

Lauren 00:06

Welcome to the LDA podcast, a series by The Learning Disabilities Association of America. Our podcast is dedicated to exploring topics of interest to educators, individuals with learning disabilities, parents and professionals to work towards our goal of creating a more equitable world. Hi, everyone. Welcome to the LDA Podcast. I'm here today with Dr. Vincent Alfonso. He's a licensed psychologist, Professor in the School of Education at Gonzaga University, and the second vice chair of LDA's board of directors. Vinny, thank you so much for being here.

Dr. Vincent Alfonso 00:37

My pleasure. As always, thanks for asking.

Lauren 00:40

So to start off, could you tell us a little bit about your experience in early identification?

Dr. Vincent Alfonso 00:46

Absolutely. It was really something that area I kind of fell into, I was looking for work after completing graduate school, and I worked in a school district for a couple of years after, a K-12 School District. And then the school district I was at we actually entered what's called austerity, which is just a fancy name for layoffs, and people needed to be cut. And so they cut my hours, and I really wanted full time work. So I called upon some colleagues, some friends actually who I had gone to graduate school with who had entered the early childhood world, early childhood education, especially children, young children with suspected disabilities. And that was, and then it just was all on the job training. And I learned, basically, by doing. I had really not assessed or evaluated any young children. But boy, did I learn fast. And then it became became a passion for me, I mean, not only in practice, and assessing, evaluating, you know, hundreds and hundreds of, you know, 2, 3, 4 year olds, but also then starting to write scholarly writing on early childhood assessment, evaluation, intervention, and so on. So I do have a fair amount of experience working with young children, it is from the past, but I still believe that much of what what I learned in the past and by continuing to read, and learn as a lifelong learner, I think that I'm pretty well tooled to talk about early childhood education and identification intervention and so on.

Lauren 02:59

So LDA advocates for early intervention, could you tell us why early, accurate identification is so important?

Dr. Vincent Alfonso 03:10

So let me, you know, I think we can think about multiple challenges in life, physical, mental, you know, otherwise psychological, medical disorders and so on. Almost all science that's related to health related fields indicates that the earlier the better, right? So the earlier we identify Alzheimer's, the earlier we identify different cancers, the earlier we identify anything, including learning disabilities, intellectual disabilities, developmental delays, the earlier we intervene, the higher the probability of success, whatever success means, but typically, we're probably not going to prevent certain things from happening, but we can certainly ameliorate whatever people are feeling and experiencing. And maybe, you know, in some cases, we will be able to take care of whatever the issue is. Certainly, I think when we intervene with students, children who are learning how to read, the earlier we do that we do

absolutely increase the chance of those students learning how to read and then being successful online. So there's research that's been out there now for decades and continues to accumulate that early intervention works, at large. And that's why we need to continue to advocate for policies for funding, for bipartisan support of early childhood education and intervention in the United States. Some people argue that Head Start was not successful, I would argue that it was and is, and probably one of the most successful early childhood education programs in our country. It's had ups and downs over the decades, but it's still there. And then when we talk about IDEIA, the Individuals with Disabilities Education Improvement Act is a continuation of federal laws and regulations that began in 1975. For children, students suspected of having some kind of learning challenge or behavior challenge that precludes them from learning subject matter, reading, writing, math, speaking, written language, that we are absolutely clear that early works. The earlier the better. And I'm very optimistic that we'll continue to gather more research, and also advocate through organizations such as LDA, and others, for young children.

Lauren 06:50

Absolutely. Well, and you said early, how early can somebody be identified as having a learning disability or be evaluated?

Dr. Vincent Alfonso 07:00

So I am probably a little bit more conservative in my thinking about this than some others. I think that...so learning disability, it's a learning challenge, right? So it's like reading, it's writing, it's math. Well, if you haven't been in school, it's pretty difficult when you haven't been exposed to academic matter. And I'm very passionate about young children not being too exposed to academic matter very early on. I think that there are other domains, developmental domains that are as important, if not more important, such as self regulation, attention, behavior, healthy behavior, independent functioning, and so on. I think those are all as important, if not more important. But in our country, we have really, in my opinion, I think, rather than helping our young folks learn, I think we've kind of taught them how to be anxious, and that we pushed a little bit too hard for early academics. Having said that, I think that what we can do instead of racing or kind of going too fast in diagnosing or classifying learning disability, what I do believe in wholeheartedly and I think this goes along with early childhood education intervention, is we need to be screening every young person, student, child, even as early as, let's say two or three, and continuing on a regular basis, and identifying those young folks who are struggling and having some challenges, and then reallocating resources to and for those children, those students. And I think we would be in a much better situation if we were able to do that. So I'm a big fan, a big supporter of universal screening, developmental screening. I mean, we have babies and young infants, toddlers, they're all screened for hearing and vision and all kinds of potential medical challenges, so I think that that's what we should be doing for all of our kids very early on, and involving the family, involving caretakers, and working with the families, especially families that come from low resource environments, in really helping them understand the developmental status of their children, why we're doing what we're doing, what they can expect, how is this going to help them help their children and then as they navigate through the educational system in the country? So, you know, the more direct answer is, we really should be screening and doing the developmental screenings as early as possible and on a regular basis to determine which of our children need help early on. If you're talking about a learning disability, an actual disability, you know, I think if there's a history of trauma, or if we have

