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The Student Experience of Psychoeducational Assessment: A Phenomenological Study

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THE STUDENT EXPERIENCE OF PSYCHOEDUCATIONAL ASSESSMENT: A PHENOMENOLOGICAL STUDY

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ABSTRACT

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Emerging adults with specific learning disabilities (SLD) are interviewed to understand the student experience of the psychoeducational assessment process that is codified by the Individuals with Disabilities Education Act of 2004 (IDEA). The assessment practice is well established to qualify students for special education and related services (SERS) to ensure every child in the United States has the opportunity for free and appropriate education. An overview of the general psychoeducational assessment practice and specific assessment for SLD is supplemented by the literature regarding best-practices for psychological assessment with children/adolescents to set the context for a process that is encountered triennially for students identified with disabilities. The aim was to address the gap of knowledge regarding the student's experience of the psychoeducational assessment process through interpretative phenomenological analysis (IPA). The findings show that student experience evolves over time from confusion to an understanding that is largely sourced from experiential learning and supportive family members. Themes of experience include stigma; difficulty associated with the testing itself; positive and negative encounters with general education teachers; positive relationships with the special education team; lack of connection to the psychologist/assessor; and feeling powerless, overwhelmed, and inaccurately represented by the results. The conclusion

of this study is that for some students, like those who participated in this study, the benefits outweigh the costs of psychoeducational assessment. In addition to obtaining the necessary accommodations and resources for academic success, the students are shaped by the process and develop important insights about themselves. Furthermore, while comparison with general education peers is often distressful, students find that relating to special education peers is beneficial. The implication of this research is the need to continue including student voices and attending to relationship building, improved communication, and increased collaboration during the psychoeducational assessment process. This dissertation is available in open access at AURA (http://aura.antioch.edu) and OhioLINK ETD Center (https://etd.ohiolink.edu).

Keywords: psychoeducational assessment, student voice, specific learning disability, assessment as intervention, interpretative phenomenological analysis

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CHAPTER I: INTRODUCTION

Psychoeducational assessments are a combination of psychological (neuropsychological, personality, clinical, etc.) and academic achievement assessments done with the intention of gathering information that can help evaluation teams to rule on the student's qualification for special education and related services (SERS). They are routinely conducted because "specific learning disabilities may hinder children's educational progress and adversely affect their self-esteem, social status, interpersonal relations, and occupational choices. Early identification and effective interventions are needed to help children with specific learning disabilities succeed both academically and socially" (Sattler et al., 2014a, p. 494). Essentially, psychoeducational assessment improves the understanding of a student's difficulties and strengths that allows professionals (from psychology and education) to implement effective interventions that improve educational outcomes.

However, there are unintended consequences associated with the application of the diagnostic label(s) to students that is required for accessing SERS. Clinicians are aware of the "functional and stigmatizing effects of diagnostic labels" (McFarland et al., 2018, p. 21) and it is known that carrying a mental health diagnostic label is intertwined with the experience of both social and self-stigma. This may result in the student's active engagement in impression management to avoid the stigma associated with the formal acknowledgement of their learning disability (Arceneaux, 2008; Tagayuna, 2008). For example, Craft's (2015) qualitative study of African American students' experience of special education in urban high schools demonstrated that the benefits of accessing SERS do not outweigh the costs (Craft, 2015).

Although there is currently no specific literature on the student's experience of psychoeducational assessment in the United States, there is evidence collected from

phenomenological studies regarding the adolescent experience of therapeutic assessment in Europe and of psychoeducational assessment in the United Kingdom (Binder et al., 2013; Kenyon et al., 2014; Lawrence & Cahill, 2014). At the time of assessment, the student may simultaneously experience annihilation of self in being reduced to a label and hope that the clinician will be able to understand their difficulties and help improve their lived experience (Binder et al., 2013). Later in life, the assessment process itself may not be remembered but the experience of stigma, shame, inferiority, misery, isolation, anxiety, and lack of empathy from others lingers (Kenyon et al., 2014). It appears that it is not the assessment itself that is problematic, rather how the assessment process is experienced by the student. Lawrence and Cahill (2014) surmise that collaboration and focus on success make the assessment process a positive experience for the student. These studies suggest that the subjectivity of the student should be a central tenant of the psychoeducational assessment process and that collaboration and relational authenticity are the hallmarks of positive experiences of assessment (Binder et al., 2013; Kenyon et al., 2014; Lawrence & Cahill, 2014).

While the student's voice remains overlooked, psychoeducational assessment as it is practiced in the United States may be missing the opportunity to help students integrate and take ownership of their experience of SLD and the SERS they receive. Triennial psychoeducational reevaluations are required by law (U.S. Department of Education, n.d.) and are intended to provide early identification and effective interventions for students who are struggling academically; however, the impacts these evaluations have on the students extends beyond academic achievement. Understanding the student's experience of the assessment process itself facilitates collaborative assessment as a practice in psychoeducational assessment.

This dissertation aims to elucidate the question of how students with learning disabilities experience and make meaning from the multiple psychoeducational evaluation and reevaluation events throughout their primary and secondary education. The literature review covers (a) public policy on assessment of learning disabilities; (b) a description of psychoeducational assessment in general, SLD in particular, and best practices; (c) exploration of unintended consequences of psychoeducational assessment including stigma and sociocultural considerations; and (d) the available research that approaches the phenomenology of assessment as it pertains to child and adolescent students. This is a qualitative study following the interpretative phenomenological analysis (IPA; Smith et al., 2009) paradigm with participants recruited from a rural New England college who reflected on their multiple experiences of psychoeducational assessment. For a full description of the study participants, refer to the Demographics and Diagnostic Representation subsections in the Limitations section of the Discussion chapter. The results of this study yielded 13 subthemes of experience pertaining to six main categories: (a) experience of stigma; (b) the source of understanding was experiential outside the assessment process and from parents/family rather than professionals; (c) the shift over time from confusion to understanding; (d) difficulties associated with taking the assessments (tests); (e) positive and negative encounters with general education teachers; positive relationships with the special education team; lack of connection to the psychologist/assessor; and (f) feeling powerless, overwhelmed, and inaccurately represented by the results and feedback session. The study also revealed six subthemes of meaning in three main categories: (a) the students understood that the purpose was to obtain accommodations and resources, (b) the assessment process was worthwhile, and (c) comparison with general education peers was distressful while relating to other special education peers was helpful. The

implication of these results is that there is opportunity for relationship building, communication improvements, and increased collaboration during the psychoeducational assessment process.

CHAPTER II: LITERATURE REVIEW

Public Policy on Assessment of Learning Disabilities

Education is considered a fundamental right in the United States, and equal access is protected by public policy and legislation. Evaluation and reevaluation are necessary to ensure that students who have difficulty accessing public education due to a disability are provided with appropriate accommodations and resources that will allow them to take advantage this fundamental right.

History

The first special education law, the Education for All Handicapped Children Act (EAHCA), was established in 1975 and recognized SLD as a qualification for special education services (Hauerwas et al., 2013). Willis (2019) asserts that the ongoing "narrative of equality and equity … is drawn from federal rulings and acts" (p. 84) including Brown v. Board of Education (1954), Civil Rights Act (1964), and Elementary and Secondary Education Act (ESEA;1965). These were followed by the Children with Specific Learning Disabilities Act (1969) as part of the Education of the Handicapped Act (1970) which "requires educational support services for all children with learning disabilities" (Willis, 2019, p. 85). The EAHCA codified the hallmarks of special education and programs like Head Start, namely "free education for all children, appropriate and public education, less restrictive educational environment, and nondiscriminatory identification and evaluation" (Willis, 2019, p. 86).

The No Child Left Behind (2002) and Reading First (2002) programs were reauthorizations of ESEA (Willis, 2019) and the "pillar of the Bush administration's education plan" (Ferri, 2012, p. 876). Among other reports and congressional subcommittee testimonies, Bush's President's Commission on Excellence in Special Education's 2002 report

"unequivocally endorsed RTI [Response to Intervention] as the preferred approach to reading intervention, a reasonable alternative to IQ discrepancy models, and a way to screen for special education" (Willis, 2019, p. 89). This wrought a major shift in special education policy towards evidence-based practice. Although the definition of SLD was not changed in the Individuals with Disabilities Education Act (IDEA; U.S. Department of Education, n.d.), it allowed for RTI and other research-based methods of assessment in addition to the traditional IQ-achievement discrepancy model (Hauerwas et al., 2013; Willis, 2019).

History of RTI

RTI is an alternative to the traditional discrepancy model of SLD assessment which has many criticisms including (a) a "wait to fail" system which cannot harness the efficacy of early intervention, (b) inability to standardize assessment due to the multitude of SLD definitions, and (c) a foundation on the correlation between intelligence and academic skills which research fails to uphold (Hempenstall, 2012). The intention of RTI is to relocate the problem from inside the student to ineffective teaching practices (Hempenstall, 2012; Ferri, 2012) and it is based on the scientific method: a cyclical process where a problem description with a hypothetical cause leads to an intervention based on hypothesis with regular data collection to support/reject intervention's effectiveness. (Hempenstall, 2012). The touted benefits of RTI are early intervention for students, school accountability, and reduction for special education referrals (Hempenstall, 2012).

The assumptions underpinning RTI are that all students can learn, that evidence-based interventions provide quality instruction, and that the normed curriculum-based measures of student's skills accurately assess the effectiveness of the instructional program (Hempenstall, 2012). RTI is a three-tiered approach where "at each successive tier, the same research-based

intervention is implemented, but in smaller and smaller grouping of students being taught by professionals who presumably have more and more specialized training or expertise" (Ferri, 2012, p. 864).

Hempenstall (2012) describes RTI as "a popular if controversial initiative" (p. 101). Sullivan and Castro-Villarreal (2013) claim that "limited research suggests positive outcomes associated with RTI, and the benefits of the conceptual pillars of this framework, mainly high-quality instruction, research-based interventions, and systematic screening and progress monitoring, are unequivocal" (p. 180). Ferri (2012) disagrees and noted that while RTI is offered as a solution to disproportionate identification of minority students because the assessment piece aims to remove teacher bias, there are several other aspects to consider including the efficacy of interventions for diverse learners and there is little research evidence that this claim is accurate. Ferri (2012) argues "that RTI is not so much a reform but a tactic, aimed at returning to the status quo of segregated special education and reinvigorating many of the foundational assumptions of traditional special education practice" (p. 863). The lower tiers may function as intended, but as a student moves to higher tiers in this model, the segregation becomes more apparent. Willis (2019) appears to agree with Ferri (2012) stating, "Federal and state legislation present anodyne narratives about RTI that increasingly identify students of color as having SLD; the very laws designed to diminish racial disproportionality have expanded its functionality and influence" (p. 92).

Current Policy

At this point in American history, IDEA, which allows both the discrepancy model and RTI, is the most current public policy regarding assessment of learning disabilities. It is rooted in section 504(a) of the Rehabilitation Act of 1973 and section 601 of the Civil Rights Act of 1964

(U.S. Department of Education, 2017). The purpose of IDEA is to "ensure the free and appropriate public education of all children with disabilities" (U.S. Department of Education, 2017, p. i) by improving academic success through appropriate accommodations and services. The most recent iteration is the Individuals with Disabilities Education Improvement Act of 2004 (U.S. Department of Education, n.d.) and the supplemental educational code of federal regulations (CFR; Office of the Federal Register, 2019).

The Obama administration introduced the Equity in IDEA rule in 2016 to address disparities for minority students in special education by standardizing the approach to monitoring how districts identify and serve minority students with disabilities (Samuels, 2019). This monitoring is required by IDEA, but states were given reign to interpret it. Equity in IDEA was meant to be implemented in the 2018/2019 school year, but in 2017 the Trump administration attempted to remove this regulation (Samuels, 2019). At the time of writing, it is unclear how the Equity in IDEA rule will be resolved under the Biden administration.

Key Terms and Concepts

There are several key terms and concepts that are explicitly defined in both IDEA (U.S. Department of Education, n.d.) and the educational CFR (Office of the Federal Register, 2019) that are particularly relevant to this dissertation. For ease of reference, the educational CFR is the quoted source. One core concept is *free appropriate public education* (FAPE) which means that everyone, regardless of disability status, has a right to public education without being responsible for the monetary expense required to provide a standard education (Office of the Federal Register, 2019). FAPE requires that SERS

> (a) are provided at public expense, under public supervision and direction, and without charge; (b) meet the standards of the SEA [State educational agency], including the

> requirements of this part; (c) include an appropriate preschool, elementary school, or secondary school education in the State involved; and (d) are provided in conformity with an individualized education program (IEP). (Office of the Federal Register, 2019, §300.17).

The term *special education and related services* (SERS) encompasses the deviations from standard education provided by public schools to a student who is struggling in school as a result of a disability. Schools are required by law to provide SERS for qualifying children. IDEA provides the general definition, but leaves it up to the individual States to operationalize the terms. Special education

> means specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability, including—(i) Instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings; and (ii) Instruction in physical education. (Office of the Federal Register, 2019, §300.39)

Related services

> means transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education, and includes speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. Related services also include school health services and school nurse services, social work services in

> schools, and parent counseling and training. (Office of the Federal Register, 2019, §300.34)

Some terms central to IDEA have different colloquial or academic meanings, so it is important when working within SERS that the legal definitions are understood and adhered to. A *child with a disability* as someone who requires special education, specifically

> a child—(i) with intellectual disability[1], hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance (referred to in this title as 'emotional disturbance'), orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and (ii) who, by reason thereof, needs special education and related services. (Office of the Federal Register, 2019, §300.8)

The key component of this definition is "by reason thereof, needs special education and related services." In terms of legal recourse for education, the term "disability" is only applied for people requiring special education. If the assessment indicates any impairment mentioned above but the student is successfully accessing their education, then the student is not considered "disabled" according to IDEA and does not qualify for special education or related services. Thus, academic achievement is included, along with cognitive and social/emotional assessments, in the psychoeducational assessment process to describe the student's ability to access their education.

Another key term is *individualized education plan* (IEP) which is

> a written statement for a child with a disability that is developed, reviewed, and revised in accordance with §300.320 through §300.324… This includes (among other provisions)

[1] The text in IDEA uses "mental retardation" which was changed to "intellectual disability" in 34 CFR §300.8

> (1) current academic achievement and functional performance, (2) measurable annual goals, (3) description of progress and frequency of progress reports, (4) statement of SERS to be provided. (Office of the Federal Register, 2019, §300.22)

Basically, the IEP documents the student's current functioning within the educational context, what SERS are provided, and how the student's progress toward academic success is measured.

Process for Accessing SERS

The U.S. Department of Education, Office of Special Education Programs (2017) has distilled 10 basic steps in special education that are common to all states. The first step is the identification of a child as possibly needing SERS either by the Child Find activity or by referral or requests for evaluation submitted by a school professional or parent. Then, after obtaining parental consent, the child is evaluated to determine (a) whether the child has a specific qualifying disability, (b) the child's educational needs, and (c) the appropriate SERS that address those needs. After the data is gathered, eligibility is decided by a team of qualified professionals and the parents who review the evaluation results for indications that the child is "a child with disability" according to IDEA (U.S. Department of Education, n.d.). An IEP meeting is held within 30 calendar days from the eligibility decision to develop and write the IEP. Once parental consent is given for the IEP, services including accommodation, modifications, and supports are provided for the child at the expense of the school. An on-going step is the measurement and report of progress to the parents. At the annual IEP review (more frequently per request), applicable revisions can be made. The final step in special education is the triennial reevaluation of the child to determine if the child still qualifies for SERS and where those services are needed.

Impact

The key stakeholders include parents, teachers, counselors, school administration, psychologists, case manager, paraprofessionals and, of course, the student. As noted above, only students who fall into one of the identification categories and whose disability is negatively impacting their academic achievement are qualified for an IEP and subsequent SERS. There are many children with disabilities who are not eligible for SERS under IDEA. These children may be eligible for other protections under laws such as section 504 in the Rehabilitation Act of 1973.

The concept of free education for all has been public policy for decades and provision of SERS for qualified students is required by law. The federal government has provided specific definitions and guidelines but leaves the implementation up to the individual states. At times, the resulting variation in models and implementation produce different results (Devries, 2001) across states and even individual school districts. Two notable implications are worth pointing out here, the first is that public education students are covered from ages three to 21, except for the 2–5 and 18–21 ranges if state law, practice, and/or court orders do not provide public education in those ranges (Osborne & Bon, 2018). Secondly, students attending nonpublic schools do not have individual rights to these benefits, rather as a group, they may receive benefits from services supported by federal special education dollars received from public school boards (Osborne & Bon, 2018).

Psychoeducational Assessment

Psychoeducational assessment is an established practice mandated by law for the purpose of determining eligibility for SERS. Psychoeducational assessment differs from other types of psychological assessment in three characteristics: populations, problems, and procedures (American Psychological Association, 1998, as cited in Braden, 2003, p. 261). Braden (2003)

asserts that psychoeducational assessment "primarily targets children" but that it also "serves the parents, families, and educators of those children" (p. 261). Although children make up the majority of psychoeducational assessment targets, this author would rephrase Braden's statement to use "student" instead of "children" because adolescents and adults (e.g., non-traditional college students) are also targets of psychoeducational assessment. Braden (2003) eloquently encapsulates the targeted problems:

> Psychological assessment in school settings primarily targets problems of learning and school adjustment. Although psychologists must also assess and respond to other developmental, social, emotional, and behavioral issues, the primary focus behind most psychological assessment in schools is understanding and ameliorating learning problems. (p. 261)

More explicit discussion on procedures can be found below.

