

Problems with Ability-Achievement Discrepancy and RTI for SLD Identification



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Topics

- Brief overview of history of specific reading disability
- The definition of SLD
- Problems with ability-achievement discrepancy
- Problems with response-to-intervention (RTI)
- Use of a pattern of strengths and weaknesses approach

The Basic SLD Concepts from History

1. Processing deficits
2. Neurological dysfunction
3. Unexpected learning failure

Source:
Kavale, K. A., & Spaulding, L. S. (2008). Is response to intervention good policy for specific learning disability? *Learning Disabilities Research & Practice, 23*, 169-179.

Conclusions from Hinshelwood regarding Congenital Word-Blindness

- particular areas of the brain appear to be involved
- the children often have average or above intelligence and good memory in other respects
- the problem with reading is localized, not generalized to all areas of academic performance

Source: Hinshelwood, J. (1902). *Congenital word-blindness with reports of two cases*. London: John Bale, Sons & Danielsson.

Central Themes from Dr. James Hinshelwood (1902)

- the children do not learn to read with the same rapidity as other children
- the earlier the problem is identified, the better so as not to waste valuable instructional time
- the children must be taught by special methods adapted to help them overcome their difficulties
- the sense of touch can help children retain visual impressions
- persistent and persevering attempts will often help children improve their reading.

Source: Hinshelwood, J. (1902). *Congenital word-blindness with reports of two cases*. London: John Bale, Sons & Danielsson, Ltd.

The Importance of Early Intervention

“It is evident that it is a matter of the highest importance to recognise as early as possible the true nature of this defect, when it is met with in a child. It may prevent much waste of valuable time and may save the child from suffering and cruel treatment...The sooner the true nature of the defect is recognised, the better are the chances of the child's improvement” (p. 10).

Source:

Hinshelwood, J. (1902). *Congenital word-blindness with reports of two cases*. London: John Bale, Sons & Danielsson, Ltd.

“The diagnosis of dyslexia is as precise and scientifically informed as almost any diagnosis in medicine” (p. 165).

Source: Shaywitz, S. (2003). *Overcoming dyslexia: A new and complete science-based program for overcoming reading problems at any level*. New York: Alfred Knopf.

Diagnosis of Word Blindness

“With the possession of a knowledge of the symptoms, there is little difficulty in the diagnosis of congenital word-blindness when the cases are met with, since the general picture of the condition stands out as clear-cut and distinct as that of any pathological condition in the whole range of medicine” (p. 88).

Source: Hinshelwood, J. (1917). *Congenital word-blindness*. London: H. K. Lewis.

Central Themes from Dr. Samuel Orton

- disabilities can be overcome by special training
- many of the children have a high degree of intelligence
- data must be collected regarding the effects of the training
- emotional factors are of primary importance

Source:

Orton, S. T. (1937). *Reading, writing, and speech problems in children*. New York: W. W. Norton.

“Moreover, it seems probably that psychometric tests as ordinarily employed give an entirely erroneous and unfair estimate of the intellectual capacity of these children” (p. 582).

Source: Orton, S. T. (1925). Word-blindness in school children. *Archives of Neurology and Psychiatry, 14*, 581-615.

The Reading Index

See if reading achievement is in harmony with other achievements. The other measures are administered in order to determine the child's expectation in reading and to measure the discrepancy.

- 1) Chronological age
- 2) Mental age (based on the Stanford-Binet)
- 3) Arithmetic computation

Monroe, M. (1932). *Children who cannot read*. Chicago: University of Chicago Press.

“It seems that we are measuring a discrepancy between reading and other accomplishments which may occur in either direction at any intellectual level” (p. 17)

“The reading defects may occur at any intellectual level from very superior to very inferior, as measured by intelligence tests” (p. 6).

Source:

Monroe, M. (1932). *Children who cannot read*. Chicago: University of Chicago Press.

“The children of superior mental capacity who fail to learn to read are, of course, spectacular examples of specific reading difficulty since they have such obvious abilities in other fields.” (p. 23)

Source:

Monroe, M. (1932). *Children who cannot read*. Chicago: University of Chicago Press.

Case 3: Betty

Betty represents a case of reading retardation in a very bright little girl. She was completing the second year in school without having been able to learn to read. When examined she was seven years and four months of age, with a mental age of ten years, I. Q. 135. Arithmetic measured high second grade. Reading and spelling measured very low first grade... She had a very engaging manner and had learned many ways of diverting attention from the fact that she could not read. When the reading tests were presented she pushed them aside and said, “Let’s don’t do any reading. I know some arithmetic games that are lots of fun...” When finally persuaded to attempt the tests she showed considerable emotional tension, clearing her voice, saying “ah” several times before attempting each word, and flushing over her obvious errors (p. 10).

