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# The importance of professional interfacing

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## THE IMPORTANCE OF PROFESSIONAL INTERFACING

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### ABSTRACT

It is important to gather information from a variety of sources to accurately diagnose a disabling condition. What may initially manifest as an isolated disability (a specific learning disability) might, in fact, be just a part of more global dysfunction that affects, and is affected by, systemic interactions. Therefore, it is essential for special educators and school psychologists who are key personnel in the identification process, to perform comprehensive diagnostic cognitive processing and academic achievement evaluations that cover a broad range of areas. Additionally, information from other sources (e.g., medical, neurological) should be utilized since it might be important in the development of individualized educational programs designed to meet unique learning needs.

Since "complexity is the hallmark of LD" (learning disabilities) (Kavale & Forness, 1995, p. 262) it is absolutely essential for all persons involved in the identification process and the implementation of remediation and intervention strategies to dialogue effectively and share information. This will most likely mean a shift in paradigmatic thinking - from a specific learning disability perspective that is founded in a linear mode of thinking (cause-effect) to a more holistic interpretation of function and dysfunction that recognizes multiple interactions (dynamic). A paradigm that recognizes that disabilities most likely do not stay contained (Zera, 2001; Zera and Lucian, 2001) but rather, are constantly interacting is essential to understand the person more fully. As a person's system self-organizes and adapts to what might be considered as an initial dysfunction, other areas of functioning may be impacted. Thus, comorbidities might exist. In matter of fact, it might even be difficult to discern what is comorbid since each area of dysfunction might simply be a different facet of the condition, recursively affecting the other. As initially stated, LD's are complex and "it is impossible for them to be narrowly categorized or determined as being specific (Zera & Lucian, 2001, p. 108).

Professionals need to interface regarding their ideas and the data they have accumulated to best plan and prepare an effective and appropriate individualized educational plan for each child identified with a disability. Current service provisional mod-

els (i.e., the inclusion bandwagon) may need to be reconsidered, as it is likely that such practices may oppress the people they purport to help (Zera & Seitsinger, 2000). This is because students with identified needs may not be provided access to a full continuum of placements or a variety of services that range from the least restrictive (full-inclusion) to the most restrictive (residential treatment facility or hospitalization). It is essential for a shift in thinking to occur from what school systems may consider as the most reasonable or most easily implemented placement for a child to that of what is truly in the child's best interests.

The first author of this paper was a special education teacher in an urban middle school setting for 15 years. After earning his Ph.D. in Special Education, he began to perform independent comprehensive cognitive processing and academic achievement evaluations (CPAAE) with a full professor from a Research I University and is currently employed as an Assistant Professor in the Program in Psychology and Special Education at Fairfield University in southwestern Connecticut. The second author has been an Assistant Principal and Principal of elementary schools in Rhode Island and is currently the Director of Curriculum and Grants for the Bristol Warren Regional School district in Rhode Island.

Over the course of years, we have had the opportunity to dialogue amongst ourselves about various school practices and issues affecting the education of children with special needs. We have presented our ideas at conferences and published in refereed journals in our efforts to spread our ideas regarding systems-based theories as they pertain to both an individuals' neurological/cognitive/behavioral self-organizing system and systemic school-based reform procedures. The purposes of our dialogue are to promote change in school system practices and the thought processes of individuals.

We have also been able to discuss with parents and other professionals our perspectives of a child's disability(ies) (and ability/ies) and help plan what we believe to be effective programs to meet their needs. Frequently, this could not have been done without input from other professionals who are often considered to be outside the typical school realm (e.g., medical doctors, neuropsychologists, etc.). Of course, some might disagree with our perspectives, but "remaining speculative, however, is good. Research is fostered and theories are developed by engaging in dialogue and we believe the study of self-organizing systems" (Zera & Lucian, 2001, p. 108) to be a good thing.

The following cases (pseudonyms provided) are used as exemplars to shed light on the complexity of disabilities and will highlight the importance of professional interfacing. Generalized information rather than specific testing data is shared. Additional information is available from the authors of this manuscript. We believe that newfound information and results from a variety of areas can dramatically effect change in a positive manner in a child's educational programming.