As Moses (2006) notes, "students …, academic clinical instructors …, and experienced clinicians have typically relied on standard texts such as the classical works of Sattler and his colleagues … for didactic instruction" (p. 1). In their introduction to the sixth edition of their text on the foundations of behavioral, social, and clinical assessment of children, Sattler and Schaffer (2014) assert that "psychological assessments play an essential role in the promotion of positive development of children from all backgrounds" (p. 38) and that

> assessment plays a critical role in all fields that offer services to children with special needs and their families. Assessment is critical because it is illogical to begin an intervention until you know what problems are being presented, why they are occurring, and what resources are available to help the child. (p. 38)

Sattler and Shaffer (2014) also emphasize that assessment is a process:

> It is important to recognize that the assessment process does not end when the report is written and disseminated. Assessment is simply the first crucial step in answering the referral question, diagnosing the problem, identifying contributing factors, and designing interventions to address the specific needs of the child. (p. 38)

The rest of this section aims to outline the general practice of psychoeducational assessment.

Purpose

The general purpose of a behavioral and clinical assessment is "to obtain information about a child that can be used in promoting the child's development" (Sattler & Shaffer, 2014, p. 6). According to Braden (2003), the six related, but distinct, purposes of psychoeducational assessment are screening, diagnosis, intervention, evaluation, selection, and certification (p. 262). Practically speaking, the ultimate purpose of psychoeducational assessment is to gather clinical impressions that lead to specific recommendations that can be implemented in service of the child's academic achievement.

Assessment Approach

The recommended approach for psychoeducational assessment is multimethod:

> The multimethod assessment approach is important in the assessment of all forms of childhood exceptionalities, including those associated with psychological and/or biological/neurological factors. The approach involves the use of several different types of assessment methods, such as (a) reviewing the child's records and previous evaluations, (b) interviewing relevant individuals (i.e., child, parents, teachers), (c) observing the child in different settings, (d) using several assessment techniques, including both formal and informal measures, and (e) assessing relevant skill areas. … It

> is designed to help you perform an assessment that is comprehensive, multifaceted, and data-based and to provide useful recommendations. (Sattler & Shaffer, 2014, p. 5)

In addition to being multimethod, this approach is multi-sourced. There are many types of data sources in this approach including records, previous evaluations, and "relevant" individuals.

Further elaboration of assessment techniques is warranted. Formal assessment measures are norm-referenced tests whereas informal techniques include interviews, observations, and informal assessment procedures (Sattler & Shaffer, 2014). Norm-referenced tests are "accompanied by standardized administration and scoring procedures, psychometric information about the standardization sample, and data on the reliability and validity of the assessment instruments so that the assessment results can be interpreted with accuracy" (Sattler & Shaffer, 2014, p. 5). Examples include intelligence tests, neuropsychological tests, aptitude tests, and achievement tests (Sattler & Shaffer, 2014, p. 6). Informal assessment measures "tend to rely on descriptive and open-ended information … and is intended as additional descriptive evidence to accompany more formal assessment data … or narrow appropriate targets for further assessment using formal measures" (Sattler & Shaffer, 2014, p. 6). Their accuracy can be determined by interobserver agreement and the presence of the child's behaviors in one or multiple settings (Sattler & Shaffer, 2014). In addition to interviews and observations, examples of informal assessment procedures include checklists, self-reports, projective techniques, and RTI (Braden, 2003).

Areas of Assessment

Wilson and Reschly (1996, as cited in Braden, 2003) observed that "most school psychologists are trained in assessment of intelligence, achievement, and social-emotional disorders" (p. 261). For the purpose of psychoeducational assessment, intelligence has been

codified as cognitive abilities such as quantitative knowledge, reading and writing ability, comprehension-knowledge, fluid reasoning, inductive reasoning, short-term memory, long-term storage and retrieval, visual processing, auditory processing, and processing speed (Schneider & McGrew, 2018). As explained previously, assessing academic achievement is critical to determining eligibility for SERS under IDEA. Assessment of social-emotional disabilities include scrutiny of adaptive behavior and personality functioning that may impact the student's academic achievement (Sattler & Schaffer, 2014).

Other areas of assessment include communication, health, hearing, and vocation which are often facilitated other professionals including the school nurse, occupational therapist and speech/language pathologist.

Process

Sattler and Shaffer (2014) outline five general stages for the assessment process:

- communicating information about the assessment process and administration's or agency's policies
- gathering relevant background information
- selecting assessment measures and conducting the evaluation
- interpreting the assessment information
- providing recommendations regarding interventions (p. 7)

Each of these stages has several objectives and the overall intention is to convey information, establish rapport, gather data, generate hypothesis, and develop feasible recommendations that allow the child to improve their access to education.

Results

The results of psychoeducational assessment are the basis for decisions on qualification for SERS (Sattler, 2014). There are two ways in which the results of assessment measures can be conveyed: dimensional terms (e.g., the student's score was at the 62nd percentile rank on the Locus of Control scale on the Behavior Assessment System for Children) or categorical terms (e.g., the student meets criteria for attention-deficit/hyperactivity disorder; Sattler, 2014). In a textbook on dimensional and categorical approaches to psychological assessment with children, Kamphaus, Rowe, et al. (2006) go into great depth discussing these two approaches.

According to Kamphaus, Rowe, et al. (2006), dimensional classification methods are quantitative and empirical. The underlying assumption is that behavior traits exists along a continuum and an individual's exhibition of a particular trait can be measured (e.g., behavior rating scales) and located somewhere between two extremes of the same trait (Kamphaus, Rowe, et al., 2006). They assert that there are "meaningful differences in severity and degree of health along the distribution of theses constructs" (Kamphaus, Rowe, et al., 2006, p. 26). Multivariate statistical procedures (e.g., cluster analysis, factor analysis) demark the points along the continuum that differential clinical severity from typical functioning.

Contrastingly, categorical classification is qualitative as opposed to quantitative. Categorical models are "dichotomous, inferential in nature, involving the identification of qualitative differences in behavior that are based on clinical observations and careful history taking" (Kamphaus, Rowe, et al., 2006, p. 2). Sattler (2014) observed that categories are useful ways to think about a set of behaviors that correlate together and make a syndrome. Examples of categorical models are the collection of diagnosis in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5; American Psychiatric Association, 2013) and the list of

disabilities that qualify a child for SERS in IDEA (U.S. Department of Education, n.d.). Sattler (2014) warns that categorical descriptions "also carry connotations beyond the construct being assessed which … may benefit or hinder a child's attainment of his or her potential, depending on personal or situational factors" (p. 82). The harm associated of categorical description is particularly troublesome when the child has been placed in a category that is ill fitting (Sattler, 2014).

Kamphaus, Rowe, et al. (2006) allude to the debate in the literature between categorical and dimensional classification models and highlight the increasing support for dimensional models. However, they note that "the ultimate goal of classification or diagnosis, the categorization of individuals into homogeneous groups with similarities, is shared by proponents of both categorical and dimensional methods, and arguments that these approaches are entirely distinct are simplistic" (Kamphaus, Rowe, et al., 2006, p. 3).

Conceptual Frameworks

Once the results of the psychoeducational assessment have been determined, they are used to developed tailored recommendations and accommodations for the student based on a conceptual framework. As Merrell (2008, as cited in Sattler & Shaffer, 2014) explains, "A theoretical perspective regarding how and why problems develop and change is essential to being a competent clinical assessor who is able to integrate assessment findings and link them to an effective intervention plan" (p. 8). Essentially, a conceptual framework is necessary to interpreting results and providing actionable intervention. There are several conceptual frameworks that are well-suited from psychoeducational assessment including the developmental model, the normative-developmental model, the cognitive behavioral model, the family-systems model, and an eclectic model (Sattler & Shaffer, 2014).

Psychoeducational Assessment for Specific Learning Disabilities

IDEA uses a categorical system to classify students with disabilities (Sattler & Shaffer, 2014). This dissertation is focused on one of these 10 categories: Specific Learning Disability (SLD). Reading disorder, mathematics disorder, and disorder of written expression are the three major subtypes of SLD (Sattler et al., 2014b). Other subtypes include communication disorders and nonverbal learning disability (Sattler et al. 2014b). The underlying concept regarding assessment for SLD is that "children with specific learning disorders can be taught to use more efficient learning strategies" (Sattler et al., 2014b, p. 480). Essentially, the student's cognitive capabilities are intact, but certain neurological or psychological processes (e.g., phonological) are not working efficiently. Thus, once the deficit(s) are understood, work-around strategies can be developed and practiced to compensate for them.

Specific Learning Disability

A specific definition of Specific Learning Disability (SLD) and the necessary criteria for SERS is outlined in IDEA (see Appendix A for the full definition of SLD). The general definition is

> a disorder in 1 or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. (U.S. Department of Education, n.d., "Section 1401 Definitions," para. 30)

This may appear to be straight-forward; however, the operationalized definition of SLD is left to each State to determine. There are several different models and working definitions of SLD and while they all are useful in many cases, there are some cases where each model produces different results. For example, in his dissertation aimed at understanding the therapy/practice gap

in learning disability identification, Douglas (2015) observed that the discrepancy model identified about 33% more students with learning disabilities when it was not warranted under the Dual Discrepancy/Consistency (DD/C) model and he asserts "the importance of adopting an operational definition of SLD to bolster classification and diagnostic decisions; it is important that practitioners use what is known about SLD in their approach to its identification" (abstract). DeVries (2001) also noted discrepancies in models used to assess SLD in his dissertation on the characteristics of students identified as learning disabled under various models.

Sattler et al. (2014b) discuss seven critiques of the definition of SLD as provided by IDEA. They go on to describe the various definitions of SLD provided by the National Joint Committee on Learning Disabilities, the Learning Disabilities Association of Canada, and the DSM-5 with the corresponding critiques. Essentially, there is no fully adequate definition amongst those already proposed that is not plagued by false positives or false negatives. However, Sattler et al. (2014b) note that while "children with this label represent an extraordinarily heterogeneous population, *the characteristic usually shared by children with specific learning disabilities is academic underachievement*" (p. 477).

Background Considerations

Even without a satisfactory definition of SLD, there are commonalities among students with SLD. Based on their amalgamation of literature, Sattler et al. (2014b) describe the etiology of SLD as a combination of genetics, biology (e.g., brain anatomy and electrophysiology), and environment (e.g., social, ecological, and educational variables). They also observe that a student with SLD may experience cognitive, academic, information-processing, executive function, perceptual, and/or social-behavioral deficits (see Sattler et al., 2014b, for more). Given the broad etiological basis and the array of deficits associated with SLD that resemble many other

psychological disorders, it can be difficult to correctly categorize the student, never mind the high rates of co-occurring disorders (e.g., 50% of children with SLD also have ADHD (Sattler et al., 2014b).

Conceptual Framework

Sattler et al. (2014b) provide a helpful information-processing model for conceptualizing SLD. This four-stage model begins with *sensory storage*. This is a representation of sensory stimuli (i.e., input) like a sentence just read or instructions from the teacher. The next stage is *perceptual encoding* of a representation of the stimuli in working memory where mental operations can be performed. The third stage is *central processing* where the encoded information is manipulated and moved to long-term storage. The final stage is *response selection mechanisms* which retrieves information from memory and an output is produced. Sattler et al. (2014b) observe that for a student with SLD, something does not work well in one or more of these stages. Often, compensatory strategies can mitigate the deficit (Sattler et al., 2014b). For example, a student may have difficulty in the perceptual encoding stage with verbal information that makes learning via lectures exceedingly difficult. If visual-spatial encoding works well, the student can use transcripts or notes provided by the teacher to access the same information to work around the difficulty they have learning from lectures.

Purpose of Psychoeducational Assessment for SLD

When tasked to assess as student for SLD, there are several purposes. One objective is to identify patterns of both impaired functioning and of strengths, particularly those pertaining to the academic areas of reading, oral language, mathematics, and written expression, and in other psychological processes. (Sattler et al., 2014a). Additionally, the student's general level of intelligence is ascertained as a marker for the student's achievement potential regardless of

current standings (Sattler et al., 2014a). The data gathered combined with the conceptual framework establish explanations for poor achievement which leads to the development of tailored accommodations and interventions (Sattler et al., 2014a). Essentially, the purpose of SLD psychoeducational assessment is to gather data, formulate hypothesis, and offer solutions to help the student improve their academic achievement.

Assessment Models

IDEA authorizes two types of SLD identification models (U.S. Department of Education, n.d.) and gives the State the flexibility to determine which is most appropriate. The ability-achievement discrepancy model is considered to be outdated (Douglas, 2015), but it was included again in IDEA along with the RTI model. The supplemental educational CFR (Office of the Federal Register, 2019) added the additional option to use alternative scientific, research-based models like the patterns of strengths and weaknesses (PSW) models. There is still debate regarding which model is most appropriate for which circumstances and more research is needed (Sattler et al., 2014a).

Discrepancy Model

Sattler et al. (2014a) explain the discrepancy model as "a severe discrepancy … between their *ability* (usually defined by an intelligence test score) and their *achievement* (usually defined by a reading, mathematics, written expression, or oral language test score or by an overall achievement test score)" (p. 496). The discrepancy can be determined by a simple comparison (not recommended) of an intelligence index score and an achievement score (Sattler et al., 2014a). Although IDEA does not define "severe discrepancy," the general rule is one to one-and-a-half standard deviations between the scores (Sattler et al., 2014a). This method uses a

regression equation to compare scores and requires knowledge of the correlation between the intelligence and academic tests (Sattler et al., 2014a).

There are some advantages to using the discrepancy model. The measures used are known to have adequate reliability and validity (Sattler et al., 2014a). It is also consistent and objective; interpretation is not required because the mathematical calculation determines whether the student meets criteria. Additionally, it places the focus of the assessment on achievement–which is critical for dispensing SERS–and provides rationale for SERS even if the etiology of the SLD is unknown (Sattler et al., 2014a).

The disadvantages of the discrepancy model are numerous. First of all, discrepancy formulas are not empirically validated (Sattler et al., 2014a). Even if the discrepancy formula works, there are numerous achievement and intelligence tests from which to select which may alter the decision to classify a student with SLD depending on which tests was used for assessment (Sattler et al., 2014a). Similarly, the intelligence index (e.g., Full Scale IQ, General Ability Index, etc.) selected as the numerical value for intelligence in the discrepancy formula may impact the eligibility decision (Sattler et al., 2014a). Even though the mathematics of the discrepancy formula is accurate, it is based on the assumption that intelligence and achievement are independent constructs, which they are not (Sattler et al., 2014a). The discrepancy formula creates false negatives when a child with SLD shows no discrepancy between intelligence and achievement scores (Sattler et al., 2014a). It can create false positives if the student's performance is discrepant but above average in both domains (Sattler et al., 2014a). Finally, because achievement cannot be reliably measured until the student is nine years old, eligibility determination via the discrepancy model may be postponed several years during which the student is not able to access services (Sattler et al., 2014a).

Kamphaus, Quirk, and Kroncke (2006) provide a scathing critique of the discrepancy model. Based on their understanding of the literature, Kamphaus, Quirk, and Kroncke (2006) argue that "the use of intelligence tests to identify ability/achievement discrepancies is of little value for making the diagnosis" (p. 89). Indeed, a student's level of reading ability or response to reading intervention is not differentially predicted by IQ (Vellutino et al., 2000, as cited in Kamphaus, Quirk, & Kroncke, 2006). Thus, the discrepancy model only serves to exclude students with lower intelligence from accessing SERS. However, based on Dombrowski et al.'s (2004) work, Kamphaus, Quirk, and Kroncke (2006) do not write off intelligence tests altogether because they address cognitive rule outs and comorbidities that may affect prognosis and response to remediation. The functional impairment model and RTI are offered as preferred alternatives to the discrepancy model (Kamphaus, Quirk, & Kroncke, 2006).

Response to Intervention

The RTI model is IDEA's alternative to the discrepancy model. With the RTI model, a student may receive specialized intensive and systemic instruction if they are lacking academic progress in a regular education classroom with standard instruction (Sattler et al., 2014a). The eligibility determination for SLD is based on the student's progress after the specialized instruction (Fuchs et al., 2003, as cited in Sattler et al., 2014a). Lack of benefit from the specialized instruction and/or failure to maintain any progress made during the intervention is evidence for a SLD (National Joint Committee on Learning Disabilities, 2005, as cited in Sattler et al., 2014a).

The advantages of RTI include the identification of more at-risk children as compared to the discrepancy model, early intervention, assessment that is related to the instruction received by the student, and intervention based on need rather than diagnosis (Sattler et al., 2014a). The

disadvantages include lack of validation of measurements to quantify a student's intervention response, variation in intensity and progress criteria for RTI procedures, lack of validation for RTI procedures with culturally and linguistically diverse students, and inability to identify etiology of the learning disability (Sattler et al., 2014a). Although RTI appears less controversial than the discrepancy model, Sattler et al. (2014b) caution the reliance on RTI exclusively as eligibility criteria and argue that the RTI data be used to inform a multimethod psychological evaluation.

Patterns of Strengths and Weaknesses Models

The PSW models fall under the third research-based option for SLD determination (Office of the Federal Register, 2019). The underlying assumption is that "children with specific learning disabilities have strengths in some academic and psychological processing areas and weaknesses in others … that there should be a relationship between areas of weakness in psychological processing and academic deficits" (Sattler et al., 2014a, p. 498). Strengths and weaknesses are determined in a variety of ways and there are a variety of PWS models that exist including discrepancy-consistency model (Naglieri, 1999), aptitude-achievement consistency model (Flanagan et al., 2007), concordance-discordance model (Hales Reddy et al., 2011), and cognitive hypothesis testing (Flanagan et al., 2010; as cited in Sattler et al., 2014a, p. 498). According to Sattler et al. (2014a), these models "have promise" (p. 498) but there is a need for more research regarding their effectiveness and contribution to intervention development.