Source: Monroe, M. (1932). *Children who cannot read*. Chicago: The University of Chicago Press.

The rate of progress under remedial instruction was found to be a function of:

- the child’s intelligence
- age
- number of hours of training
- severity of the disability
- behavior and personality difficulties
- supervision of the remedial techniques

(Source: Monroe, 1932, p. 157)

Central Themes of Dr. M. Monroe

- different factors affect performance in different children
- children require intensive remedial training
- the training must continue until reading is in harmony with the child's other capacities and achievement
- methods must be modified to meet the needs of each individual
- problems arise in behavior and personality but disappear as reading improves
- some children of superior intelligence struggle to learn to read

Monroe, M. (1932). *Children who cannot read*. Chicago: The University of Chicago Press.

Special Disabilities

“A child may fail to learn to read or spell or achieve satisfactorily in music and yet be of adequate intelligence. In some children there is a close relation between ability in one direction and ability in another direction. Also in some children there is a close association between ability in some given direction and general intelligence. However, in other children this is striking disparity between ability in one subject and that in another or between achievement in some subject and general intelligence. Such discrepancies may appear between rather closely related abilities, such as reading and intelligence. We find, for instance, such combinations as a child who cannot read although he can comprehend material read to him and another child who presents just the reverse condition” (p. 43).

Source: Travis, L. E. (1935). Intellectual factors. In G. M. Whipple (Ed.), *The thirty-fourth yearbook of the National Society for the Study of Education: Educational Diagnosis* (pp. 37-47). Bloomington, IL: Public School Publishing Company.

“The child who does not achieve so well as would be expected in a certain direction may be regarded as having a special defect or disability. Such a defect, if persistent, usually prevents the child from making progress at school and may ultimately interfere with his adjustments and successes outside the school” (p. 43).

“The clearest expression of a special disability is consistently low scores on a series of tests in a given subject conjoined with average or superior scores on tests in other subjects. Such scores can be arranged in an ‘educational profile.’ For example, in case of a reading disability, a child might obtain scores placing him in the ninth grade in arithmetic, in the eighth grade in spelling, and in the third grade in reading. Here we would have evidence of a striking reading disability. An unevenness of achievement for another child might indicate just as striking a disability in arithmetic” (p. 43).

Forms of Disabilities

- Disorders of attention
- Perceptual disabilities (quickness of perception in number of stimuli that can be perceived within a limited time period)
- Deficiencies in visual and auditory memory spans
- Alexia or word-blindness (reading and writing)
- Aphasia (speech, writing)
- Agraphia (express thoughts in writing)
- Amusia (inability to sing in tune or distinguish musical sounds)

Source: Travis, L. E. (1935). Intellectual factors. In G. M. Whipple (Ed.), *The thirty-fourth yearbook of the National Society for the Study of Education: Educational Diagnosis* (pp. 37-47). Bloomington, IL: Public School Publishing Company.

“Sometimes children of good general intelligence show retardation in some of the specific skills which compose an intelligence test” (p. 22)

Monroe, M., & Backus, B. (1937). *Remedial reading*. Boston: Houghton Mifflin.

“To be effective, remedial instruction in reading must be preceded by careful diagnosis” (Monroe & Backus, 1937).

“Diagnosis is one thing; treatment is another. No one diagnosis applies to all cases; no one treatment will eradicate all trouble” (p. 117).

Source: Stanger, M. A., & Donohue, E. K. (1937). *Prediction and prevention of reading difficulties*. New York: Oxford University Press.

“Failure to learn to read as others do is a major catastrophe in a child’s life” (p.1).

Source:

Dolch, E. W. (1939). *A manual for remedial reading*. Champaign, IL: Garrard Press.

Central Themes from Dr. Grace Fernald

- the difficulties can be partially or fully overcome with proper diagnosis and treatment
- methods have to be adapted to the child
- multisensory instruction is beneficial
- methods need to be applied before the child has failed
- reading difficulties contribute to emotional difficulties

Source:

Fernald, G. M. (1943). *Remedial techniques in basic school subjects*. New York: McGraw-Hill.

“Children with Developmental Imbalances are those who reveal a developmental disparity in psychological processes related to education ...” (p. 28).

