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Psychology and Special Education Reform

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Educational Studies Senior Seminar

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Introduction

When I was in kindergarten, my parents told me they were going to have another baby. Born on December 31, 1994, Amy was a healthy and beautiful baby girl, with ten fingers and ten toes. However, when Amy was three years old, physicians and psychiatrists began to take a special interest in her and this resulted in her being diagnosed as deaf. After the diagnosis, she began attending special schools for the deaf so that she could learn to express her wants and needs through the use of sign language. This schooling proved unbeneficial to Amy, and it wasn't until about six months later when her behaviors started becoming increasingly more difficult, that her physician and psychiatrist realized they had made a mistake. Amy was not deaf, but Autistic. Since Amy was born, she has suffered from a developmental disability that would greatly affect her in all aspects of life. She has had difficulty with verbal development and was not unable to express herself in an appropriate manner. Forming social relationships and understanding social situations have been difficult. Her education has been essential in giving her the greatest opportunities to learn self-care and to learn communication skills, in order to encourage as much development as possible. Since she was diagnosed with Autism, my mother has played a large role in being an advocate for her education, ensuring that Amy was afforded everything that she had legal right to by her school district.

This experience has driven much of what I have studied and researched as an undergraduate at Trinity College and while abroad at the University College of London. As a psychology major, I have learnt about how the mind of a child develops and how certain structures in the brain control higher order functions such as cognition and memory. I have taken every available opportunity to research Autism, as well as the development and cognitive function of affected children. Whilst studying education, I have read about the changes made throughout history that have shaped made our educational system into what it is today. However, one of the most fascinating things that I have

learned as both an educational studies major and a psychology major is the reciprocal relationship that exists between these two disciplines.

The experiences that I have had growing up and what I've gathered through my college education have brought me to my research question. I wanted to investigate the role that psychology has played in special education reform and judiciary hearings for children with Autism from the 1970's through to the 2000's. In 1975, the Education for All Handicapped Children Act was introduced and brought about very important reform for special education. This legislation emphasized the necessity for individualized education programs and the evaluation of students with special need, reshaping many of the disputes that were brought to court. Through my research, I found that the role of psychology in the reform of special education for Autistic children had evolved throughout the years. With the reform of legislation throughout the decades, psychologists were not only responsible for assuring that children were afforded a free and public education, but they became responsible for evaluating individual students and ultimately determining what their education would entail. It wasn't until Autism was added both into the DSM-IV in 1991 and as a category of disabilities in the Individuals with Disabilities Education Act (1991) that psychologists really began to play a vital role in providing children with Autism a beneficial and appropriate program of education.

Methods

The research question that I approached in my study required that I look at data over a span of thirty years. To do so appropriately, I conducted a historical analysis, which is a form of qualitative data analysis in which primary text sources serve as the qualitative data. In this form of analysis, text from different sources of different time periods are analyzed to see if it reveals any patterns or changes over a number of years. This method is also essential to understand how information has changed over time

or evolved. In this project, I have sourced and used information from the 1970's through to the 2000's, which include several different types of textual primary sources.

Firstly, I looked at the changes amongst the different revisions of the Diagnostic and Statistical Manual of Mental Disorders: DSM-II (1968), DSM-III (1980) and DSM-IV (1991). I did not include the DSM-III-R or the DSM-IV-TR in my research because the revisions involved in these editions are mostly grammatical and technical and did not pertain to my question. By looking at the main revisions I was able to see the how the discipline of psychology was changing over time. Looking at the changes amongst these reference books was important in my research, because it helped me to understand how psychology had become a hard science with credible diagnoses that were accepted by a national standard.

I also collected data in the form of rulings and summaries of legal proceedings, regarding special education. These played a large role in moving forward the legislation reforms for the education of children with disabilities. Through the analysis of court summaries and transcripts I was able to see the development of legislation and the discussion and dispute that led to a judge's ruling. I also analyzed the role that psychologists played in several of these important legal hearings throughout the decades.