Areas of Assessment

The two main areas of psychoeducational assessment for SLD are intelligence and achievement. Additionally, clinical skills and other formal and informal assessments are used to create an assessment battery that covers major content areas such as reading, mathematics, and

written language (Sattler et al., 2014a). In addition to including intelligence and achievement, the battery ought to be tailored to the referral question (Sattler et al., 2014a) and may also include other domains of social-emotional, and adaptive functioning (Carter et al., 2006; Groth-Marnat, 2001).

Process

According to Sattler et al. (2014a), when assessing for SLD, a comprehensive psychoeducational evaluation is necessary. Nicholson (2013) recommends that "…before undertaking an assessment, it is important to clarify its purpose; the nature of the assessment will vary considerably in relation to this. … It can therefore be helpful to initiate all assessments with a clarification of the hopes and expectations of the individuals being assessed" (p. 106). The general process for psychoeducational assessment was outlined above. Sattler et al.'s (2014a) detailed description for assessing for an SLD is as follows:

- Review school records and previous psychoeducational evaluations.
- Interview the child and his or her teachers.
- Interview the parents and obtain the child's developmental and health history.
- Observe the child in the classroom and other settings.
- Administer psychoeducational and psychological tests.
- Use RTI procedures (if desired).
- Evaluate cultural, peer group, pedagogical, and school factors as they may relate to a possible specific learning disability.
- Obtain information about previous interventions.
- Formulate possible interventions based on the assessment results, the child's resources, and the resources of the family, school, and community. (p. 498)

While the psychological tests must be administered by qualified professionals, the entire process can be, and often is, a collaborative effort undertaken by a team. For example, school records can be reviewed by case managers, RTI procedures may be administered by trained paraprofessionals, and formulations of interventions can be done as a team. Note that the process is multimethod. The assessment models outlined above are only one component of a comprehensive process. Using only one or two test scores or just the results of an RTI procedure is insufficient for making eligibility decisions (Sattler et al., 2014a; U.S. Department of Education, n.d.)

Results

As mentioned above in the general discussion of psychoeducational assessment results, there are two ways to describe results: dimensional and categorical. While the student may ultimately be categorized as a student with SLD, the actual assessment results should be reported dimensionally because the core constructs of learning (i.e., reading, mathematics, and written language) have a normal distribution in the population of school children (Kamphaus, Quirk et al., 2006).

Best Practices for Psychoeducational Assessment

As outlined above, there are codified requirements regarding eligibility determination for SERS for students with SLD. However, IDEA and the supplemental CFR are often overly general and do not stipulate specific best-practices. This compilation of best-practices for psychoeducational assessment derives from a variety of sources in the literature that are based on clinician experience, legal considerations, and research on child/adolescent assessment. One of the most fundamental recommendations is “When you evaluate a child, never focus exclusively on obtained test scores or numbers; instead, ask yourself what the results suggest about the

child's competencies and limitations" (Sattler & Shaffer, 2014, p. 6). The following is an overview of best-practices regarding the methodology, the need for multiple data points, tools, and conceptual framework used to accomplish a psychoeducational assessment.

Methodology

This section addresses recommendations regarding the various steps in the assessment process including preparing for assessment, orienting the student, building relationship, verifying symptom validity, administering the assessment, interpreting the results, using diagnostic labeling, providing feedback, and completing documentation.

Preparing for Assessment

When beginning the assessment process, Sattler (2014) reminds us to consider innate factors, the student's background variables, the assessment situation, and test demands. Sattler (2014) classifies genetics and maturational status as innate factors. His list of background variables includes (a) culture and ethnicity; (b) family background and parental reactions; (c) environmental variables; (d) health history and current health appraisal; (e) educational history and current school performance; (f) social history and current interpersonal relations; (g) previous evaluations, records, and personal documents; (h) cognition and affect; (i) behavioral patterns and mental health. Where innate factors and background variables are types of input, the assessment situation and test demands are considered intervening variables (Sattler, 2014). The assessment situation encompasses (a) reason for referral; (b) setting variables (e.g., heat, light, comfort); (c) social desirability considerations (positive or cry for help); (d) reactive effects (the alteration in performance due to the process of the assessment itself); (e) examiner-student variables including relationship type: restrictive or collaborative; (f) examiner characteristics: technique/style, bias, ability to focus, time management, theoretical position; and (g) student

characteristics: (e.g., attitude, memory, behavior) (Sattler, 2014). The test demands comprise of the characteristics of the test items, the presentation and response formats, the response set, and the perception of items (Sattler, 2014).

Orienting the Student

Once the student arrives for assessment, the evaluator should explain what will happen in the session using accurate and developmentally appropriate terms (Breiger et al., 2014). For example, using the term *games* may set incorrect expectations whereas *tasks* or *activities* would be more accurate in conveying that effort is required and fun is not the goal (Breiger et al., 2014). Breiger et al. (2014) have found that "telling the children we will look at their language skills, memory, attention, problem solving, visual skills, motor speed, drawing, and schoolwork helps set the stage for the evaluation" (pp. 53-54). The student should know that their job is to try their best. Additionally, the evaluator should explain their role, administer the assessment correctly, and answer any questions that the student has (Breiger et al., 2014).

Building Relationship

According to Sattler (2014), "An assessment requires a relationship based on trust and collaborative problem solving" (p. 119). This is echoed by Nicholson (2013) and Binder et al. (2013). In order for the assessment to be valid, the student needs to do their best. In order to facilitate that, Nicholson (2013) advocates that

> adopting a stance that is child-centered, curious, empathic and warm, and that conveys a position of positive regard is most likely to facilitate a collaborative engagement in which the therapist can be viewed as a potentially helpful collaborator in supporting the young person. (p. 109)

The relationship component appears to be an after-thought in the primary literature regarding psychoeducational assessment and largely based on theory or clinician experience. This researcher could not find any direct research on the nature of the relationship in the context of a psychoeducational assessment. There was one qualitative study done on adolescents' experience of therapeutic assessment—which has many similarities, but also differs from psychoeducational assessment—that indicated that straightforwardness, authenticity, and opaqueness appear to be important elements brought in to the relationship by the examiner (Binder et al., 2013). Binder et al. (2013) also note that there is a potential danger of being prejudged by the psychologist who has access to previous assessment reports. This is a common scenario in psychoeducational assessment as reviewing previous records is a component of data gathering. Binder et al. (2013) suggest that assessment and diagnosis are "best understood as part of a relational process of mutual recognition and negotiation of meaning" (p. 115). This means that while it is important to read previous reports and establish history and context, it is also essential that the examiner pays attention to the here-and-now and recognizes that the student is a unique being with more experience and nuanced meaning making that is not frozen in time with the last report. A more through discussion of the study by Binder et al. is included below.

Verifying Symptom Validity

Verifying symptom validity is not often specifically mentioned in school psychology guidelines as an element of the assessment process as a whole, but the accuracy of interpretation relies on the validity of the student's answers, responses, and scores. Its importance is highlighted in clinical/forensic guidelines:

> We routinely use a symptom validity measure during the initial stage of the assessment. Symptom validity measures are used much less frequently with children than they are

> with adults. However, such measures are useful in identifying children who appear to have reduced motivation. The importance of identifying noncredible effort cannot be overstated. The basis for interpretation of psychological assessment data rests on the assumption the examinee responded with adequate effort and in an unbiased manner (Kirkwood, 2012). If the examinee has responded with noncredible effort, and/or attempts to exaggerate or feign symptoms, the results of the evaluation will not be a reliable or valid reflection of his or her abilities. In this case, significant problems can arise, including errors in interpretation, inaccurate diagnoses, inappropriate treatment recommendations, and inappropriate academic placement decisions. It can also cause psychological harm to examinees and their families. (Breiger et al., 2014, p. 54)

Cornell et al. (2012) also acknowledge the importance of validity verification. The findings of their study on the effects of validity screening items on adolescent survey data "support the value of validity screening items in improving the quality of adolescent survey data" (Cornell et al., 2012, p. 21). While this study was targeted for research purposes, there are clinical implications because their "results indicate that a small, but noteworthy, proportion of adolescents will admit that they are not answering questions truthfully or carefully" (Cornell et al., 2012, p. 34) which can skew the data being gathered.

Administering the Assessment

Sattler and Shaffer (2014) note that administering formal assessment measures should be done according to standard procedures under standard conditions and that any deviance from the standards should be included in the report along with a discussion of its implications. Additionally, scores should be obtained via well-defined rules. These guidelines may seem self-evident; however, clinical judgement may move the examiner to deviate from the standard

procedure. For example, an adolescent student may interpret repetitive standard administrative instructions as belittling and an offence to their intelligence. If the goal is to administer a "standard" test, then adhering to the exact verbiage in the provided administration book may be warranted. However, if the goal is to ascertain the student's capabilities, it may be more appropriate to skip over the repetition if the examiner is confident that the student understands the task so that the examiner maintains rapport and the student does not lose interest in performing to the best of their ability. This is where clinical judgement is critical. Deviation from the standardization procedures of some tests may require only a passing comment in the report and have little effect on the results. Other deviations can significantly undermine the ability of the test to measure the intended construct. As Sattler and Shaffer (2014) observe, "Assessment measures are powerful tools, but your overall effectiveness in evaluating a child depends on your knowledge and skill" (p. 8).

Interpreting the Results

There are many considerations to account for when interpreting scores for assessment measures. Sattler and Shaffer (2014) highlight several considerations including (a) the effects of various situational, temperamental, physical, and cultural factors; (b) reliability and validity of the measure; (c) nomothetic vs. idiographic approaches; (d) integration with case history; (e) conclusions should be based on all information, not just one data point; and (f) the fact that the results represent the student at a particular time and place. These considerations highlight the entangled complexity of the mechanisms that contribute to and affect a student's psychology and the technology of assessment measures.

Using Diagnostic Labels

As previously mentioned, the results of individual psychoeducational assessment measures should be reported in dimensional terms (Kamphaus, Quirk et al., 2006), but the ultimate question of assessment for SLD is categorical: Does the student have a SLD that impedes their ability to access an appropriate education? Yes or no. Thus, diagnostic labeling is a necessary part of the process.

Sattler (2014) asserts that "the advantages of diagnosis and classification justify their use" (p. 83). One advantage Sattler (2014) mentions is the succinct characterization of the student's symptoms, problems, or disabilities. Another is the effective communication with professionals, parents and teachers. However, Sattler also cautions against the assumption that common features associated with a diagnostic classification apply to every individual carrying that diagnosis and that the diagnosis captures the idiosyncrasies of that individual. Sattler's recommendations are that

- We should not expect that all children who receive the same label to perform in the same ways (p. 84)
- The unique characteristics of the individual child must always remain in the center of attention, and remediation of problems must be the goal of the assessment process after an accurate diagnosis is made (p. 83)
- You must not allow labels to regiment and restrict how you observe and work with children (p. 84)
- Diagnosis and classification must be linked with effective interventions to promote and enhance a child's learning, help the child cope with problems, and, where needed, promote the child's recovery of function (p. 119)

Essentially, the label should be used in service of the student and not the other way around. A more detailed discussion of the impacts of diagnostic labeling is included in the Unintended Consequences section.

Providing Feedback

Binder et al. (2013) recommend that feedback sessions should be about well-formulated case conceptualizations rather than data reports:

> Case-formulations allow for more ideographic and tailor-made descriptions. Also, in light of previous research on adolescents need for explicit rationale and descriptions (Shirk, Karver, & Brown, 2011), it seems like an important task for therapists of all orientations to develop a language to communicate case formulation in dialogic exchange with adolescents. Constructing an experience-near language for communication of case-formulation and ways to understand psychological problems is also a possible arena for undogmatic exchange and integrative efforts between practitioners of different orientations. The straightforwardness of adolescent language and communication has the potential to sharpen and concretize our clinical thinking, and in such concretizations there are seeds for further integration. (p. 117)

In this statement, Binder et al. (2013) are advocating for providing the student and collateral individuals with concrete information that is accessible so that it can be used to benefit the student's learning experience.

Completing Documentation

The documentation of a psychoeducational assessment serves a number of purposes including a convenient tool for feedback sessions to convey the findings from the assessment

process, important data source for future evaluation, assistance for accessing services at the postsecondary level, and legal documentation (Sattler & Rapport, 2014). Beal (2003, as cited in Rosenblum et al., 2010, p. 173) recommends that documentation includes (a) the student's areas of strengths and weaknesses and (b) modifications and accommodations that address the student's needs. Rosenblum et al. (2010) used this and other sources to compile the essential elements of a comprehensive psychological report with the aim of diagnostic stability across assessments in school-aged children identified with learning disabilities:

- a clear referral question
- multiple sources of background information
- behavioral observations, scores (or percentiles) and interpretation of scores from tests of intelligence, achievement, information processing, and tests of personality, behaviour, or emotionality
- a clear diagnostic statement
- a summary section
- recommendations tied directly to test findings (p. 173 [formatting changed])

To this list, Sattler and Rapport (2014) recommends prepending this report structure with identifying information including the child's name, date of birth, sex, age and grade in school, date(s) of the assessment, date of the report, and the examiner's name, and a list of all the formal and informal assessment techniques. Additionally, "A good report does not merely present facts" (Sattler & Rapport, 2014, p. 696). Rather, it integrates the information and "shows respect for his or her individuality" (Sattler & Rapport, 2014, p. 696). They also note that a good-quality report is well-organized and understandable to both laypersons and professionals (Sattler & Rapport,

2014). Sattler and Rapport (2014) provide detailed explanations of fourteen principles of high-quality report writing (pp. 709–727).

Sattler and Shaffer (2014) warn that "you must be careful about the words you choose when you write reports and when you communicate with children, their families, and other professionals" (p. 8). Misrepresenting the data or misleading the various stakeholders can result in harm and grief (Sattler & Shaffer, 2014). Words have power to influence how a child is thought about and reacted to (Sattler & Shaffer, 2014), thus the report should use verbiage that is consistent with the findings and leads the stakeholders to the right decisions.

In addition to accuracy, Sattler and Shaffer (2014) urge the use of "*person-first language* when discussing disabilities, noting the person first before describing features of his or her psychological, psychiatric, or medical status" (p. 20). Rather than saying "the SLD student," the phrasing should be "the student with an SLD." They explain that person-first language acknowledges that the student has a condition, but does not let the condition represent the entirety of the student (Sattler & Shaffer, 2014).

Multiple Data Points

IDEA requires that the assessment use more than one measure (U.S. Department of Education, n.d.) and the recommendation for best practice is a multimethod assessment like Sattler and Shaffer's (2014) process described previously. The data from standardized tests are necessary but most often insufficient to answer the referral question because the interpretation of the data is contextualized to the student (Carter et al., 2006). In addition, it is important to not only identify the area of learning difficulty but also the etiology of it so that accommodations can be effectively targeted to the student (Rosenblum et al., 2010).

Besides academic and intelligence data it may be appropriate to obtain data regarding executive function, information processing, personality, adaptive behavior, functional behavior, visual perception, and auditory perception (Carter et al., 2006; Moses, 2006; Sattler et al., 2014a). The data sourced for these domains should not be limited to the student's perspective. Carter et al. (2006) observe that "the routine evaluation of individuals in isolation is artificial and provides only a partial picture of current functioning. Typically, multiple sources of information can be obtained about multiple domains of functioning as well as contextual factors" (p. 200). Caregivers, teachers, and school personnel are prime sources of data. When sourcing from these collateral individuals, Breiger et al. (2014) "find it helpful to begin the interview … by asking how long the teacher has known the child, how much time he or she spends with the child, and the context of their contact" (p. 56). They also recommend that "as the interview unfolds, clarifying responses by asking for concrete descriptions of behavior that are observable and unambiguous" (Breiger et al., 2014, p. 57).

Tools

There are a variety of tools and instruments used to gather the myriad data for a psychoeducational assessment including academic and intelligence measures, rating scales and questionnaires, behavioral observations, interviews, projective tests, and art.

Academic and Intelligence Measures

Kamphaus, Quirk et al. (2006) recommend the use of nationally-normed standard measures because they create consistency of diagnosis across states and school districts and likely includes large, diverse samples that mitigate bias by sex, race, or ethnicity. Additionally, these types of measures likely have independently corroborated reliability and validity studies (Kamphaus, Quirk et al., 2006). Examples of nationally normed academic measures include

Kaufman Test of Educational Achievement (KTEA-III), Wechsler Individual Achievement Test (WIAT-III), and Woodcock-Johnson IV Tests of Achievement (WJ IV Ach). These are comprised of task-based subtests that measure individual constructs.

Rating Scales and Questionnaires

Rating scales and questionnaires are often used to gather a wide range of information to supplement data from intelligence and academic measures including executive function (e.g., Behavior Rating Inventory of Executive Function-2), personality (e.g., Minnesota Multiphasic Personality Inventory-2), behavior (e.g., Behavior Assessment System for Children-3). When these tools have appropriate normative information, they are helpful in clinical assessment. However, "the adequacy of the sample on which normative data are based should be evaluated along a number of dimensions: sample size, representativeness of age, sex, socioeconomic status, ethnicity, and size of community" (Carter et al., 2006, p. 200).

Carter et al. (2006) raise two concerns regarding rating scales and questionnaires. One is "the potential bias of the informant, typically discussed in terms of response styles" (Carter et al., 2006, p. 201). Some students may purposely respond in an overly negative way to access services while others may attempt to minimize their responses so as to appear more socially conventional. Carter et al. (2006) observe that "some scales have incorporated social desirability indices or veracity scales which can detect such response biases and provide correction formulas" (p. 201). The second concern they mention is the reliability of the instrument itself. Structured format and low inference levels increase test-retest reliability and interrater reliability (Carter et al., 2006). While lack of veracity scales or high inference levels may not rule out a particular measure in a particular situation, these are important considerations to include in the interpretation of the results.

