Literacy - Turning Daunting into Doable

Efficacy, Excellence and Enablement

Who Would Like a Prize?



How to Know if an Intervention is Worth Trying or Not



A research term that describes the ability of a product or methodology to produce a desired, intended or planned result.

Efficacy implies:

- that the outcome has been defined and that it is the direct result of engaging in or with the product (intervention). Not a result of time or chance
- The outcome can be measured using empirical based instruments

Levels of Program Efficacy

Educational interventions should be subject to the same level of scrutiny and there should be the same requirement to prove the efficacy of educational interventions as there is for medical treatments. They are too important not to require this

So how do you evaluate a intervention?

5 Levels

Level 1. (a) Evidence of current theory and research.(b) Treatment efficacy is supported by randomised control trials (RCTs).

Programs Like:

Cogmed Program for Working Memory Training

Barton Rave - O

Wilson Alpha and Omega

Great Leaps

The Original Orton-Gillingham



Level 2. Follows current theory and research but may not have been subjected to RCTs.

Programs Like:

Wright - by Craig Wright READCARE - by Literacy Care Hickey Explode the Code



Level 3. Generally follows current theory and research but is supported by little or no empirical evidence

Programs like:

THRASS Letterland Readwell System (1994)



Level 4: Makes no conceptual sense in terms of current research and may claim empirical evidence for efficacy where none exists. Tend to be driven my marketing hype :as seen on A Current Affair

Programs Like:

FastforWord Cellfield DORE Reading Recovery

Level 5: Based on assumptions counter to substantial scientific evidence. Any data on efficacy should be viewed with considerable skepticism.

Programs Like:

Behavioural Optomery Vision Therapy Kineisiology Exercise or Diet Based Interventions

Efficacy..... Controversial Therapies

Process Focussed Verses Performance Focussed

Process-focused therapies are based on the theory that what underlies a given learning disorder is a deficit in a simple sensory or motor process. Eg

- Can't balance
- Can't hear certain tones
- Can't pat head and rub tummy with both hands
- Never crawled
- Can't walk and chew gum at the same time....etc

Performance-based therapies target symptoms directly and treat them. For example, performancebased therapies for dyslexia would provide instruction in the subcomponents of reading and guided practice in reading itself

Efficacy

it is easier to provide evidence for efficacy for performance-based therapies than it is for those that are process-focused



Controversial, *process-focused therapies* for learning disorders (including dyslexia) have a common logic: they claim that:

1. a disorder in some higher aspect of cognition, such as reading, language, attention or social cognition, is caused by a lower-level deficit in a modality of perception (auditory, tactile, or visual); or in some aspect of motor skill;

- 2. that the lower-level deficit (motor, neurosensory) is present in children with the learning disorder -*This actually defies the 'Strengths Model"* (Shaywitz 2003)
- 3. that the lower-level deficit can be remediated with practice because of the notion of 'Brain Plasticity' *Don't you love that phrase?*
- 4. that fixing the lower-level deficit transfers and thus improves the deficit in higher cognition

In contrast Performance Based Interventions:

- train skills that are directly associated with 'the problem'
- are theoretically plausible (based on research)
- treat the known and understandable signs
- are credibly linked to the desired outcome

The following groups of therapies have not passed the empirical tests. They should not be used to treat children.

Speed of word processing interventions
Vision efficiency interventions
Exercise-based interventions.

The further away the proposed cause is from reading itself, the more skeptical you should be. So, a new theory that says the cause of dyslexia is - say - in the balance system of the brain, is much less plausible than the established theory that dyslexia is caused by a problem in the phonological aspect of language development.

Efficacy

DORE

- Kinesiology
- Behavioural Optometry
- Sensory Motor Based Programs
- Computer Programs
- Physical Exercise Based Programs

Choosing an Intervention is just ONE of at least four aspects of Management

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Choosing an Intervention

What are the choices? (Decisions)

- 1. Process Based(Bad) or Preformance Based (Good)
- 2. Commercial or Customized



Commercial (Prefabricated) Interventions Positives...

- Off the Shelf Can be purchased privately and quickly
- Can still be evidenced based
- Will probably have some positive effect
- Suits school implementation
- In most cases can be used in homogenous groups



Commercial Interventions

Negatives

- Needs a trained practitioner (not for mums and dads)
- Still has to be preceded by assessment
- Tend to follow a strict prescription Less Pedagogical Flex
- Hard to customize
- Tend to be implemented without respect to individual profile
- Can be more a case of teaching a program not teaching a child

Examples

- Barton
- Hickey
- Wilson
- Alpha and Omega
- The Sound Way
- Jolly Phonics

- Reading Horizons
- Lindamood
- Letterland
- Rave-O
- Great Leaps



Research suggests that the most important factor in the treatment and management of Dyslexia is the quality of the Human Instruction.

It is important to have state of the art resources and a willing child. But above all of this is the vitally important issue of ongoing high quality instruction from a dedicated and experienced specialist



Evidenced Based Practices are probably more important then Evidenced Based Programs

More on this later.....

The following points are a guide when considering which program is best

- 1. *Cost:* This includes cost of resources to be delivered to the school. Cost of ongoing updates. Teacher training costs.
- 2. Teacher Training Time
- 3. Lesson Preparation Time

- 4. Accessible Human Support for Technical and Pedagogical Troubleshooting
- 5. Suitability for Students Relative to Age and Degree of Problem

6. Suitability to Wider Group

7. Potential Use in Future Years

So what is the alternative to buying and implementing a prefabricated intervention?