In my research, I found that I was faced with several limitations. Court transcripts are incredibly detailed and long, so I was limited in the number of legal documents I could analyze. This made choosing the court cases that I would analyze very important to the validity of my paper. Any cases I chose to analyze needed to be landmark cases in their time and show the impact of psychology. The first two court cases I chose to investigate were the Pennsylvania Association for Retarded Children (PARC) vs Commonwealth of Pennsylvania (1972) and Mills vs. Board of Education of the District of Columbia (1972). These two court cases were crucial to the movement of special education reform because in both cases it was ruled that children with special needs were to be afforded a free and appropriate education, which later became the central goal of the Education of All Handicapped

Children Act (1975). Next, I chose to investigate legal hearings that had an impact on amendments to the EAHCA. Finally, I investigated court cases that were all specifically about children with Autism. This was the first time during my research that I was able to look specifically at Autism, since it did not exist as a diagnosis until the publication of the DSM-III-R (1987). This hindered what I could analyze about psychologists role relating specifically to children with Autism, however it also provided me with data to show the evolution of psychology in special education reform.

Through my research, I found that psychology did play a role in special education throughout the time that I studied. It also showed that role drastically changed as beliefs and practices in the field of psychology evolved and as legislation changed. My research question led me to find that psychology not only played a role in the education of children with Autism but this role greatly changed over time depending upon the legislation at the time of legal hearings and the knowledge of diagnosis.

Literature Review

Since the beginning of the 19th century there has been some form of an established public education system. However, for the first few decades of the 19th century, students with learning difficulties did not receive form education. Exclusion from school was not only a permissible way to deal with students with disabilities but in many states was an expected form of managing classrooms (Yell, Rogers, & Rogers, 1998). Even in states where exclusion was not used as a method of “special education,” the techniques used to educate students with disabilities were often inadequate or inappropriate for students with special needs. There was a negative stigma placed on children with disabilities in the early 20th century. Ideas about why disabilities existed and what kind of educational techniques would be the best suited to them were not realistic. For example, in the 1930’s children with Down’s Syndrome, at the time called Mongoloids, were met with fear since there were no genetic studies on developmental disabilities and the cause was still unknown. When discussing this disability,

Kennedy-Fraser (1932) mentions mongoloids could be born into any family regardless of socio-economic status or race which was distressing to people of the time. This allows us to see how undeveloped ideas and perceptions were at this time about peoples disabilities. Mongoloids were most threatening because there was no clear cause and they could be born into wealthy families. This implies people believed, for the most part, that children with disabilities were only born into poor households. Only the poor could be disabled, therefore their needs did not require the attention of the education system. In the 1950's, when movements for the reform of education were being made, books published on the subject of teaching disabled students focused mainly on academic fields such as reading and writing (Frierson & Barbe, 1967). These may have been helpful supplements in teaching students with learning disabilities or mild developmental disorders. However, these would not have been successful in supplying students with severely debilitating disabilities an appropriate or beneficial education.

In England much of the same problem with special education was prevalent in the late 19th and early 20th centuries. Ideas about students with special needs were inappropriate and did not help students. There were very few schools specifically for students with handicaps and largely these schools were intended for students that were blind or deaf (Heward and Lloyd-Smith, 1990). The most important reforms at this time were the compulsory attendance Education Acts of 1870, 1876, and 1880, which required that all children attend school. However this reform did not require any change in curriculum or address any need for individualized education programs in schools. It was not until the 1970s, when reports on mentally disabled persons, such as the Warnock Report and the Report of the Snowdon Working Party, addressed the need for integration of the 'handicapped' into society, that social researchers began to argue for the need of education reform. In England in 1981 the Education Act was introduced, finally addressing the needs of students to be properly diagnosed with an assessment of appropriate curriculums and for parents to be very involved in the procedures. In 1988 this legislation was reformed again to better suit the students who were in need.

Around the same time that these important changes were coming about in England, big steps of reform were being made in America. With the Civil Rights Movement and movements for equality gaining momentum, more and more advocacy groups were being established for those with developmental and learning disabilities. These groups mostly were composed of parents of students with learning disabilities and concerned members of the community, the growth of these groups allowed cases to be brought to court in collaboration with others in similar situation. Some of these cases became very important legal proceedings whose rulings eventually led to a reform in special education. For example, in the case of *Pennsylvania Association for Retarded Citizens (PARC) vs. Pennsylvania* (1972) the advocacy group argued that mentally handicapped children could learn and that the educational program in place was not addressing the needs of these children. They argued that life skills, such as dressing and bathing were just as important to these students as academic education was to students without developmental disabilities. They addressed the injustice of denying students with disabilities a free education when all other children in the commonwealth of Pennsylvania were afforded this right. The PARC reached an agreement with the Commonwealth of Pennsylvania in which free public education was afforded to all students with disabilities between the ages of 6 and 21. This case only reformed the education legislation in Pennsylvania, but, it set a precedent for many cases for education reform throughout the United States (Yell, Rogers & Rogers, 1998; Kuriloff, 1985)