chromosomal data, that, you know, maybe a young person has Down syndrome or fragile X or one of the other chromosomal disorders, then, I think we know a lot that those folks are going to have some learning challenges and may actually eventually be classified as having an intellectual disability, or maybe a learning disability.

Dr. Vincent Alfonso 11:46

If none of that exists, then we're probably talking, you know, kindergarten, we can start to see maybe some signs, but again, development is rapid early on. And there's lots of changes that take place from three to four, four to five, five to six years of age. And so, you know, I'm personally not so comfortable with classification or diagnosis of a learning disability at a very young age. At the same time, if we have some clear data, or the data is absolutely clear that there is disability, then I would never want to not provide or have that student receive the services that is his or her right to receive as part of a free appropriate public education. So long winded answer, sorry, but it's just not that simple. And there are people out there who think that everything is simple and this is not. And so that's what I would say, developmental screening early on, follow the young folks who are having difficulties and having challenges, intervening. And then if they continue, if we've provided them with lots of interventions and they continue to have difficulties, and we do a more comprehensive evaluation, and we find that there is enough evidence for weeks for meeting the criteria for a learning disability then, by all means, I think we should follow through with that as well.

Lauren 13:37

When you mentioned a developmental screener, does that differ from a typical screener? Is that because they're younger? Could you touch on that one a little bit?

Dr. Vincent Alfonso 13:46

So for me, developmental screener covers, which probably should be a comprehensive developmental screener, although that might sound like not exactly clear either. But when I mean a developmental screening, I'm talking about multiple domains of functioning. So I mean, certainly you could do a vision and hearing screening, right, that would be screening as well. And that would be obviously, assessing, evaluating sight and hearing, but what I'm talking about is, you know, typically, it's like five big domains including either cognitive or pre-academic, speech language, or sometimes it's called communication. We'd have motor functioning, gross motor, probably fine motor as well. Something called adaptive behavior, which is you know, independent functioning and becoming more and more autonomous as students age, and then social emotional functioning as well, so interpersonal skills some people want to call it social emotional learning, that kind of thing. There are many commercially available comprehensive developmental screeners and evaluations. In fact, many of the tools that we have that are comprehensive have a screener built into the instrument so that you give a subset of items in each area that constitutes the screener part. And I think screeners are great, especially if they have good properties, psychometric properties, and also that they provide meaningful information. You know, I think that screeners can be administered pretty quickly. And you don't have to use a commercially available one, I mean, I'm also very supportive of local norms and local screeners. So in other words, you know, a team of professionals in a school district can develop one on their own, administer it and see how it works in their district, because, you know, there's this old saying that all politics is local, well, all education is local too. So back to those commercially available ones, they do have these built-in

screeners so you can do the screening. And then if you find that some of the kids have some challenges going on, then you can use the same instrument and go further and have a fuller evaluation in each of those areas and using the same instrument. So you have a lot of consistency, I think, built into that. So I've done both. I've used commercially available ones, I've used ones that the district came up with, and so on. Here's the challenge, and what I found, and maybe it's not true anymore, but it's kinda clear that it is. First of all, we don't do it. Many, many places across the country, and many school districts don't do screening, they don't do developmental screening, and they certainly don't do these thorough kinds of screenings. There are some that do, and the challenge there is that they don't follow up. So okay, we'll do the screening, we'll collect the information, the data, but then it kind of sits somewhere, and there's not a follow up or follow through. I think the ones that actually do the follow up or follow through probably have the greatest probability of success of helping these young folks be successful in learning. You know, even if they continue to have difficulties, we've been able to work with them early enough early on so that there isn't a domino effect. Because sometimes, maybe more than sometimes, if we don't intervene early and students are continuing to be promoted socially or otherwise, but they're not doing well, there's a greater probability that they're going to be turned off to school, and they're not going to like school. And then it's like the hole gets deeper and deeper. And then that makes it more and more difficult to help. And then it's not uncommon for students with learning disabilities to also have social emotional challenges because of that, so again, the earlier the better. We know what to do, I just don't always understand why we're not doing it.

Lauren 18:51

Did we always know that we could identify LD this early? Is there, could you touch on some of the research that has been surrounding early identification?

