Learning Difficulties Australia

Learning Difficulties Australia is an association of teachers and other professionals dedicated to assisting students with learning difficulties through effective teaching practices based on scientific research.

www.ldaustralia.org
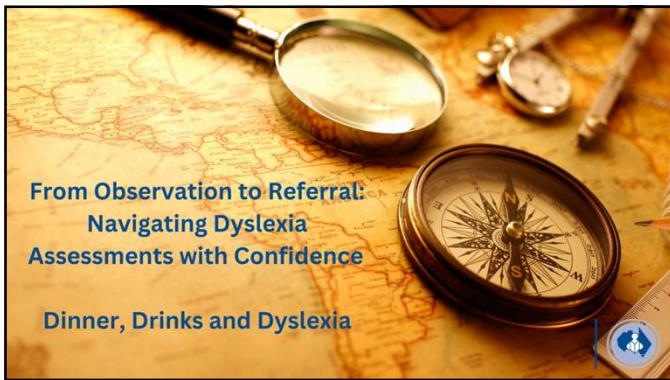
enquiries@ldaustralia.org

f @LearningDifficultiesAustralia

@LD_Australia

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From Observation to Referral: Navigating Dyslexia Assessments with Confidence

Dinner, Drinks and Dyslexia

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Stewart D'Silva – Registered Psychologist

Across Australia and New Zealand, Stewart is passionate about psychological assessment, and working closely with young people (ages 6-16+), their families/carers, and their schools to come to a shared understanding of how to best support the struggling learner.

Stewart also loves working closely with schools to design and deliver Professional Learning for teachers and special educators who want to learn more about screening, assessing, and intervening for young people at risk. This process keeps the young person in the safe space of school as concerns and differences are explored by educators, encourages data-driven informed referrals to be built, and, importantly, reduces panic-referrals to clinicians.

Areas of Interest:
Conducting assessments for concerns around:
- academic achievement/specific learning disorders (reading, written expression, maths),
- intellectual ability/disability (verbal and nonverbal thinking and problem-solving, working memory, processing speed, adaptive behaviour), and
- attention and executive functions (activation, focus, effort, emotion, working memory, self-regulation).

Designing and delivering professional learning for teachers and special educators.

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Agenda

- The 'Dyslexia: Fact or Fiction' Game
- What is Dyslexia?
- Diagnostic Criteria
- The Assessment Process – Using the Response to Intervention Model
- User Level B Accreditation
- Resource 1: International Dyslexia Association - Key Areas of Dyslexia Assessment
- Resource 2: Pearson Clinical User Level B Tests and Content Coverage
- Resource 3: Pearson Dyslexia Booklet
- Resource 4: Contact Stewart

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Fact or fiction ✓

If a person finds learning to read and spell challenging, they are dyslexic.
Fiction!
- Reading and spelling difficulties can result, for example, from:
  - vision or hearing impairments, inaccurate instruction.
- In addition, dyslexia does not cause difficulties only in reading, so if a person is dyslexic, they will likely show other warning signs as well.

Intelligent people cannot be dyslexic.
Fiction!
- Dyslexia and intelligence are not related. People with dyslexia can be capable learners and very creative.

Dyslexia is more frequent among socially disadvantaged groups of people.
Fiction!
- Dyslexia and social status are not related, dyslexia is not caused by poverty or poor access to education.
- However, these factors may exacerbate the effects of dyslexia and can have a negative impact on education and employability.

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Fact or fiction ✓

Individuals with dyslexia cannot do well at school.
Fiction!
- Many are high achievers, highly motivated and work extremely hard.
- Adjustments and accommodations can be provided to support them to demonstrate all they do know and can do.

Stewart has the cure to dyslexia and for a measly $99.99 you could too.
SCIENCE FICTION!
- But Stewart, what about:
  - Essential oils and fish oil capsules?
  - Vision exercises and coloured lenses?
  - Brain reorientation training?
  - Hanging upside down from a tree so blood flow to the brain and, consequently, reading fluency is improved...?
- There is currently no miracle cure and none of the above have been proven to be effective by peer reviewed research.

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What is dyslexia?

The **International Dyslexia Association (IDA) referred to dyslexia as** a complex interaction between a number of causes, correlates, risk factors, symptoms and possible strengths.