“The key characteristic that identifies this child to the observer is the substantial *difference* between the worst and the best of his developing intelligences, or the substantial intraindividual differences noted within the child. The children with large developmental imbalances can be counted on to cause considerable difficulties in any educational program which is based on the assumption that a child’s developmental processes will be within narrow limits” (p. 29).

Source: Gallagher, J. J. (1966). Children with developmental imbalances: A psychoeducational definition. In W. M. Cruickshank (Ed.) *The Teacher of Brain-Injured Children* (pp. 23-43). New York: Syracuse University Press.

“The information provided by this patterning of abilities is much more important than his single mental age score or language scores. While his Binet mental level is listed as between five and six years, his internal variation from three to eight years is the more important educationally diagnostic information. It not only establishes the fact of developmental imbalance, but it locates the areas of specific disability..

Source: Gallagher, J. J. (1966). Children with developmental imbalances: A psychoeducational definition. In W. M. Cruickshank (Ed.) *The Teacher of Brain-Injured Children* (pp. 23-43). New York: Syracuse University Press.

“The single most important factor in planning for a child with a learning disability is an intensive diagnostic study. Without a comprehensive evaluation of his deficits and assets, the educational program may be too general, or even inappropriate. The diagnostic study should include an evaluation of sensory acuity, intelligence, language (spoken, read, written), motor function, educational achievement, emotional status, and social maturity” (p. 50).

“The implication is that it is necessary to have immediate access to all diagnostic findings because it is from these that the educational approach must be evolved. Sometimes teachers are required to begin remediation without adequate knowledge of the deficits and integrities. Although information can be obtained from personal contact with the child, precise planning is possible only when these observations are supplemented by detailed diagnostic information” (p. 51).

Source: Johnson, D. J. & Myklebust, H. R. (1967). *Learning disabilities: Educational principles and practices*. New York: Grune & Stratton.

Visual and Auditory Dyslexia (Johnson & Myklebust, 1967)

- Confuses letters and words with similar appearance
- Slow rate of perception
- Reversals in reading and writing
- Difficulty retaining visual sequences
- Difficulty hearing the differences among speech sounds
- Difficulty discriminating short vowel sounds
- Difficulty with blending and segmentation

“I like to define a learning disability as a psychological or neurological impediment to development of adequate perceptual or communicative behavior, which first is manifested in discrepancies among specific behaviors or between overall performance and academic achievement...” (p. 617).

Source: Arena, J. (1978). *An interview with Samuel Kirk. Academic Therapy, 13*,617-620.

Lessons from History

- A specific problem exists in cognitive, linguistic, or perceptual processes that affects academic development and achievement.
- Oral language and reasoning abilities are often more advanced than basic academic skills.
- Early intervention is critical.
- Reading problems can affect an individual of any level of intelligence.

Lessons from History

- Both assessments and treatments must be individualized.
- Instruction must be planned, adapted for each individual, systematic and intensive.
- One-to-one or small group instruction is effective.
- The teacher must receive adequate training in the methodologies.
- Affective and social factors must be considered.

Two Basic Concepts attempting to Quantify “Unexpected Underachievement”

- Variations among abilities (intra-individual differences)
- Discrepancy between overall ability and specific academic performance

Ability-Achievement Intra-Ability

| | |
|---|---|
| A discrepancy between ability-achievement | A discrepancy among varying abilities |
| Does not clarify the reasons for failure | Helps clarify the reasons for failure |
| Unexpected underachievement relative to overall ability | Unexpected underachievement relative to other abilities |
| Focuses on full-scale scores | Focuses on factor, cluster, and subtest scores |

General. The term means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

Operational Criteria

- Definition of SLD:
A disorder in basic psychological processing
- How we operationalize it:
Ability-achievement discrepancy
Response-to-Intervention (RTI)

Operational Definitions of SLD

“Currently, operational definitions of SLD have either not worked well or have worked too well. The basic difficulty is found in the fact the operational definitions of SLD have been, in essence, developed ‘out of thin air.’” (p. 46).

Source: Kavale, K. A., Spaulding, L. S., & Beam, A. P. (2009). A time to define: Making the specific learning disability definition prescribe specific learning disability. *Learning Disability Quarterly*, 32, 39-48.

The biggest discrepancy that exists is between the LD definition and how we operationalize it.

Sources:

Hale, J. B., Naglieri, J. A., Kaufman, A. S., & Kavale, K. A. (2004). Specific learning disability classification in the new Individuals with Disabilities Education Act: The Danger of Good Ideas. *The School Psychologist*, 58 (1), 6-13, 29.

