The Past, Present, and Future of SLD Identification

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April 6, 1963

• The conference articulated the cornerstones upon which the field of Learning Disabilities is based
• Underlying assumptions from the conference paved the way for legislation, theories, diagnostic procedures, educational practices, and research and training models
• Consensus was reached on a name for the category, which came from a term used by Samuel Kirk in his conference paper title: “Learning Disabilities”

A National Organization Was Born

• Following the conference in Chicago, the Association for Children with Learning Disabilities (ACLD) was created and incorporated in January, 1964.
• Organization was driven by parents and by adults with learning disabilities
• This organization is now known as LDA (Learning Disabilities Association of America)

Federal Legislation

• Legislation was passed that specifically included individuals with learning disabilities
  — Elementary and Secondary Education Act (ESEA) of 1965
  — The Learning Disabilities Act of 1969
  — Elementary and Secondary Amendments of 1969
  — Vocational Rehabilitation Act of 1973
  — Education for All Handicapped Children Act of 1974 (P.L. 94-142) – later enacted as IDEA (amended in 1997)
  — Americans with Disabilities Act of 1990

April 6, 1963

• Group of parents convened a conference in Chicago: “Exploration into the Problems of the Perceptually Handicapped Child”
• Participants included professionals from a variety of disciplines with extensive clinical experience in addressing the needs of these children
• Common concern shared by professionals and parents: the recognition of the dire need for services for these children (of which none existed)

A National Movement Was Underway

Recently, I have used the term ‘learning disabilities’ to describe a group of children who have disorders in development in language, speech, reading, and associated communication skills needed for social interaction

Samuel Kirk, 1963
Federal Definition of SLD from 1969 to 2015 (IDEA, 2004)

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

Kirk’s Definition did not Mention Disorder in a Psychological Process

- How did a disorder in one or more of the basic psychological processes get into the federal definition of SLD?
- Brief overview of two historical traditions

The First Historical Tradition (Late 1800s to Mid 1900s)

- Developmental Written Language Disorders
  - Pringle Morgan (1896)—14-year-old non-reader, Percy F. “would be the smartest lad in school if the instruction were entirely oral”
  - J. Kerr (1897)—Disorders specific to reading & writing
  - C. Schmitt (1921)—Disorders specific to arithmetic
  - James Hinshelwood (1917)—Congenital Word Blindness
  - Samuel Orton (1937)—stereophenomia (twisted symbols), later known as dyslexia
  - Studied children and adolescents thought to be intelligent expect in relation to reading and writing
  - Brain damage or dysfunction could disrupt learning specific to reading and writing
  - Remediation focused on Reading Instruction—Phonics—targeted at the academic problem
    - Hinshelwood taught sound to letter
    - Orton taught letter to sound
  - Orton and Hinshelwood believed in thorough assessment, including documentation of family and school histories, and the administration of IQ and achievement tests

The Second Historical Tradition (Mid to Late 1900s)

- Developmental Perceptual Disorders
  - Kurt Goldstein (1942)—Soldiers with head injuries
  - Alfred Strauss & Heinz Werner (1943)—Adolescents with Mental Retardation
  - Strauss & Laura Lehtinen (1947)—Assessment & Remediation go hand-in-hand
  - William Cruickshank (1957)—Children with normal intelligence (cerebral palsy)
  - Strauss & Newell Kephart (1955)—Children with normal intelligence and no clinical signs of brain damage (minimal brain dysfunction)
  - Disorders of Perceptual, Attention, Mood, and Abstract Thinking
  - Brain damage affects specific activity—perception—and disrupts any task that requires that activity
  - Remediation—Perceptual Training

The Goldstein-Strauss-Werner View

Developmental Perceptual Disorders

- Had the greatest influence on
  - Definition of SLD in federal laws (P.L. 94-142 of 1975 through IDEIA 2004)
  - (B) DISORDERS INCLUDED—Such term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.
  - Public school practices
    - Remediation of perceptual disorder
    - IQ-achievement discrepancy

Based on SLD Historians: Kavale & Forness (1995); Torgesen (1998); Shepherd (2001)
Lack of Empirical Support for Effectiveness of Remedial Training of Perceptual Disorders

- However, systematic reviews of 81 studies, including more than 500 different statistical comparisons, concluded that
  - "none of the treatments was particularly effective in stimulating cognitive, linguistic, academic, or school readiness abilities..."
  - there was a serious question as to whether the training activities even have value for enhancing visual perception or motor skills in children indicated" (Hammill & Bartel, 1978, p. 371).