Interview

McConaughy (2005) observes that "clinical interviewing has long held a venerable position in psychological assessment" and that it is the most pervasive and frequently used assessment tool (p. 1). Both Sattler and Garro (2014a) and McConaughy recommend that interviews should be part of a multimethod assessment, precede formal testing, and be developmentally sensitive. They dedicate entire chapters and books general interviewing techniques (McConaughy, 2005; Sattler & Garro, 2014a, 2014c) and specific interviewing techniques with children, parents, teachers, and families (McConaughy, 2005; Sattler & Garro, 2014b). Only a high-level overview will be presented here.

The purpose of a clinical assessment interview is variable depending on timing within the assessment process and the particular goals of the interview. Initial interviews are used to establish rapport and gather data in the forms of statements and behavioral observations (McConaughy, 2005; Sattler & Garro, 2014a). Exit interviews discuss findings and recommendations and follow-up interviews are intended to assess outcomes (Sattler & Garro, 2014a). The effects of interviews include establishment of rapport, communication of the assessment's nature and goals, clarifying expectations, resolving ambiguity, and collection of data (Sattler & Garro, 2014a).

Questions and observation of nonverbal behavior are the core components of interviews. Thus, listening and attending skills and effective questions are essential for a successful interview (Sattler & Garro, 2014a). According to Sattler and Garro (2014a), "Good questions encourage the interviewee to answer freely and honestly… whereas poor questions inhibit the interviewee or lead to distorted replies (p. 177). Both the questions themselves and the way they are presented can contribute to the effectiveness of the interview (McConaughy, 2005; Sattler &

Garro, 2014b). For example, open-ended questions (e.g., What was your experience like?) allow the interviewee to expand in their own words whereas closed-ended questions (e.g., When did you receive your SLD diagnosis?) elicit specific information (Sattler & Garro, 2014a). Each type of question has its own benefits and drawbacks depending on the situation and goal. Sattler and Garro (2014a) describe the types of interviews, general types of questions that should be avoided, and how to establish an adequate balance between types of questions through various probing techniques.

When interviewing children specifically, Sattler and Garro (2014b) explain that an environment that fosters safety and motivation is essential so that the child will be able to share their thoughts and feelings. Most emphatically, "*You want them to know that you can accept them no matter what they tell you*" (Sattler & Garro, 2014b, p. 206). Additionally, it is important to attend to the child's limitations in language comprehension, language expression, conceptual ability, and memory (Sattler & Garro, 2014b) and adjust accordingly. Other factors that may affect the interview outcome are the child's level of attention, concentration, distractibility, and physical comfort (Sattler & Garro, 2014b). McConaughy (2005) provides in-depth questioning strategies according to developmental characteristics of the various childhood stages. Additionally, Sattler and Garro warn that the strangeness of the interview situation may evoke atypical behaviors that are not representative of the child's behavior in other settings so behavioral observations should be corroborated with parents, family members, and/or teachers. In general, it is recommended that the interviewer be skillful and flexible in asking different types of questions in a conversational style (McConaughy, 2005; Sattler & Garro, 2014b).

There are many ways to successfully conduct an interview and this flexibility is one of its beneficial attributes. However, like rating scales and questionnaires, interviews have bias and

reliability concerns as a result of those very benefits (Carter et al., 2006). Sattler and Garro (2014c) explain that concurrent validity and predictive validity are most relevant to the interview situation. These types of validity are affected by the accuracy of the information given by the student which in turn is affected by the student's attitudes, behaviors, understanding of the questions, memory, interpretation of events, language, affect, personal (dis)likes and values, and psychological problems (Sattler & Garro, 2014c). Reliability and validity are also affected by factors associated with the interviewer including techniques and style, errors, personal needs, personal (dis)likes, susceptibility to interviewee's nonverbal behavior, values and opinions, understanding of the interview, failure to attend to situational factors, selective perceptions and expectancies, ethnicity or class status, inferences and assumptions, and theoretical position (Sattler & Garro, 2014c, pp. 248–249). Their six strategies for improving the reliability and validity of interviews are as follows:

- plan and use guidelines
- relate to the interviewee
- develop self-awareness [of attitudes, values, and objectives]
- gather additional information [from other sources]
- attend to recordings [of interview]
- critically evaluate hypotheses [by corroborating data] (Sattler & Garro, 2014c, pp. 247–249)

Behavioral Observations During Assessment

Carter et al. (2006) remark that:

observational methods vary along a continuum of structure and the level of inference required to evaluate the constructs of interest. In addition, observational data add the

> dimension of time, and decisions must be made regarding the time frame of the analysis (e.g., continuous versus time or event sampling). (p. 201)

and that "few structured observational methods have been developed and standardized sufficiently to permit their use in clinical applications.…one exception is the Autism Diagnostic Observational Schedule" (ADOS; Lord et al., 2000 as cited in Carter et al., 2006, p. 201). Despite this inconsistency and unreliability, behavioral observations are a major contribution to the contextualization required to interpret the data as evidenced by the inclusion of them on test records for standard rating assessments (Mather & Wendling, 2014). Additionally, Sattler (2014) notes that "observations conducted during the assessment are especially valuable, because they are made under relatively standard conditions and allow for comparisons among children" (p. 92).

In light of the central role behavior observations play in psychoeducational assessment, Sattler (2014) offers the following recommendations: (a) be inconspicuous during observation and discreet when recording them; (b) record the observations, don't rely on memory; and (c) note where and when unusual behavior occurs, what proceeds it, and what follows (p. 92). Sattler (2014) recommends paying attention to how the student responds to environmental cues, personal appearance, gross-motor and fine-motor behavior, verbal and nonverbal behavior, attention, mood, affect, and attitude. Nonverbal behavior includes facial expressions, posture, gestures, mannerisms, vocalizations, sensory behavior (e.g., holding materials close to the eyes, touching everything in reach), attention (Sattler, 2014). This "provide[s] information about the child's physical, mental, and emotional states… Pay particular attention to behavior suggesting physical discomfort, such as sweating, shivering, crossing legs, or squirming" (Sattler, 2014, p. 97). Verbal behavior is important as "a guide to a child's personality and thought processes, as

are the temp, quality, and content of the child's verbal responses" (Sattler, 2014, p. 97). Additionally, attention, mood, affect, and attitude are "particularly important, as they affect the reliability of the test results" (Sattler, 2014, p. 99).

Projective Assessments

Projective assessments are routinely used to assess personality and emotional development and include sentence completion tasks, figure drawings (e.g., House-Tree-Person), and storytelling (e.g., Thematic Apperception Test [TAT]; Carter et al., 2006); However, there is controversy regarding their use due to lack of reliability and validity (Carter et al., 2006). There has been work to develop standardized administration, scoring, and interpretation for some projective assessments. For example, the Rorschach Performance Assessment System, (R-PAS; 2019), which aims to identify psychological functioning and themes of personality performance in interpersonal situations, has a comprehensive interpretation system and normative data. It is at the discretion of the evaluator to determine whether including projective assessments is appropriate for the referral question.

Drawing/Visual Arts

Some projective assessments are based on drawings (e.g., House–Tree–Person, Kinetic family drawing) and these are often used for assessment with children. Silver (2001) conducted a review of both qualitative and quantitative studies on stimulus drawing assessment and observed that "although traditionally identified, assessed, and developed through words, emotions and cognition also can be identified, assessed, and developed through images… speech is only one kind of symbolic process" (p. 4). The visual arts are capable of assessing aspects that are difficult

to verbalize, such as unacceptable feelings, fantasies, through the medium of subjectivity rather than the objectivity that saturates other assessment measures (Silver, 2001). This medium is also helpful when assessing young children or students with limited verbal abilities.

Conceptual Framework

As mentioned previously, there are several conceptual frameworks that are well-suited from psychoeducational assessment including the developmental model, the normative–developmental model, the cognitive behavioral model, the family-systems model, and an eclectic model (Sattler & Shaffer, 2014). One example is the Comprehensive Psychological Assessment (CPA) model that Carter et al. (2006) advocate using to inform the assessment process in both clinical and research settings. Based on developmental psychology and the authors' knowledge and practice of assessment, they claim that it "facilitates a more systematic approach to measurement selection, data collection and interpretation in both clinical and research settings" (Carter et al., 2006, p. 206).

The CPA model is multidimensional, multilevel, and dynamic in nature (Carter et al., 2006). The *multidimensional* aspect subsumes the multimethod process that is necessary for psychoeducational assessment and further extends analysis to the cellular, genetic, and neurobiological domains (Carter et al., 2006). Carter et al. (2006) recognize that a multidimensional approach is important because "although various domains of functioning have historically been discussed as if they are independent, interdependence across domains is in fact the norm. Further, skill acquisition and/or deficit in one domain often influences functioning in other domains" (p. 184). Thus, a comprehensive assessment includes the integration of all appropriate domains. The *multilevel* aspect of the CPA model refers to Bronfenbrenner's (1986) ecological model of development of nested contexts starting from the individual, moving through

proximal contexts, such as family, to distal contexts, such as institutions and culture. The multilevel aspect is particularly crucial for school-age children who are deeply embedded in their home and school contexts. Finally,

> for an assessment to better illuminate critical issues and processes, we suggest that consideration be given to the *dynamic* interplay that occurs among domains within the individual and across levels within the environment as well as between the individual and salient context. (Carter et al., 2006, p. 184)

In other words, the CPA model accounts for the entangled complexity of the mechanisms that contribute to and affect a student's psychology.

The systematic nature of CPA is implemented through hypothesis-driven assessment (Carter et al., 2006). At every stage, the evaluation uses the existing data to inform hypothesis that in turn directs the next steps. At the beginning of the assessment, the first hypothesis is generated by the referral question. Subsequent pivots are made based on the student's results in various domains. In this way, the assessment is tailored to the student as opposed to administering a standard battery that may or may not capture the nuances of the particular individual's disability (Carter et al., 2006).

Moses (2006) does not specifically refer to the CPA, but his description of an appropriate assessment framework echoes the multidimensional, multilevel, and dynamic essence of the CPA model:

> Every school-age child functions as a member of a complex and interactive set of social systems that include their social peer network, their multigenerational nuclear family system, and their academic educational setting. Optimal assessment of each child's unique pattern of social, emotional, and academic skills, challenges, and adjustment

> difficulties must be evaluated and considered in combination with these other factors. Rationally based, optimal treatment planning to meet the child's emotional and academic needs should be based on a holistic understanding of these multifaceted components. (p. 1)

Sociocultural Considerations

> It must be recognized that tests are products of the people who develop them and the culture from which they emanate. They must necessarily reflect those values in the content, design and structure, and in this way they will always be "culture bound." (Ortiz, 2011, p. 302)

Indeed, Willis (2019) notes the underrepresentation of students of color in norming for universal screenings and process monitoring measure and submits "that underpinning much of the traditional education, reading, and special education research are unexamined white supremacist assumptions" (p. 84). Willis further argues that both the discrepancy and RTI models are problematic: the discrepancy model does not factor the impact of culture, ethnicity, dialect, instruction, and poverty in the variation of achievement among students and the RTI model can easily pre-identify students of color and those living in poverty as "at risk" based on stereotypical characterizations. Collier and Hoover (1987) and Helmer (2007) call for training for people working with diverse populations and sociocultural considerations during the referral process.

When moving ahead with the psychoeducational assessment for culturally and linguistically diverse students, Ortiz (2011) acknowledges that there is no one preferred method but emphasizes the need to attend to the validity of the measurement instruments because "invalidity effectively precludes interpretation" (p. 304). Ortiz describes the relative advantages

and disadvantages of four general approaches to address cultural and linguistic differences: (a) modified or adapted testing, (b) nonverbal testing, (c) native-language testing, and (d) English language testing. The fourth being both the most likely and most biased option.

Ortiz (2011) offers the Culture-Language Interpretive Matrix (C-LIM) as a tool to address issues of validity of other assessment measures but cautions against using it in isolation or as a complete solution for this problem. Essentially, the C-LIM was designed to detect the influence of cultural and linguistic differences in test performance (Ortiz, 2011). Several graduate students wrote dissertations on the practicality of using the C-LIM, recommending it for interpreting assessment data for low-income students (Kollister, 2018) but advising against its use for use with English language learners (Meyer, 2014; Styck, 2013). More research is needed.

Ultimately, when conducting psychoeducational assessment for culturally and linguistically diverse students, it is critical that many factors be taken into account, including level of acculturation, language development and proficiency, socioeconomic status, academic history, familial history, developmental data, work samples, curriculum-based data, intervention results, and, most importantly, validity of the assessment instruments (Ortiz, 2011).

Third-Party Assessment Considerations

While psychoeducational assessments are often conducted by school psychologists in the school setting, there are several reasons a third-party clinical psychologist may receive a referral for a psychoeducational assessment including consultation and legal resolution. The referral may come from the parents, the school, or an attorney at a parent's request (Breiger et al., 2014). Given the legal implications, Breiger et al. (2014) offer three recommendations specific to third-party assessments: (a) "that psychologist include steps within their evaluation process that will lead the child, family, and school personnel to recognize the objectivity and fairness of the

process" (p. 39), (b) "inquire as to whether the family is working with an attorney and clarify the goals of evaluation" (p. 41), and (c) make minor modifications in the process that "have to do with permission to contact on party (when initiated by school) and the number of feedback sessions (which varies according to the level of rancor between parties)" (pp. 41–42).

Unintended Consequences of Psychoeducational Assessment

There are numerous benefits to psychoeducational assessment not the least of which is access to SERS; however, unintended consequences, like stigma, derive from the necessary use of diagnostic labeling. Clinicians are aware of the impact categorization has on students. McFarland et al. (2018) conducted a qualitative study on clinicians' perspectives on the diagnosis of disorders in adolescence and found that the participants noted the "importance of individualized assessment, differential diagnosis, the role of context and impairment, and the functional and stigmatizing effects of diagnostic labels" (p. 21). Additionally, the disadvantages of diagnostic labels and classification are not ignored in the literature regarding psychological assessment of children (Sattler, 2014). However, the qualitative experience of students regarding diagnostic labeling and the associated stigma complicates how this phenomenon is understood.

Diagnostic Labels/Classification

Recall that diagnostic labeling is a necessary part of the process to access SERS but that best-practice recommends that the label should be used in service of the student and not the other way around. In addition to the legal protections (U.S. Department of Education, n.d.), Sattler (2014) outlines 10 potential benefits of diagnostic labels and their underlying classification systems including efficient communication, development of hypothesis and remediation, and comparison among individuals and across professionals. For the full list, refer to Appendix B. Diagnostic labels begin to pose problems when the label comes to represent the whole student

rather than a small part of a much thicker description of the student and their abilities. Sattler (2014) provides 10 counterweights to the benefits of diagnostic labeling including suggestion of disease or abnormality, obscuration of important differences between individuals, and suggesting a static symptom profile. For the full list, refer also to Appendix B. According to Sattler (2014), "despite the very real dangers of misuse of labels, the advantages of diagnosis and classification justify their use" (p. 83) but that "each child should be viewed as an individual and never only as representing a particular disorder" (Sattler & Shaffer, 2014, p. 20).

On the other hand, Craft's (2015) qualitative dissertation on African American secondary students' perceptions of their experiences in special education programs suggests that "students found the negative consequences of their placements in special education programs to outweigh the benefits they experienced" (p. 4). While this is not a comment on the diagnostic label itself, it speaks to the very real consequences that result from classification as a student with disability. Regardless of all the theory and rationality that aims to optimize the psychoeducational assessment for the "benefit" of the students, the process and its consequences are very real experiences of the students who are often voiceless in the matter.

Stigma

One of the negative consequences identified in Craft's (2015) study and in many others regarding learning disabilities is the experience of stigma. Quantitative peer-reviewed studies on students carrying learning disability labels have found that stigma negatively impacts self-relationship (Chan et al., 2017), peer relationships (Bellanca & Pote, 2013), quality of life (Chan et al., 2017), and educational outcomes (Shifrer, 2013, 2016). Qualitative studies, both peer-reviewed and dissertations, assert that stigma associated with the label of learning disability creates barriers in postsecondary education. Students are reluctant to request or use

accommodations (Brown, 2008; Denhart, 2008; Grella, 2015) or are dealing with poor attitudes and lack of awareness and support from programs and faculty (Bethke, 2004; Denhart, 2008). In many cases, a student actively avoids stigma by engaging in impression management (Arceneaux, 2008; Tagayuna, 2008) including choosing not to disclose their disability status to peers and institutions (Bethke, 2004; Bryd, 2019; Camara, 2012; Madon, 2016). Lack of disclosure may limit the experience of stigma, but it also limits access to accommodations that help students succeed.

Sociocultural Considerations

This literature review has alluded to the idea of special education as a vehicle for equity and equality. Public policy has been codified and revised to address inequity, most notably the addition of RTI as a model for SLD determination in IDEA with the lofty goal of decreasing the overrepresentation of minority students, particularly Black students, identified as needing special education services. Willis (2019) claims that the unintended consequences are quite the opposite:

> Given the ill-defined federal guidelines for reporting racial disproportionality and the increased number of students of color identified as having an SLD under NCLB and using RTI, something is amiss. RTI has neither improved reading achievement for students of color nor reduced racial disproportionality, contrary to promises. The approach offers an illusion of equity where none exists." (p. 92)

Discussion

The professional viewpoint contrasts with the student viewpoint regarding the use of diagnostic labels. Most professionals see it as unavoidable, but students who have to live through the associated repercussions are not always convinced that the ends justify the means. This argument becomes circular because is unclear whether the stigma comes from the label itself or

other people's experience of the student's disability encapsulated by the label. There is mixed evidence that the label itself creates stigma. One study demonstrated that a learning disability label can negatively impact the student's self-perception more than actual performance (Chan et al., 2017) and another showed that the attachment of a label to a student can lower parent and teacher expectations as compared to similarly achieving students without the label (Shifrer, 2013). Other studies show that the label impacts only some students' academic self-concept and motivation (Harris, 2007; Kizzie, 2010).

