Assessment and Accommodation of Students with Learning Disabilities at the Postsecondary Level in Canada: A Special Issue for Psychologists in Education

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Citation:
Introduction

Over 12 years ago Linda Siegel wrote about issues related to the *Guckenberger v. Boston University* case (Siegel, 1999). In reviewing the testimony and facts presented in this high profile case, Dr. Siegel noted that a number of issues emerged that were of relevance to those in the field of educational psychology; specifically, that there was no consensus regarding what constitutes and appropriate assessment of a learning disability or even an agreed upon diagnosis of this disorder; and that the quality of assessments provided to support this diagnosis was inconsistent. The *Guckenberger v. Boston University* case resulted in an urgent call for development of an empirically based, specific and clear operational definition of this disability to be employed by all qualified assessors, and for postsecondary institutions to employ consistent standards for determining who qualifies for academic accommodations and on what basis such decisions should be made. This case also raised an important issue regarding who is qualified to determine what accommodations must be provided to students with disabilities, and on what basis such decisions should be made (Elswit, Geetter & Goldberg, 1999). This special issue of the Canadian Journal of School Psychology is devoted to examining current diagnostic practices in Canada and also the practices related to accommodating students with learning disabilities (LD) at the postsecondary level. Further, we gathered expert opinions regarding the duty to accommodate students with LD and when such accommodations may not be required. Our aim was to gather current information and research regarding practices in Canada in order to assist psychological practitioners who conduct LD assessments and to provide empirically based information to inform best practice in this area of clinical activity.
Diagnostic criteria and accommodation practices at the postsecondary level in Canada

The first article in this special issue reports the sad truth that, over a decade after the historic Guckenberger v. Boston University case, little has changed. Indeed, in both Canada and the United States there is still no clear, specific and agreed upon set of criteria to determine who qualifies for the diagnosis of LD. In fact, it is still the case that “ambiguity and inconsistency among current definitions of LD do not allow for the identification of individuals with LD in a reliable manner” (Flanagan, Keiser, Bernier & Ortiz, 2003, p. 15). The review by Harrison and Holmes (this issue) reports that there is still no agreed upon definition of LD used in Canada, although core similarities in definitions were noted. Although many overlapping models of LD diagnostic criteria exist, research shows that many clinicians fail to subscribe to any one diagnostic model when diagnosing LD, or do not employ any accepted definition when making this diagnosis. Furthermore, clinicians sometimes diagnose a LD when there is no actual impairment in academic achievement but when only one or two unrelated subtest scores in the assessment fall below average. Harrison and Holmes propose an operational definition of LD that employs facets of existing definitions that garner greatest agreement in the research literature, and urge clinicians to base diagnostic decisions on empirically defensible criteria.

Apart from obtaining registration as a clinical psychologist, nowhere in Canada except perhaps in British Columbia is there any requirement that professionals have the specific training required to arrive at a diagnosis of LD, apart from registration as a clinical psychologist. This is different from medical practice, where one cannot make diagnoses of complex disorders without evidence of additional training and certification. Philpott & Cahill (2008) used survey and semi-structured interviews
with the provincial/territorial registrars for boards of examiners in psychology in Canada to determine the professional knowledge base and pre-service training of psychologists as well as the existence of policy designed to guide their work. Seventy percent of registrars participated in the study and their combined answers to the question, “Do you require new psychologists to have a course completed in the nature and characteristics of LD before registration as psychologist in your region?” was an unequivocal “no” (0/13 replied to the affirmative). A similarly unanimous and negative response was garnered in response to the question, “Do you require new psychologists to have a course completed in developing academic accommodations for students with LD before registration as a psychologist in your region?” (0/13 replied to the affirmative). Thus, practitioners are left on their own to select a definition of LD and to determine a process for assessment and accommodation recommendations. This opens the door for a wide range of approaches with varying levels of thoroughness in documenting LD both within and across provinces, which in turn may cause further confusion when students apply for accommodations and supports across Canada.

**Definition of Nonverbal Learning Disorder & framework for making this diagnosis**

While issues still remain about appropriate criteria for diagnosis of language-based LDs, even less guidance is available to psychological practitioners regarding empirically-based criteria for diagnosis of Nonverbal Learning Disorder (NLD), especially when assessing young adults suspected of this disorder. Very little empirically based research exists regarding NLD in general (Spreen, 2011), and concerns have been raised regarding the fact that clinicians fail to employ consistent, evidence-based criteria when making this diagnosis (Spreen, 2011).
In order to improve research and practice in this area of LD research it is critical to have agreed upon criteria for making the diagnosis of NLD. The review by Dr. Casey (this issue) highlights the key developmental and neuropsychological data by which one can make this diagnosis, and outlines a framework for conceptualizing diagnosis of disability in general. While his paper focuses primarily on research data from children and adolescents, this is because no empirically supported research on this disorder in young adults has been conducted. As noted in his paper, we can currently identify only “the key neurocognitive strengths and weaknesses that are expected to be present and the need to establish a lifelong history of such performance deficits” when making this diagnosis at the adult level.