- Lack of research support resulted in less of an emphasis on SLD (i.e., minimal brain dysfunction or perceptual disorder) as a problem with perception, although training continued in the schools

Identification of SLD via IQ-achievement Discrepancy

- Originated in the 1975 Education for All Handicapped Children Act (PL 94-142)
- Maintained through IDEA 1997
- Allowed but not required in IDEA 2004

Identification of SLD via IQ-achievement Discrepancy

- IQ-Discrepan: Low achieving WITH an IQ-Achievement Discrepancy
- Low Achieving: Low Achieving WITHOUT an IQ-Achievement Discrepancy
- These groups do not differ on phonological processing, RTI, and other reading-related tasks

Identification of SLD via IQ-achievement Discrepancy

- "We began to realize that what we were saying about the psychological processing deficit on the basis of the tests that we were using didn’t make much sense...we felt, and rightly so, that the tests that we were using were inadequate for the task in which we were trying to use them" (Margaret Jo Shephard, SLD Historian, 2008)

Identification of SLD via IQ-achievement Discrepancy

- "The framers of Public Law 94-142 took the default position of saying, ‘We can’t find the psychological processing deficit given the tools that we have. And so the only way we can recommend the identification of learning disabled youngsters is by an aptitude achievement discrepancy’ which was the procedure that was coded into the first federal law.” (Margaret Jo Shephard, SLD Historian, 2008)

CONCLUSIONS FROM META-ANALYSES:
- Discard IQ-Achievement formula from SLD diagnosis
- While you are at it, discard the IQ test from SLD diagnosis as well!!
- Strong movement to ban IQ tests was well underway
Throw the baby out with the bathwater?

“Ban the IQ Test” Bandwagon

Siegel (1999), responding to issues of SLD definition and diagnosis raised by a lawsuit (Guckenberger v. Boston University), said, “Scores on IQ tests are irrelevant and not useful.”

“Ban the IQ Test” Bandwagon

Stanovich (1999) indicated that the field of SLD needs to:

“rid itself of its IQ fetishism”

Result of “Ban the IQ Test” Bandwagon?

- Response to Intervention as a “method” for SLD identification
- The RTI Panacea

Strengths and Limitations of RTI

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Limitations</th>
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</table>
| - Focus is on early intervention  
- Application of evidence-based interventions  
- Effective in early elementary years to guide intervention selection  
- Students may be provided with needed explicit instruction earlier than was typical with the IQ-achievement discrepancy model | - Treatment fidelity not always applied in practice  
- Loses effectiveness in upper elementary school and beyond  
- Not a diagnostic model (what’s a true positive?) – SLD by default  
- Students may remain in tiers too long (wait to fail model?)  
- It’s largely a one size fits all approach remediation |

Ban the IQ Test” Bandwagon

Siegel (1999): IQ tests measure “factual knowledge, definitions of words, memory, fine motor coordination, and fluency of expressive language; they do not measure reasoning or problem-solving skills”
Who Are the Leaders in the RTI Movement?

Frank Gresham
Mark Shinn
Jack Fletcher
Dan Reschly
George Batsche
Jim Ysseldyke

RTI ONLY Movement Fueled by School Psychologists

- The National Association of State Directors of Special Education (NASDSE) developed a guide for states to use in the adoption of RTI.
- Gathered a panel of professionals with long-standing recognition in the field of special education and student assessment.
  - George Batsche
  - Judy Elliott
  - Janet Graden
  - Jeffrey Grimes
  - Joseph Kovaleski
  - David Prasse
  - Daniel Reschly
  - Judy Schrag
  - W. David Tilly

What Else Did Reschly Say Over 10 Years Ago?

"The arguments were fairly convincing regarding the need to reconsider the specific versus general abilities conclusions. Clearly, some specific abilities appear to have potential for improving individual diagnoses."