Regardless of whether or not the label creates stigma, there are systemic issues that continue to over-identify certain groups of students and some students choose not to use the label to access accommodations and services as a way to mitigate their experience of stigma. There seems to be a missed opportunity to help students integrate and take ownership of their experience and use it to their best advantage rather than cultivating avoidance.

The Phenomenology of Assessment: The Student Experience

While there is ample literature on a person's experience of being "different," particularly the stigma associated with mental health diagnostic labels, there is a dearth of research on a person's experience of the process in which they acquire the label. This section presents the three qualitative studies that this researcher was able to find that directly addressed assessment experience.

Experience of Initial Diagnosis

There was one qualitative study done by Kenyon et al. (2014) in the United Kingdom that "aimed to make a qualitative exploration of the experience of diagnosis" (p. 258). Although this study was mainly focused on the identity of learning disability as it related to the experience of diagnosis, Kenyon et al. revealed some insights relevant to this dissertation.

Among other things, Kenyon et al. (2014) asked adults to reflect on their diagnosis of learning disability. When asked about the assessment itself, the participants did not have much to say about the process other than they noticed when support at school changed (Kenyon et al., 2014); however, the study did reveal three themes of experience, the first of which merits discussion here. This theme is "an unwanted difference at school" (p. 257). Even though the participants could not recall the assessment process itself, they were aware of the additional help they received as compared to other students or the transfer to a special school which marked them as different. This study suggests that coming to terms with applying the label of disability to the self can take years, with the teenage years being a particularly difficult and stressful time regarding awareness of the difference between self and others. Kenyon et al. (2014) also noted that the participants "described diagnosis and discovery of their perceived difference as a shock, which suggests it had been unexpected" (p. 259). Based on the published contents of this study, there appears to be very little evidence that anyone was helping the participants come to terms with it all. One participant seemed to feel that the professionals bestowing diagnosis were even more culpable than the general public for obscuring their humanity with a disability label (Kenyon et al., 2014).

The participants in this study (Kenyon et al., 2014) did not remember the assessment process itself and the lack of salience is striking. Was it because the experience was not particularly notable or impactful at the time? Or did it get subsumed by everything else they were experiencing including stigma, shame, inferiority, misery, isolation, anxiety, and lack of empathy from others as they wrestled with coming to terms with their disability? Also, the participants seemed to have the expectation that the professionals who diagnose should help, not make things worse. The best-practices outlined previously and the phenomenological experience described in

Kenyon et al. appear to be conveying the same thing: when conducting a psychoeducational assessment for SLD, the subjectivity of the student should not only be attended to, it should be a central tenant of the assessment process.

Experience of Therapeutic Assessment

Although therapeutic assessment and psychoeducational assessment are not necessarily the same thing, they are not altogether different either. This comparison is out of scope for this proposal because it is unclear at this time whether there is a qualitative difference in the client's experience. The two types of assessment are similar enough in process (question, gathering data, answering the question and providing next-steps) that it is worth considering the adolescent experience of therapeutic assessment here.

As part of a larger set of studies conducted in Norway, Binder et al. (2013) "explored how adolescents experience assessment and diagnostic evaluation in psychotherapy, and the types and qualities of interaction associated with these activities" (p. 107). Binder et al. (2013) identified a tension between two themes of experience: "The first is the participants' experiences of standardized assessment as potentially *obscuring context with the unique personhood of the client*, and the second is *providing hope through trust in the therapist's competence in understanding* the problems they face" (p. 111). Binder et al. (2013) noticed that this tension, this ambivalence, was often held within individual participants who had the "experience of feeling vulnerable, of being overpowered by the definitional nature of professional assessment or diagnosis" (p. 112) while at the same time had the "experience that assessment and diagnosis formulate the problem as something that is possible to understand and to work with" (p. 113). Alienation and hope can be experienced in the same event.

In addition to observing the tension, Binder et al. (2013) also noticed how the tension was influenced. They reported that

> The adolescents' experience of diagnostic tools and a professional framework seem to depend strongly upon the interpersonal qualities of the relationship being established, and … how they are applied by the therapist within this relationship … participants could appreciate the uses of assessment tools and the introduction of a professional or diagnostic framework to conceptualize their problems when perceived as part of an authentic relational process in which the therapist is straightforward with the adolescents. (Binder et al., 2013, p. 114)

In other words, collaboration and relational authenticity were hallmarks of positive experiences of therapeutic assessment. Alternatively, "sensing a pressure from the system outside the therapeutic dyad" contributed to a suboptimal experience of therapeutic assessment (Binder et al., 2013, p. 115). For example, the pressure may be bureaucratic demands of managed care that constrict the therapist's approach to the assessment and time with the client.

Based on this study (Binder et al., 2013), it appears that it is not the method of assessment (e.g., note-taking or questionnaires) that matters, but how the method is implemented (e.g., eye-contact) and how it is experienced by the client (e.g., objectivity vs subjectivity).

> Assessment tools and the diagnostic framework can be experienced as obstacles to therapeutic work and a threat to the need to be mirrored and seen as unique. However, this is when the assessment process is conducted in a way that is not felt to be adapted to the need for emotional contact with the therapist, the need to give meaning to one's experiences in one's own terms, and the need for encouragement and the fostering of hope. When these needs were met, and were balanced with curiosity about and

> affirmation of the unique aspects of their lives, the assessment process could be experienced as constructive and engaging, fostering hope, structure, and facilitating trust in the therapist. (Binder et al., 2013, p. 116)

Throughout the assessment process, the adolescent wants to be recognized as a whole and individual person with both the healthy and wounded parts acknowledged and not to be reduced to a diagnostic label (Binder et al., 2013).

This desire to be seen as more than a disability echoes the sentiments of the participants in the Kenyon et al. (2014) study. In addition to wanting to be seen rather than objectified, the adolescent wants to be seen as a whole complex person and not just a set of problems.

An expansive literature review (screened n = 12,743; total n = 13) of qualitative studies for adult (ages 16+) experience of psychological therapy assessments by Sweeney et al. (2019) supports Binder et al.'s (2013) notion that collaboration is an important aspect of positive assessment experience. What Sweeney et al. (2019) add is that "whilst the benefits of collaboration appear self-evident, explicitly collaborative approaches were not the norm" (p. 133). In summary, the limited data that exists indicates that collaborative assessment practices that sees the assessee as a whole person will provide a better experience.

Experience of Psychoeducational Assessment

What is known about other experiences of psychological assessment may be extrapolated to psychoeducational assessment but there is very little research on the student's experience of psychoeducational assessment specifically. This author could not find any studies pertaining to the general experience of psychoeducational assessment in the United States as outlined in previous sections, never mind for students with SLD in particular. Only one study came up in the researcher's search of the literature regarding this topic which was a qualitative study on the

impact of dynamic assessment (DA) of cognitive skills on children with special education needs in a UK school setting by Lawrence and Cahill (2014).

According to Lawrence and Cahill (2014), DA is based on Vygotsky's social-cultural theory of learning and Feuerstein's theory of structural cognitive modifiability. The underlying assumption is based on Vygotsky's argument that "traditional standardized intelligence tests merely reflect a person's social-educational history, not his or her true potential" (Lawrence & Cahill, 2014, p. 192). DA "provides an assessment of thinking, perception, learning and problem solving using an active teaching process aimed at modifying cognitive functioning" (Lawrence & Cahill, 2014, p. 192). This is achieved by the assessor "actively intervening during the course of the task with the goal of intentionally inducing changes in the learner's level of functioning" (Lawrence & Cahill, 2014, p. 192). Research indicates that DA reliably identifies mediation strategies in addition to cognitive strengths and weaknesses (Tzuriel, 2002, as cited in Lawrence & Cahill, 2014) and that it is a better predictor of school performance than static assessments (Swanson & Howard, 2005, as cited in Lawrence & Cahill, 2014).

The results of the study indicate that from the student's perspective, DA is "a positive assessment, teaching and learning experience … increasing their confidence and positive self-perceptions as learners and as a result enabling them to take greater ownership of their future learning" (Lawrence & Cahill, 2014, p. 203). It is also indicated that "participating in DA positively impacts upon the child's emotional well-being, self-perceptions, learning, behaviour and social relationships directly and through the subsequent intervention of parents and educators" (Lawrence & Cahill, 2014, p. 207).

Lawrence and Cahill (2014) surmise that it is the aspects of collaboration and focus on success that make DA a positive experience for the student. This study suggests that the

psychoeducational assessment process is not inevitably a necessary evil in order to obtain SERS, rather it can be a positive experience that adds to the student's well-being.

Discussion

The Kenyon et al. (2014) and Binder et al. (2013) studies suggest that, from the student/adolescent perspective, psychological assessment should privilege the subjectivity of the student and aim for understanding the whole-personness of the student rather than objectifying the student and allowing a diagnostic label to obscure their humanity. The Lawrence and Cahill (2014) study implies that the often-necessary psychoeducational assessment process can be done in such a way that the process itself is beneficial for the student. This existing literature is encouraging and suggests that assessment done a certain way can be an intervention itself. However, is yet to be understood how students experience psychoeducational assessment as practiced in public schools in the United States.

Summary

Triennial psychoeducational reevaluations are required by law and are intended to provide early identification and effective interventions for students who are struggling academically. Best-practices include multimethod and multi-sourced data gathering and the understanding that "… assessment results reflect a child's performance at a particular time and place and should not be viewed as immutable" (Sattler & Shaffer, 2014, p. 38) nor as anything but a unique description of the student that may just happen to share characteristics with other students in their diagnostic category.

It is also clear that the diagnostic labeling necessary for the student to access SERS can lead to the experience of stigma that negatively impacts the student. The phenomenological studies that have examined assessment experience suggest that psychological assessment should

privilege the subjectivity of the student and aim for understanding the whole-personness of the student rather than objectifying the student and allowing a diagnostic label to obscure their humanity. Those studies also suggest that when the psychoeducational evaluation process is collaborative the process itself is beneficial to the student.

Usefulness of This Study

What the reader may notice is that in the discussion on recommended best-practices, the student's perspective of the psychoeducational assessment experience is absent. The literature review for this dissertation proposal has been largely based on clinician experience, public policy, and research studies. Only some of the best-practices (e.g., providing feedback and establishing relationship) acknowledged the subjectivity of the student. For example, the evaluator *should* explain what will happen in the session using accurate and developmentally appropriate terms (Breiger et al., 2014). Should, but why? So that the evaluator gets the best data possible to make the eligibility determination for SERS? But what about the collateral experience of the student? Should orienting the student not also be purposed to alleviate the student's anxiety or empower them to understand and manage their difficulties?

People are thinking about these questions and privileging the child's perspective. For example, McConaughy (2005) observes that "learning children's viewpoints is an essential feature of good clinical assessment, especially assessment of children experiencing learning, behavioral, and emotional problems" (p. vii). However, the viewpoints to which McConaughy refers are the child's experience of the contents of the assessment (e.g., school, behaviors, etc.) and not the child's experience of the assessment process. Lawrence and Cahill's (2014) study suggests that how an assessment is conducted (i.e., how the assessment is experienced by the

student) impacts the student's experience of stigma or lack thereof while still providing the necessary information and recommendations.

Psychoeducational assessment is a double-edged sword; the question is not the *what* of the psychoeducational assessment process, but rather the *how* it is attended to.

> When completed effectively, the assessment process itself can be a powerful intervention; helping to create a collaborative understanding of the difficulties, laying the foundations of good engagement, and in the forming of a shared motivation around the goals and aims of any intervention. It is therefore important, before embarking upon an assessment, to consider not only the specific psychological domains of interest but also the process by which they will be assessed in order to facilitate this. (Nicholson, 2013, p. 106)

Assessment procedures are experiences and have meaning for the student. The question is: How much are psychologists accounting for the student's experience? The experience of initial and repeat encounters with mental health professionals and assessments will likely inform the student's engagement with mental health services later in life. Assessment as intervention, as codified in models like Collaborative/Therapeutic Assessment (Finn et al., 2012), has increasing relevance because each experience is an opportunity for the student's narrative to change especially if the assessment is a dialog, a collaboration between the student and the evaluator, rather than an experience being done to the student.

Assessment as intervention is a relevant area of practice that would benefit from this dissertation which aims to understand the student's experience of the psychoeducational assessment process. The short-term efficacy of therapeutic assessment and collaborative assessment with children and adolescents have been studied in clinical settings including referral questions of learning difficulties (Finn et al., 2012). However, there does not appear to be

information regarding school settings where an individual student experiences psychoeducational assessment on a triennial basis.

Additionally, this study can widen the considerations for postgraduate training and professional development of psychologists. Gilmore and Campbell (2019) highlight difficulties encountered by intern psychologists conducting psychoeducational assessment which, while important research, focuses only on the professional side of the process. This study aims to showcase the specific issues and/or successes encountered by the students during assessment.

Knowledge Gap

Although it is both policy and practice to reevaluate students' learning disabilities, there is no research regarding the students' experience of the psychoeducational assessment process. Binder et al. (2013) call for "further phenomenological studies of [adolescent experience of assessment and diagnostic evaluation], especially in other cultural and clinical contexts" (p. 118). This dissertation aims to elucidate the question of how students with learning disabilities experience and make meaning from the multiple psychoeducational evaluation and reevaluation events in the educational setting.

Research Question

How do students experience and make meaning of the psychoeducational evaluation and reevaluation events that are necessary to obtain special education and related services?

CHAPTER III: METHOD

Research Paradigm and Study Design

This study used interpretative phenomenological analysis (IPA; Smith et al., 2009). The paradigm was chosen because it is designed as a way to explore how people (students) who share a particular experience (psychoeducational reevaluation for SERS) create personal meaning: "[w]hen people are engaged with 'an experience' of something major in their lives, they begin to reflect on the significance of what is happening and IPA research aims to engage with these reflections" (Smith et al., 2009, p. 3). IPA is idiographic: it examines in detail *this* experience for *this* person and how *this* person is making sense of it. With a reasonably homogeneous sample, the convergence and divergence of people's experience of the phenomenon can be explored. Theoretical generalizability can be considered by you, the reader, in relation to professional and experiential knowledge. Data collection for this study was in the form of semi-structured interviews that privileged the participant's voice with the aim of capturing the meaning they made of their experience. Transcripts of interviews were run through a systematic, qualitative analysis. The end-product is a narrative account of the researcher's analytic interpretation which is supported by verbatim extracts from the interviews.

Qualitative Design

The purpose of this study was to understand how students who have been reevaluated for SERS experienced and made meaning of that process. As the goal was to explore meaning and experience, IPA was an appropriate research paradigm (Larkin & Thompson, 2011). Individual interviews were used for data collection. Research about how young people would like to participate in studies indicates that fairness, effectiveness, agency, choice, openness, diversity,

satisfaction, and respect are the core principles (Hill, 2006). In order to adhere to these principles, the study was conducted in an environment of empowerment and collaboration.

Participants

The target population was undergraduate college students in New England who had been identified as requiring SERS for a learning disability. These students were selected to represent their perspective into the research question rather than as members of a particular population (Smith et al., 2009). However, homogony is useful when examining variability and patterns of convergence and divergence within the experience (Smith et al., 2009). Thus, to achieve homogony, the participants were selected from a single college and only students between the ages of 18 and 30 coded with a Learning Disability (LD) were included. Given the interruption of recruitment due to the COVID pandemic, it was not feasible to consider gender, severity of LD, and secondary codings as inclusion criteria.

Interview Protocol and Data Sources

The data was sourced from interviews with each participant. The semi-structured interview protocol loosely followed the one used by McLaughlin and Rafferty (2014) and primarily focused on the students' assessment of their experience of the psychoeducational assessment process (see Appendix C). The open-ended questions were intended to elicit reflection on the experience and allow the participants to contribute with their perspectives rather than being bound by any pre-considered possibilities.

The life grid, a visual tool for mapping biographical narratives, was used as a way to open the conversation and construct and reflect on a concrete record of the participants' experience of the SERS evaluation process. The advantages of using this visual tool include (a) facilitating a more relaxed atmosphere supportive of engaging student voice in light of the

sensitive nature of the study's topic and (b) anchoring the narrative in accounts of everyday life (Wilson et al., 2007). This interview schedule is a loose map of the conversations as the researcher privileged the participants' concerns as the experiential experts.

The interviews were recorded and transcribed for analysis.

Procedure

Recruitment

The sampling strategy was categorized as purposeful convenience since the goal of qualitative research does not include generalization to a broader population (Creswell, 2013). Six students were recruited through the college's office of disability services. Recruitment ended when the college stopped in-person attendance due to the COVID-19 pandemic. Flyers were available that included the invitation to participate, the purpose of the study, the voluntary nature of participation, the opportunity to receive a gift card in exchange for being a study participant, and the researcher's contact information.

Informed Consent

Participants receive a document regarding informed consent (see Appendix D) which was reviewed at the beginning of the interview. The informed consent document included the purpose of the study, the timeline of both the interview and the research process, the use of audio recording, an explanation of the risk and benefits of participation, a list of resources for support regarding the topic being studied, and the researcher contact information.

Data Collection

The five in-person interviews were done in a private location in a private meeting room in the office of disability services which was familiar to the participants. The sixth interview was conducted via Zoom due to the social distancing restrictions of the COVID-19 pandemic and all

possible confidentiality concerns of the tele-interview were attended to. These additional precautions included (a) disabling the cloud recording in favor of local recording only, (b) requesting verbal and electronic consent for recording, and (c) requiring a meeting password and locking the meeting to prevent Zoom-bombing.