## Thomas

Thomas was a seventeen-year-old male who had been experiencing difficulties with school since kindergarten. Although it was known that he was hydrocephalic at birth with resultant shunting to drain the fluid and was identified with a right hemisphere brain lesion, the school system had not apparently, addressed all of his learning needs and he continued to falter - reading and writing skills were underdeveloped and social isolation occurred. Upon completion of a CPAAE performed by the first author of this paper who believes in dynamic interactions between strengths and weaknesses, specific suggestions were made and an intervention program was designed to meet what was believed to be, his needs.

A review of previous records was performed and is considered to be an important component in the development of any program. Prior assessment data, the hypotheses posed and previous placement practices are important to consider when attempting to integrate information about a student into a comprehensive profile.

Thomas fit the most common characteristics associated with a nonverbal learning disability (NLD), assumed to be primarily the result of a right hemisphere brain dysfunction. The characteristics he manifested and that are typical of NLD are: discrepancy between his verbal and performance intelligence quotient (VIQ, PIQ) (VIQ 99, PIQ 73 at most recent administration); poor visuospatial processing (Rey-Osterrieth Complex Figure (ROCF) copy and immediate recall below 10th %ile); socio-emotional concerns (parent report), and; a relative weakness in mathematics (no basal on Key Math estimation test) (Harnadek & Rourke, 1994).

We believe it is important to consider all of this information when planning an appropriate and individualized education plan to meet his unique needs. It is possible that his inherent disabilities affected his abilities to perform on some tests, thus diffusing the results. Therefore, the interactions between numerous areas are important to examine and the investigation for patterns, rather than isolated pieces, is important when attempting to discern areas of strengths and weaknesses.

NLD is not specifically recognized by the federal government as an identified disability that requires specialized services. However, statistically significant differences exist between Thomas' cognitive abilities (e.g. VIQ 99) and some academic achievement areas (e.g., Gray Oral Reading Test (GORT) fluency standard score 1 and comprehension standard score 6). Thus, Thomas is eligible to receive special education services because he qualifies for the classification category of learning disability (LD), language-based. However, the wide range of difficulties he experiences within both the language and visuospatial realms suggest a dynamic interaction in that skills other than those within his area of identified damage (e.g. right-hemisphere visuospatial process-

ing tasks and associated academic issues) exist and affect other areas. Thomas also experiences difficulties with some left-hemisphere language-based processing (e.g., poor phonological processing) and academic skills (e.g. reading scores previously mentioned and deficient writing scores earned on the Test of Written Language (TOWL)).

Even though Thomas' visual acuity was determined to be within the acceptable range he did not always process information presented to his left visual field manifesting what is known as left hemi-neglect. He was also prescribed medication by his physician for anxiety that was apparently manifested during the assessment session by Thomas picking his skin until it bled and his frequent requests for reassurance. If one was to examine solely the scores he earned from the measurement tools that were administered, rather than the associated observational information and information shared by his pediatrician, Thomas' program might not be comprehensively designed. This is because many of his specific scores were within the average range of functioning (e.g., word attack, math calculations). By integrating information from a variety of sources and investigating for the possibility of dysfunctional overflow, a more adequate and appropriate program can be designed.

In consideration of all of these issues, suggestions were made to seek out additional neurological testing to ascertain/verify areas of deficits and the extent of neurological involvement. An updated psychological evaluation was also recommended to help clarify and describe his cognitive ability rather than compare him to a normative sample that may not correlate strongly with someone who has his disabilities. Practical classroom-based strategies included highlighting for him the left side of a page with a bright colored marker and to moving papers, devices, etc. into his right visual field. This might require Thomas to view his computer screen for example from his right side rather than it being directly in front of him. A reduced course load was suggested to help alleviate anxiety and provide him with additional instruction time to learn and master certain skills (e.g., phonological processing, math globalization, reading comprehension).

Because of right hemisphere difficulties with conceptualizing the whole (Gestalt) it was recommended that instruction be clearly laid out for him so that he can follow the directional path. Additionally, linguistic and visuoconstructive tasks might be promoted by the use of a plan or outline before he attempts certain tasks (i.e., writing). Because of poor visuospatial processing, outlines are likely to be more effective than graphic organizers. It would also be beneficial for all service personnel who are involved with Thomas to meet to thoroughly discuss their assessments and recommendations.