As the civil rights culture sought to make changes to the system of education and bring about equality of education to all students, this culture of reform also sought to make changes in the roles of science and knowledge. In 1973 the APA decided to start a third revision of the DSM in which their would be stronger diagnostic concepts than those found in previous versions (Saddler, 2002). Rather than following the glossary-like format of the DSM-II, the DSM-III had a set of operations required for a patient to qualify for a particular diagnosis. This set of operations was specific to what symptoms or combinations of symptoms needed to be present for a diagnosis to be made. With this change their was

a new “accountability” to diagnosis (Saddler, 2002). The DSM-III represented a major shift in psychiatric diagnosis. However there still did not exist any diagnostic criteria for Autism, because it was still not considered to be a mental disorder (DSM-III, 1980).

Important amendments were made to address the importance of equal rights for disabled citizens, such as the Reform of Section 504. Legislation of the Individuals with Disabilities Education Act of 1975 brought about the most important changes for education reform (Seligmann, 2001). This federal legislation required that all students receive a free and appropriate education and that the curriculum be created specifically for individual students, so that all their needs were met. This law also enforced that the parents had a right to be involved in the procedures of diagnosis and creating Individualized Education Programs for their children.

While these gains were largely helpful for students with developmental disabilities, students with Autism were still at risk of not receiving an adequate education. Autism was not added as a disability category to the IDEA until 1990 (Yell et al., 2003). It was not until 1987 with the publication of the DSM-III R that Autism was even recognized as a mental disorder by the American Psychiatric Association (DSM-III R, 1987) and even then Aspergers’, a mild form of Autism, was not recognized until it was added to the DSM-IV in 1991. The development of the fourth revision of the DSM proceeded through three interactive stages of literature reviews, data reanalysis and field trials (Saddler, 2002). This process was scientifically rigorous and ensured that the DSM-IV was a truly collaborative clinical manual for psychologist and psychiatrists to reference when making their diagnosis.

The sheer number of students diagnosed with Autism has been increasing at an alarming rate that is costing parents and education programs millions of dollars. The IDEA has allowed for students with Autism to receive appropriate education and for parents to have the right to legal hearings against schools if they feel that they are being treated unjustly. These injustices arise from the individualized education programs (*IEP*) not matching the evaluation data, unqualified members of the *IEP* team and

inappropriate methodology being used to achieve (*IEP*) goals (Escheidt, 2003). The problem now is that there is such a great need for intensive behavioral interventions to address the goals in the *IEPs* of students diagnosed with severe Autism. With Autism having grown in the education system by approximately 1108% from the 1991-1992 to 1999-2000 school years there have been a variety of proposed therapies and interventions to assist in education (Yell et al., 2003). There is argument as to where the money to pay for these programs should come from and how we can assess which programs are best suited to aide students with Autism in reaching their goals (Feinberg and Vacca, 2000).

In addressing the need for individualized programming in the education of students, these legislations have made important changes to educational system and has allowed students to receive free and appropriate education. In trying to understand how psychology has played a part in legislation I hope to illustrate the importance of gains in psychology for the field of special education. This question is important to ask when looking at reform because it has not been addressed before. As well as, in understanding how psychology shapes special education reform we can move forward in the discussion of how to create an effective and financially plausible curriculum guideline for students with Autism. The increase in litigation for cases of students with Autism calls demand to address the issue of appropriate education for these children.

Data Analysis

The data analysis has been done chronologically. The time periods are determined by the legislation that followed. The first set of data I am looking at includes the DSM-II and cases before the Education of Handicapped Children Act (EHCA) in 1975. Then I analyze the DSM-III and court cases prior to the Individuals with Disabilities Education Act (IDEA) of 1991. The last set of court cases, follow the IDEA of 1991 and the fourth revision of the DSM.

Prior to the EAHCA (P.L. 94-142) in 1975

DSM-II (1968)

The Diagnostic and Statistics Manual Version II (DSM-II) published in 1968 was used by psychologists as a tool to aide in the diagnosing process. The DSM-II identifies several different categories and subcategories with a short definition or description of the symptoms for each. In this analysis, I have focused my attention to the definitions and diagnostic criteria of school aged children found in the DSM-II. There are three main categories of mental disorders pertaining to school aged children: Mental Retardation, Organic Brain Syndromes and Schizophrenia.

