

Lauren Clouser:

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 Rebecca Resnick, who's a licensed psychologist and founding partner of Rebecca Resnick and Associates Psychological Care. Rebecca is also a past president of Maryland Psychological Association. So, Rebecca, thank you so much for being here. We're so excited to have you.

Rebecca Resnik:

My pleasure.

Lauren Clouser:

Of course. So to just start us off, could you tell us a little bit about your background?

Rebecca Resnik:

Yes. So, I first became interested in learning disabilities just like so many other people because of my family. And, my mother and father both were undiagnosed folks with learning disabilities. Of course, in that generation, you were not diagnosed. You were labeled as dumb or lazy or, you know, just a girl or you're not trying hard enough. And, my little brother was actually properly diagnosed with learning disabilities when he was about 6 years old. And I watched my mother, who barely graduated from high school, even though she's very smart, I watched her become, like, the warrior advocate for him. And I watched my parents struggle to get him what he needed and make sure that he could read.

You know, a lot of sacrifice of financial resources, time. I listened when my mother would talk about all of the awful things that people said to her and to my brother as they were really just trying to make sure that he could read, and graduate from high school, and that very much set me on my path. So I started my special education career, back in the 1990s. Now the 1990s was a time when special education was fully embracing whole language. And for the parents who don't remember the nineties, whole language was a time when phonics and really, like, the evidence base of reading largely got thrown out the window in favor of an ideology that had never been tested, and it took over. And this was also a time when special education was shifting over to inclusion, and we were moving towards inclusion very fast but without a plan. So this was a really kind of a chaotic time to be in special education and learning about how things worked. And when I started teaching, I found that a lot of the things I had been taught were not true and didn't work.

I think a lot of people who've taught really get that sensation. It's almost like you feel like you're betrayed, and then you have to figure out where you're gonna go and what you're gonna do. Are you gonna stay in teaching? For me, I went back to school, and I just fell in love with neuropsychology. It was so exciting that, you know, unlike when I went to school in the nineties, we actually understand things about the brain now at this point. And, I just love my job. I love

meeting families and trying to help understand what's going on with their kids and what we can do about it. That is what gets me up in the morning.

Lauren Clouser:

Absolutely. That's such a fantastic backstory. We have so many people come on the podcast who are inspired because they want better for either what their friends or their relatives have went through. So why is it important when we're going to talk about learning disabilities versus learning differences? Why is it important to differentiate between the two? Why are the two different, and why should we keep them that way?

Rebecca Resnik:

Okay. So when we use the term disability, we are really talking about something about a person that is causing subjective distress and functional impairment. And functional doesn't mean, like, oh, people are machines or robots. Functional means can you perform all the functions that you need to perform to get through your day and hopefully achieve your goals and have a high quality of life? So that's the sense that I'm talking about, functional impairment. And when you've grown up watching people struggle with learning disabilities and when your whole job is meeting with people who are in a lot of pain, often very stressed, very worried about their kids. The fact that we're really talking about neuropsychologically based disabilities is something that I eat, sleep, and breathe. And I certainly understand that, you know, people really don't like hearing that label. All of us, you know, we're either parents, I'm a parent, or we're in the helping professions.

And we don't like that sense of we're gonna label someone, we're gonna limit them, we're gonna cause them to be seen in a way that feels derogatory or less than. And from my personal perspective, calling something a difference covers up how hard it really is for folks with disabilities. Learning disabilities are disabling at this point. One of your previous guests was talking about the connection between folks who have learning disabilities and how often they wind up actually in the criminal justice system. We know that low literacy greatly limits your opportunities in life, your quality of life, even your lifespan. These things cause a lot of suffering. And so to me, using the term disability is not only sort of accurate because I'm a health care provider, but it also honors the struggle.

Lauren Clouser:

I think that's a fantastic answer. We also like to say that disability isn't a bad word, and that it also entitles people to their rights under the IDEA and ADA.