[Reschly, 1997, p. 238]
Fletcher on the Link Between Cognitive Results and Intervention

Learning disabilities are caused by inherent weaknesses in underlying cognitive processes ... The assessment process can then be viewed as an ability-oriented evaluation designed to help formulate the problem and then determine specific interventions (Fletcher, Taylor, Levin, & Satz, 1995).

Yet the “Ban the IQ test” Movement Continues

Stanovich (1999) indicated that the field of SLD needs to:

“free clinical practice from the pseudoscientific neurology that plagued the field in the 1970s.”

But It Is No Longer the 1970s! That was the PAST!

• Spreen reviewed neurological literature on PET, fMRI, evoked potential, & other techniques: Neurological functioning differs substantially with type of reading task—e. g. phonological processing vs. lexical semantic processing.

We’ve Moved Beyond VIQ-PIQ-FSIQ

New and Revised “IQ” tests published since 2004 yield multiple abilities, emphasize problem solving & learning, and are ideal for assessing processing disorders & informing RTI methodology.

Traditional Wechsler Structure

Traditional Cognitive Assessment

<table>
<thead>
<tr>
<th>FSIQ</th>
<th>Verbal Ability</th>
<th>Nonverbal Ability</th>
</tr>
</thead>
</table>

FSIQ

1939 - 1991

Current and Expanded Cattell-Horn-Carroll (CHC) Model of Cognitive Abilities (adapted from Schneider & McGrew, 2012)

Sixteen broad and approximately 80 narrow abilities; approximately 9 broad and 35 narrow abilities represented on current batteries.
CHC Factors on the WJ IV COG

WJ IV COG includes 18 Tests; 14 comprise seven CHC factors

M = Contribute to GA

Summary of Relations between CHC Abilities and Specific Areas of Academic Achievement

Reading Achievement

<table>
<thead>
<tr>
<th>CHC Ability</th>
<th>Specific Areas of Academic Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>g</td>
<td>Reading fluency, alphabetic coding, word recognition, oral reading fluency</td>
</tr>
<tr>
<td>Ga</td>
<td>Decoding, spelling, handwriting, written expression, spelling</td>
</tr>
<tr>
<td>Gc</td>
<td>Phonemic awareness, word attack, reading fluency, spelling</td>
</tr>
<tr>
<td>Glr</td>
<td>Phonemic awareness, word attack, reading fluency, spelling</td>
</tr>
<tr>
<td>Gf</td>
<td>Oral reading fluency, word recognition, reading fluency, written expression, spelling</td>
</tr>
<tr>
<td>Gm</td>
<td>Oral reading fluency, word recognition, reading fluency, written expression, spelling</td>
</tr>
<tr>
<td>Gs</td>
<td>Written expression, spelling</td>
</tr>
</tbody>
</table>

Math Achievement

<table>
<thead>
<tr>
<th>CHC Ability</th>
<th>Specific Areas of Academic Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>g</td>
<td>Problem solving, numerical concepts, basic math facts, mental arithmetic</td>
</tr>
<tr>
<td>Gc</td>
<td>Basic math facts, mental arithmetic, numerical concepts</td>
</tr>
<tr>
<td>Glr</td>
<td>Basic math facts, mental arithmetic, numerical concepts</td>
</tr>
<tr>
<td>Gf</td>
<td>Numerical concepts, basic math facts, mental arithmetic</td>
</tr>
<tr>
<td>Gm</td>
<td>Numerical concepts, basic math facts, mental arithmetic</td>
</tr>
<tr>
<td>Gs</td>
<td>Mental arithmetic, numerical concepts, basic math facts</td>
</tr>
</tbody>
</table>

Writing Achievement

<table>
<thead>
<tr>
<th>CHC Ability</th>
<th>Specific Areas of Academic Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>g</td>
<td>Writing fluency, spelling, handwriting, written expression, spelling</td>
</tr>
<tr>
<td>Ga</td>
<td>Handwriting, spelling, written expression, spelling</td>
</tr>
<tr>
<td>Gc</td>
<td>Phonemic awareness, word attack, handwriting, written expression, spelling</td>
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<td>Written expression, spelling</td>
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</table>