## Allen

Allen was an eight-year-old boy who was in a non-traditional educational setting (a Montessori-based school). He was an active, verbal child who apparently was undisciplined in school and rarely completed any tasks without direct supervision. It was suggested that he was attention deficit disordered and Allen was placed on trials of Ritalin and Adderal consecutively. However, he responded negatively to both medications and his behavior was best described as morose. His parents discontinued those medications but have recently tried Concerta with positive effects.

Allen's parents sought an independent evaluation to discern if there were in fact any learning problems that might be affecting his ability for work completion and that may underlie some of the behavioral concerns. Upon completion of the evaluation, numerous recommendations were made, some of which suggested additional medical examinations. The parents responded to each of the recommendations and a neurologist and other medical practitioners saw Allen, wrote reports, and provided additional information that can be used to design a more appropriate and effective individualized education plan.

A neurological examination was performed and included brain scans (multiple resonance imaging: MRI) that identified "right hippocampal sclerosis - scar tissue on the right hippocampus" (parent e-mail communication). His doctor suggested consults with a neurological psychologist for follow-up support for Allen and for his parents to deal with the newfound information. Although the parents were extremely disappointed to identify right hemisphere brain damage in their son, they were overjoyed at finally being able to determine what was causing some of Allen's difficulties. Rather than view him as an unmotivated child, or a child who was simply impulsive, they understood that there was a neurological contribution to his dilemmas that helped them better understand and work more effectively with their son. They noted that they became more patient and attempted to help him more consistently with completing homework assignments and with long-range planning.

As like Thomas, Allen fit the most common identifying characteristics of NLD. However, significant deficits were also noted in language-related areas as well. He had deficient phonological processing skills and, four of the five areas measured on the TOWL (thematic maturity, syntactic maturity, contextual spelling, contextual style) were below the mean and discrepant from his VIQ. Thus, a program that addresses both language- and visuospatial-based skills may be important to assist Allen in reaching his full potential.

Specific task-based recommendations included procedures for developing phonological processing and orthographic decoding skills. Generalized recommendations included providing Allen with the focus of a lesson "up front" because of poor visuospatial

organizational abilities, utilizing an organizational outline to help with all writing tasks, capitalizing on his verbal strengths and interest to engage in dialogue, and creating a “structured yet nurturing” environment which assists him in developing the cognitive organizational skills he lacks but one that does not place undue stress on him.

His parents recently decided to undergo another series of brain scans to explore if there are any differences from the initial one that was performed. Part of the reason is because a close family member was diagnosed with a cancerous, malignant brain tumor, and they want to “keep on eye” on Allen’s medical prognosis. Keep in mind, that his right hippocampal sclerosis would probably have gone unnoticed were it not for the parents seeking out a comprehensive assessment outside the school system. The school he was attending simply wanted him to leave and attend a public school.

### **Lauren**

Lauren was an eighth grade girl with a variety of academic concerns that the school system considered to be relatively “slight” but profound enough to be eligible to receive special education services. She had an IQ in the average range (VIQ 85, PIQ 90) and her academic achievement results from prior testing were within the expected range of functioning for someone with her measured intellectual capacity. Lauren has a slight lisp, had received services for speech and language disorders, and her service time for special education had changed dramatically over the course of years and ranged from a low of 2 hours per week to a high of 11 hours per week. It seemed as though the school system could not accurately discern the number of hours necessary to address her disabilities. That seems reasonable because her academic skills were primarily within the expected range of functioning. However, Lauren was extremely anxious and it is possible that her anxiety was due to some learning difficulties or equally possible that the learning difficulties were caused by the anxiety. Whatever the foundation, each of these areas of need should be considered when planning a program designed to meet her unique needs. Furthermore, Lauren was experiencing difficulty with all academic tasks in that it took her inordinate amounts of time to perform even the most basic work, and she was upset on a daily basis about school. She did not have any friends and was easily swayed by the comments of other children. Something needed to be done to help this child better acclimate to the school environment.

Exasperated by the lack of understanding of their daughter’s skill development and because they felt they did not understand the issues impacting their daughter’s success, the parents sought out an independent evaluation and requested that the diagnostician attend the planning and placement team (PPT) meeting.

Data supported that most of Lauren’s skills were commensurate with her ability levels, except for poor reading fluency (GORT standard score 3) and difficulty with visuospatial processing tasks (ROCF < 1st %ile). It should be noted that the United

States Court of Appeals for the Second Circuit, New York State (1998; Docket number 97-9162) has essentially established poor fluency as “an adequate ground for diagnosis of a reading/learning disability even when other skills are in the average range” (Zera & Lucian, 2001, p. 111). Therefore, Lauren is eligible to receive services that address her reading fluency.