Kavale, K. A., Kaufman, A. S., Naglieri, J. A., & Hale, J. B. (2005). Changing procedures for identifying learning disabilities: The danger of poorly supported ideas. *The School Psychologist*, 59 (1), 16-25.

Individuals with Disabilities Education Act (IDEA, 2004)

An ability- achievement discrepancy is no longer required but it is permitted

“(6) SPECIFIC LEARNING DISABILITIES.—
“(A) IN GENERAL.—Notwithstanding section 607(b), when determining whether a child has a specific learning disability as defined in section 602, a local educational agency shall not be required to take into consideration whether a child has a severe discrepancy between achievement and intellectual ability in oral expression, listening comprehension, written expression, basic reading skill, reading comprehension, mathematical calculation, or mathematical reasoning.

“(B) ADDITIONAL AUTHORITY.—In determining whether a child has a specific learning disability, a local educational agency may use a process that determines if the child responds to scientific, research-based intervention as a part of the evaluation procedures described in paragraphs (2) and (3).

The Major Pitfalls of Ability-Achievement Discrepancy

1. the disability is often measured by the ability measure
2. the focus is on the full-scale score rather than on well established factors
3. ability scores decline over time because of the SLD, as well as limited reading and reduced educational opportunities
4. prevents early intervention (a “wait-to-fail” model)

...the criterion set for the size of discrepancy that counts as a reading or writing disability is always arbitrary and varies widely among states and among schools within states. (pp.158-159)
Whether a child is or is not diagnosed as learning disabled depends on the state and the local criteria where a child lives or on the personal philosophy of an independent evaluator who assesses the child. (p. 164)

Source: Berninger, V. W. (1996). *Reading and writing acquisition: A developmental neuropsychological perspective*. Boulder, CO: Westview Press.

Though the formula method may have some appeal because it requires less clinical competence and judgment, the fact remains that reducing an important diagnostic decision to a mathematical equation gives a false sense of objectivity to a contrived procedure that is still essentially subjective (p. 274).

Source: Simpson, R. G., & Buckhalt, J. A. (1990). *School Psychology International*, 11, 273-279.

Why Would Students with SLD have an Ability-Achievement Discrepancy?

- Their abilities are better than their academic performance in specific domains (e.g., verbal abilities higher than reading, writing, or math).
- They have not received adequate help and intensive early intervention.
- They have strengths in specific areas that are measured by the ability test and weaknesses in areas measured by the achievement tests.

Verbal Ability as the Measure of Potential

“Children should be able to comprehend, or construct, the meaning of what is being read at a level consistent with their general verbal ability” (p.55).

Source: Torgesen, J. K. (2000). Individual differences in response to early interventions in reading: The lingering problem of treatment resisters. *Learning Disabilities Research & Practice*, 15, 55-64.

Specific learning disabilities are not ability-achievement discrepancies but some students with SLD will have discrepancies...

What Ability-Achievement Discrepancies Can Do

- Represent the concept of “unexpected underachievement.”
- Can be useful in cases of gifted students with SLD who obtain scores within the average range.
- Can provide insight into quickness of response to intervention.
- Can help provide justifications for accommodations (e.g., oral exams, books on CD).

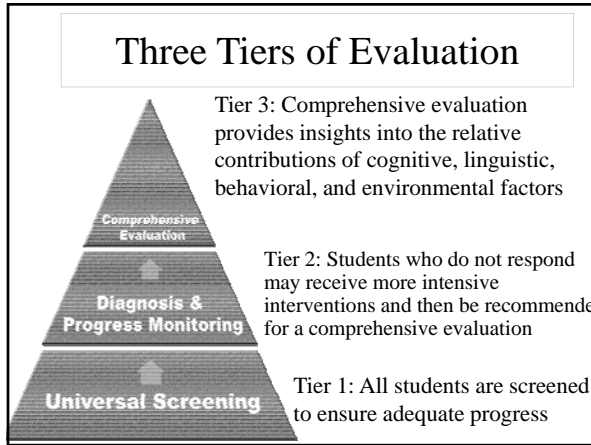
"(6) SPECIFIC LEARNING DISABILITIES.—
"(A) IN GENERAL.—Notwithstanding section 607(b),
Response to research-based intervention can be used as PART of the evaluation procedures.
"(B) ADDITIONAL AUTHORITY.—In determining whether a child has a specific learning disability, a local educational agency may use a process that determines if the child responds to scientific, research-based intervention as a part of the evaluation procedures described in paragraphs (2) and (3).