In the DSM-II a person is deemed to be mentally retarded based solely on their I.Q. score, or the Stanford-Binet tests of Intelligence. This is also how the severity of the disability is determined (p. 14 DSM-II). The subcategories of mental retardation are all based upon the causality of the disorder. For example, mental retardation could have been the result of infection and intoxication, such as rubella or syphilis, trauma to the brain, metabolism disorders, such as phenylketonuria or Tay sacs, brain disease or chromosomal abnormality, such as Down's syndrome.

Organic brain syndromes (OBS), as defined in the DSM-II, were disorders caused by or associated with impairment of brain tissue function. With these disorders there was a manifestation or impairment of orientation, memory, intellectual functioning, judgment or shallowness of affect. The subcategories of this disorder are based upon the form of brain tissue impairment. For example brain trauma, circulatory disturbance, epilepsy, and intracranial infection are all subcategories of OBS.

Most commonly schizophrenia is an adult onset disorder. The DSM-II identifies this category for the cases wherein schizophrenic symptoms appear prior to puberty. This disorder may be manifested by autistic, atypical, and withdrawn behavior, as well as by general unevenness, immaturity and inadequacy in development. These developmental defects were also thought to possibly result in mental retardation.

These were the only three categories under which mentally disabled school age children evaluated by a psychologist would have been diagnosed or classified (1968). The DSM-II used by psychologists prior to the legislation of the Education of Handicapped Children Act (1975) was very limited in the diagnoses of children. While it is not the focus of this paper, it is also interesting to note that there no mention of learning disorders separate from mental retardation. The lack of adequate diagnoses for the variety of different disorders greatly affected the quality of special education. The only mention of Autism is as a symptom manifested in Schizophrenia. In this case the term Autistic behavior refers to a general lack of social interaction with others. For example lack of eye contact, affect and verbal communication were all referred to as Autistic behaviors. Since Autism was not defined as a mental disorder in the DSM-II we can deduce that during this time many children with Autism would have been misdiagnosed. Children with Autism may have been diagnosed as schizophrenic or as severely mentally retarded. These two diagnoses would have resulted in inadequate and inappropriate treatment measures, which wouldn't have benefited these children's education. These children would have been most frequently accounted for as uneducable and untrainable by their school psychologists.

Pennsylvania Association for Retarded Children vs. Commonwealth of Pennsylvania (1972)

The plaintiffs, PARC, brought forth a case against the commonwealth of Pennsylvania for the wrongful exclusion of 'retarded children.' At the time of the case, the PARC, with its 53 member chapters, had undertaken the burden of educating and training retarded children in Pennsylvania for 20 years. The defendants had excluded these children based upon the four statutes. Under Section 13-1375 "uneducable children were to be provided for by the Department of Welfare and not by the Department of Education." Under Section 13-1304, "Admission of Beginners," retarded children could not be admitted if they hadn't reached the mental age of 5. Under Section 13-1330, "Exceptions to compulsory attendance," children were not mandated to attend school if deemed uneducable or

untrainable. Under Section 13-1336, students must attend school between age 8 and 17, a statute which school boards used to exclude disabled children until they reached the compulsory attendance age and to expel them after they reached 17 years of age. The plaintiffs argued that these statutes violated due process and equal protection either as written or as applied. The court ruled in favor of the plaintiffs and ordered that all children be afforded “free and appropriate education of the Department of Education and the Department of Welfare.”

Prior to this case, school psychologists in the commonwealth of Pennsylvania had enabled school districts to deny children access to public schools (343 F. Supp. 279 **282; 1972 U.S. Dist). School psychologists had been responsible for evaluating students in their respective districts and were the tools utilized by the schools to exclude ‘mentally retarded’ children under the aforementioned statutes. Psychologists had been the ones to deem children uneducable and untrainable. This enabled school districts to exclude students from being given an education. They also established the mental age of students using the I.Q. test.

