

Identifying Dyslexia in the Early Years.



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Dyslexia - SPELD Foundation
LITERACY SERVICES

Identifying Dyslexia in the Early Years

Parents and teachers often report feeling overwhelmed by the sheer volume of information currently available, and widely circulated, on the topic of dyslexia. Views on everything from the causative factors, the most effective interventions, the reported advantages, and even whether or not dyslexia exists, are widespread and frequently contradictory.

One area that promotes quite passionate commentary, and clearly divergent views, relates to the age at which a Specific Learning Disorder (SLD) in reading (commonly known as dyslexia) can be diagnosed. An analysis of this commentary suggests that a popular misconception associated with the identification of dyslexia (and other SLDs) is that they cannot be diagnosed until eight years of age. This 'myth' has prevailed in the wider community despite the circulation of extensive information explaining why this belief is incorrect.

Children can be diagnosed with dyslexia well before they turn eight if they have struggled with the acquisition of skills in reading (and spelling) for an extended period of time despite the provision of high quality instruction and appropriate intensive intervention. This will be explained in greater detail a little later in this article.

Another 'myth' associated with the diagnosis of dyslexia is that it can be identified through a simple screening process or via the completion of a checklist. This is simply not the case. In the event that the screening or checklist is reviewed remotely (i.e. by someone who is not assessing the child face-to-face) then the results of such an 'assessment' should be discounted.

The definition of dyslexia recognised by the International Dyslexia Association (IDA), AUSPELD, the NICHD (National Institute of Child Health and Human Development) and DSF suggests that dyslexia is:

- Neurobiological
- Characterised by poor reading accuracy and/or fluency
- Often associated with phonological (and/or orthographic) processing difficulties
- Unexpected in relation to the amount of effective instruction and intervention provided, and
- A contributing factor to low levels of vocabulary and general knowledge, as well as poor reading comprehension.

This definition is also in line with the diagnostic criteria for a specific learning disorder (in reading) outlined in the fifth edition of the Diagnostic and Statistical Manual (DSM 5) (see box on final page).

As is evident from this definition, Dyslexia is viewed as a **persistent and enduring difficulty** acquiring and developing reading and spelling skills. Consequently, it can **only** be diagnosed once a child has been provided with reading instruction of sufficient quality and duration, that the fact that they are struggling to read accurately and fluently is viewed as surprising.

How is Dyslexia diagnosed?

Specific Learning Disorders (SLDs) occur in the areas of reading (dyslexia), written expression (dysgraphia) and mathematics (dyscalculia). They are considered to be one of a number of developmental disorders and are diagnosed through:

- A review of the individual's developmental, medical, educational and family history,
- The results of standardised testing across a number of domains including academic achievement (e.g. reading accuracy, fluency and comprehension / spelling / written expression, etc.); cognitive processing and cognitive ability; and,
- An evaluation of how well the student has responded to a minimum of six months' intervention targeted at his/her area of weakness.

In the diagnosis of dyslexia, it is important to establish that the student has received intervention designed to improve skills in reading (accuracy and fluency), for a minimum of six months. The inclusion of a well-designed structured, synthetic phonics program (such as Sounds-Write, MiniLit, MacqLit, The Reading Tutor Program or Reading Mastery) would generally be expected.

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In most cases the assessment will be carried out by a psychologist, with knowledge and experience in education. The written report should provide information outlining the likely functional impact for the student in the classroom and also offer clear recommendations for both intervention and accommodations.

At what age can a diagnosis of Dyslexia be made?

Many schools screen children prior to year one (aged four, five and/or six) to identify the students at risk of ongoing language, learning and literacy difficulties. Early screening, conducted by the classroom teacher or a speech pathologist, is of enormous value but its purpose is **not** to identify students with dyslexia. Its purpose is to identify students in need of early intervention and support and to ensure that steps are taken to put this in place as quickly as possible. At this stage the emphasis is often on building the foundation skills necessary for successful literacy learning.