The **Dyslexia SPELD Foundation (DSF) describes dyslexia as** a specific learning disorder that is neurological in origin, meaning that it is brain-based.
- It is characterised by difficulties with accurate and fluent word reading and by poor spelling and decoding abilities that do not progress as expected with the provision of well-intentioned and targeted intervention.

We can analyse 'what dyslexia is' from many perspectives including:
- Research
- Psychological diagnostic criteria

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What is dyslexia – Research

NOT a reading problem!

A learning difference that can manifest in differences in decoding, encoding/spelling ability, concentration, automatising skills.

Learning difference or difficulty is unexpected when compared to cognitive ability/learning potential/preferences.

Achieve well in other taught subjects, thrive in various hobbies, interests and workspaces.

Differences with phonological awareness, accurate and automatic word recognition, decoding and encoding can lead to:
- Differences with reading comprehension and distancing oneself from reading experiences.
- This can affect vocabulary growth and experience with language.

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What is dyslexia – Diagnostic criteria

Diagnostic criteria for specific learning disorders (SLDs) (DSM-5 TR)

1. **Difficulties learning and using academic skills, with at least one of the following symptoms** having persisted for at least 6 months, despite the provision of interventions that target those difficulties:
- Inaccurate word reading and/or decoding
- Slow and effortful word reading and/or
- Difficulty understanding the meaning of what is read

(Frequently co-occur with)
- Difficulties with spelling
- Difficulties with written expression(e.g., makes multiple grammatical or punctuation errors within sentences; employs poor paragraph organisation; written expression of ideas lacks clarity)
- Difficulties mastering number sense, number facts, or calculation
- Difficulties with mathematical reasoning (e.g., applying mathematical concepts, facts, or procedures to solve quantitative problems).

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What is dyslexia – Diagnostic criteria

Diagnostic criteria for specific learning disorders (SLDs) (cont.)

2. **Affected academic skills are quantifiably below those expected** for the individual's chronological age, and cause significant interference with academic or occupational performance, or with activities of daily living, as confirmed by individually administered standardised achievement measures and comprehensive clinical assessment.

3. **Begin during school-age years but may not fully manifest** until the demands for those affected academic skills exceed the individual's limited capacities.

4. **Not better accounted for by** intellectual disabilities, uncorrected visual or auditory acuity, other mental or neurological disorders, psychosocial adversity, lack of proficiency in the language of academic instruction, or inadequate educational instruction.

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Or simply…

Begin during school years and usually pop up when academic demands increase.

Unexpected academic difference when compared to peers and own cognitive ability.

Persistent differences despite evidence-based intervention.

Not better accounted for/explained by other things.

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Assessment process

The whole assessment process can be done in different ways. Part of my role over the past 4-5 years has been exploring:

- What are the key questions we should be asking and data we should be collecting to determine if a person meets diagnostic criteria for an SLD?
- Which experts can contribute their expertise to answer parts of, or whole, questions?

Just like earlier – I don't have the cure or a silver bullet. But I do have some ideas on how we may answer the above questions collaboratively.

- Let's review our education support frameworks.

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What is Response to Intervention (RTI)

Tier 1: 80-85% of young people	Tier 2: 10-15% of young people	Tier 3: 5% of young people
Universal, high quality, evidence-based core instruction	Small group intervention is recommended (i.e. literacy or social skills group)	No major progress through Tier 1 and 2 support
Respond to preventative and proactive classroom support?	2-3 times a week	May need referral to allied health professional to understand cause of difficulty
	Targeted, evidence-based intervention	Intensive evidence-based intervention

Components of RTI:
Multi-tiered system
Universal screening to identify students
Frequent progress-monitoring of student performance
Data-driven decision-making to guide the selection of evidence-based interventions

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What is Multi-Tiered System of Supports (MTSS)

Tier 1: 80-85% of young people	Tier 2: 10-15% of young people	Tier 3: 5% of young people
Universal, high quality, evidence-based core instruction	Small group intervention is recommended (i.e. literacy or social skills group)	No major progress through Tier 1 and 2 support
Proactive classroom management	2-3 times a week	May need referral to allied health professional to understand cause of difficulty
Basic interventions	Targeted, evidence-based intervention	Intensive evidence-based intervention

Components of MTSS:
Universal screening of all students early in the school year
Tiers of interventions that can be amplified in response to levels of need
Ongoing data collection and continual assessment
Schoolwide approach to expectations and supports
Parent involvement