During the proceedings, a study was brought to the attention to the court that found that, 25% of diagnoses made were erroneous and that 43% could be in question (Garrison & Hammill, 1971). Dr. Lester Mann had stated in a previously in this court case, that in 5% of cases there was a significant error of diagnosis (343 F. Supp. 279 **296; 1972 U.S. Dist). By indicating that there are misdiagnoses wrongly keeping children excluded from school, there is a suggestion that evaluations of children need to be more careful. Further Dr. Aubrey Yates in Behavior Therapy, found that “two thirds and probably 4/5 of those who might on I.Q. be classified as feeble minded can live in financial and social independence under the present economic circumstances” (343 F. Supp. 279 **234; 1972 U.S. Dist.). The plaintiffs presented to the court that without exception, expert opinion indicated that “all mentally retarded persons are capable of benefitting from a program of education and training” (343 F. Supp. 279 **296; 1972 U.S. Dist). The testimonies of experts in the field of education and psychology here are strong

advocates for the education of disabled persons, suggesting that children with disabilities can still benefit from schooling in such a way that they become self-sustaining members of society.

Mills vs Board of Education of the District of Columbia (1972)

Civil action was brought on behalf of seven children who were excluded from the District of Columbia (D.C.) public schools. The plaintiffs alleged that although they could profit from an appropriate education with the correct services they have been denied admission or excluded after admission without due process of law. Defendants claimed that exclusion was necessary due to insufficient funds. The court deemed that excluding any child from school due to insufficient funds was inexcusable and ruled in favor of the plaintiffs. Schools must provide an education for children with behavioral problems or mental retardation and afford them the most appropriate services to make this possible.

Each of the minor plaintiffs in this case qualified as exceptional children. Peter Mills, 12, and Duane Blackshear, 13, were both excluded from school due to “behavior problems”. Experts at the Child Study Center found Duane to be capable of returning to school, yet he was only admitted to class for two hours day and was not afforded any assistance to catch up on the material he had missed during his four year exclusion. These two students were not evaluated by professionals prior to their exclusion. They were essentially excluded from school because including them in the classroom was an ‘inconvenience.’

George Liddell, an eight year old, was never admitted to public school because he required a special class despite the medical opinion that George could profit from school. Steven Gaston, an eight year old with slight brain damage and hyperactivity was excluded from all publicly-supported education because he wandered around his classroom at the Taylor Elementary School. Michael Williams, a 16 year old was excluded from school due to health problems and absences. By medical opinion he was

deemed able to attend school regardless of his epilepsy and slight 'retardation' (348 F. Supp. 866 *869; 1972 U.S. Dist.) Psychologists and other medical professionals deemed these children capable of benefitting from education with the correct support services and special education classrooms.

In both the *PARC vs. Pennsylvania* (1972) and *Mills vs. Board of Education of D.C.* (1972) psychologists and experts in the field of education made it clear that mentally retarded children could all benefit from schooling. Given the appropriate support services and education environment, all students could benefit and gain from education. In short, no child is uneducable or untrainable. This expert opinion in the consent agreement of *PARC vs. Pennsylvania* (1972) indicates that:

All mentally retarded persons are capable of benefitting from a program of education and training; that the greatest number of retarded persons, given such education and training, are capable of achieving self-sufficiency and the remaining few, with such education and training are capable of achieving some degree of self-care; that the earlier such education and training begins, the more thoroughly and the more efficiently a mentally retarded person will benefit from it and, whether begun early or not, that a mentally retarded person will benefit at any point in his life and development from a program of education. (Consent Agreement, Para. 4)

This marked a very important shift in the role of psychologists. Rather than being responsible for indicating whether or not a child was educationally handicapped the school psychologists would now work to support the education of children with special needs. Psychologists would now play a role in assuring that children received an appropriate and beneficial education. They would be responsible for helping these children to advance in their skills instead of denying them access to free education.

Education of All Handicapped Children Act (1975)

Following the rulings in these two court cases was the legislation of the Education of All Handicapped Children Act (1975). Under this legislation, any state receiving federal funding for schools needed to assure that all 'exceptional' children had access to free and appropriate public education as provided by their school district. Without this the state would go unsupported by federal funds. This

legislation also ensured that all children had the right to due process of law if there is to be a change in the education plan. School districts were now responsible for all handicapped children having an individualized education plan (IEP) to promote the most appropriate educational setting and supportive services (P.L. 94-142). The IEP was drawn up by a team of school teachers and psychologists, with parental input so as to emulate as closely as possible the educational experience of non-disabled students. Therefore, whatever the education program was, it needed to be provided in the least restrictive environment that was appropriate for the child. This would greatly change the role of psychologists in special education.