At face value, most of the test results do not strongly support the diagnosis of learning disability, and we venture to suggest that many school systems might not consider her poor fluency as a major issue that needs to be addressed if comprehension skills are adequate (as they were with Lauren). One's philosophical stance regarding reading may orient one's perspective of what is or is not a disability. For example, some people believe that the goal of reading is to comprehend, even if one must use compensatory strategies (e.g., picture clues, contextual clues, etc.) to achieve comprehension. Others believe that it is important for one to develop strong decoding skills so that they can decode whatever comes along, and thus, support comprehension.

The question remained, however, was there something else that might be contributing to the poor fluency and were there other areas of impact? It was also noticed that Lauren had some “facial anomalies” (roundish face, pixie-like expression), which might be impacting speech production if there were inherent difficulties with facial configuration. She had been removed from speech and language services, yet some slight concerns remained.

When viewed from a more comprehensive perspective that recognizes the importance to explore all areas of functioning, Lauren is in definite need of educational support. Her parent's state that she comes home from school depressed, has very few friends, and angers easily. Psychopharmacological interventions were implemented and included medications for attention deficit disorder and depression. Depression could certainly impact performance and Lauren's cognitive processing strategies were rigid and tightly controlled. There was literalness in her writing sample and she created a number of run-on sentences that seem to reflect her tendency to deal with one piece of information, one idea at a time.

Recommendations included that the parents pursue the possibility of a syndrome that might explain her difficulties better and bring important insight to an intervention program. An assistive technology evaluation was also recommended, as some devices might be necessary to help her perform and demonstrate her knowledge base. Lauren also needs direct instruction in understanding social cues and interacting with others, as well as developing reading fluency, phonological processing, and allowing her extended time to complete task demands. A key component to any intervention for Lauren will need to support her in becoming more fluid in her approaches and regular meetings between special and regular education personnel need to be sched-



uled. Once again, although many of her academic test results were not significantly discrepant from her measured ability level, Lauren was not acclimating well to the school climate and her difficulties were impacting the family as well.

After the evaluation was shared with the school system, the planning and placement team decided it was in Lauren's best interest to place her in a self-contained classroom for her major academic subjects. Since this placement has been implemented, her parents note that Lauren is far happier and less depressed, is succeeding in school-based academics and even looks forward to going to school. Additionally, the parents couldn't be happier!

The parents followed through on all recommendations and noted "were it not for the outside evaluator's attendance at the PPT they would have gotten nothing" (parent communication). Specifically, the mother stated, "This was the first time I came home from a meeting and didn't cry!" In dialogue with Lauren's medical doctor, he agreed that perhaps there is something of a genetic basis to Lauren's difficulties and has recommended testing for genetic anomalies and possible syndromes.

### **Conclusion**

It is important to note that each of these parents went "outside the school system" on their own - paying for the assessment and following through with recommendations. In none of the cases, did the school system suggest additional evaluations or seek out services from those not employed by the school system. Yet, in each of the aforementioned cases, it seems fairly obvious that outside evaluators and the assistance they provided were quite helpful in planning an appropriate, individualized education plan that more accurately addressed their underlying disabilities.

It was important to attempt to understand each child from a holistic perspective that recognized that things might not be as they appear. By performing comprehensive evaluations that cover a broad range of functioning and engaging in dialogue with fellow professionals, a more efficacious program might be designed.

It seems to us, that ethics alone supports the stance of seeking out knowledgeable persons to provide additional information to plan a program for a child with special needs. Morals, values, etc. impact decision-making as well, but one must always keep in mind that the purpose of our positions is to help a child and, hopefully, Make a World of Difference in their lives.

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### About the Authors

David Aloyzy Zera earned his Ph.D. from the University of Connecticut in 1997. Since that time he has published in *Journal of Learning Disabilities* and *Learning Disabilities Quarterly* on the development of a self-organizing systems perspective of disability. He also co-authored an article with Dr. Seitsinger in Pi Lambda Theta's journal *educational Horizons*, entitled, *The Oppression of Inclusion*. Dr. Zera also maintains a private practice in which he performs comprehensive cognitive processing and academic achievement evaluations.

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