Rebecca Resnik:

Absolutely. Yeah. And if we're calling something a difference, unfortunately, in our modern world, the way it is, insurance doesn't cover things that are differences and schools don't provide services for folks who have differences. And so we, for better or for worse right now, we really have to show that there's really a significant obstacle in this person's way. I think it's also important to mention that, we hear a lot that kids have, like, a different learning style or their

brain just works differently. And, I know people are gonna get their tomatoes out and throw at me when they hear this, but the idea of learning styles, that everybody just has a different learning style and we haven't found this kid's learning style yet, the science really doesn't back this up. What we have come to understand about how kids learn to read is that we have treatments that work really well that address the underlying problems.

And so to talk about kids is just having like, oh, it's a different learning style. Their brains just work differently. I think this takes our focus away from how do we treat and how do we help and how do we make an evidence based plan.

Lauren Clouser:

Yes. I'm so glad you brought that up. So I wanted to move into LDA's specific learning disabilities evaluation principles and standards. You had the chance to review them. And I had wanted to ask, how do these standards align with what we know about the neuropsychology of learning disabilities and also the neuropsychological approaches to evaluation?

Rebecca Resnik:

So for me, going through the LDA standards was really exciting. And, I have actually been reading LDA standards and position papers ever since I was in college, because I was very fortunate to train under Dr. Deborah Spies, who was on the original paper that came out talking about how the discrepancy based model wasn't a valid way of identifying kids with learning disabilities. So, this is really near and dear to my heart. And what I really like is when we are finding ways to bring the science into the practical world, into the clinics where people are making diagnoses, into school psychologist offices, into classrooms, into homes. One of the huge problems that your guests, and me too now, talk about is how siloed all of the science is and how hard it is to get this information out to the folks who actually have to teach kids to read. You know, having been a special educator, that's a very hard job. I came home exhausted and burned out, you know, on a regular basis. I didn't have time to go to conferences and read a lot of journal articles.

So part of what these standards do is really serve as a wake up call for all of us in the field to remind us that we need to do better. I don't think anyone would look at the data about how we're serving our students right now and the outcomes and feel like, oh, we're doing all we can. Our kids and our families really deserve better. And so these standards, one thing I really like is that they're very much grounded in science. And they are affirming that learning disabilities are disorders of basic psychological processes. Now what does that mean? That means things like expressive and receptive language development, working memory, visual information processing, auditory processing, processing speed, and efficiency. These are what make our brains special as human beings. This is what makes our brain work.

Now the human brain is super plastic. So unlike a baby ant, we don't come into the world, like, preprogrammed, ready to do all of the things an ant needs to do. We have this long period of brain development, and the amazing thing about that is that this gives us the time to learn all the

things we need to know about our culture and what's expected of us. And we're social animals. We have to learn to get along with our fellow humans so that, you know, we can survive and thrive and be part of a community in whatever way makes sense to us. So when we think about what academics actually are, and I'm borrowing from Stanislaus Stuhan right now, and Mark Seidenberg and giants like that, what academics really are is they're cultural overlays. The human brain is being asked to use the circuits that it came designed with, and those circuits get shaped around what does this young child need to learn in order to be successful in his, her, or their culture. Brains don't come ready to read.

We hopefully all know this. Brains don't come ready to write. The brain has to use the neurons and circuits and white matter tracts that are already there to build a reading brain. So when they say that teachers actually rewire the brain, that's not just like a cute thing on a coffee cup. That's literal. The difference between a reading brain and a brain that hasn't learned to read yet, is things you can actually, like, see and measure. So what are we thinking about here? We're thinking about using these capacities of the brain, things like paying attention, expressive and receptive language, working memory, processing speed, visual information processing, all of these hard capacities that we came with, and they have to get reshaped. Now if your brain is functioning somewhat suboptimally, maybe that's due to your neurons not migrating to the proper position.