Customized Intervention (or Clinical Education)

Excellence

Clinical Education and Why it Works

Clinical Education

What is it?

'Clinical Education' is the term given to any set of specialized educational practices that are delivered in a clinical setting. (McGowan 2002). Such a term has certain implications:

It implies that:

the person delivering the services has specific and recognized qualafications and experience in the defined area of service delivery.

That they use Evidenced Based Practices -Not necessarily Evidenced Based Programs

services will be delivered according to a consultation model (one on one, individualized, specific setting etc) control over frequency, intensity, duration

the intervention represents a course of treatment for a defined problem or set of problems that begins with assessment and culminates when certain predetermined goals are reached

the clinician is personally responsible for using their unique set of skills, practices, clinical intuition and resources to effectively assess, manage and overcome the problem or set of problems for the candidate

Clinical Education is not.....

- Private Tutoring
- A tutoring or study centre
- General or cross curriculum in nature
- School subject specific like English, maths etc
- Administered by unqualified or inexperienced practitoners

Why it works..

1. Prescriptive yet Electic

Prescriptive implies systematic structure

Eclectic implies flexibility and permission to alter within the structure. It is governed by clinical expertise and Response to Intervention (RTI) - Not the parameters of the program
2. Customization is both an initial and ongoing practice based on the principle of Response to Assessment (RTA) and then response to Intervention (RTI)

Evidence Based Practices (or Principles) <u>not</u> Evidence Based Programs

Using an evidence based interventions implies adherence to the curriculum of the intervention which is usually strict

It usually means the programs have rules about entry to and exit from the intervention

8 Evidence Based Practices

Works on the notion that we teach children not programs

1 Needs Based Multisensorism

- 2 Alphabetic, Graphophonemic, Synthetic Phonics
- 3 Direct, Explicit, Repetitive, Drill-like Instruction
- 4 One on One
- 5 High Intensity, High Frequency, Moderate Duration
- 6 Systematic and Cumulative (macro and micro level)
- 7 Goal Driven
- 8 Response to Intervention (RTI)

Needs Based Multisensorism

Phonological Awareness

- 1. Listening Elision Activity
- 2. Listening, Tactile, Kinesthetic (Tactile Elision Drill)

Tactile Elision Drill

Say Fixed......Now say it again but don't say





Synthetic Phonics - No connection to words

CV

Ba ca da fa ga ha

VC Ab ac ad af ag ah

CCV

bla ble bli blo blu

VCC

ack eck ick ock uck





Cumulation is a methodology that continually uses past skills while introducing new ones

Simple levels of compertency must precede complex level of competency without losing the simple levels

Macro Level

Consonant and vowel knowledge and skill (blending/segmenting etc) must precede Consonant blend knowledge and skills

block	black	
flock	slack	
crock	crack	
stock	stack	
chock	smack	
knock	knack	
frock	track	

blend

spend

trend

brick bridge bright fridge slight flick flight quick plight slick fresh trick flesh fright prick thresh knight click chick

bring sling sting string fling cling bling swing

blunt

stunt

grunt

brunt

shunt

blush

crush

flush

slush

plush

brush

grant

slant

chant

plant

scant

chunk flunk drunk stunk plunk trunk clunk skunk

blank

flank

crank

stank

spank

shank

Goal Driven



Multi Stage Model

INTERVENTION

	Graphophonemic/Alphabet	
Phono/Ortho	ic Instruction	Reading Instruction Fluency/Vocabulary
Process/WM	Decoding/Encoding	Comprehension Reading Volume
	Word Attack	

Assisted Oral Reading / Repeated Reading Strategies

Enablement

Stronger Parents Stronger Kids

Enablement.....

Enablement Models - Empowerment Continuum

Figure 4 - Advocacy Services within an Empowerment Continuum

Disempowered			Empowered	
(Diminished Ability and Motivation)		(Ab.	(Ability and Motivation)	
Networkin	ig Tra	in the Trainer	Strengths-Based Approach	
Complex Compla	aints	Standard Complaints	Simple Complaints	

Enablement.....

Enablement Model - TRAMLIP (McGowan 2003)

- Time Management
- Resilience
- Accommodations
- Measuring
- Love of Literacy
- Interventions
- Professionals

Enablement.....



Take Home Messages.....

- Become educated about program quality and efficacy
- Ask hard questions what will be achieved in the time
- Junk science equals junk Interventions
- Evidence based Interventions are good but Clinical Education and Evidenced based practices are better
- The greatest factor in skill recovery is the quality of the human instruction
- Advocacy, Empathy, Empowerment are not just buzz words but behavioural necessities

- Dyslexia occurs in people of all backgrounds.
- It affects every facet of a person's life: school, the workplace, emotional and social.
- Dyslexia's impact is felt throughout one's life
- Every individual impacted by dyslexia has a unique story to tell

Who is the Future of Literacy?

From ILA *formerly IRA*

Teachers and Adults

- Rising stars stepping up to the challenges of the changing literacy landscape
- Trailblazers making their mark in the field
- Innovators and motivators changing the face of literacy learning
- Game changers transforming their classrooms, their communities, or the world

Queensland and Australia Needs a Shake Up!!

Thanks