finding are critical and it is important to gain a better understanding about what is going on in the schools with the learning

disability diagnostic models to understand why this is happening and what can be done to change it.

More research needs to be completed in this area. Knowing social workers thoughts about these models is important because they are in a unique position of putting the policy into action, because of this they may be the people to identify any problems with the existing policy. Social workers also have a professional responsibility to advocate for policy change when current ones need to be overhauled because they are ineffective; this is yet another reason why this research is important for school social workers.

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Appendix A

Consent for School Social Workers Thoughts about the Severe Discrepancy Model used to Identify Learning Disabled Children.
INFORMATION AND CONSENT FORM

Introduction:
You are invited to participate in a research study investigating school social workers thoughts and opinions on the severe discrepancy model used in identifying learning disabled children. This study is being conducted by Susan Opperman, a graduate student at St. Catherine University under the supervision of Richa Dhanju Ph.D., Assistant Professor at the School of Social Work. You were selected as a possible participant in this research because you are a school social worker. Please read this form carefully before you agree to proceed with the survey.

Background Information:
The purpose of this study is to understand school social workers' perceptions about the severe discrepancy model and the response to intervention used for identification of learning disabled children. Approximately 20 - 30 people are expected to participate in this research.

Procedures:
If you decide to participate, you will be asked to click on the link enclosed in the email and answer the questions presented in the survey. This study will take approximately 10-20 minutes over 1 session.

Risks and Benefits of being in the study:
The study has minimal risks. The first potential risk is that some of the question being asked may make the respondent uncomfortable, the second risk it that this survey may be inconvenient for the respondent to complete considering it will take a few minutes of their time. The respondent can opt out of the survey at any time if for any reason they decide they do not wish to finish the survey.
The benefits to participation are the results of the study will be disseminated upon completion of the study. Additionally, the research will add to the current body of literature on social workers and their work with populations experiencing learning disabilities.

Confidentiality:
Unless you are a key informant, I will not know any information about you. The Qualtrics survey will not record any of your information and will not connect your responses to your name or email. Hence, your will remain anonymous throughout this research. In addition, any information obtained in connection with this research study that can be identified with you (via your responses to the survey) will not be disclosed; your results will be kept confidential. In any written reports or publications, no one will be identified or identifiable and only group data will be presented.
-The researcher will keep the research results in a locked file cabinet in my home 2362 Molnau Ct., Chaska, MN and only I and my advisor will have access to the records while I work on this project. I will finish analyzing the data by May 17, 2013. I will then destroy all original reports and identifying information of the key informants that can be linked back to you.

Voluntary nature of the study:
Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with St. Catherine University or with the key informant who emailed you a link to this survey in any way. If you decide to participate, you are free to stop at any time without affecting these relationships.

New Information:
If during course of this research study I learn about new findings that might influence your willingness to continue participating in the study, I will inform you of these findings.

Contacts and questions:
If you have any questions, please feel free to contact me, Susan Opperman at 952-210-5527. You may ask questions now, or if you have any additional questions later, the faculty advisor, Dr. Richa Dhanju, Ph.D. 651-690-6755, will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher, you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739.

You may keep a copy of this form for your records.

Statement of Consent:
You are making a decision whether or not to participate. Your decision to move ahead with the survey indicates that you are willingly participating in the survey. Please know that you may withdraw from the study at any time.
_____

I consent to participate in the study and am ready to respond to the survey

Appendix B

1. What type of work do you do with learning disabled children in your school? *(Choose all that apply)*

   Diagnosis   IEP planning   IEP Group activates (social skills)   Individual

2. What type of school do you work in?

   Early education   Elementary   Middle   High   Alternative

3. Number of years you have worked a school social worker?

   Less than one year   1- 3 years   4-8 years   9 or more years

4. Check all that apply to credentials :

   MSW   BSW   Licensed social worker

5. The discrepancy model is the best way to identify children with learning disabilities.
   (The discrepancy model identification requires there to be a discrepancy between a child's IQ and their level of academic functioning).

   Strongly disagree   DA   Neutral   agree   SA

6. Response to Intervention (RTI) is the best way to identify learning disabled children.
   (RtI is a model that identifies children who are not performing where they would be expected based on their grade level. Then evidence based instruction is implemented and a child is monitored for their response)

   Strongly disagree   DA   Neutral   agree   SA

7. The services our school offers learning disabled students are effective.

   Strongly disagree   DA   Neutral   agree   SA

8. Using the discrepancy model in identification of learning disabilities requires a child to be performing two standard deviations below their expected performance based on their IQ. This is good timing for identification.

   Strongly disagree   DA   Neutral   agree   SA

9. Finding different model for Learning disability identification is important.

___Strongly disagree   DA   Neutral   agree   SA

10. The diagnostic requirements negatively impact the work I can do with these children.

Strongly disagree   DA   Neutral   agree   SA

11. Have you even been required to deny special education services to a child who you thought needed the services but did not meet the requirements?

Yes or no

12. In your opinion what are the causes or origins of learning disabilities?