Dr. Vincent Alfonso 19:04

Sure. So I mean, you know, it's really not that long that we've even had IDEIA, or, you know, really the former, the precursor, which was 1975. So if you think about it, you know, what are we, 45, 47 years into free appropriate public education. And it wasn't until 1986 that we were looking at the toddler ages, three to five, and it wasn't until 1990 that we were looking birth to three. So we have not been inclusive until really pretty recently. And so we kind of know other than Head Start, and then Early Head Start, we really weren't, again, in my opinion, paying that much attention to the youngest members of society, and I think we're paying a lot more attention now. And that's a great thing. And Part C of the federal law and regulations IDEIA addresses early childhood, and there's a child find component to it, and so on. So, I think we're much more attune to young children and what's going on. But we're still we're still learning, I think there's a veritable, just incredible amount of recent research and data from neuropsychology, neurology, and other fields that is really providing us with insights into how the brain develops, and the plasticity of the brain, and so on, and so forth. And also a great amount of research on, you know, low resource environments and poverty and how environmental factors, toxins that are in our land and in our water, and so on, so forth, that, you know, might be having a negative effect on the young brain development, and so on. So, you know, there's a lot more attention. And, not that this is always only about money, but if we invested in early identification, early intervention, and so on, we would be, as a nation, saving, not millions, but billions of dollars. Because, again, it's not just education and school, but this is also the developing body. This is medical, physical, right? It's everything, and then the payoff down the road, because the longer we can keep kids in school, enjoying school and learning, then we

increase the probability that they're going to contribute to society by finding work and so on, so forth. So it's kind of common sense. Just makes a lot of sense to me, and to many other people. And I am optimistic and very glad that we are as a nation investing in young kids and young children and their families. And I think we just need to keep doing that. Integrate the research and the science and also having a very, very humanistic approach. I mean, families must be involved. They must be involved in the early education of their kids.

Lauren 23:05

Absolutely. So what are some signs in younger children that may indicate a learning disability? I know you mentioned it can be hard before they enter an academic setting. But in your experience, what are some signs that can maybe lead to a learning disability diagnosis later down the road?

Dr. Vincent Alfonso 23:23

Again, it is difficult to say. Again, I think doing good screenings early on, and multiple domains of functioning, seeing how a particular child compares to other children his or her age. You also want to know if you can sense or pick up...I guess one of the biggest signs would be speech language challenges, delayed language. I think that's a big one. Certainly, you know, motor. Really, all the areas of functioning we see that there's some kind of delay going on. And certainly, I think if there's one area of delay, that's one type of situation, right? If there are multiple, then you have another situation, right. And so, do I have hard data on that? No. But again, common sense if there's a delay in one developmental domain, but all the other domains are okay. You know, let's intervene in that developmental domain. Let's see what happens over time. But if you've got, you know, a young person who has multiple areas of developmental delay, you know, we want to pay very close attention to that child. And, again, I just think it's, we as a nation are used to bringing our young children to the pediatrician, right? They get their early shots and vaccines and so on. And we're checking their hearing and their sight and everything well, why aren't we checking early learning, behavior, social emotional, and so on. So I think if we can engage in that, make that part of our culture and our society, the way that we work with our young people, I think we're going to be much better off. Yeah.

Lauren 25:29

Would you be able to speak a little bit about the difference between the possible signs of a learning disability or ADHD or behavior that's just developmentally appropriate for a child?

Dr. Vincent Alfonso 25:39

Yeah, it's another challenging question, and especially for young parents, you know, parents who it's their first child, or, again, families from low resource environments, and they may just not have a good understanding, but it could be for anyone, right? You know, your first time parent, you have no idea what to expect, there is no book. There's no book on parenting, necessarily what to expect and so on. I know there's that famous book, like what to expect in the first year or something. But I think I get really passionate about this, because I think, some, maybe more than some, professionals working with young kids just have too high of expectations. And, you know, I worked in preschools for a long time. And I can tell you stories all day long about being a child advocate and engaging in what we call the consultation, but I was just like fighting other professionals, who I thought were just trying to make kids do things that's not natural for them. We had something called instructional naptime. And I was like, I'm