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Similarities and differences – RTI and MTSS

Similarities	Differences	Extra note
Emphasises high-quality data-driven instruction at all levels	RTI identifies and addresses the specific academic needs of struggling students, MTSS has a much broader scope.	In academic terms, both (MTSS is an umbrella that includes RTI) nudge our school culture on a path where we move away from:
Interventions and services in a multi-tiered support structure, which utilises increasingly intensive interventions and supports in Tier 2 and Tier 3	MTSS addresses academic as well as social and emotional areas	• asking our students to learn how we prefer to teach, • and instead closing in on teaching how our students prefer to learn.
Both models require frequent progress-monitoring	MTSS incorporates school culture, teacher professional development, and family and community engagement, while RTI focuses on the student and teacher or support staff only.	

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Assessment process – Question 1

Class teacher – concerned about reading and spelling progress
- Screener – at risk or not at risk? Other evidence of difficulties/differences?
- Clarify concerns with special education staff/learning enhancement team.

Universal screening is like a blood pressure check (remember Julie Scali's presentation from the Best Practice Using an RTI Framework Conference! See LDA on demand training sessions to review this presentation).
- Literacy – e.g., Dibels (1 min ORF), CUBED (Oral Language F-3), Narrative Language Measures.
- Julie's example:
    - Speech/language screening in K/Prep
    - Phonemic awareness screener K/Prep
    - Phonics/decoding screener Yr 1-2
    - Oral reading fluency Yr 2-6
    - Language and reading comprehension assessment P-6
- Numeracy – e.g., Westwood (1 min Number Test), SENA (NSW), Acadience Maths
- Our Aim? To screen all students F-6, identify risk early and track schoolwide trends.

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Assessment process – Question 1

Special ed staff member, maybe school speech pathologist or psychologist – clarifies all of the above and creates a testable hypothesis

Q1: Are key academic skills markedly below same age peers when using more comprehensive tools?
- Standardised broad academic assessment (e.g., WIAT-III or equivalent) – compare reading and spelling skills to norms.
- Standardised deep-dive academic assessment (e.g., CTOPP-2, WRMT-3) – analyse reading and spelling skills for strengths and differences.
- Analyse this baseline data to point to particular areas of need.
- Answer: No…
- Answer: Yes…

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Tier 1: Class teacher – concerned about reading and spelling progress

- Screener – at risk or not at risk?
- Other evidence of difficulties/differences?
- What classroom supports and adjustments have been tried and why?

Tier 1: Class teacher makes the referral to Tier 2

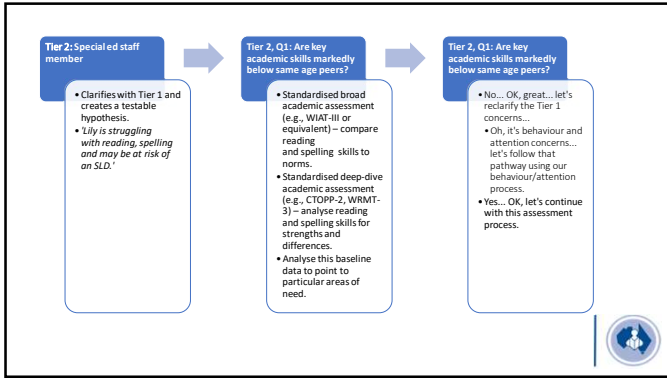- Clarify concerns with special education staff/learning enhancement team.

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Tier 2: Special ed staff member
- Clarifies with Tier 1 and creates a testable hypothesis.
- *'Lily is struggling with reading, spelling and may be at risk of an SLD.'*

Tier 2, Q1: Are key academic skills markedly below same age peers?
- Standardised broad academic assessment (e.g., WIAT-III or equivalent) – compare reading and spelling skills to norms.
- Standardised deep-dive academic assessment (e.g., CTOPP-2, WRMT-3) – analyse reading and spelling skills for strengths and differences.
- Analyse this baseline data to point to particular areas of need.

Tier 2, Q1: Are key academic skills markedly below same age peers?
- No… OK, great… let's reclarify the Tier 1 concerns…
  - Oh, it's behaviour and attention concerns… let's follow that pathway using our behaviour/attention process.
- Yes… OK, let's continue with this assessment process.