Prior to Individuals with Disabilities Education Act (1991)

DSM-III (1980)

In 1974 the American Psychiatric Association (APA) appointed a Task Force on Nomenclature and Statistics to begin work on the development of DSM-III. The DSM-III was aimed to be clinically useful as well as to provide a basis for research and administrative use. Robert Spitzer led the third revision of the DSM, which sought scientific rigor for mental disorder diagnoses that had not yet been attempted (Saddler, 2002). During revision, the task force attempted to diminish ambiguities in psychiatric diagnostic concepts in DSM-I and DSM-II. There was a desire to make all diagnoses more reliable and ultimately more valid (p.8, DSM-III).

The DSM-III specified operations required for a patient to qualify for a particular diagnosis allowing psychiatry in general to be more medical. A diagnosis could not be made without reference to a method, a system, or a professional organization, the APA. With the DSM-III there was a major shift in psychiatric diagnosis. The manual was now based upon a multi-axial system to “ensure that certain information which may have been of value in planning treatment and predicting outcome for each individual is recorded on each of five axes, the first three of which constitute an official diagnostic

evaluation” (p. 8, DSM-III). There was also the possibility of multiple diagnoses in the third revision of the DSM.

The DSM-III was much more helpful to clinicians because it included a strict set of criteria for diagnoses and also included information about the disorders that had not been included in the DSM-II. There was now a description of associated features, impairment, complications, prevalence and predisposing factors (p.8, DSM-III). During the revision of the DSM-II, there were eliminations of disorders along with the addition of several new classifications of disorders. Many of these new classifications were under the category of “disorders usually first evident in infancy, childhood or adolescence” (p.35, DSM-III). Some of these new classifications were conduct disorders and pervasive developmental disorders which allowed several children with “behavior problems” to be diagnosed and provided appropriate services under the EAHCA (1975).

Pervasive developmental disorders are “characterized by distortion in the development of multiple basic psychological functions” (p.86, DSM-III). Children diagnosed as having pervasive developmental disorder (PDD), after the publication of the DSM-III in 1980, might have had Autism, but since this diagnosis was not yet available they would have been classed as having atypical pervasive developmental disorder. There were not strict criteria or plans for treatment under this diagnosis. Infantile Autism was included in the DSM-IV under the category of PDD, but at the time of the DSM-III publication there was still controversy as to whether or not this disorder was associated with schizophrenia. “Some believe Infantile Autism is the earliest form of Schizophrenia whereas others believed that these were two distinct conditions” (p.87, DSM-III). This information is important to acknowledge in understanding how Autism was viewed at the time.

In the field of psychology the diagnosis of Autism for children still did not exist because, there was still no clear understanding of Autism as a mental disorder. Instead children were diagnosed as having pervasive developmental disorder. While this diagnosis did seem to fit the symptoms of Autism,

it didn't account for the anxiety and obsessive behaviors that often times accompany this disorder. Therefore, many children would have been diagnosed with multiple disorders, receiving different treatments for each disorder. This would not have allowed for psychologists to adequately evaluate students and therefore cases of Autism would still not be seen in the courtroom. While the role of psychology was growing and becoming more important for the education of students with disabilities, students with Autism would continue to be misdiagnosed and receive an education program that did not best fit their needs.

Legal Battles: 1980-1990

After the legislation of the EAHCA (1975) there were three fundamental court cases that established how important the IEP was in determining the most appropriate education for students and to what extent the school districts were financially responsible for students' ability to benefit from school. The court rulings in these cases emphasized some portions of the EAHCA that had previously been overlooked or unclear. While districts were legally required to afford handicapped students the most appropriate services, they did not have to do so to an extent that was financially infeasible or took away from the education of other students.

Hendrick Hudson District Board of Education vs. Rowley (1982)

Amy Rowley was a student with a hearing impairment who was academically successful. However, according to professionals she was not reaching her full potential. Her parents requested that Amy be provided with a sign language interpreter in class to help her overcome her handicap, but was denied through court appeals because she was already benefitting from her education. The court ruled in this fashion because a "free and appropriate public education" is satisfied when the state provides an Individual Education Program with enough support to permit the child to benefit from educational

instruction. The IEP was by the court's decision "reasonably calculated" so that Amy was "achieving educationally, academically and socially" (458 U.S. 176, 188; 1982). This ruling markedly defined the extent which school districts were to provide support for students. Students needed to be able to benefit from their education but the school districts were not responsible for affording students services that were in excess, thus taking away from other students. This ruling was important because it set reasonable limitations to what school districts were responsible for.