really not sure what's instructional about napping, and why we're forcing our kids to nap. Because all that does is set up a fight with the kids, or battle with the kids. Other things, like, we're sitting around the table and it's circle time, one of the kids wants to stand up, instead of sitting down. "Oh, you must sit down." I'm like, this is not the army. It's things like that that make me absolutely wacky, you know? And why do I bring those up, because I think what's developmentally appropriate, I mean, kids want to play, they want to roam around, they want to do what they want to do. I'm not saying it should be that they can do anything that they want to do, but there should be some, within reason. So at young ages, many disorders, if you will, or challenges that might be indicative of different classifications or disorders, it's very hard to tell early on, so I think it's observation. We believe in a multi-source, multi-method, multi-setting assessment paradigm, right? So you want to see the kids in different locations, different settings, you want to talk to different people, you want to assess them via different methods as well. And then, you know, gather all the information and the data. And I also think it's very critical to be communicating with professionals from other disciplines, right? So I'm a psychologist, school psychologist, but speech language pathologists are absolutely essential with young children, also have physical therapist, occupational therapist. You really do need a full approach too, especially when someone is a young person suspected of having these challenges and difficulties rely a lot on the teacher and the parent. If they're, if they're concerned, we need to start to ask them questions and see what's going on. But it is very common for us, as a society, adults in society, to kind of have these rigid rules about how children should be behaving and what they should be doing and not doing. We apply the rules to young kids, we don't apply them to ourselves. It's true, little, little pedestal talk there.

Lauren 29:54

What is a developmentally based evaluation like, and what can a parent or caregiver expect that process to be like?

Dr. Vincent Alfonso 30:03

I think they vary, it depends on where the assessment or evaluation is taking place. It could be at the child's home, could be in a preschool or daycare or nursery or in different settings. It's best if the parent or the caretakers are around, in my opinion, and takes part in the process, multiple domains are assessed. If you can, we used to do at times, where you'd have psychologists, a speech language pathologist, and maybe one of the motor professionals, you know, fine or gross, in the same room, because often times we're looking at the same kinds of things. So you could have like an arena-style assessment, there's play based assessment, there's all kinds of different ways of doing it. But I think involving the family, gathering information from the family, having the family a part of the process, multiple domains of functioning, using good, sound instruments, then writing a report that's parent friendly, or caretaker friendly, that's very clear about the interpretation of the child's functioning or performance, I should say. And then having written recommendations, that are doable, feasible, very clear to the parents and to any other adults who are interacting with the young child. So I think, you know, it's something that I really enjoy, I greatly miss it. And sometimes I hear what's going on in the field and makes me sad. Either we're not doing good evaluations, or we're not doing them at all. You know, we don't always involve the families and the families have to be involved, as much as possible. So I think that's probably a good overview of what that would be like.

Lauren 32:06

Well, to expand on that a little bit, we've touched on universal screeners why they would be so important, and the importance of following up on those screeners and tracking those kids. What needs to be changed to make these early, accurate identifications easier and more likely?

Dr. Vincent Alfonso 32:24

Well, I'm gonna say it's probably really good educational leadership. I think that school districts, superintendents, and principals really need to believe in early identification and working with families that have young kids, and then that universal screening. I mean, I just think it needs to be in place, you know, it's done at a certain time of the year, and this is the team that does it, it really is an investment. And it's not, it's clearly not a big investment, in my opinion, and the payoff, if you will, in so many ways, it's so big, it's so large. But it's like, any kind of changes, just first of all, change is usually met with resistance. So, you have that, and then even if you do have some consensus or critical mass of people, then there's all other kinds of challenges that are there, but I have no doubt that universal screening needs to be a part of the educational, the fabric of the school, or the educational entity, you know, it just, it needs to be a part of the routine, just like taking state exams or national exams or graduation pictures or whatever it is, right? It needs to become a part of the educational routine. And, you know, I want to believe that most people want this. I think that especially now after, and still, certainly affected by COVID 19, and the pandemic, and then you turn on the TV or the radio, and now there's the trifecta of, you know, COVID, the flu and RSV, and, I mean, so you have a lot of a lot of that. And we may be...I mean, who knows, we may be in for a rough winter, in the country. So what's my point? My point is that it's very difficult, right? Education, our schools, our teachers and other people working in schools, they're the real heroes, in my opinion, and certainly many others, but they're the unsung heroes. And I think that it's very challenging to change the culture to include universal screening. I mean, there's been a lot more, like universal Pre-K. And I think as the government and our US Department of Ed continues to support early childhood education and prevention, I think it's going to be better and better. But I just have no doubt that we need to do early, regular screening and intervention to help those kids but also to alleviate the pressures on the systems later on, because they only become greater and greater. And it becomes more and more difficult to help those students enjoy school and see the benefits of continuing in school. Otherwise, there's a likelihood of dropping out. And then other challenges that are much bigger in life.

Lauren 36:15

Thank you so much for sharing your expertise and your experience. And I think we had a great conversation as well.

Dr. Vincent Alfonso 36:23

I appreciate the time and the questions, it makes me think. I hope I was clear and certainly happy to follow up if anyone has questions or if there's a need for a follow up podcast or whatever, happy to help and hope people find some of this information at least thought provoking. Even if people get angry at least, at least there's an emotional reaction, right? So I appreciate the opportunity to help out.

Lauren 37:08

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