**Perspectives of postsecondary personnel**

Clinicians completing psychoeducational reports rarely have a chance to hear from consumers regarding the quality and helpfulness of their reports. The reflections offered by Dr. Wolforth in this special issue underscore the need for professionals to assist postsecondary institutions by providing their offices with reliable and unbiased information. Too often it appears that our work is seen to reflect the actions of advocates rather than objective reporters of fact (see also Gordon, Lewandowski, Murphy & Dempsey, 2002, for an extended discussion of this problem), and Dr. Wolforth discusses quite lucidly why this undermines both the actual needs of the students and the validity of the diagnoses being made. Individuals who work in postsecondary Disability Services Offices (DSOs) do not always feel able to interpret psychoeducational assessments or determine whether someone is permanently disabled, and so rely on the opinions of experts when determining whether and how to accommodate a student with LD. As the former head of a Disability Services office at a large Canadian university, Dr. Wolforth reflects on the
aspects of disability documentation that damage the credibility of the psychologists who provide these opinions, and makes recommendations regarding how best to ensure professional integrity while also providing appropriate information about a disability diagnosis.

Psychological practitioners also have the opportunity in this issue to hear from a human rights specialist on the issue of when postsecondary institutions may or may not have a legal obligation to follow accommodation recommendations made in psychological assessment reports. Specifically, Ms. Roberts details why psychometric evaluation alone is not always sufficient to compel accommodation of a student, and that the task of determining appropriate accommodation is an interaction between many sources of data and actual task requirements of a program or test. Her summary of relevant Canadian human rights legislation and jurisprudence is pertinent to the task of understanding what is required to document the need for accommodation of LD at the postsecondary level, and demonstrates that a diagnosis alone is not sufficient to compel accommodation. As she explains, psychoeducational assessment reports that recommend providing an accommodation on the basis that it will maximize or ensure success fail to understand the purpose of accommodation at the postsecondary level. Human rights legislation is focused on ensuring equal participation and equal access, but appropriate accommodation does not ensure success of a student. Her summary of the need to focus on barriers to successful participation in a task or activity is a useful framework for clinicians and should assist in explaining how best to document the need for academic or other accommodations in college or university.

Factors that affect efficacy of assistive technology
The increasing use of instructional technology is clearly a new reality of the postsecondary experience of all students (Fichten, Généreux, Barile, et al., 2000; Lance, 1996). Advances in both assistive and instructional technology also hold the promise of serving as an equalizing agent in promoting fuller access to information and learning for students with learning disabilities (Higgins & Zvi, 1995; Michaels, 2000; Microsoft Corporation, 1997; Raskind & Higgins, 1998). Assistive technology (AT) has the potential to enhance postsecondary students’ learning ability by circumventing academic deficits and improving information access. Despite the increasing use of AT, there is a paucity of formal, current research regarding the effectiveness of this technology for postsecondary students with learning disabilities. Indications of effectiveness have been derived primarily from anecdotal reports and case studies from the United States. The available empirical studies indicate, however, that at a postsecondary level assistive technology can help students complete courses at a rate comparable to nondisabled peers, improve GPA, facilitate detection of spelling errors, and enhance reading rate and reading comprehension in students with a specific reading disability (Collins 1990; Elkind, Black, and Murray, 1996; McNaughton, Hughes, and Clark, 1997; Primus, 1990).

One of the issues addressed in the Gukenberger v Boston University case was who is qualified to determine which accommodations are appropriate for a student and how specific accommodations should be determined. This seems particularly relevant in the area of recommendations made by psychological practitioners regarding AT supports. In no province or territory is there a requirement that psychological service providers demonstrate specific training or expertise in how to best determine the technology and supports required for students with LD (Philpott & Cahill, 2008). As a result, supports or equipment recommended by psychological
service providers may not be appropriate or necessary for the student. In addition, research shows that purchased AT is often abandoned by the student (Todis, 1996) or may, in fact, cause more harm and disrupt their academic success if not correctly tailored to their needs and skills.

The article by Holmes and Silvestri (this issue) is unique in that it is one of the only studies in existence to document the need for more research into which types of technology are appropriate for which type of processing impairment, and raises concerns that in some cases certain types of AT might actually interfere with student achievement. Their findings demonstrate the pitfalls of ascribing to a “one size fits all” approach to prescribing AT to postsecondary students with learning disabilities (e.g., all students with reading disabilities should be provided with reading assistive technology) as it may hinder as opposed to facilitate academic achievement. The research of Holmes and Silvestri underscores the need for more empirically and ecologically-based research into the AT needs of students with LD to better understand the individual, task, context, and device-specific factors associated with success or failure in utilizing this technology as a compensatory mechanism.