Department of Education, State of Hawaii vs. Katherine D (1984)

Katherine D. was born in 1976 and suffered from cystic fibrosis and tracheomalacia. Under the EAHCA she was entitled to "free and appropriate public education" in the "least restrictive environment." The Department of Education (DOE) determined that public schools could not provide the medical services she required and proposed a homebound instruction program in Katherine's IEP. Her parents rejected this IEP and kept her in a private school that provided the medical services that Katherine required. The following year the DOE recommended that Katherine attend a public school at which the staff would be trained to provide emergency health services. The doctor training staff at the public school informed the court that the school staff members were reluctant to learn and perform the necessary emergency health procedures (727 F. 2d 809 *6; 1984). Katherine then continued to attend a private school. The court ruled that due to reluctance of staff and an inadequate IEP the DOE needed to reimburse Katherine's parents for private school tuition. The term "free and appropriate public education" refers to necessary special education as well as any supportive services that may be necessary for handicapped children to benefit from education. In the case of Katherine D. her medical problems required that she have adequately trained staff on school premises for her health and safety, removing her from school would have been unnecessarily restrictive given her needs. This case depicted a scenario in which the learning environment was much too restrictive.

Daniel R.R. vs. State Board of Education (1989)

Daniel R. was a six year old boy with Down's syndrome which resulted in speech impairment and mental retardation. By September 1987, Daniel was evaluated as being at a mental age between two and three years with communication skills slightly less than those of a two year old. While enrolled at the El Paso Independent School District (EPISD) he was removed from a regular classroom setting for disciplinary reasons. His parents sought to have Daniel reinstated and maintained in a regular classroom. According to the school district Daniel, while not disruptive in the ordinary sense, required attention that was "disruptive by so absorbing the efforts and energy of the staff as to impair the quality of the entire program for other children" (874 F. 2d 1036 *1043;1989 U.S. App.). The court ruled in favor of the defendant. While handicapped children are to be placed in the least restrictive environment and educated with their non-handicapped peers to the maximum extent possible, this must be done in such a way that does not take away from the non-handicapped children in the regular classrooms. In the case of Daniel R. the use of supportive services in regular classrooms did not allow for the other children to be equally attended to by the staff, therefore he needed to be in a class removed from the regular classrooms. The restrictive nature of a removed classroom in this case was necessary to provide all students with an education. While the needs of Daniel were important, an education program which takes away from the learning experience of other students was unacceptable. This case depicts a situation in which a lack of restriction in learning environment could take away from the education of non-handicapped students.

In these cases the educators, school officials and school psychologists were all responsible for creating Individualized Education Programs for each of the students. In the case of Amy Rowley, her IEP afforded her what was necessary for her to continue to succeed in her classes academically and socially. She was determined to be an able student and not require any more services due to her capability.

Katherine D. did not have the same capabilities due to a medical problem and was not afforded the appropriate services in her IEP. The courts' ruling allowed for medical professionals to provide her with the necessary support that she required when attending school in the least restrictive environment.

While these court cases did not yet discuss Autism or have to do with the needs of Autistic children, very important precedents were established. These rulings clarified what was expected of school districts when providing students with a free and appropriate education. These precedents would play a vital role in the decade to come. The role of the physicians and psychologists as evaluators became an unquestionable one. Once a student was evaluated, whatever the psychologists or physicians instructed as necessary means for a beneficial education in the least restrictive environment would need to be met in the IEP.

Modern Legislation: 1990's -2000's

DSM-IV (1994)

The DSM-IV was published in 1994 and very closely followed the same format as the DSM-III. The most important change to note is the additions to the category of Pervasive Developmental Disorders.

Pervasive Developmental Disorders are characterized by severe and pervasive impairment in several areas of development: reciprocal social interaction skills, communication skills, or the presence of stereotyped behavior, interests, and activities. The qualitative impairments that define these conditions are distinctly deviant relative to the individual's developmental level or mental age. This section contains Autistic Disorder, Rett's Disorder, Childhood Disintegrative Disorder, Asperger's Disorder, and Pervasive Developmental Disorder Not Otherwise Specified.

This new identification of the subtypes of classes was essential in allowing psychologists and physicians to clearly diagnose students with PDD. With this diagnosis the most appropriate IEP can be constructed for students.

Legislation and Legal Battles in the 1990's and 2000's

In 1991, a few years prior to the addition of these subtypes to the DSM-IV, Congress added Autism as a category to the IDEA. Thus, according to the IDEA, a child diagnosed as having Autism was to be evaluated by district personnel, including a special needs teacher and a school psychologist. Students would then have an IEP team, also including a school psychologist, who would develop an education program that was appropriate based on the evaluation. With this development in the IDEA, parents were able to use their right to due process to ensure that the IEP was consistent with the evaluation. This way, children were receiving the best possible support to ensure that they could benefit from their education.