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Assessment process – Question 2

Special ed staff member
- Choose evidence-based intervention/s based on evidence of above baseline data.
- Monitor progress through intervention/adjust as needed.

- Q2: Are areas of difference persistent despite the provision of evidence-based intervention?
  - Reassess using broad and focused academic assessment and compare post-intervention to baseline data.
  - We can utilise Growth Scale values in certain standardised assessments to track an individual's progress against their own past performance.
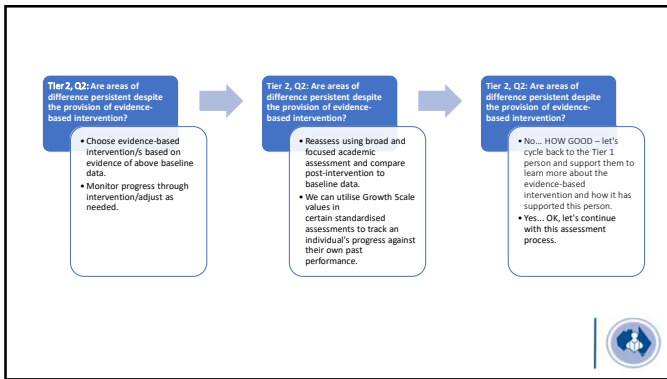- Answer: No…
- Answer: Yes…

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Tier 2, Q2: Are areas of difference persistent despite the provision of evidence-based intervention?
- Choose evidence-based intervention/s based on evidence of above baseline data.
- Monitor progress through intervention/adjust as needed.

Tier 2, Q2: Are areas of difference persistent despite the provision of evidence-based intervention?
- Reassess using broad and focused academic assessment and compare post-intervention to baseline data.
- We can utilise Growth Scale values in certain standardised assessments to track an individual's progress against their own past performance.

Tier 2, Q2: Are areas of difference persistent despite the provision of evidence-based intervention?
- No… HOW GOOD – let's cycle back to the Tier 1 person and support them to learn more about the evidence-based intervention and how it has supported this person.
- Yes… OK, let's continue with this assessment process.

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Assessment process – Question 3

Special ed staff member

- Q3: Are the persistent differences better explained by inadequate access to education, low proficiency in language or other… stuff?
  - Screen for oral language difficulties to inform need for referral to specialist (e.g., PPVT-5, EVT-3)
  - Screen for intellectual functioning to inform type of referral to specialist (e.g., Ravens 2)

Clinicians

- Q3.5: Are the persistent differences better explained by inadequate access to education, low proficiency in language or other… stuff?
  - What does the comprehensive data from this informed referral tell me?
  - Look to confirm key areas of persistent difference, language (e.g., CELF-5 for speech) and cognitive ability (e.g., WISC-V for psych), developmental history, query TBIs, genetic conditions, previous diagnoses etc

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Tier 2: Q3: Are the persistent differences better explained by inadequate access to education, low proficiency in language or other… stuff?

- Screen for oral language difficulties to inform need for referral to specialist (e.g., PPVT-5, EVT-3).
- Screen for nonverbal intellectual functioning to inform type of referral to specialist (e.g., Ravens 2).

Tier 2: Q3: Are the persistent differences better explained by inadequate access to education, low proficiency in language or other… stuff?

- Oral language difficulties found, nonverbal cognition fine:
  - Yes: Collect all information and data, summarise and make informed referral to speech pathologist to investigate language differences better explaining our suspected SLD.
  - No: Continue…

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Tier 2: Q3: Are the persistent differences better explained by inadequate access to education, low proficiency in language or other… stuff?

- Oral language and nonverbal cognition difficulties found:
  - Yes: Collect all information and data, summarise and make informed referral to psychologist to investigate low cognition better explaining our suspected SLD.
  - No: Continue…

Tier 2: Q3: Are the persistent differences better explained by inadequate access to education, low proficiency in language or other… stuff?

- No oral language or nonverbal cognition difficulties found:
  - Yes: Collect all information and data, summarise and make informed referral to psychologist to investigate SLD.
  - We can no longer disconfirm the SLD so we pass our date to an expert in that space who can confirm.

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Tier 3: Clinician - Q3.5: Are the persistent differences better explained by inadequate access to education, low proficiency in language or other... stuff?

