

Treatment Resisters – One Academic Educator’s Point of View

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Treatment resisters, that is children whose reading skills have not responded to sustained periods of appropriate intervention, have long been the concern of parents, educators, clinicians and researchers. Rudolph Flesch’s book of 1955, *Why Johnny Can’t Read and What You Can Do About It*, sparked the “great (and largely continuing) debate” about appropriate instructional methods for teaching reading.

Over the past decade, however, most literacy researchers and educators have agreed that a “balanced” approach is required; that is, most children will need explicit instruction in comprehensive foundational skills (e.g., phonological awareness skills, language skills, and comprehension strategies) along with rich opportunities to apply their developing skills in a meaningful way with authentic texts (Hay, Elias, Fielding-Barnsley, Homel & Freiberg, 2007; Tunmer, 2008).

If there is fairly widespread agreement about the efficacy of using evidence-based approaches to reading instruction *to prevent* reading difficulties, why then do we still encounter children with difficulties, especially those whose difficulties appear to be persistent? There may well be several reasons.

First (assuming exemplary teaching practices in all classrooms), good *preventative programs* during the early primary years cannot address the needs of all learners. Some students will require additional instruction (*remedial instruction*) in order to master basic foundational skills; for example, children with classic dyslexia (core phonological deficits), those with broader oral language difficulties (e.g., weak vocabulary development and difficulties with syntax) in addition to phonological difficulties, and those with memory and attention difficulties will all need additional targeted, multidimensional instruction and ongoing support in order to

develop their reading skills to a level that is commensurate with their general verbal learning abilities. Targeted, multidimensional instruction will include systematic, explicit instruction in the phonological features of language including phonetic decoding skills while ongoing support will include frequent opportunities to read and discuss real texts.

Second, despite the provision of intensive remediation, some children may fail to develop their reading skills because the remediation provided to them is too narrow and *overly prescriptive*. If children are withdrawn from their classrooms to participate in separate skill building activities (e.g., a specific phonics program that is followed in a lock-step fashion) and significant efforts are not made to link the child’s emerging knowledge and skills back into rich literature-based authentic activities in the classroom, the library, and at home, the child may be left with “splinter skills” but little real sense of the process and purpose of reading.

Third, a very few children may fail to develop the necessary basic skills despite intensive, sustained and exemplary remedial instruction because of their inherent neurobiology. When we look at a range of sound intervention studies, we invariably find a small percentage of children (approximately 2-6%) who continue to experience profound reading difficulties despite the application of best practices in terms of type, intensity and duration of remedial instruction and support (Torgesen, 2000).

How then should we support children like Jessica who are experiencing such profound and seemingly intractable reading difficulties?

During the beginning of the primary years, we must ensure that sound *preventative*

programs and screening procedures are instituted in all classrooms so that children are identified and provided with appropriate ongoing *remediation* and *support* as soon as required (Scanlon, Vellutino, Small, Fanuele & Sweeney, 2005; Vellutino, Scanlon, Zhang, & Schatschneider, 2008; Wagner et al., 1997). And, as children like Jessica emerge during these early years as having intractable reading difficulties, we must ensure that they are provided with a *range of supports* provided on an *ongoing and consistent basis*, which (depending on the individual's needs at different stages of their schooling) might include instruction and practice in phonological skills, phonic decoding skills, sight vocabulary, use of context cues, reading for fluency, and the application of comprehension strategies to different types of real text.

In addition to supplemental reading-related instruction, children like Jessica are also likely to require ongoing support in terms of the development of the *academic skills* of being a student (e.g., being organised, using an agenda book, and developing effective computer-assisted writing skills) as well as the *intra-personal skills* of developing a healthy sense of self (e.g., being aware of strengths, finding ways to ameliorate or circumvent difficulties, developing self-advocacy skills, and developing a strong sense of self-efficacy). Such intensive multidimensional support has significant costs, but when "bought into" by the child, the family, and the child's teachers, is likely to be more successful than not.

In the meantime, researchers and teacher educators continue to work with children, parents, teachers and clinicians to identify and promulgate sound evidence-based practices that will support the learning of all children, including every Jessica.

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