Once structured reading instruction commences – usually in Foundation / year one - there may be some students who continue to struggle despite the early support provided. These students will require explicit, intensive instruction to avoid falling further behind their peers. With this level of intervention, most students will make excellent progress but in some cases a more individualised response will be necessary.

A comprehensive assessment may be of value to assist in determining the profile and needs of the student. It may also be of importance to determine whether the student has a language impairment (conducted by a speech pathologist) or learning disorder (conducted by a psychologist) and, more importantly, to identify and recommend appropriate instructional and resourcing strategies.

In the event that a child is assessed for a possible Reading Disorder (Dyslexia), consideration is given to the quality and consistency of early reading instruction, in addition to the nature and duration of any intervention specifically targeting the development of reading skills. How well the student has responded to at least six months of intensive (either small group or one-on-one) intervention in reading is of central importance in the diagnostic process (see Criteria A - Following page). **Given that at least six months of intensive, targeted intervention needs to have been provided, it is unlikely that dyslexia can confidently be diagnosed until mid/late year one (assuming all diagnostic criteria are met).**



Diagnosis using the DSM-5

Most psychologists in Australia use the criteria identified in the Diagnostic and Statistical Manual (Fifth Edition) to determine whether a student meets the criteria for Specific Learning Disorder. The four criteria are:

CRITERIA A

Ongoing difficulties in the school-age years learning and using at least one academic skill (e.g. reading accuracy/fluency; spelling accuracy; written expression competence and fluency; mastering number facts). These difficulties have persisted and failed to improve as expected, despite the provision of targeted intervention for at least six months. This intervention should be recognised as evidence-based and delivered by an experienced and qualified person.

CRITERIA B

The difficulties experienced by the student will be assessed using standardised achievement tests* and found to be at a level significantly lower than most students of the same age. Sometimes students are identified with a learning disability even though they are performing within the average range. This is only the case when it can be shown that the student is achieving at this level due to unusually high levels of effort and ongoing support.

CRITERIA C

The difficulties experienced by the student usually become apparent in the early years of schooling. The exception to this is where problems occur in upper-primary or secondary school once the demands on student performance increase significantly. For example – when students have to read extended pieces of complex text or write at a more sophisticated level under timed conditions.

CRITERIA D

Specific learning disabilities will not be diagnosed if there is a more plausible explanation for the difficulties being experienced by the student. For example – if the student has: an intellectual disability; a sensory impairment; a history of chronic absenteeism; inadequate proficiency in the language of instruction; a psychosocial condition; or, not received appropriate instruction and/or intervention.

**Standardised achievement tests are tests that have been developed by experts and trialled with large numbers of students to check their validity. They are only delivered by practitioners who have been trained to use the tests and score and interpret the results achieved.*

All four criteria must be met for a diagnosis to be made and the level of severity is determined as being mild, moderate or severe.

Final Comments:

It is certainly possible to identify a student at risk of literacy learning difficulties from as early as four or five years of age and it is important to do so. Early identification provides schools and allied health professionals with an opportunity to intervene early and prevent, in most cases, long term difficulties. It is, however, not possible to confidently diagnose dyslexia until sometime after the student has been provided with both systematic reading instruction and appropriate intervention. This could be as early as year one but is dependent on the criteria related to Specific Learning Disorder diagnosis being met. **It is always important to screen and intervene first - and assess and diagnose second.**

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For more information:

Understanding Learning Difficulties: A Guide for Parents shares information about dyslexia and other learning difficulties and can be accessed at uldforparents.com.

Understanding Learning Difficulties: A Practical Guide provides principals, teachers, school psychologists and speech pathologists with a greater awareness and understanding of the significant impact learning disabilities can have on students, and to outline the most effective remediation and accommodation strategies available to them in the classroom. The guide is available to teachers through Scootle.

Both guides are also available for purchase in hard copy format from DSF or any State SPELD.