Response to Intervention (RTI)

Provides early intervention.

May reduce the number of referrals.

Attempts to monitor the progress of all students in the school and provide adequate, timely interventions.



Concern: Lack of flexibility in the system

Parents and teachers should be able to make a referral for a comprehensive evaluation any time during the RTI process.

- Many Possible Reasons for Limited Response besides SLD
- English language learners
 - Attention problems
 - Behavior problems
 - Limited prerequisite skills
 - Low language and reasoning abilities
 - Limited or ineffective instruction
 - Ineffective method for student

If applied in isolation, RTI methods will not increase diagnostic sensitivity and specificity, but will result in a generic "learning problems" category, comprising a considerable portion of the population.

Source:
Hale, J.B., Naglieri, J.A., Kaufman, A.S., & Kavale, K.A. (2004). Specific learning disability classifications in the new Individuals with Disabilities Education Act: The danger of good ideas. *The School Psychologist*, 58(1), 6–29.

As a field of study matures, its language gets more specific, not less. Less specific language or more general terms without an increase in more specific subterms is a pretty reliable indication of regression, not advances, in any field of work.

Source: Excerpted from e-mail sent to: spedpro-bounces@list.mail.virginia.edu, James Kauffman, Thursday, October 19, 2006, Title: Tiresome.

The Role of RTI

“RTI is best viewed as an instructional model, not an identification model” (p. 142)...“Ecological validity only serves to support RTI as a prereferral activity” (p. 143).

Source: Kavale, K. A., Kauffman, J. M., Bachmeier, R. J., & Lefever, G.B. (2008). Response-to-intervention: Separating the rhetoric of self-congratulation from the reality of specific learning disability identification. *Learning Disability Quarterly*, 31, 135-150.

What does RTI mean for...

Reading comprehension
Math problem solving
Written expression
Content area learning
Upper elementary and secondary students



Hasn't special education always been based upon the principles of RTI?

- Identify children who are struggling
- Determine why they are struggling
- Select interventions
- Monitor their progress
- Revise the interventions as needed
- Monitor progress

“When I was working as a school psychologist some 50 years ago and received a referral from a teacher about a child who was having trouble learning, the very first thing I did was to visit the teacher to inquire about the problem. I wanted to know what the child was having trouble with. I wanted to know what the teacher had tried that did not work and most importantly, I wanted to know what had been done that had worked.

At that time I had never heard of Response to Intervention (RTI) and I certainly would not have predicted that there were going to be initials to describe what has always been good practice, as a ‘new’ procedure” (p. 151).

Source: Zach, L. J. (2005). Déjà vu all over again: The current controversy over the identification of learning disability. *The School Psychologist*, 59, 151-155.

Identification Models that Only Use RTI

- Will produce numerous sources of measurement error
- Will threaten the validity of the SLD concept
- Will result in inaccuracy in identification
- May result in potential legal challenges

Source: McKenzie, R. G. (2009). Obscuring vital distinctions: The oversimplification of learning disabilities within RTI. *Learning Disability Quarterly*, 32, 203-215.

What RTI Can Do

- Be an effective component of the prereferral process.
- Raise awareness and application of the most effective interventions.
- Ensure that ineffective instruction is not the reason for a student's difficulties.
- Encourage accountability for the progress of all students.
- Encourage problem solving when progress is limited.

RTI does not tell us WHY a student does not RTI. RTI doesn't classify, individualize, or diagnose.

Ability-Achievement RTI

| | |
|--|--|
| Requires a discrepancy between ability-achievement | Requires a discrepancy between classroom and actual performance |
| Doesn't clarify the reasons for failure | Doesn't clarify the reasons for failure |
| Unexpected underachievement relative to ability | Unexpected underachievement relative to evidence-based instruction |
| Within the child | The child within the environment |

The Dangers of Sole Reliance on RTI for Identification of SLD

- The cause(s) of the limited response to treatment will not be well understood.
- Implementation has only been widely explored for early reading.
- SLD will be confused with all forms of inadequate learning and underachievement.

- The category of SLD will be eliminated.
- Individuals with SLD will be misunderstood and denied the accommodations and interventions they need to be successful.
- Students with above average abilities and SLD will not be identified.

- “Moreover, the notion that a student cannot have a reading or learning disability if he or she manages to attain high or passing grades is fundamentally wrong. It reflects an outmoded and inaccurate understanding of individuals with disabilities as individuals who are completely incapable of performing well.”