Maybe it's due to some genetic differences. Maybe it's due to pathogenic care during your early years. Maybe it's due to super high levels of stress when you were a baby, or maybe you were exposed to something in utero, and your brain is not ready to build the circuits that allow you to adopt super complicated behaviors like reading and writing, that's what's going on. It's really that the brain is functioning differently. And if we don't understand the why behind academic problems, then we really don't know what to do about them. Like, we can describe, 'I'll use my niece and nephews' names. Malik can't read. Okay.

We may give him a reading assessment. We may look and say, oh, yes. Look. Malik can't read. Okay. But how do we understand why Malik can't read, and what's getting in his way? And how do we really think about Malik in particular as a person and what he needs in order to make some progress. So, again, I really like the fact that the standards are embracing the science, that they are brain based. I also really like the emphasis on holistic assessment.

Now holistic usually, we think of holistic as being kind of new agey. You know, like, if I go to a holistic spa and get a foot rub and my tarot cards read. But this is different from that then. Now holistic, you can think of it as like holistic sounds like whole. Right? So we're talking about the whole person. We're not just going to take a look at their reading scores and say, oh, look. Low reading scores. We wanna understand why.

And there is so much we can learn about their developing brain. We can, you know, as I said, we can assess the language phonological awareness, which is the ability to receive and understand the speech stream, that acoustic stream that we all learn by bootstrapping and

statistical analysis, and that's how we acquire language. We can assess phonological and phonemic processing, Working memory, processing speed, vocabulary, very important for comprehension as Tim Shanahan has taught us. And when we think about, well, what do we do to assess all of those areas, most of those areas we can assess through an IQ test. The standards do affirm that using an IQ test and using it mindfully, using it with beneficence, using it with sensitivity to someone's culture and background and current status, this is actually really important because it gives us a lot of information about those underlying cognitive processes. We're not so concerned with, oh, what's the IQ in itself, the full scale IQ, that can actually change over time. There are a lot of reasons why somebody might not do so well on an IQ test, and maybe you have the flu. Maybe you're unhoused, and you're moving from relative to relative's house.

You know, there's many, many reasons. But it's really important that we not be afraid to try and start gathering more information and understanding a person. The standards do affirm that it's useful to include an IQ test. We never want to miss something really important about a child. And if a child is scoring really low on an IQ test, then we want to understand that. You know, it's just like if I go in for a mammogram every year because I have a genetic predisposition to breast cancer in my family, which we do, that's not a reason for me to say, yeah, I'm not gonna have mammograms. No. I wanna know that so that somebody can help me and track my progress and make sure I'm okay.

We also really wanna have what the standards recommend in the form of a multidisciplinary assessment. Now we've heard of multidisciplinary teams. You know, when you go into your child's meeting and you walk in and there's 10 people sitting around the table and you're very much outnumbered, all those people are there because every one of them brings a different kind of expertise to the table. That's the way the law was designed. We can replicate that in terms of assessment. And one thing that's so important is that speech pathologists be part of our assessment. Very often, they're not. I see a lot of kids who have, you know, the school psychologist and, god bless school psychologists, they are so overwhelmed right now.

They may have time to give maybe one test and maybe a couple of rating scales. And then usually the special educator, like I did back when I was a special educator, will do the achievement test. Those 2 people may not have any time to talk to each other, and maybe a social worker can do a parent interview, sometimes the school psychologist can. But oftentimes, all the information really isn't pooled until everybody's sitting there around the table, and you've gotta get through that IEP meeting really fast because you've got 5 more to go that day. So these standards remind us that a kid is not just a set of scores. And a set of scores really isn't that helpful to a teacher. You know, when you're handing a teacher a psych eval, most psych evals are really not very useful. And I'll say that, as a psychologist, having been on the receiving end of these, sometimes they are, but a lot of times, they're just a set of scores and some cut and pasted recommendations from the scoring program.