Judicial decisions were based upon how appropriate the content of the IEP was based on the evaluation of the students. For example, in the *Walker County School District vs. Bennett* (2000), an eight year old female with Autism was enrolled in a public school where she was placed in a self-contained Autism class with mainstreaming but had made minimal progress in four years. Her parents thereby enrolled her in a private school for autistic children and requested reimbursement. The courts ruled in favor of the defendant because the IEP was deficient. Given the evaluation of the young girl as autistic and her lack of progress, she should have had a behavior management plan, occupational therapy, extended services for 12 months and adequate speech therapy. In the case of *Sanford School Committee vs. Mr. and Mrs. L.* (2001), an 8 year old boy with Autism was placed in a self-contained classroom. The program he was in offered an ill-defined therapeutic approach and his parents wanted him to have one-on-one Applied Behavioral Analysis (ABA) sessions in the afternoons. This method of therapy was costly to the school district but allowed for the boy to have an intense behavioral therapy. Since the program that the student was in did not meet his needs or evaluation the court ruled in favor of the plaintiff and ordered that the district afford the student with ABA.

Another therapy for which parents fought in these legal hearings was Discrete Trial Training (DTT), another individualized therapy to ensure that students did not regress. Regression was specifically a danger for autistic students. For example, in the case of *T.H. vs. Board of Education of Palatine Community Consolidated School District* (1999), the parents of a young five year old boy with Autism requested that he have a 40 hour per week Lovaas home-based program, a DTT program, in addition to being placed in a classroom for 2.5 hours a day, 4 days a week with occupational therapy and speech therapy. The court ruled that because his current education methodology was a “vague, nonspecific eclectic, child-led approach” he should be provided with a DTT program and parents should be reimbursed for the home-based DTT program that was already in place. This decision was essential in this case to ensure that the young boy was benefitting from his education and not regressing.

The hearings following these changes in the IDEA and DSM-IV became far more specific to what programs were most appropriate for the individual children with Autism. The role of psychologists was the most important during this era because of how their evaluations affected the construction of the Individualized Education Program. It was clear looking at these cases as compared to those in the previous decades that the role of psychologists had become more important. There were a greater variety of services that could have been provided to these students and the school psychologists were very much involved in ensuring that these students were provided with these accommodations. The matching of IEP to the evaluation set forth by school psychologists and special education teachers is an essential part of providing students with the most beneficial and appropriate education. Therefore, psychologists were now essentially dictating what would best suit students’ needs.

Conclusion

Throughout the years, psychologists’ role in education has been changing. As legislation changed, psychologists input into the education of children with special needs became more important.

Prior to the 1970's, psychologists were responsible for determining whether or not students were educable or trainable. They determined the I.Q. of their students, ran medical tests and if these students were found to be disabled then they would be excluded from the public school system. This attitude radically changed in the 1970's when PARC vs. the Commonwealth of Pennsylvania (1972) and Mills vs. Board of Education of D.C. (1972) rulings enabled special needs students to receive schooling. After the EAHCA (1975) was enacted, court hearings determined what was to be expected from the IEPs. These hearings established the extent to which children must be afforded the education in the least restrictive environment and the fiscal responsibility of school districts. It wasn't until the 1990's, after Autism was added to the DSM, that the role of psychologists in the education of Autistic children was really solidified. Psychologists evaluated children and the IDEA, the amendment of EAHCA, required that the IEP and evaluations were most appropriately matched.

These findings are important to understand because they allow us to see how far we've come and how important the advancement of psychology has been to the education of Autistic children. This advancement is especially important when considering the amount of fiscal burden that comes with providing these children with an education. While the financial responsibility currently falls to the school district it is still important to recognize that parents are still paying several thousands of dollars to ensure that their children are receiving the best behavioral therapy and are surrounded by positive reinforcement. Only with the continual cooperation between psychology and education will we be able to find a way to ease this financial burden. This can be accomplished either by discovering new, inexpensive methods of treatment for children with Autism or by creating entire school systems specifically for these children. We know for certain, however, that the advances in psychology would be useless if we were unable to apply them to the education of these children. The evolution of the role of psychology in education has made these advancements possible.

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