**Factors that interfere with validity and reliability of psychometric data**

The final topic addressed in this special issue calls into question the accuracy of test data obtained in psychoeducational assessments, and underscores the need to ensure that data obtained reflect investment of full effort. Howard Aldelman and his colleagues first identified the influence of low effort on obtained test scores and correct diagnosis of LD over 20 years ago (Adleman, Lauber, Nelson & Smith, 1989), and yet their research has remained largely unnoticed. They were the first to discuss the key role that motivation plays in determining the validity of obtained test
results when making the diagnosis of a reading disability. Not surprisingly, they found that almost 80% of children diagnosed as having a reading disability were actually capable of performing reading related tasks if properly motivated or engaged, noting that the low scores they had previously produced on tests of reading and decoding were due more to lack of engagement or avoidance than to an actual inability to complete the tasks. These authors cautioned clinicians to not make disability diagnoses based on data gathered under low or avoidance motivation conditions.

Despite their findings, clinicians have continued to discount or ignore the influence that effort and motivation have in influencing scores obtained on psychometric tests. This is despite the fact that many studies have demonstrated convincingly that level of effort and motivation during an assessment has a greater influence on obtained test scores than does amount of documented brain injury (Green, 2007; Stevens, Friedel, Mehren, & Merten, 2008). Most clinicians have also discounted the possibility that students could exaggerate symptoms in order to obtain a disability diagnosis (see Alfonso & Boone, 2007). Many still believe that the base rate for such symptom exaggeration in psychoeducational assessments is very low; however, this has proven not to be the case. Indeed, Sullivan, May & Galbally (2007) demonstrated that approximately 16% of postsecondary students undergoing evaluations for LD at their clinic failed a relatively easy symptom validity test (one that determines if the person was presenting with non-credible performance or was exaggerating symptoms), calling into question the reliability and accuracy of the test scores obtained.

Similarly, in a Canadian postsecondary study, Harrison and Edwards (2010) found that approximately 15% of those undergoing assessments for suspected LD
showed substantial evidence of feigning or symptom exaggeration. They suggest that the considerable secondary gains associated with being labeled as a person with a disability in Canada were tempting to many students, and cautioned clinicians to carefully evaluate the consistency and veracity of the test scores produced by students undergoing such assessments at the postsecondary level.

The final article by Harrison, Green and Flaro (this issue) documents specific cases in which symptom exaggeration was either acknowledged or strongly suspected, and points to the diagnostic errors that can occur when psychologists utilize such unreliable data in their formulation. The influence on test performance demonstrated when students withheld their best effort is apparent in the vignettes presented. Since research has demonstrated that clinicians have below chance ability to accurately identify individuals who are deliberately feigning on tests when relying on observation or subjective criteria alone (Faust, Hart, Guilmette, & Arkes, 1988; Heaton, Smith, Lehman, & Vogt, 1978) these authors recommend that clinicians employ objective tests of effort and motivation routinely when undertaking a psychoeducational assessment in order to minimize false positive diagnoses of disabilities. This recommendation is consistent with assessment standards adopted by most neuropsychologists (Bush, Ruff, et al., 2005, Iverson, 2006), and recognizes the need to make diagnostic decisions based on reliable and accurate data, echoing the plea made by one Disability Services director in this special issue.

**Conclusion**

To my knowledge, this is the largest collection of articles by Canadian authors devoted to issues regarding LD at the postsecondary level in Canada ever amassed. It represents the collective wisdom of experts in the field. It should provide practitioners with useful and current information regarding appropriate assessment
practices and policy decisions. It also highlights many areas in which variability of practice and expertise among clinicians may not, in fact, be in the best interests of those we serve, despite the best of intentions.

Hopefully, the articles contained in this issue will provoke discussion amongst psychologists in education and generate additional questions to be answered. For example, are psychologists (as currently licensed in most jurisdictions of Canada) adequately equipped by training and experience to diagnose LD and its various presentations? If not, what credentials or training might be necessary to allow for more consistent diagnostic practices and who would enforce this? Just as British Columbia has more stringent requirements for diagnosis of LD by school psychologists, should there be national requirements for certification as someone who can diagnose LD? Of even more concern, should we not first reach a national consensus regarding how to diagnose LD and should the response to intervention model currently championed in America be applied at all levels of education as part of the confirmation of this diagnosis? These are some of the issues with which we as professionals currently grapple and which require answers sooner rather than later.

Beyond the issue of who should diagnose is the question of whether these same clinicians should also be the ones to recommend appropriate supports and accommodations for students at the postsecondary level, or should this be an entirely separate area of expertise? Cross-disciplinary research between psychology and education should be encouraged, especially given the increasing use of Assistive Technology in the classroom. There is certainly a need for current research in the area of educational interventions, especially at the postsecondary level.

The ever-increasing levels of professional competency required of members in all of the “helping professions” is both exciting and challenging. It reminds us that
we are all on a journey and that the status quo is never going to be “good enough”. The role of students and educators is being reshaped continuously, and members of both these groups deserve the best advice for assuring equal access for students with LD as they pursue postsecondary education.
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