Oklahoma School Psychological Association

Introduction

The Oklahoma School Psychological Association (OSPA) is dedicated to promoting practices that are based on scientific research and that promote student success. In accordance with our parent organization, the National Association of School Psychologists (NASP), OSPA supports the provision of "effective services to help children and youth succeed academically, socially, behaviorally, and emotionally" (Standards for Graduate Preparation of School Psychologists, 2010b, p. 1). Upon reviewing current literature and research on the topic of dyslexia, the OSPA Dyslexia Committee, with approval from the OSPA Executive Board, has agreed upon the following as best-practices within the state of Oklahoma.

As School Psychologists, we have the responsibility to advocate for high-quality education for all students. This responsibility includes properly identifying and providing appropriate services to those students with unique educational needs, which is not always an easy task. In the case of children with specific learning disabilities, we not only have the ability to identify the disability, but also design effective research-based interventions proven to reduce some of the challenges facing these children. There has been recent debate and confusion as to the role schools play in identifying and remediating specific learning disabilities, including dyslexia, and OSPA wishes to provide information to summarize the current literature on dyslexia and clarify misunderstandings

What Dyslexia IS and IS NOT

The term "dyslexia" is broad term with multiple definitions and meanings to a wide range of individuals. At the most basic level, the word dyslexia means DYS-Disorder and LEXIA-Language, so a "disorder of language" (Fragel-Madeira, et al., 2015). Currently, it is often used as a term to describe difficulties in learning to read and spell (Fragel-Madeira, et al., 2015). It should also be noted that in most peer-reviewed publications on the topic of dyslexia, the terms "dyslexia" and "specific learning disability" are used interchangeably (Bell, 2013; Firth, Frydenberg, Steeg, & Bond, 2013; Naem, Mahmood, & Saleem, 2014; Vellutino, Fletcher, Snowling, & Scanlon, 2004).

While there is wide variation between different definitions of dyslexia, commonly accepted components include (Christo, Davis, & Brock, 2009):
- The etiology is likely neurobiological
- The disability is characterized by difficulties with accurate and/or fluent word recognition
- Other common symptoms of the disability included difficulty in reading comprehension and academic skill development

Having an operational definition of dyslexia is critical, but it is also important to identify what dyslexia is not.

Myth: Dyslexia is a disorder that causes individuals to see and write letters and words backwards and/or that causes words to "jump around on the page" when reading.
- **Fact**: Dyslexia is a problem with phoneme decoding of sounds, it is not a visual problem (Williams & Lynch, 2012).

Myth: Dyslexia is a sign that a person is unintelligent.
- **Fact**: Dyslexia and intelligence are NOT correlated (Rose, 2009).

Myth: Colored overlays improve reading skills of children with dyslexia.
- **Fact**: In general, colored overlays do not improve reading accuracy or fluency (Williams & Lynch, 2012).

Myth: Dyslexia is a specific type of reading disorder that can be diagnosed using standardized tests.
- **Fact**: Despite the many online assessments claiming to diagnose dyslexia, there is NOT a specific test for dyslexia. There are educational assessments, which identify strengths and weaknesses in foundational reading skills, such as phonological development and decoding skills. Any evaluation for dyslexia should involve multiple methods for gathering information related to an individual's learning history and current performance on reading-related skills. A comprehensive evaluation for a specific learning disability in reading should include these components (IDA, 2016).

Myth: There is only one specific way to treat dyslexia, and this treatment is unique and different from other effective reading interventions and supports.
- **Fact:** There is not one specific way to treat dyslexia. Research indicates that children with dyslexia diagnoses typically respond well to evidence-based interventions that target their specific skill deficits, such as decoding skills (Snowling, 2013).

Dyslexia and Specific Learning Disabilities

Part of the misnomer and confusion over dyslexia within the educational setting has been related to the federal legal definitions and regulations under the Individuals with Disabilities Education Improvement ACT (IDEA, 2004). These federal regulations guide the state policies and procedures that are adopted by the Oklahoma State Department of Education (OSDE) to identify and support students with disabilities. Both federal and OSDE definitions use the terminology "specific learning disability," to identify students who present with learning difficulties in reading, writing, math, and language that require special education services. The Oklahoma Handbook of Procedures for Special Education Services defines a specific learning disability as "a specific disorder of one or more of the basic psychological processes involved in understanding, or in using spoken or written language… including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, *dyslexia*, developmental aphasia, and that adversely affects the student's educational performance." (OSDSES, 2014, pg. 76-77, emphasis added). Criteria to determine if the disability is sufficient to warrant special education services is also included in this definition. It is important to note that dyslexia is recognized as a disability identified under the special education eligibility category of specific learning disability.

While the eligibility category informs schools and parents about the data that support special education criteria, it is not used to develop student support services. School-based teams develop Individualized Education Programs (IEPs) based on specific student functioning and needs to provide appropriate individualized services. The Office of Special Education Programs (OSEP) and the Office of Special Education and Rehabilitative Services (OSERS) issued a guidance letter on October 23, 2015 stating that IDEIA does not prohibit schools from using the terms dyslexia, dyscalculia, or dysgraphia in eligibility or IEP paperwork. Therefore, School Psychologists in Oklahoma can identify a student who has dyslexia using the criteria specified under the broad category of specific learning disability, and they *may* list dyslexia or dyslexia-related symptomology in the summary of their evaluation and while developing an IEP. Therefore, students who have diagnosis of dyslexia may be eligible to receive special education services and supports under the eligibility category of specific learning disability and symptoms unique to each student are addressed through their IEP with specific goals, objectives, and support services.