Five Primary Index Scales Correspond to Results of Hierarchical CFA

<table>
<thead>
<tr>
<th>Index Scales</th>
<th>Gs/N</th>
</tr>
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<tbody>
<tr>
<td>Gs/PSI</td>
<td>Gs/N</td>
</tr>
<tr>
<td>Gm/NSI</td>
<td>Gs/N</td>
</tr>
<tr>
<td>GI/FSI</td>
<td>Gs/N</td>
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<td>Gs/N</td>
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WISC-V Ancillary Index Scales

<table>
<thead>
<tr>
<th>Index Scales</th>
<th>New GI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Naming Speed</td>
<td>Naming Speed</td>
</tr>
<tr>
<td>Symbol Search</td>
<td>Symbol Search</td>
</tr>
<tr>
<td>Verbal Attention</td>
<td>Verbal Attention</td>
</tr>
<tr>
<td>Number Series</td>
<td>Number Series</td>
</tr>
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</table>

WISC-V Complementary Index Scales

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<td>Number Series</td>
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</table>

Number Facility (Gs/N) – The speed at which basic arithmetic operations are performed accurately

Reading Disability Subtypes

- **Dysphonetic Dyslexia** – difficulty sounding out words in a phonological manner
- **Surface Dyslexia** – difficulty with the rapid and automatic recognition of words in print
- **Mixed Dyslexia** – multiple reading deficits characterized by impaired phonological and orthographic processing skills. It is probably the most severe form of dyslexia.
- **Comprehension Deficits** – the mechanical side of reading is fine but difficulty persists deriving meaning from print

Correspondence Between Diagnosis and Treatment

as syndromes/disorders become more discretely defined, there may be a greater correspondence between diagnoses and treatment

Krathochwill and McGivern's (1996; p. 351)


<table>
<thead>
<tr>
<th>Subtype</th>
<th>Brief relationship</th>
<th>Description of Disorder</th>
<th>Norm-based Measures for Initial Screening</th>
<th>CHC and Neurocognitive Processes Involved (see Flanagan, 2011)</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mixed Dyslexia</td>
<td>Biased modulatory effects from the left hemisphere dyslexia</td>
<td>Difficulty reading and writing, characterized by impaired phonological and orthographic processing skills. Most likely the most severe form of dyslexia, characterized by a combination of phonological processing skills, slower word attack and reading comprehension skills, and difficulty with reading automaticity.</td>
<td>gv = VC, WJ-III, WRAT-IV</td>
<td>Orthographic Processing, Verbal Working Memory, Executive Functioning</td>
<td>Intervention should incorporate a phonological approach</td>
</tr>
<tr>
<td>Concomitant Deficit</td>
<td>Test-taker's executive attention deficit, often exacerbated by the presence of a hyperactive disorder</td>
<td>The mechanical role of reading is fine, but difficulty decoding words from print</td>
<td>DAS-2013, WRAT-IV, Woodcock-Johnson IV, Tests of Memory and Language, Skills Assessment</td>
<td>Executive Functioning, g = 3.10, g = 2.13, Attention</td>
<td>Intervention should be at the linguistic level, not the phonological level; externalize the reading process – Summarize, Clarify, Question and Paraphrase</td>
</tr>
<tr>
<td>Surface Dyslexia</td>
<td>Left frontal lobe dysfunction</td>
<td>Difficulty with rapid and automatic recognition of words in print, can read words, but cannot recognize words in print automatically and effortlessly.</td>
<td>WRAT-III, Woodcock-Johnson IV, Auditory Processing Ability</td>
<td>Orthographic Processing, g = 1.00</td>
<td>Intervention should focus on automaticity and fluency skills that necessitate an explicit phonological approach</td>
</tr>
<tr>
<td>Deep Dyslexia</td>
<td>Bilateral parietal and occipital lobe damage</td>
<td>Difficulty recognizing and maintaining auditory-verbal or visual-verbal information.</td>
<td>WRAT-IV, Woodcock-Johnson IV, Verbal Short-Term Memory</td>
<td>Orthographic Processing, g = 0.75</td>
<td>Intervention should be at the linguistic level, not the phonological level; externalize the reading process – Summarize, Clarify, Question and Paraphrase</td>
</tr>
</tbody>
</table>