Source: Testimony of Jo Anne Simon, Esq. Before the United States Senate Committee on Health, Education, Labor and Pensions July 15, 2008

“In an attempt to regulate the process, to standardize the system, some people have taken the position that is a person can cognitively operate near average, or like most people, then, ipso facto, the person does not have a substantially limiting condition. But, as a gate keeping mechanism, this philosophy should also include a component on how the person actually goes about the tasks of living and learning. So, the manner with which the person has to study is a factor” (p. 3).

Russell, J. (2004). Learning disability Shibboleth. *LDA Newsbriefs*, 39(4), 3-4.

“Unfortunately, any set criterion, such as the 16th percentile, the 37th percentile or *below* average, does not necessarily ensure that the that the truth will prevail.” (p. 3).

Russell, J. (2004). Learning disability Shibboleth. *LDA Newsbriefs*, 39(4), 3-4.

People can have scores in the average range, and still have a specific learning disability

One has to consider:

Educational history

Educational opportunities

How the person functions on a daily basis

“Some people may persist in claims that RtI does not result in labels for children, that only the instruction they receive is labeled. That may be a defensible claim if the person make it also claims that words mean nothing or do not actually refer to the child. But, if people make this argument, then we wonder why anyone would listen to them, simply because they have just argued that words are meaningless; or we wonder whether they really believe in the long run “child who receives Tier (choose your number or letter or other description) instruction” is a substantial improvement over “child who receives special education for a learning disability.”

Source: Johns, B. H., & Kauffman, J. M. (in press). Caution: Response to Intervention. *LDA Multidisciplinary Journal*.

Labels

“...without a label we have no way of talking about a problem.”

Source: Johns, B. H., & Kauffman, J. M. (in press). Caution: Response to Intervention. *LDA Multidisciplinary Journal*.

Reducing the Number of Referrals

It is easy to reduce special education numbers-just delay or eliminate evaluations for special education placement, but that does not delay or eliminate disability.

Source: Kavale, K. A., Kauffman, J. M., Bachmeier, R. J., & Lefever, G.B. (2008). Response-to-intervention: Separating the rhetoric of self-congratulation from the reality of specific learning disability identification. *Learning Disability Quarterly*, 31, 135-150.

“The disconnect between the RTI model and the SLD construct creates the potential for diagnostic chaos” (p. 14).

Source:
Kavale, K. A., Holdnack, J. A., & Mostert, M. P. (2005). Responsiveness to intervention and the identification of specific learning disability: A critique and alternative proposal. *Learning Disability Quarterly*, 28, 2-16.

“...we feel the real problem with RTI lies not in the procedures offered but rather the substantial leap of faith necessary to identify children with SLD because they did not respond” (p.756)

Source:
Hale, J.B., Kaufman, A.S., Naglieri, J.A., & Kavale, K.A. (2006). Implementation of IDEA: Response to intervention and cognitive assessment methods. *Psychology in the Schools*, 43, 753-770.

“Thus, RTI cannot stand alone as a self-contained diagnostic process; RTI is best viewed as a screening procedure that identifies generalized learning problems with SLD determination requiring more in-depth evaluation” (p. 176).

Source:
Kavale, K. A., & Spaulding, L. S. (2008). Is response to intervention good policy for specific learning disability? *Learning Disabilities Research & Practice*, 23, 169-179.

The Role of RTI

“RTI is best viewed as an instructional model, not an identification model” (p. 142)...“Ecological validity only serves to support RTI as a prereferral activity” (p. 143).

Kavale, K. A., Kauffman, J. M., Bachmeier, R. J., & Lefever, G.B. (2008). Response-to-intervention: Separating the rhetoric of self-congratulation from the reality of specific learning disability identification. *Learning Disability Quarterly*, 31, 135-150.

RTI

- Response to Intervention
- Responsiveness to Intervention

Inadequate Response to Intervention

Limited Response to Intervention

When provided with good instruction aimed at their needs, children with SLD do learn...

“...RTI can only identify achievement differences when, in fact, valid SLD classification requires both achievement and cognitive ability information” (p. 145).

Kavale, K. A., Kauffman, J. M., Bachmeier, R. J., & Lefever, G. B. (2008). Response-to-intervention: Separating the rhetoric of self-congratulation from the reality of specific learning disability identification. *Learning Disability Quarterly*, 31, 135-150.

Students with SLD still need comprehensive evaluations that address cognitive and linguistic processes...