The researcher first reviewed the informed consent, reviewed the interview plan, answered participant questions, collected demographic data, and verified preferred email address for follow up contact. The demographic data included age, gender, race, years of education, date of first IEP, number of psychoeducational assessments, and disclosure of disability status. Following informed consent, the researcher invited the participant to fill out a life-grid and encouraged them to verbalize their thoughts. Then the researcher addressed any questions in the semi-structured interview (see Appendix E) that had not been addressed. The process was fluid with follow-up questions on topics that the researcher understood to be particularly important or poignant for the participant. After the interview portion was finished and the recording stopped, the researcher provided the participant the opportunity to ask questions. On average, the entire interview process was lasted just under an hour.

Limitations

Since the participants were recruited as a convenience sample based on their status as having a learning disability and the number of participants was low, there was no control for other intersectional identities (e.g., race, religion, socioeconomic status, etc.). This may have impacted generalizability and transferability; however thick descriptions of demographic data is included in the discussion section to allow the reader to determine applicability to their research or treatment context.

Additionally, this study asked the participants to reflect on experiences that happened years ago. This means that the immediate reaction to the experience was not captured. Instead, the experiences will have been consolidated in memory and meaning. This privileges long-term meaning-making regarding the experience over short-term impacts of the experience.

Ethics

Foreseeable harm, foreseeable benefits, and confidentiality are ethical considerations that were relevant to the design of this study. The researcher anticipated that there could be emotional discomfort when talking about a stigmatized topic and used clinical judgement and sensitivity to introduce flexibility to the interview process as preventative efforts to minimize harm to the participants. The researcher did not require participants to answer or elaborate on any questions to which they had obvious discomfort. The second point of potential harm was in the incentive offered for participation. Due to the potential for an incentive to become coercive, the researcher set the incentive to be small enough so that the participants did not take part solely to acquire the incentive.

The researcher hoped that the participants' experience as part of this study would benefit them. Two potential benefits were (a) the opportunity to learn something about themselves and (b) the feeling that there is someone who was interested in their experience and is working to share their stories for the advancement of knowledge and improvement of practice.

The qualitative nature of this study prevented anonymity. However, confidentiality was attended to by identifying data with numeric codes instead of personally identifiable information such as name and birth date. The data was linked to the demographic information through the numeric code and the consent forms were kept completely separate. The data was stored on the hard drive of a password protected computer and prevented from automatically being uploaded

to the cloud. Per federal law (Office for Human Research Protections, 2018), the raw data will be kept for three years post publication (2024) and then purged. All quotes used in the final documentation were deidentified.

Data Analysis

After the interviews were conducted and transcribed, IPA was applied. Research software (MAXQDA) was used to facilitate note-taking and developing clusters of meaning. These themes were analyzed for commonalities and differences: where the descriptions of the experience converge and diverge among the participants. In order to enhance rigor and mitigate bias the researcher kept a reflection journal throughout the process and a second researcher audited the data. After the clusters were identified and verified, the writing process began.

Transcription and Coding

The analysis included examining the rich, transparent, and contextualized accounts of the participants obtained from the interviews (Smith et al., 2009). In order to infer the phenomenological aspects demonstrated among the participants, the data was parsed several times to capture both idiographic accounts and the intragroup comparisons (Smith et al., 2009).

Analysis was performed with a focus on how the participants experienced the psychoeducational assessment process and how they made sense of their experience. At a high level, the IPA process, as described by Smith et al. (2009), involves several iterative and inductive steps: (a) immersing in the raw data, (b) taking detailed exploratory notes including descriptive, linguistic, and conceptual comments, (c) developing emergent themes by mapping patterns and connections in the exploratory notes, (d) searching for connections across emergent themes through abstraction, subsumption, polarization, contextualization, numeration, and function, (e) repeating steps a–d for each participant, (f) looking for patterns across cases. Larkin

and Thompson (2011) observe that throughout this process is a “dialogue” between the researcher, the coded data, and the researcher’s psychological knowledge that generates interpretations from the participants’ experience of the phenomena.

The researcher manually transcribed the audio files to immerse herself in the raw data. Then she took exploratory notes via MAXQDA memos for each transcript in a different order than was used during the transcription phase. Simultaneously, the researcher identified ideographic themes and converted them into MAXQDA codes and applied them to the documents. In the second round of coding, the researcher identified general emerging themes and applied them to all transcripts as appropriate. In the third round of coding, the researcher collected all themes and subthemes with at least 5 data points across all transcripts and re-coded all transcripts with that set of codes. Then the researcher removed all themes/subthemes that were present in fewer than half (three) of the transcripts.

Once the researcher’s coding process was finished, a document was created for each participant organized by themes present with corresponding verbatim excerpts from their transcript. Those deidentified documents were made temporarily accessible on the Cloud via Microsoft OneDrive for just over one month (January 15, 2021 – February 17, 2021) and each participant was emailed an invitation to review the data with a unique link to their document. Two of the six participants were unreachable due to deactivated email accounts, two other participants responded with complete affirmation of the researcher’s interpretations, and the other two participants did not respond after two contact attempts.

Simultaneously, the final set of codes and the transcripts were given to a peer coder who was also provided clarifications on the codes as needed. After the deadline for the participant feedback passed and the peer coder returned her results, the researcher reviewed discrepancies. If

there was a conflict between a participant's feedback and the peer coder's coding, the participant's feedback was honored. If there was no participant feedback to mitigate a discrepancy between the researcher and the peer coder, the researcher re-examined the data and made a final decision. The researcher and peer coder were aligned on five codes. This meant that both of them saw the code present at least once in all the same transcripts. The peer coder influenced a decrease in instances of two codes (a code was found to be absent from a particular transcript that the researcher previously thought was there) and increased instances of four codes (a code present in a transcript that the researcher did not previously find). Ultimately all 22 codes were still considered "significant" in that they were present in at least half of the transcripts.

Quality Assurance

In order to maintain the quality of this study, the researcher attended to credibility, transferability, and confirmability. Credibility was addressed in two ways. First, member checks were done by contacting the participants via email after the data had been aggregated to verify that the findings captured the intended meaning. Secondly, the researcher monitored her developing constructions and progression of change. Confirmability was addressed by corroborating themes with a peer's independent analysis. When the participant's feedback contradicted the independent analysis, the participant's view was privileged.

Although qualitative studies are not designed for broad generalizations outside the context of the study, transferability was enhanced by including thick descriptions of demographic data in the discussion section so the reader may determine applicability to their own research or clinical application. Finally, dependability was addressed through a description of the data analysis process above and the researcher's preconceptions and reactions to the data in Appendix G.

Reflection Journal

In addition to the analysis of data collected from the participants, the researcher recorded reflections throughout the interview and data analysis process (see Appendix G). The intention was to systematically record preconceptions and reactions that could be cross-referenced with the analysis so that the data reflected the participant's experience rather than the researcher's biases.

CHAPTER IV: RESULTS

The IPA process revealed themes in both areas of experience and meaning. Given the relative homogeneity of the participants, for feasibility purposes, this study examined themes that were present for at least half of the participants. More nuanced themes can be studied with this data in the future. The experience category had six themes capturing 13 subthemes. The meaning category had four themes that included a total of six subthemes expressed in three or more of the interviews.

Themes of Experience

The six themes of experience (see Table 4.1) were (a) stigma, (b) source of understanding, (c) multiple assessments over time, (d) assessment (tests), (e) professionals, and (f) results and feedback session. Two themes were stand-alone, one was divided into two subthemes, and three contained three subthemes.

Stigma

Five of the six participants indicated that they experienced some sort of stigma connected to their participation in the psychoeducational assessment process. This topic was not directly queried in the semi structured interview and thus, was organically revealed. The theme of stigma showed up in statements such as

> Um, I guess, like, I felt like I had to hide it from my friends. Because they would ask me certain questions, like, about it and I wouldn't really want to answer them. Because I would think that they would think that I– I guess at the time, like, I would think that they'd think that I wasn't as smart as them. And then they wouldn't let me be their friend and stuff like that. (participant 9306)

Table 4.1

Themes of Experience

Theme	Subtheme	Number of interviews
Stigma	NA	5
Source of understanding	Experiential learning	4
	Supportive parents/family	6
Experience of assessment process changed over time	NA	5
Experience of the assessments	Participant felt bad about self	4
	Timing was problematic	5
	Process was enigmatic	5
Experience of professionals	Special education team	Positive: 3
	General education teacher	Positive: 3 Negative: 3
	Psychologist/assessor	Positive: 3 Negative: 4 No connection: 6
Experience of results and feedback session	Powerlessness	3
	Feeling overwhelmed	3
	Inaccurately represented by results	4

Source of Understanding

The participants' source of understanding came from two places: experiential learning about self, diagnosis, etc. and supportive parents/family. It is notable that professionals are not listed among the sources that emerged from this study.

Experiential Learning

Four of the six participants recounted experiences that led them to greater understanding of their self, their diagnosis and how they learn. This is evidenced by accounts like the following:

> And, umm... so then I was curious and, but then I understood why I was taking [medication] going into middle school. Because if I forgot a day when I didn't take it, I would see such a huge difference. So... that's definitely like, "Oh! This is why I do this. This is why the meetings happen." (participant 2773)

and

> Um... I guess um... so part of the change was that ... I was in- so I would take different classes but they were just, like, they were still- it was still a normal class size. Like say, like a lot of people took algebra I and I took algebra IA and algebra I was split into two classes basically. Um, so it went at, like, a slower pace, but I was still learning the exact same information that everyone else was learning. Um, and I - I ended up doing well in that class so that kind of made me think- realize that I can get this, but this is exactly why I need to have everything slowed down. So I can get it. (participant 9306)

Supportive Parents and Family

All six of the participants indicated that their understanding came from supportive parents and family. Parents were the most cited source in this subtheme, but siblings were also mentioned. For example,

> I'm very lucky that I have very very supportive parents. Um, and that, um, they were always there for me and they were always helping me. Like, my mom and I didn't really get along with doing school work so she knew, you know, "lets- I'll pull away from that" and my dad sat with me and did school work. Because me and him thought- um, have the same atmosphere in the brain where she'd just didn't understand where I was coming

> from. But she was a very big advocate for my IEP and what I needed and how I needed it. So I definitely think home life has a big, um, big big deal on how a student feels about themself with having a learning disability. (participant 6777)

and "And then I would start kind of looking online and ask, um, like my siblings' questions about it" (participant 9306).

Experience of Multiple Assessment Processes

The participants' experience of the assessment process as a whole from first assessment to last changed over time. Specifically, from confusion during the early assessments to understanding during the latter assessments. Five of the six participants demonstrated this shift. One participant noted, "I remember starting to learn, like, understand it more, probably going into middle school. Umm... 'cause, that is when I could grasp on to it a little better." (participant 2773) and another stated

> I think when people are first starting these assessments, I think that it's not- at least my experience was that it wasn't explained very very well. I was very very confused and just mad. I couldn't understand. Um. Whereas in high school, they explained it in a way that I understood it and that I didn't feel left out or anything from my other classes. So, I think, yeah. Like, right when people start the assessments, I think is the most important part to explain to them. (participant 9306)

Experience of Assessment (Tests)

All participants mentioned something about their experience of the assessment itself (i.e., the tests and activities) and the experiences coalesced into three subthemes: (a) the participant felt bad about themself, (b) the timing was problematic, and (c) the *how*, *what*, and/or *when* was unclear to the participant.

Participant Felt Bad about Self

Four of the five participants indicated that during at least one of their many assessments, they thought or felt that something was wrong with them and/or frustrated with something they could not change, like their slow speed on timed tasks:

> This woman would be looking at me and I'd be, like, "why can't I do this?" or "why did, like ...(unintelligible) " the thing where they would repeat words to you and I would be like "why can't I get this?" or "why is this taking me so long?"... Just the number one word was frustrated with myself. (participant 6777)

Timing was Problematic

All but one participant made it clear that the timing of the assessments, getting pulled out of class, was problematic for them. For some it had academic ramifications and for others, social impacts. One participant indicated that the timing may have skewed her assessment results because she did not know *not* to take her medication that day (participant 3175).

> Um, and it was dreadful and um, the way my school did it was they pulled us out of class. So instead of taking us out of a resource class or something, they just kind of took us when- wherever the psychologist had free time. So that was super annoying because we missed some class time if it didn't line up with our lunch or resource. Um, it was super hard because we had to catch up from what we missed in class. (participant 6777)

and

> I was, like, "I have to walk back into the classroom" and everyone was like, "where were you?"If the teacher wasn't told I would have to explain it to them. It was like I was conditioned to be embarrassed to talk about it. So, like, I was so embarrassed to walk

> back into class and people, like, "where were you?" like ...so... I was just looked at so differently, especially in second grade when it started. (participant 2773)

The Assessment was Enigmatic

Five of the participants made reference to the enigmatic quality of the assessments. From when they were being done to what was being required of the participants, the assessments where somewhat shrouded in mystery.

> I didn't know, I didn't realize the time between every assessment 'til I was like, "wait, when is my next one? Like, when do I have to do this again?" So, it's funny, because I never really caught on to how often it was, until, like today. (participant 2773)

and

> Um, they didn't explain well. Um, but I think it was part of it so see, like, from the vivid directions they give us, what we understand from that and how we do it from that. Um, so I remember, you know, um, some of the tests that they had us do, that I was completely clueless. Like, from just the very small directions that they had and things like that. (participant 6777)

Experience of Professionals

There were three categories of professionals that emerged: (a) the psychologist/assessor; (b) the special education team consisting of study skills teachers, special ed teachers, case managers, and paraprofessionals; and (c) non special ed teachers also known as general education classroom teachers. Within each of these categories of professionals, the quality of the participants' experience varied: positive, negative, no connection. Not all permutations were found to be significant in this study.

Special Education Team

Half of the participants described at least one positive experience with a member of their special education team

> So, my, like, case manager - I still talk to her to this day. Like she is one of the people that- she's like, "you can get to college, like idiots get into college. So, you can get in. Like, you're smarter than them." And so, she printed out my IEP and found my IQ. And she highlighted it and showed me her IQ was. And she's like, "Your IQ is higher than mine. Like, you are a smart girl. It's just the way the education system is, it doesn't make you look good. But, like, you are a very intelligent person." (participant 3458)

General Education Teacher

Positive and negative experience with general education teachers were both mentioned in three interviews. Two interviews had both types represented, one interview mentioned only positive experiences, and another interview mentioned only negative experiences. One example of a positive experience is:

> So I was in an individual class with one teacher. Um, not an individual class, but I was in a regular classroom with just one teacher. Um, and, that teacher saw that there was something going on and the school wouldn't give me, um, give my parents the okay to test me through the school district. Um, but the teacher had to advocate and was like, "No, she actually needs it," Um, (silence, working on life grid) I got really lucky and got tested super young. (participant 6777)

An example of a negative experience is:

> I remember the teachers I was so scared of in that meeting. I would tell my parents ahead of time like, "hey this teacher scares me. And they don't understand my accommodations." I actually ran into that a lot. (participant 2773)

Psychologist/Assessor

In this category of professionals, both the positive (three participants) and negative (four participants) experiences were represented. Additionally, a third type of experience emerged: all of the participants made reference to a lack of connection to the psychologist prior to the assessment. For example, “I didn't really know that we had a school psychologist” (participant 3175) and “the lady that was doing my testing couldn't do it any more for some reason so it was a new lady” (participant 3458).

Experience of Results and Feedback Session

There were three themes that emerged regarding the participants’ experience of the results and feedback session at the end of the assessment process. These themes were powerlessness, feeling overwhelmed, and a felt sense of incongruency with the results.

Powerlessness

Three of the six participants describe a sense of powerlessness during their feedback session(s). The following example describes the powerlessness:

> I felt that, like, my - no matter what my input was, like even if I said "I think I can be in– I don't think I have to be in study skills anymore" If I said that, I don't think that would have mattered. I mean they had already made up their mind. And no matter what I said, it wasn't gonna change the classes I was in moving forward. (participant 9306)

Feeling Overwhelmed

Similar to powerlessness, three of the six participants indicated that they were overwhelmed by the feedback sessions. One participant remarked, “I remember ending up in tears over some sessions” (participant 2777) and another one said, “I remember the appointment where we went to go see the results. I remember, like, having an anxiety attack or something” (participant 3175).

Inaccurately Represented by the Results

Four of the participants mentioned that the results did not align with their understanding of self. For example,

> I still very much felt that I could handle the work in other classes. And I was wondering– like at this point people were talking about, like, being in honors classes and AP classes for college and I wasn't even really, like, allowed to be in them. Like I probably could have taken them if I really really wanted to, but I would have had to, like, all my teachers were disagreeing with me. (participant 9306)

Another participant noted, “From the results, from the school psychologists, they're like, "well, she has no signs of a learning disability" or anything. Um... which isn't true” (participant 3175).

Themes of Meaning

The three themes of meaning (see Table 4.2) were (a) obtaining accommodations and resources, (b) that the assessment process was worthwhile, and (c) comparison with peers was common. All three themes are each built from two subthemes.