Individual Differences ARE Important

- Why do some children fail to respond?
  - Perhaps because interventions are being applied "blindly" as a one size fits all method without understanding whether or not specific cognitive deficits exist
  - "A neuropsychological process that is important to reading skills development is working memory – it is a crucial process for early reading recognition and later reading comprehension. One must assess if it is to develop the most appropriate program of intervention" (Teeter et al., 1997).
  - "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 need." (Semrud-Clikeman, 2005)

IDEA 2004 Evaluation Procedures

- Use of multiple, up-to-date measures
- Do not use any single measure as the sole criterion
- Use technically sound instruments of cognitive and behavioral factors
- Assess the child in all areas of suspected disability
- Use assessment tools to help determine the child’s educational needs

Individual Difference ARE Important

- "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." (Semrud-Clikeman, 2005)
- "Nonresponders" provide sound evidence that one size DOES NOT fit all.
Office of Special Education & Rehabilitative Services (OSERS) Federal Register, August 2006, Assistance to States, Rules & Regulations

• "RTI is only one component of the process to identify children in need of special education and related services. Determining why a child has not responded to research-based interventions requires a comprehensive evaluation."
• "An RTI process does not replace the need for a comprehensive evaluation."

Comprehensive Assessment Drives Intervention

... 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).


Importance of Comprehensive Assessment

“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:

Kaufman’s Intelligent Testing Philosophy

• Profile interpretation requires detective work—the integration of background information and clinical observations with the person’s profile of scores
• The clinician is just as important a tool as a high-quality psychometric instrument


According to Alan Kaufman, the IDEA 2004 EVALUATION PROCEDURES and the 2006 OSERS RULES and REGULATIONS embody the “Intelligent Testing” Philosophy, but the IQ-Achievement Discrepancy and RTI only Models Do Not
Kaufman’s Intelligent Testing Philosophy

- Profile interpretation requires detective work—the integration of background information and clinical observations with the person’s profile of scores

- The clinician is just as important a tool as a high-quality psychometric instrument

Kaufman’s Intelligent Testing Philosophy

- Clinical tests of intelligence are administered individually—they must also be interpreted individually

- Cognitive, developmental, and neuropsychological theories are invaluable for interpreting test profiles, identifying processing disorders, and informing interventions

Translating Cognitive Profiles to Intervention

Dan Reschly, RTI Activist

- “Show me one study that meets the rigorous requirements established by the Institute of Educational Sciences in the United States Department of Education.”

- “Show me one study that meets those requirements that documents the benefits of assessing cognitive processing and then designing instruction for the cognitive processing strengths and weaknesses that shows a statistically significant benefit for children.”


Iseman & Naglieri (2011)

A cognitive strategy instruction of mathematics published in Journal of Learning Disabilities

Identifying Specific Reading Disability Subtypes for Effective Educational Remediation

Steven G. Feifer, Rebecca Gerhardtsteiner Nader, Down P. Flanagan, Kim K. Fitz, and Kelly Hicks

The primary purpose of this study was to investigate the various inattention processes contributing to reading by attempting to identify various subtypes of reading disorders in a selected sample. Participants were 286 elementary school students in grades two through five who were given select subtests of the Woodcock Johnson III Tests of Cognitive Abilities. They were classified using patterns of strengths and weaknesses (PSW) approach such as having an SLI (specific learning disability), GDA (general developmental ability), and DDA (dyslexia) subtype. Participants completed for each of the six groups indicated that differing sets of cognitive skills were predictive of reading performance. Predictors proved useful for reading subtypes, including fluency skills, phonemic processing, and morphological awareness. In addition, students with reading difficulties showed a predominant profile of strengths in decoding, fluency, and spelling compared to grade level peers. Identifying reading disorders from a subtype perspective allows us to more accurately identify, and most importantly, intervene at multiple levels to achieve the most effective interventions.
RTI and Achievement Testing Are Not Enough

Margaret Jo Shepherd, SLD Historian (1999)

◆ “We will not achieve a full understanding of specific learning disabilities by looking at deficits alone.