Cody's WJ III Scores CA 7-8, Grade 1.6

| | |
|------------------------------|------------|
| Long-Term Retrieval | 114 |
| Short-Term Memory | 102 |
| Processing Speed | 57 |
| Auditory Processing | 80 |
| Visual Processing | 107 |
| Comprehension-Know | 122 |
| Knowledge (ACH) | 143 |
| Broad Reading (Grade) | 103 |
| Broad Reading (Age) | 78 |

RTI and Comprehensive Evaluations

“If RTI is viewed as a prereferral activity, then the means to SLD identification becomes evident: comprehensive psychometric assessment...A student cannot simply be declared to be SLD at the end of RTI, but requires in-depth appraisal to determine whether or not SLD status can be documented and what might be the best means to proceed instructionally” (p. 175).

Source:
 Kavale, K. A., & Spaulding, L. S. (2008). Is response to intervention good policy for specific learning disability? *Learning Disabilities Research & Practice*, 23, 169-179.

Individualized Assessment

The lack of individualization in assessment means that the essence of special education is lost and “...the SLD category becomes the convenient home for those who otherwise might be left behind ...”

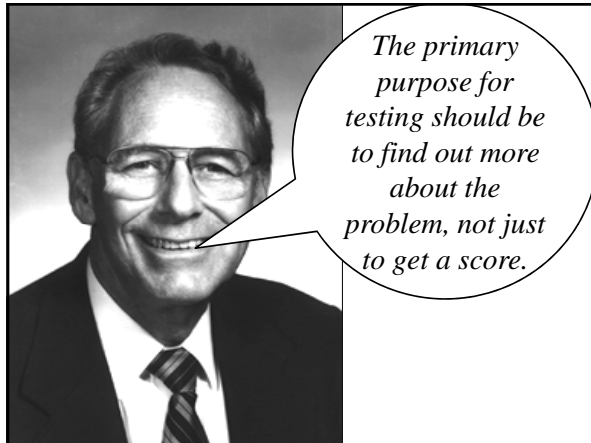
Kavale, K. A., Kauffman, J. M., Bachmeier, R. J., & Lefever, G.B. (2008). Response-to-intervention: Separating the rhetoric of self-congratulation from the reality of specific learning disability identification. *Learning Disability Quarterly*, 31, 135-150.

| | RTI | Comprehensive Assessment |
|---------------------------------|-----------------------------------|--------------------------|
| Place in the evaluation process | Prereferral | Referral |
| Focus | Group | Individual |
| Type of evaluation | Screening and progress monitoring | Comprehensive |
| Nature of assessment | Simple and narrow | Complex and broad |
| Implementation | School-wide support | Specialists |

| RTI | | Comprehensive Assessment |
|----------|--------------------------|-----------------------------------|
| Purposes | Identify low achievement | Identify and diagnose SLD |
| | Intervene early | Identify strengths and weaknesses |
| | Help children | Help children |

Regulations IDEA 2004, August 14, 2006

§300.309(a)(2)(ii) permits consideration of:
 The child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to intellectual development, that is determined by the team to be relevant to the identification of a specific learning disability.

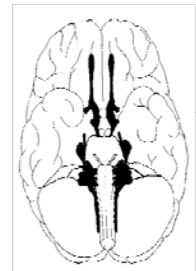


And to find more about the factors that will facilitate performance...

We shouldn't ask:
 How smart you are...

but instead:
 How are you smart?

- H. Gardner



"The key to preventing further over-identification and mis-identification is to exercise trained professional judgment. Our widespread reluctance to use this essential professional judgment in determining eligibility has been due not only to the eligibility teams' lack of experience, but also to a fear that courts expect objective quantification as the sole or major basis for decision making.

Nothing could be further from the truth. The courts show the highest respect for professional judgment, originally of medical doctors and now of most other qualified experts, too."

Source: Bateman, B. (1992). Learning Disabilities: The changing landscape. *JLD*, *25*, 29-36.

The way in which a child achieves the score is more significant than the score itself.

Source:
 Wiznitzer, M., & Scheffel, D. L. (2009). Learning disabilities. In R. B. David, J. B. Bodensteiner, D. E. Mandelbaum, & B. Olson (Eds). *Clinical pediatric neurology* (pp. 479-492). NY: Demos Medical Publishing.

Cognitive Processing Assessment

“Cognitive processing assessment aligns diagnostic procedures with a clearly articulated SLD definitional component: a disorder in one or more of the basic psychological processes” (p. 144).