Obtaining Accommodations and Resources

Four of the six participants acknowledged that they understood that the purpose of the assessment process was to give them the appropriate accommodations and resources to succeed in school:

> Um, to me, it's just, um, a bunch a series of tests, um, that the student takes to see where they are academically um, and to see what, um, kind of accommodations or help or resources that they're gonna need to help them be academically successful. (participant 6777)

All six of the participants mentioned that this is exactly what happened for them:

> that teacher...umm... was able to see that in me and be, like, "okay, she needs help." And I am so grateful for that that I just hope that, like, every kid that, like, learns differently can have their accommodations. (participant 2773)

Table 4.2

Themes of Meaning

Theme	Subtheme	Number of interviews
Obtaining accommodations and resources	This was the known purpose of the assessment	4
	This is what happened	6
The assessment process was worthwhile	The process shaped the participant	5
	The process helped the participant understand themself	6
Comparison with peers was common	Relating to special ed peers was helpful	4
	Comparison with general education peers was distressful	5

The Assessment Process was Worthwhile

There are two distinct subthemes, the first describes the positive impact the process had on participants and the second demonstrated that the process helped the participants describe themselves and their learning needs better.

The Process Shaped the Participant

All but one participant noted that the process had an effect on them. For example, one participant explained, “I don't think I would be as ambitious.
To, like, reach goals and stuff” (participant 6573). Other participants noted that “I always look at it now as if it wasn't for that, I wouldn't be where I am today. Um, so, my impact on it is very positive” (participant 6777).

The Process Helped the Participants Understand Themselves

In addition to the impact on the participants, all six of them mentioned that the assessment process helped them understand themselves better: “I've learned a lot about myself that I wouldn't have learned probably otherwise” (participant 9306)

Comparison with Peers was Common

Two categories of peers emerged: (a) other students in special education, and (b) other students who were not in special education. The participants in this study indicated that relating to other students in special education was helpful and comparing themselves with students who were not in special education was distressful.

Relating to Special Education Peers was Helpful

All but two participants described benefits when they related to other special education students, such as:

> I know I am different in the way I learn, but, like, it's kinda like a little bit more like normalized as you get older. I realized that there is more kids in my classes that, like, are going through the same thing as me. (participant 2773)

And "But then, I realized that we're all dyslexic, so, like, I wasn't as different" (participant 3458).

Comparison With General Education Peers was Distressful

Five of the six participants indicated that comparisons with non-special ed peers was distressful in some way. For example, "I remember realizing that people would finish their work a lot faster than me. So, it was kind of always something I would notice and I would be insecure about" (participant 2773).

CHAPTER V: DISCUSSION

Psychoeducational assessment is embedded in the American public education system: public policy in this matter has been around since the middle of the 20th century. From a professional standpoint, Sattler and Shaffer (2014) claim that the benefits outweigh the costs in that "psychological assessments play an essential role in the promotion of positive development of children from all background" (p. 38). The purpose of this qualitative study was to determine how students on the receiving end of psychoeducational assessment view the process. The results of this study support Sattler and Shaffer's assertion in that students experience a cost in the process of psychoeducational assessment but their retrospective meaning-making reveals that the benefits are worthwhile.

The cost incurred by the participants in this study during psychoeducational assessment included negative feelings toward self, disruption of learning, experience of stigma, and perplexation about the assessment process. The negative feelings during the testing seem unsurprising given that the assessment process is shrouded in mystery and many of the assessments (e.g., WAIS, WISC, WJ) are designed such that the student will eventually fail the last portion of every subtest. A fact that is obfuscated from the student by strict assessment protocols. The participants pointed out that the timing of the assessments was often problematic in that it makes little sense to pull a student who needs academic help out of an academic class to assess for the help that the student needs in said class. Not only is the assessment process added stress for the student, but this kind of timing compounds the academic struggles when instruction time is lost and social stigma when the student has to publicly leave and then reenter a classroom full of peers. The participants experience of stigma in this process echoes the theme of

"unwanted difference at school" (p. 257) uncovered by Kenyon et al. (2014) in their study on the experience of diagnosis for learning disabilities in the United Kingdom.

Additional costs were extracted during the feedback sessions following the assessment. Many of the participants felt overwhelmed, powerless, and inaccurately represented by the results. This experience of the feedback sessions reflects the themes from the Binder et al. (2013) study on adolescent experience of assessment and diagnostic evaluation in psychotherapy in that the assessee wants to be recognized as a whole person. This study suggests an addendum to Binder et al. in that there seems to be a need to emphasize the assessee's whole personhood, not just in the description of the assessee but also in their agency and untapped expertise in their own experience of themself.

The participants' experience of professionals was mixed. In many ways, there was a cost: negative experiences of general education teachers and the psychologist/assessor were commonly experienced. There is a lot of research on the negative impacts of teachers who do not understand and/or appreciate special education (Bethke, 2004; Denhart, 2008). This study suggests that these teachers seem to have a lasting impression on the SERS students. Additionally, the lack of connection with the psychologist/assessor prior to the assessment was voiced by all of the participants and seemed to have an impact on the participant's experience of the assessment process including links to nervousness and self-doubt. Conversely, several of the participants described rich and positive relationships with members of their special education team.

Similar to the experience of professionals, the participants' experience of peers was mixed. As mentioned above, there was stigma and social implications to the assessment process. What emerged from this study was that participants found comparisons with general education

peers was often distressful but that relating to other special education students was helpful. Knowing that they were not alone in their struggles seemed to have a positive effect on many of the participants.

The intended benefits of the psychoeducational assessment process are appropriate accommodations and resources for students to succeed academically. Most of the participants in this study knew that this was the purpose and all of the participants acknowledged that this is what happened for them. Beyond that, the participants also recognized that the assessment process was worthwhile despite the costs for two additional reasons: the process helped the participants understand themselves and the process shaped them. Much of what the participants learned about themselves through this process related to their learning disability, how their brain works, and what they need to succeed. Other impacts included ambition and generalized goal achievement.

Despite the multitude of costs, for these participants, the benefits of receiving a diagnostic label, and the subsequent understanding of self, seem to have outweighed the price of obtaining it:

> I am, like, very, very grateful for all those assessments because it, like, made m- like, I had more of an individualized plan and I think that's awesome because I know I have, will never, like, learn the same as some people. (participant 2773)

Clinical Implications

The ends appear to justify the means for the participants in this study; however, because the students being assessed are minors, the psychoeducational assessment process exists in the ethical grey area of the consent process which is a critical component of psychological services. Additionally, there are considerable power dynamics between the professionals and students that

affects the students. For example, deciding when and where a student partakes in the assessment was a major source of distress for the participants and is an opportunity for gathering "consent" even if formal consent for the process as a whole is legally given by parents/guardians. A full discussion of the ethics and power dynamics is out of scope for this study; however, both elements were evident in the participants' experience of this study. Reasons for participation included (a) wanting to know more about the psychoeducational process and (b) wanting to share their story because their voice, and that of other students, felt largely unrepresented. During the study, participants appeared excited to share their story and interested in contributing ideas for the improvement of the process from the student perspective. Given all this, it is worthwhile to examine where the experience of the psychoeducational assessment process can be made more therapeutic and thus decrease the distress and increase the well-being of the students. Indeed, the participants and the researcher had many insights and suggestions for how to do just that in the areas of relationship building, improved communication, and increased collaboration.

Relationship Building

Relationship was a major theme in this study and participants touched on both peer and professional relationships. Regarding their peers, participants reflected that creating appropriate awareness in the general education population would help make special education less taboo and mitigate the surrounding stigma experienced by students receiving SERS. One participant (participant 9306) noted that this needs to happen very early in elementary school and this researcher would add that it likely needs to be an ongoing conversation throughout primary and secondary school. Additionally, the participants explained that knowing they were not alone in their struggles seemed to have a positive effect, particularly when they were able to relate to other special education peers. This suggests that perhaps, the least restrictive environment may

not always be the best option if it isolates special education students from other special education students.

Similar to their relationship with peers, there is both success and opportunity for improved relationships with teachers. The participants emphasized the importance of the training of and understanding from general education teachers regarding learning diversity. Feeling misunderstood by the major gatekeepers of their educational success seems to have a negative lasting impression even on the participants of this study, all of whom were able to attend college. That being said, many of the participants highlighted the positive impact of those general and special education teachers who built relationships with the students. These relational impacts reverberated through the participants success beyond just the psychoeducation assessment process. The teachers who had an understanding of SERS needs led to connections with some of the participants that had profound positive effects on the participants' educational and emotional trajectories. While these are not new findings, it is necessary to reiterate them again from the student perspective.

Beyond the daily relationships with teachers, the relationship, or more accurately, lack of relationship, with the psychologist/assessor seemed to have a significant impact on the participants' experience of the assessment process. The absence of relationship created additional nervousness and self-doubt for the participants during the testing that may have impacted the results. Given the positive experiences the participants had with their special education team, can psychologists harness that familiarity to make the process less stressful for the students they are assessing? This research suggests that building relationships between the psychologist/assessor could improve the student's experience of the assessment process. Some examples of relationship building are taking time every year to meet with all the special education students

outside the testing events and/or being more present in the study skills classes. Given the often-over-loaded schedules of school psychologists, other suggestions include reading a holistic description of the student to increase the psychologist's connection to the person being assessed and not being "so serious" (participant 3175) during the test administrations. Similar to Binder et al.'s (2013) observation that relational authenticity contributes to positive experiences of therapeutic assessment, this study suggests that relational connection may contribute to positive experiences of psychoeducational assessment as well.

Communication Improvements

Good communication can also factor into relationship building and it is worth highlighting specific areas where communication before, during, and after the psychoeducational assessment process can be addressed to improve the students' experience. Most of the participants experienced a lot of confusion during the early assessments. It is interesting to note that the participants' main source of understanding throughout their experience of the psychoeducational assessment process was not the professionals: it was experiential learning and supportive parents and other family members. While it is difficult to explain complex psychological and learning theories to a seven or eight-year-old child, it seems worthwhile to invest in the students' understanding. Whether that be (a) the psychologist spending more time with the student and developing a better relationship so that the student feels more comfortable asking questions; (b) reading children's books on these specific topics and experiences that give developmentally-appropriate explanations; or (c) as suggested by one of the participants (6777), afterschool programs where older students who are already receiving SERS mentor younger students who are just starting out. This could be anything from fifth grade buddies to internships for high school or college students.

In addition to clarifying how the student learns and how the assessment and SERS processes work, one of the most important things to communicate effectively is normalization. Giving the student the sense that "you didn't do anything. It's just how you were born" (participant 6573) and more importantly, *it's okay*. This can be very difficult to communicate in an educational system that privileges certain ways of learning and certain types of neurodiversity. Telling the student is one step, but if the student is struggling with peers and teachers who send them a conflicting message, deeper systemic changes—like the peer and teacher awareness and education about special education mentioned above—also need to be addressed.

Increased Collaboration

Collaboration is also a hallmark of positive experiences with professionals (Binder et al., 2013; Lawrence & Cahill, 2014). The participants identified several areas of opportunity for greater collaboration in the psychoeducational assessment process. The foremost concern for the participants was the timing of the assessments. Missing time from classes where they were struggling or having to be seen by peers mysteriously leaving and returning from class was a source of distress. The participants acknowledged that testing during study hall, resource class, or after school would be a good use of their time. This researcher's own experience as an extern psychologist trainee optimized for assessment during study hall and when that was not possible, to communicate when/where to meet so that the researcher did not have to pull them out of a class that had already started. However, there were many occasions when that did happen and this researcher wonders if a better-established relationship would mitigate the miscommunications and thus the students' distress.

Other areas for improved collaboration include better explanation of tests (background, summary, purpose) and adjusting the length/distribution of testing (e.g., all at once, broken into multiple sessions, etc.) in the students' schedule. Additionally, being invited to the meetings was important and often done once the student reached a certain age, but being invited is not enough if the student feels powerless, overwhelmed, or inaccurately represented by the results. Centering the student's voice throughout the entire process rather than privileging the professional agenda will go a long way in improving the student's experience. Successful collaboration is when the student feels like the assessment is being done *with* rather than *to* them.

Since psychoeducational assessment is embedded in the American educational system and will continue to be practiced, areas for improvement include relationship building, communication improvement, and increased student/professional collaboration.

Limitations

IPA, is by nature, idiographic with intentional homogeneity in the participants. Thus, methodological constraints limit the transferability of the conclusions of this study. For example, the conclusion that the participants felt the benefits outweigh the cost of psychoeducational assessment is in direct opposition of Craft's (2015) conclusion that "students found the negative consequences of their placements in special education programs to outweigh the benefits they experienced" (p. 4) from their qualitative dissertation on African American secondary students' perceptions of their experiences in special education programs. There are two notable differences in the populations studied: first, the participants in this study were all white and second, all of them were in college providing retrospective reflections of their experience. Thus, it is important to consider the population of interest to determine the applicability of these conclusions.

Demographics

The participant demographics of this study were largely homogeneous. They all identified as white middle class heterosexual English-as-first-language college students. Additionally, their ages ranged between 19 and 22 years old; five identified as female and one as male; five identified as Catholic and the other did not list a religion. All participants were recruited from the Office of Disability Services at a small state college in rural New England. This homogeny suggests that the results of this study are transferable within this demographic cluster.

The fact that all of the participants were attending college is an indicator that they all attained enough academic success and support to move into tertiary education. Additionally, because they were all connected to the disability services at the college, these participants were not hesitant to request or use accommodations even if there was lack of awareness and support from some programs and faculty. Of note, some of the participants specifically chose the college because standardized entrance exams (e.g., SATs) were not required which indicates that they did experience barriers that they had to actively navigate around. As mentioned in the literature review, the research of Bethke (2004), Brown (2008), Denhart (2008), and Grella (2015) suggests that other students who go through the psychoeducational assessment process may have very different experiences and meaning making.

Diagnostic Representation

Similar to the demographic homogeneity, all of the participants carried a diagnosis that impacted their ability to learn. These included dyslexia, nonverbal learning disability, and auditory processing disorder. Due to limitations in the recruitment process (i.e., length of time), the sample population was not completely homogeneous with respect to the SLD diagnosis as

intended. Some participants had additional diagnoses like ADHD, depression, and anxiety. It is important to point out that the participants do not represent the entire diagnostic range of students who go through the psychoeducational assessment process, thus the results of this study may not be transferable to all students receiving SERS. For example, students with other diagnosis (e.g., intellectual disabilities, emotional disturbance, autism spectrum disorder, etc.) may have a very different experience of the psychoeducational assessment process. As Kennedy et al. (2020) note, additional communication and interaction difficulties—such as may be present with intellectual disabilities, emotional disturbance, autism spectrum disorder, etc.—present other challenges for psychological assessment due to difficulties establishing relationships. That being said, Kennedy et al. also suggest that collaborative assessment is helpful in these cases.

Retrospective Interview

Another limitation of this study is that the sample population was young adults reflecting on events that happened 1–15 years ago during childhood and adolescence. While this gives the meaning-making a certain validity due to the perspective-taking, the reliability of the reported experiences may be weakened due to the time gap between experience and report.

Future Research

As suggested by the limitations outlined above, opportunities for research in this area include broadening the demographic and diagnostic representation. Additionally, those wishing to improve specific psychoeducational assessment processes in specific schools or districts may benefit from collecting real-time experiences of students going through those specific processes.

Another timely area of research is the impact of the COVID pandemic on the student experience. The data-gathering phase of this study was disrupted by the social-distance restrictions put in place to protect the physical health and safety of people from the contagious

and deadly virus and the restrictions have lasted over a year with implications yet to be explored. Gicas et al. (2020) studied the impact of the COVID pandemic on psychological assessment training and suggest that there is an opportunity for a paradigm shift. This researcher advocates for the inclusion of the assessees' voices in this type of research so that their needs and experiences are represented in any paradigm shifts.

This study supports a paradigm shift to assessment as intervention models like Collaborative/Therapeutic Assessment (Finn et al., 2012) because a phenomenological assessment process attends to the whole student. From some perspectives, these models are likely to be more expensive due to the time spent building relationship, dialog, and collaboration between the student and the evaluator; however, future research into the cost/benefit analysis may reveal long-term gains that outweigh and short-term savings. Additionally, there may already be school programs that are trying or fully implementing these models and dissemination of program evaluation studies may help other school administrations and special education programs decide in favor of therapeutic assessment models.

Conclusion

The psychoeducational assessment process is an on again/off again process that can last over a decade for some students. The experience evolves over time from confusion to an understanding that is largely sourced from experiential learning and supportive family members. Themes of experience include stigma; difficulty associated with the testing itself; positive and negative encounters with general education teachers; positive relationships with the special education team; lack of connection to the psychologist/assessor; and feeling powerless, overwhelmed, and inaccurately represented by the results. For some students, like those who participated in this study, the benefits outweigh the costs. In addition to obtaining the necessary

accommodations and resources for academic success, the students are shaped by the process and develop important insights about themselves. Furthermore, while comparison with general education peers is often distressful, students find that relating to special education peers is beneficial. The implication of this research is the need to continue including student voices and attending to relationship building, improved communication, and increased collaboration during the psychoeducational assessment process.

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APPENDIX A: DEFINITION OF SPECIFIC LEARNING DISABILITY

IDEA

(30) Specific learning disability

(A) In general

The term "specific learning disability" means a disorder in 1 or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations.

(B) Disorders included

Such term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

(C) Disorders not included

Such term does not include a learning problem that is primarily the result of visual, hearing, or motor disabilities, of intellectual disabilities, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

(IDEA; U.S. Department of Education, n.d., Section 1401 Definitions)

Educational Code of Federal Regulations

§300.309 Determining the existence of a specific learning disability.

(a) The group described in §300.306 may determine that a child has a specific learning disability, as defined in §300.8(c)(10), if—

(1) The child does not achieve adequately for the child's age or to meet State-approved grade-level standards in one or more of the following areas, when provided with learning

experiences and instruction appropriate for the child's age or State-approved grade-level standards:

(i) Oral expression.

(ii) Listening comprehension.

(iii) Written expression.

(iv) Basic reading skill.

(v) Reading fluency skills.