◆ In neuropsychological terms, we have to document the cognitive traits that have been ‘spared.’”

SLD Identification Now

• IQ-achievement Discrepancy (still used)
• RTI-only (on the decline?)
• RTI plus cognitive assessment for processing strengths and weaknesses to inform diagnosis and intervention (on the rise)
• Pattern of strengths and weaknesses (PSW) approach (not well understood, but interest is high)

Third Option is PSW

Federal Regulations Permit the Use of a PSW Model

• Evaluation documentation must consider whether the student exhibits a pattern of strengths and weaknesses
  – In performance, achievement or both
  – Relative to age, State approved grade levels standards, or intellectual development
  – That is determined by the group to be relevant to the identification of SLD using appropriate instruments

On RTI and Traditional Discrepancy for SLD Identification

• “Although current research on response to intervention (RTI), beginning in the early grades, has shown it is effective in increasing the reading achievement of many students, to date no RTI study has yielded a reliable and valid way to classify students for purposes of special education services or defining SLDs (e.g., see Fletcher, Barth, & Stuebing, 2009; Fletcher et al., 2011; Stuebing, Fletcher, Marin, & Francis, 2012; Warsche, Schatschneider, Mauer, Ahmed, & Wagner, 2011). Thus, neither IQ-achievement discrepancy nor RTI alone is sufficient for defining the oral and written language difficulties many school age children and youth face” (Berninger & Niedo, 2014)

What’s the Future of SLD Identification?

• Implications of DSM-5 criteria
• Reauthorization of IDEIA
• Importance of School Neuropsychology
• Role of cognitive assessment in diagnosis of SLD
  – Flanagan: PSW Approach
  – Miller: Importance of neuropsychology in SLD identification
• Doctoral Programs in School Psychology – Teach Intelligent Testing for SLD Identification
• New Organization as alternative to NASP – School Neuropsychology; Evaluation and Remediation of Learning Disorders

Common Elements of “PSW Component” of Third Method Approaches to SLD Identification (Slide from Dawn Flanagan)
Concluding Comments

“At the current state of scientific knowledge, it is only through a comprehensive evaluation of a student’s cognitive and psychological abilities and processes that insights into the underlying proximal and varied root causes of [academic] difficulties can be ascertained and then specific interventions be provided targeted to each student’s individual needs, a process long advocated.”

From Reynolds and Shaywitz (2009)

“To Test or Not To Test” is the Wrong Question

Identification of (children’s) overall pattern of cognitive strengths and weaknesses is in itself therapeutic, especially when coupled with exploration of their feelings about their particular information processing weaknesses… and in my clinical experience has been crucial to the academic and psychological health of those whom I have assessed. (Suhr, 2008)

The SLD Diagnosis is Therapeutic

Before we protest too much that we are not testers and that we decline such restrictive roles, let us remember our heritage, and our roots in the schools, and let us remember also that the well trained school psychologists should be the most skilled of anyone on a school staff in conducting thorough psychological and psychoeducational assessments. Rather than abandoning the testing role to others who will gladly assume the burden and perform the role, less thoroughly, less competently, and less expensively, we need to demonstrate to educators and parents the importance and value of thorough assessment conducted by competent school psychologists (Trachtman, 1979: p. 386).

A Need to Return to Our Roots

Teachers?

Psychologists/Diagnosticians?

School

Psychology
Third Method Approaches are Evidence-Based and Should be Used

- Della Toffalo (2010; pp. 180-181) – RTRI or Response to the Right Intervention

- Make no mistake... integrated models (third method approaches) of identifying (and serving) students with LDs do not arrive prepackaged along with dozens of studies touting their “scientific validation.” However, they are evidence-based because they emanate from the marriage of a collective body of knowledge that has been acquired through research in the fields of neuroscience, pedagogy, assessment, and intervention.

School Neuropsychology is the Wave of the Future for SLD Identification

“Follow the Intelligent Testing Philosophy”

“We are the most important element in evaluation...not the tests.”

*Alan S. Kaufman*

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