Source:

Kavale, K. A., Kauffman, J. M., Bachmeier, R. J., & Lefever, G.B. (2008). Response-to-intervention: Separating the rhetoric of self-congratulation from the reality of specific learning disability identification. *Learning Disability Quarterly*, 31, 135-150.

Diagnosis of SLD

- Identify the cognitive processing problem
- Specify the impact on academic performance
- Document strengths as well as weaknesses
- Rule out other factors (e.g., environmental, emotional)

How Do We Know What a Specific Learning Disability Is?

- Identify weaknesses in cognitive processing
- Consider the concept of unexpected underachievement in relationship to other abilities (e.g., math substantially higher than reading, oral language abilities higher than written language abilities)

How Do We Regain the Concept

Use the term “specific learning disability” rather than learning disabilities.

Revise the formal definition to reflect our best understandings of the SLD construct.

Translate a formal definition into an operational definition.

Source: Kavale, K. A., Spaulding, L. S., & Beam, A. P. (2009). A time to define: Making the specific learning disability definition prescribe specific learning disability. *Learning Disability Quarterly*, 32, 39-48.

Specificity

“The addition of the adjective *specific* in describing LD was meant to imply that the poor academic performance experienced by students with LD emanated from a limited number of underlying deficits” (p. 245).

Source: Kavale, K. A., & Forness, S. R. (2000). What definitions of learning disability say and don't say. *Journal of LD*, 33, 239-256.

Definition of SLD

Specific learning disability refers to basic psychological processing disorders that significantly impact the development of accurate and/or fluent basic reading, math, and/or writing skills. These basic psychological processing disorders (e.g., phonological awareness, memory span, working memory, rapid automatized naming, processing speed) are neurobiological in origin. They are unexpected in relation to the person's other cognitive, verbal, and academic abilities. The failure to progress in basic skill area(s) (reading, writing, and/or math) is not due primarily to generalized learning failure, insufficient motivation, limited educational opportunities, cultural differences, and/or sociolinguistic experiences. {Adapted from prior definitions of SLD and dyslexia, and Kavale, Spaulding, & Beam, 2009 (Mather & Gerner, 2009)}

Learning disabilities are specific patterns of cognitive strengths and weaknesses (intra-individual discrepancies) that differentially impact the development of various aspects of achievement.

Learning disabilities are disorders in the basic psychological processes...

"Given the findings from the neuroimaging and neuropsychological fields of deficient performance on measures of working memory, processing speed, auditory processing ability, and executive functions, evaluation of these skills is necessary to determine the most appropriate program to fit the individual child's needs. The danger with not paying attention to individual differences is that we will repeat the current practice of simple assessments in curricular materials to evaluate a complex learning process and to plan for interventions with children and adolescents with markedly different needs and learning profiles."

Source: Semrud-Clikeman, M. (2005). Neuropsychological aspects for evaluating learning disabilities. *Journal of Learning Disabilities*, 38, 563-568.



Dr. Alan Kaufman

... there is a demand for the comprehensive assessment to drive intervention. This is the way it has always been, and this is the way it will always be because the referral questions for children with SLD have always asked, What is wrong? And how can we help? These questions demand differential diagnosis, a large part of which is determined by the cognitive abilities present in the individual child (p. 211).

Source: Kaufman, A. S., Lichtenberger, E. O., Fletcher-Janzen, E., & Kaufman, N. L. (2005). *Essentials of the K-ABC-II Assessment*. New York: John Wiley & Sons.

SLD Identification

- Consider pre-referral intervention data.
- Consider ability-achievement discrepancies.
- Consider extrinsic factors that affect learning.
- Examine the pattern of strengths and weaknesses.
- Link the areas of weakness to specific academic skill problems.
- Specify appropriate accommodations and interventions based on the problems.

Conclusions

- Specific learning disabilities are real.
- RTI can provide important prereferral data but should not be used as the sole identification method.
- Ability-achievement discrepancies do not mean the student has a SLD, but they do reflect the concept of "unexpected underachievement."
- Comprehensive evaluations with cognitive and achievement testing are needed to fully understand the nature and severity of the learning problems and select appropriate accommodations and interventions.

"If these tests will give us a basis from which we can start to understand a child's difficulties, they will have justified the time spent on them. Anything which helps educators or parents to *understand* any phase of development or lack of development is of immeasurable value" (p. 189).

Source:

Stanger, M. A., & Donohue, E. K. (1937). *Prediction and prevention of reading difficulties*. New York: Oxford University Press.