(vi) Reading comprehension.

(vii) Mathematics calculation.

(viii) Mathematics problem solving.

(2)

(i) The child does not make sufficient progress to meet age or State-approved grade-level standards in one or more of the areas identified in paragraph (a)(1) of this section when using a process based on the child's response to scientific, research-based intervention; or

(ii) The child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State-approved grade-level standards, or intellectual development, that is determined by the group to be relevant to the identification of a specific learning disability, using appropriate assessments, consistent with §§300.304 and 300.305; and

(3) The group determines that its findings under paragraphs (a)(1) and (2) of this section are not primarily the result of—

(i) A visual, hearing, or motor disability;

(ii) An intellectual disability;

(iii) Emotional disturbance;

(iv) Cultural factors;

(v) Environmental or economic disadvantage; or

(vi) Limited English proficiency.

(34 e-CFR 300; Office of the Federal Register, 2019)

APPENDIX B: BENEFITS AND DRAWBACKS OF DIAGNOSTIC LABELS AND THEIR UNDERLYING CLASSIFICATION SYSTEMS

Benefits

- Aid in the developing testable hypotheses about each child's unique needs
- Assist in a search for the sources of a child's difficulties
- Lead to suggestions for remediation and specific interventions
- Help organize a complex and heterogeneous area of exceptionality by providing guidance for record keeping, statistical reporting, research, and the administration of treatment and intervention programs
- Allow professionals to communicate quickly and efficiently
- Allow comparisons of individuals seen by different professionals
- Help in evaluating the outcomes of intervention programs, obtaining services, developing programs, and obtaining funding
- Help to point out aspects of a particular child's situation that need more study
- Allow parents and professionals to obtain additional information about the disorder
- Provide a way for parents who have children with a specific disorder to disability to communicate with each other and offer mutual support (Sattler, 2014, p. 82–83)

Drawbacks

- Have a medical connotation, suggesting disease or abnormality
- Provide little explanation of a child's difficulties and therefore have limited utility
- Fail to provide adequate information about steps necessary for intervention
- Lead to self-fulfilling prophecies
- Be used to excuse a child's behavior

- Obscure important difference between individuals
- Focus on symptoms, with little attention to etiology and dynamics
- Lead to faulty beliefs that individuals with a particular diagnostic label may also have additional symptoms beyond those that led to the diagnosis, thus influencing stereotypes of people with certain diagnoses and possibly leading to inappropriate interventions
- Lead to a preoccupation with finding the correct diagnostic label rather than focusing on rehabilitation or treatment
- Suggest a static, unchanging symptom profile (Sattler, 2014, p. 82)

APPENDIX C: INTERVIEW QUESTIONS

1. **What is your current understanding of the purpose for the r(e)evaluation process?**
2. **How was the reevaluation process introduced to you?**
    a. Did you understand what it was for at the time of assessment(s)?
    b. Were the explanations accurate and satisfactory?
3. **What was your experience of the entire (re)evaluation process throughout your primary and secondary education?**
    a. Take me through it. Start with the most notable or significant evaluation, the one you remember best.
        i. What were you thinking/feeling before, during, and after the evaluation?
        ii. What do you think impacted any difference?
        iii. What was it like to work with the psychologist and other professionals involved?
    b. Thoughts? Emotions? Attitude?
    c. How did the assessment impact you?
        i. Tell me about the process itself.
        ii. Tell me about what it meant that it happened and how it was done.
    d. Did you attend the feedback session(s)?
        i. Why did(n't) you?
        ii. What was that choice/experience like for you?
    e. What happened after?
        i. Did you see any changes as a result?
        ii. Was it worth it?
4. **What do you remember about the other evaluations?**
5. **Can you describe the good, the bad, and what you'd change about the SERS evaluation process?**
6. **What did you learn about yourself throughout the assessment process?**
7. **What does all this mean to you?**
8. **What is your attitude now toward the assessment process?**
9. **Is there anything else you would like me to know about your experience of the assessment process for SERS?**
10. **Do you have any thoughts or questions you'd like to share with me?**

APPENDIX D: CONSENT FORM

Study Title: The Student Experience of Psychoeducational Assessment: A Phenomenological Study
Primary Researcher: Teresa Hoffman **Advisor:** [redacted], PhD

Introduction. This consent form provides you with the following information: the purpose of this study, what is involved if you choose to take part, and any risks or benefits you may encounter while participating. Please feel free to ask questions you may have at any time. If you choose to participate, you will be asked to sign this form and a copy will be provided for you.

Purpose. The purpose of this study is to understand the student experience of the evaluation process for special education and related services (SERS). You are invited to participate if: you have carried a diagnosis of learning disability, had an individualized education plan (IEP) and are between the ages of 18 to 30. Please feel free to discuss with your family or friends whether participating in this study is for you.

What is Involved. I am asking you to agree to an interview with me, which should take about 1.5 hours including logistics. I will e-mail you 4 to 6 months after the interview to follow-up, where I will share my understanding of your responses and make sure I have understood them the way you intended. The total time for participation in this study is 2.5 hours.

Risks. Because the questions are about your personal experience as a student with learning disability, you may feel some level of discomfort. Participation is completely voluntary. You may pause the interview to take a break and you may leave the study at any time. You can choose not to answer any questions you do not wish to speak about. Resources are provided if you would like to speak with someone after taking part in this study.

Benefits. It is possible to experience benefits as a result of your participation in this study. For example, you may enjoy the experience of sharing your experience of the special education system. However, I cannot guarantee you will benefit from your involvement in this project. In addition, you may have the benefit of knowing that your responses will help others including, for example: other students with disabilities, psychologists, other mental health providers, parents, teachers, and other school professionals.

Confidentiality. All research data collected in this interview is confidential. Your name will not be connected to your responses. I will use quotations from your responses in the final paper; however, I will not use your name or any identifying information in the report. I will audio record and transcribe the interviews, assign a number (participant 1, 2, 3, to the transcription) and destroy the audio recording. All study materials will be stored on my password protected personal computer in a password protected folder in the United States of America, only accessible to me. The interview data will be used purely for research purposes and will only be accessed by me.

Your Rights as a Participant. Participation in this study is completely voluntary and has no impact on your status as a student. You may choose to leave the study at any time or not answer

any questions you do not wish to speak about. Your relationship with the researcher, [redacted], and [redacted] will be unaffected by the decision to leave the study.

Incentive. You will be entered in a drawing to receive a $25 Target gift card as a token of appreciation for your participation.

Resources. *If you have any questions about your rights as a research participant, you may contact [redacted] at [redacted] or by e-mail ([redacted]) or Provost Dr. [redacted] at [redacted] or by email ([redacted]). If you feel distressed after the interview for any reason, you may also contact [redacted]: [redacted].*

Contact Information. Any questions about this study can be shared with the Primary Researcher, Teresa Hoffman via email at *[redacted]*.

Please choose among the options below and sign your name and date in the spaces provided.

☐ I consent to participate in this study, understand the voluntary nature of my participation, and would like to continue on to schedule the interview.

☐ I would like to leave this study and do not wish to participate.

Signature of Participant _____ Date _____

APPENDIX E: DEMOGRAPHIC DATA FORM

Id _____

Age _____

Gender identity _____

Cultural identity _____

Sexual identity _____

Ethnicity _____

National origin _____

Religion _____

Socioeconomic status _____

Language _____

Disability status _____

Years of education _____

Date of first assessment _____

Number of psychoeducational assessments _____

Disclosure of learning disability status _____

APPENDIX F: RECRUITMENT FLYER

INVITATION TO PARTICIPATE

If you are between the ages of 18 and 30 and have been assessed for a learning disability, you're invited to participate in a study to understand the student experience of psychoeducational assessment.

Please contact Teresa Hoffman at [redacted]

You will be entered in a drawing for a $25 gift card to Target upon completion of the interview process. Participation is completely voluntary and has no effect on your status as a student at [redacted].

APPENDIX G: RESEARCHER REFLECTION JOURNAL ENTRIES

The following are the researcher's journal entries written as part of the IPA process.

Entry: Dissertation Proposal

I chose this topic because it sits at the intersection of three of my passions: learning/education, psychology, and data-driven decision making. I am particularly fascinated by the way psychologists use statistical, norm-referenced data to describe individual people during psychological assessment. There is a wealth of information that can be gleaned from placing an individual within a statistical context, but in my experience, both with people and mathematics, statistics are useful for describing a population, not an individual. The idiosyncrasies of the individual render the use of categorical labels insufficient for capturing their experience. The way I've resolved this conundrum is to assume that the statistical information will provide an approximate understanding, but that every student I assess is an outlier in some way and it is my job to capture their uniqueness.

I do not have insider status. I fit perfectly into the standard American education system and therefore never experienced a psychoeducational assessment from the client perspective; however, I spent two years administering psychoeducational assessments and I played a role in the educational trajectories of sixteen students. As a psychologist-in-training, I was encouraged to reflect on my experiences and I was struck by the fact that most students could not articulate why they were doing the assessment and the lack of student participation in the feedback sessions. It felt to me that we (the special education teams) were doing the assessment *to* and *for* the student, but not *with* the student. I wanted to know what the students' experience was and how they made meaning of the assessment process.

I have thought about several hypothesis that may answer this gap in knowledge, but I am interested in being surprised by the wisdom and understanding held by the students who have actually lived the experience of psychoeducational assessment. This is best captured through a phenomenological study. I am looking forward to talking to students about their experience and the meaning they have made from it. The results of this study will likely influence the way I practice clinical psychology.

Entry: June 11, 2020

I am several weeks distant from the data collection process and my first exposures to the lived experience of my participants. I am preparing to take my first foray into the data analysis. My second-to-last interview was a few days before the social distancing enforcement due to the COVID-19 pandemic impeded my ability to work, attend school, and do anything other than care for my child. My last interview was conducted over Zoom with modifications to protect privacy and confidentiality.

I am struck by two things (a) the seemingly unanimous endorsement of the SERS process overall and (b) that the psychoeducational assessments themselves appear to be experienced as an inconvenience at the time but do not leave a significant lasting impression in the larger schema of the SERS process.

Additionally, Given COVID-19 and the major resurgence in the Black Lives Matter movement that is currently sweeping the world and in particular the US, I am well aware that my sample population mostly, if not all, identify as white. The implications for my particular study will not be widely applicable and represent only one narrative of the SERS process. While my goal to give voice to students who are often voiceless in the educational process will be

achieved, it is to a limited degree and I recognize that there are many student voices and experiences that I did not capture.

Entry: June 19, 2020

Two things on my mind: (a) I am privileged when it comes to education and (b) I want my advocacy work to be in education because I am passionate about it.

Entry: June 26th, 2020

I started transcribing recording 3175 which discusses the presence of discrepant interpretations and/or results. I believe you have to trust the wisdom of the client. If they think something is "wrong" (i.e., that they have a learning disorder of some kind), telling them that the results don't show anything isn't enough. You have to work with them to figure out an explanation that supports their experience of "wrongness." That could be deeper testing that reveals a more nuanced psychological picture, or it could be a lifestyle barrier. Bottom line, if the story doesn't satisfactorily explain the client's experience, then it isn't the right story. Of course, limited resources are a factor, but don't end the story due to limited resources… give them something so they can discover the rest of the story.

Entry: June 27th, 2020

A participant mentioned that she thought her school psychologist didn't understand anything. My expected peer reviewer is a former school psychologist and I am wondering if she would have too much bias for/against the student's experience.

Entry: July 30, 2020

While transcribing the fourth interview, it dawned on me that the Life Grid may not have been a great tool to use for interviewing students with learning disabilities. Depending on the diagnosis (e.g., dyslexia), the student may have difficulty working on a written 'assignment' and

it could bring up negative thoughts/feelings for the student (e.g., “I’m stupid”). Then again, for other diagnosis (e.g., speech issues) the paper task may be better than a verbal interview.

Entry: August 11, 2020

Possible process changes:

- Psychologist introduces themselves to all Study Skill classes at the beginning of each quarter/semester to be more familiar with the students and ask how each student would like to schedule the assessment (with disclaimer that if they don’t show up as planned the psychologist will fetch them at their convenience.)

Emerging themes:

- The students find the assessment process itself to be a minor annoyance compared to the entire SERS system. Perhaps with the exception of the feedback session which could be a major source of disempowerment.
- Phases of experience: (a) confusion (b) …. (c) understanding and rebellion against the limitations (d) complete understanding and gratitude for SERS . Do these follow a developmental model?
- The tasks of the assessment (e.g., blocks) stood out for the students more than the felt experience?

Future Deliverables

- a children’s book about the assessment process and the possible experiences (emotions) the kiddo may experience over the next 10-12 years. To normalize the experience and make them feel less alone. A book series to show different experiences (e.g., cultural, dx, etc).
- a buddy program connecting older SERS students with first-timers.

Entry: August 25, 2020 part 1

Doing the data analysis, I'm wishing I'd been more methodical during the interview process. And yet, the semi-structured, open ended interview process felt good and I believe the data collected allowed me to think of ideas that I would not have had if the data collection was pre structured. Where I am feeling stuck is that I have answers to some questions I didn't know I had for some participants and I don't have those answers for other participants because I didn't have the question at the time of those interviews. I suppose what I am really wishing is that I could re-interview everyone again to fill in those gaps.

Entry: August 25, 2020 part 2

Perhaps I have been going about the coding the wrong way. I was trying to describe the experience of the assessment process, point by point. I was trying to be thorough and exhaustive. That isn't the point. What I (think) I need to do is watch for emergent themes. What was so striking about their experience that they brought it up in the semi-structured interview?

Entry: November 22, 2020

I am about to begin on round 2 of processing the data. The first time I seemed to be trying to describe the professional process through the eyes of the students and the following general categories emerged:

- Who made the first referral
- Where the student sourced their understanding
- The student's perceived purpose of the assessment
- Change over time in experience of assessment (2 directions)
- The process forged the student
- Student's developing awareness

- Student's experience of professionals
- Memory of assessment
- Experience of feedback session
- comparison with peers
- Retrospective meaning of assessment process
- Student feedback on assessment process

Thoughts about limitations:

- Learning difficulties does not correspond to IQ
- SLD dx has a wide range and other specific dx may not have the same exp

Entry: December 13, 2020

Got through one transcript yesterday: read/coded twice.

Notes for peer coding –

- ignoring things that didn't specifically have to do with the assessment process, even though it is tangentially related except for certain themes that emerged in several transcripts.
- Ignore specific college-related things
- Hyphens denote where speaker interrupted self
- Please ignore typos – this was hand coded
- Explain "change over time" code

Transcript 3458 and 6777 have some good examples of what worked during the process

New emerging codes:

- feeling bad about self during assessment (first three at least)
- familiarity with tests in subsequent assessments

- barriers of being a child self-advocate (2x)

Entry: January 9, 2021

Cross referencing round 1 and round 2 codes, looking for themes in 3+ transcripts, sticking to participant's words rather than interviewer's summaries/reflections

Entry: January 17, 2021

Every single student mentioned family as a source of understanding/help… what does that say about the effectiveness of the professionals in this process? Is it better that the understanding comes from family? Or is there too much room for "telephone" mistranslations from the professional to the family to the student?

Also, I'm thinking about the least restrictive environment (LRE)… does that prevent SERS students from getting the group-based feeling of "I am not alone?" that seems to be an emerging theme in this data.

Entry: January 23, 2021

Set up files for participant feedback and handed off data to peer coder. Discussed concerns about the peer coder's former role as school psychologist and thus her ability to objectively code things like the participants' descriptions of negative professional relationships. I was satisfied with the peer coder's assurance that she would view this as data and not a personal attack on her former profession. Having known the peer coder well for many years, her assurances seemed genuine.

Entry: February 6, 2021

There seems to be frustration with the assessments themselves. Which is no wonder because they are *designed* to make you fail. You literally keep going until you fail enough times. What kind of message does that send? Clearly a negative one, based on this research.

Entry: February 17, 2021

Deleted files for participant feedback.

Entry: February 27, 2021

Received completed peer coding.

Entry: March 6, 2021

I have compared the peer coding looking at how many interviews contained each code compared to researcher's original coding. When reviewing discrepancies, I made final decisions weighing student feedback on researcher's code higher than peer coder's input. Otherwise, I reviewed the sections of transcript in question and decided whether to accept or reject the peer coder's changes.

I am glad that I incorporated peer coding. I have more personal confidence in my results.

Entry: March 28, 2021

I found myself quite excited about the data gathering phase. It was invigorating to hear the participants share their stories, in particular, their ideas about what could change. Although not a direct question about their experience, asking about what they would change was illuminating.

The participants' negative experience of the test timing was not shocking, but, based on my experience as the psychologist trainee, I was struck by the difficulty of aligning my schedule to the students'. My supervisor encouraged me to view the student schedule and select study hall first, and then if that were not possible, select a class during which the student had the least academic difficulty. So, while there are conscientious psychologists/assessors, if that is not communicated, the student has only their own experience upon which to base their experience and meaning making. Additionally, my communication with the student (e.g., scheduling the

assessment) was through their special education team, not directly with the student. While the relationship between the student and their case manager/paraprofessional/etc. seems to be strong, this indirect communication likely distanced me, the assessor, from the student even more.

The other piece that was particularly interesting to me was the confusion of the participants about the process and the results, especially at the beginning. When I externed at a school district, I was in grad school and being trained to understand what everything was and I still had a million questions. And I was not emotionally invested in the outcomes. I always tried to hold space for the student to ask questions, but based on this research, I am now interpreting their lack of questions to lack of relationship and comfort in asking those questions. Since the majority of student learning appears to come from experience and family, there seems to be choice point: does the psychologist focus on explaining everything to the parents in the hope things don't get lost in translation, or does the psychologist attend to the student experience more?