Comprehensive Evaluation for Dyslexia

The primary purpose of psycho-educational evaluations are to determine if a child meets criteria as having a disability and if the disability causes an adverse educational effect that requires special education services. As with all psycho-educational evaluations, there is no one specific measure, test, assessment, or method to determine who meets criteria to receive special education services for specific learning disabilities, including dyslexia. Furthermore, federal law, ethical guidelines, and best practices dictate that eligibility decision-making rely on data from multiple sources. Thus, an examiner is compelled to use a multi-faceted approach to collect data from various sources to

make a clinical judgment related to the presence of characteristics of any disability that meets eligibility criteria outlined in the Oklahoma Handbook of Procedures for Special Education Services.

Additionally, schools must consider a student's response to intervention prior to determining if a student is a child with a disability that requires special education services. The Oklahoma Special Education Handbook specifically states that all evaluations for specific learning disability must include "data that demonstrate the student was provided an intervention matched to the student's instructional needs." (OSDSES, 2014, pg. 77). Ultimately, if a School Psychologist completes a comprehensive evaluation for specific learning disabilities that examines all five core components of reading development (phonemic awareness, phonics, reading fluency, vocabulary development, and reading comprehension), they will be able to identify the specific skill deficits for the student and make recommendations for interventions.

Evidenced-Based Interventions

Academic interventions should be developed based on an individual student's identified needs. Once needs are identified, only those interventions with empirical evidence of effectiveness should be utilized. The goal of an effective intervention is to match the necessary resources to meet children's individualized needs in order to increase the rate of learning for students who are struggling. This allows for a more efficient and effective delivery of services in order to narrow the attainment gap and bring students to the level of typically developing peers (Rose, 2009). Systematic interventions that are well-structured and that include direct instruction to students are most effective (Snowling, 2013). Effective reading interventions should include training in letter identification, letter sounds, sight words, blending, decoding connected text, decoding fluency, vocabulary, and reading comprehension.

A Response to Intervention (RtI) or Tiered Support framework may be used to both identify specific reading deficits as well as provide the vehicle for effective interventions (Rose, 2009; Snowling, 2013). Though models vary, most RtI/Tiered Support models provide three "tiers" of instruction and intervention delivery that increase in intensity to meet all student needs. A strong research based core curriculum at Tier 1 ensures all students have access to high quality reading instruction. Teachers supplement Tier 1 curriculum with differentiated teaching methods to individualize student response to class wide instruction. Even with high quality Tier 1 instruction, some students will need to receive more intensive levels of support through targeted evidence-based interventions to meet their specific needs. These types of interventions are provided through Tier 2 and Tier 3 services. It is this process that allows for school personnel to match levels of service to student need. Through this proactive RtI/Tiered Support approach, the initial trigger for action is not the student's evaluation qualifying him or her for special education services; rather, services are triggered when the has student noticeably more problems with reading than peers (Rose, 2009). It is important to note that most students, including those with identified reading

disabilities, reach expected reading outcomes with Tier 1 and/ or Tier 2 supports (Balu et al., 2015).

In alignment with the Oklahoma Handbook of Procedures for Special Education Services, this RtI/Tiered Support process allows for schools to ensure that students are provided scientifically based researched interventions that target specific skill deficits. This process ensures that students are educated in the least restrictive environment and that high-stakes educational decisions are not based solely on standardized assessments, but rather with specific, individualized student data. This process also ensures that those who are able to succeed with classroom support are not unfairly identified as needing special education services, and also reserves intensive resources and services for students who require the most support.

Despite there being many available evidence-based interventions for individuals with reading difficulties, there are also many interventions specifically advertised to address dyslexia that do not have a sufficient evidence base for their claims (Snowling, 2013; WWC, 2010a, 2010b, 2010c, & 2010d). For this reason, it is vital for professionals to critically examine the interventions and programs they select for implementation. The most effective reading interventions are those that address increasing the accuracy, fluency, and application of foundational reading skills through direct instruction. Other considerations for interventions include proper screening and selection of children who would benefit from reading interventions, length of intervention, intervention components of modeling and feedback, and implementation fidelity. Reading interventions often take as many as 9 weeks or more to show student growth (Duff et al., 2014). To have long-lasting gains, school teams will need to develop quality Tier 1 and Tier 2 programs that include appropriate interventions and data collection methods. When the appropriate time is invested by these teams, most students show sufficient progress and will not need intensive services.

Role of School Psychologists

School Psychologists are individuals who have received specialized advanced graduate preparation that includes coursework and practical experiences relevant to both education and psychology. Graduate training in School Psychology requires rigorous coursework and practical experience, including extensive training in the evaluation of academic functioning as well as design and evaluation of effective academic interventions. Therefore, School Psychologists possess the skills necessary to assist parents, teachers, and other school personnel in identifying and implementing appropriate reading intervention to specifically address a student's reading difficulties. Additionally, School Psychologists work with school administrators to improve school-wide practices, policies, and interventions to address student needs. The expertise and support of School Psychologists can be a critical factor in the effective evaluation, identification, and implementation of any specific reading program.

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