- What does the comprehensive data from this informed referral tell me?
- Do I need to clarify or further explore anything with T1 and T2?
- May look to confirm/disconfirm key areas of persistent difference, language (e.g., CELF-5 for speech) and cognitive ability (e.g., WISC-V for psychs), developmental history, query TBIs, genetic conditions, previous diagnoses etc.

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Stewart, how do I train to use some of those Tier 2 and 3 tools

In Australia and NZ, Pearson Clinical offer educators a 'User Level B' accreditation.
- This includes:
  - Training to master statistics in the context of standardised assessments (deviation scores, bell curves, standard scores, percentile ranks, why age and grade equivalents are NOT useful).
  - Build confidence and competence in the administration, scoring and interpretation principles of key User Level B assessments like the WIAT-III.
  - Once accredited, you can access and use relevant assessments to answer some of those assessment process questions and contribute to more informed referrals.

Find out more at Pearson's User Level B Training (ABLE Training)

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IDA - Key areas of dyslexia assessment

	Skill/Ability/Indicator	IDA key indicator[i]	Test/ Source	Low/ Below Average	Average	High/ Above Average	At risk (Y)/ Not at risk (N)	N/A or Not observed
Symptoms of Difficulty	Treatment response[i]							
	Alphabet writing							
	Letter knowledge and phonics	X						
	Decoding pseudowords	X						
	Word reading	X						
	Reading fluency	X						
	Spelling	X						
	Written expression	X						
	Reading comprehension <							
	Listening comprehension[i]							
Causes/Correlates	Phonological processing	X						
	Rapid automatic naming	X						
	Auditory verbal working memory	X						
	Processing speed							
	Long-term storage and retrieval							
	Associative memory (learning efficiency)							
	Orthographic processing							
Risk factors	Dyslexia screening results							
	Family history							
	History of language impairment							
	Receptive vocabulary[i]	X						
	Fluid reasoning							
Possible strengths	Oral language: Listening, speaking, vocabulary, grammar							
	Math: calculation, problem solving, fluency							

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User Level B Test Content Coverage

Key area for dyslexia assessment	WRMT-III Grades F-12 Ages 4-79	WIAT-III Grades F-12 Ages 4-50
Phonics/Letter knowledge	Letter Identification	Early Reading Skills Skills Analysis (SA): Naming letters; Letter-Sound Correspondence
Decoding pseudowords	Word Attack	Pseudoword Decoding
Word reading	Word ID	Word Reading
Reading fluency	Oral Reading Fluency	Oral Reading Fluency Pseudoword Decoding Speed Word Reading Speed
Spelling		Spelling
Written expression: sentence and paragraph level		Sentence Composition Essay Composition
Receptive vocabulary	Word Comprehension	Receptive Vocabulary
Rapid naming	Rapid Automatic Naming	
Phonological awareness	Phonological Awareness	Early Reading Skills SA: Phonological Awareness
Auditory working memory (phonological memory)	Sentences: Listening Letters Words	Sentence Repetition Early Reading Skills SA: Blending Sounds
Secondary Areas	**WRMT-III Grades F-12 Ages 4-79**	**WIAT-III Grades F-12 Ages 4-50**
Reading comprehension	Passage Comprehension	Reading Comprehension
Listening comprehension	Listening Comprehension	Oral Discourse Comprehension
Orthographic processing		
Grammatical ability		Oral Expression

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Pearson's Dyslexia Booklet
(fantastic and free)

Pearson's Dyslexia Booklet (free) is a practical guide to supporting students with dyslexia in a classroom:

- More common misconceptions about dyslexia
- What is dyslexia?
- Other neurodevelopmental disorders associated with dyslexia
- Best practices to help learners with dyslexia overcome difficulties
- Recommended teaching methodology
- Developing orthographic and phonological awareness
- Tips for effective vocab and grammar teaching
- Tips for teaching key language skills
- Includes copies of IDA's Key Areas of Dyslexia Assessment template
- Includes User Level B Content Coverage resource

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Slide 30

Get in touch with Stewart

Chapter 3 Psychology – Psychological assessments completed at school or from the comfort of your home, Victoria-wide.

Available for assessments at the following clinics in Melbourne's Bayside:

- Nepean Psychology and Counselling Centre - Cheltenham
- Integrated Psychology Centre - Bentleigh and Chelsea Heights
- Adaptive Counselling and Psychology - Bentleigh

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