The real reason we need multidisciplinary providers taking part in the assessment, making it

holistic, right, about the whole child is because we don't know what we don't know. And, you know, just let's just take it for example. If we don't have a kid's hearing and vision screening information, We may diagnose a kid with a learning disability or attention deficit disorder or, worse, write a kid off as, like, lazy and unmotivated when we haven't even bothered to collect the data about their hearing and their vision. It used to be that kids got very reliable screening, you know, when they went to daycare, when they went to preschool. And now during this time of budget cuts and such, we have a lot of kids where even in affluent families, I'll ask, so when was their last hearing and vision screen, and what were the results? And parents often have no idea, and they can't tell me. And they say, you know, let's get that done because the last thing I wanna do is diagnose your child with a disability when this is really about them needing glasses. So we also have to be really mindful that for a lot of kids, there are medical slash health issues, There's family genetic issues, and there are also social issues. So we talk in our field about the bio psychosocial model.

And the biology is where we get the physicians and the health care providers. You know, they tell us hearing and vision screens. They tell us if a kid has sickle cell, early onset diabetes, have they had concussion, do they have a genetic difference that we need to know about so that we can understand this child's scores in context. And for social, we should really think about not just social, like who's part of their family, but what's their cultural background? What's their linguistic background? How does this family understand disability and think about their child and who their child is in the world and part of their family? And what is school about for that family? So this is also why we need the parents in there. You know, typically, when you have an IEP meeting, it's like, oh, here's mommy and here's daddy or here's mommy and mommy or daddy and daddy, you know, grandma, caretaker, whomever. But they're usually given, like, maybe 30 seconds to talk. And they express their concerns, and then all the professionals, like, take over. And holistic assessment asks the parent to be part of the assessment where they're really providing the background, family history, the genetic family history, especially when there's learning disabilities in the family like mine.

Making sure again that we're not just plugging through to get a whole bunch of scores plugged in with template, but we're really understanding, like, who is this person? The other piece of this is that the standards are asking us to think about assessment as a dynamic process. What we tend to do is we tend to have kids take summative assessments, and that's like a big assessment, often at the end of the year. If you get an assessment in May, you have no time to do anything about it, you know, before summer happens. And most kids don't access summer school, so we get the summer drift. And maybe getting them an IEP could be something that happens next November where you've lost 6 months of that child's life. When we're talking about dynamic assessment, we wanna go beyond just a big knock down drag out neuropsych eval like I do and look for regular assessments, regular small stakes assessments so that we could collect regular data. I can't tell you how many IEPs I read where the only way that they've indicated that they're going to see if the interventions are making any difference at all is teacher observation. And we can't ask teachers to just make observations, to decide like, Oh, I think these I think these interventions are working.

Maybe they are. That's too much to ask of a teacher when they've got 30 kids. We also don't know if, if the teacher and the school are using assessments that are actually evidence based. You know, if they're using the Fountas and Pinnell, for example, which is not an evidence based assessment, and telling parents, like, yeah. Everything looks fine. That's not good enough. You know, our kids deserve better. Our kids need regular data collection, not just a portfolio full of worksheets, not just the standardized test scores every spring, but especially kids with disabilities.

We need to do very fine grained curriculum based measurements, things like DIBELS, for example, which is a dynamic assessment of early literacy skills, things like phonemic processing, word reading fluency, sight words, decoding. We have to track these because what we're unfortunately fighting is this trend where we wait way too long to assess a kid, especially a kid from a marginalized background or a kid whose parents don't speak English. We wait way too long. And then by the time we assess this child as the standards indicate, we have to get a particularly useful assessment that guides what has to happen next. And so here we have this poor kid who is falling farther and farther behind. By the time we get them some services, maybe the services are what they need, but it might just be, oh, this is our tier one level of services. This is our tier 2 level of services. Well, you know, imagine you go into the doctor with a headache, and you say, doctor, my my head hurts so bad, and the headaches seem to be getting worse.

And the doctor says, okay. We're not gonna do any tests. What we're gonna do is tier 1. And so tier 1 is you're gonna take some aspirin, and you're gonna take a nap, and call me in 6 months. And if it doesn't get better in 6 months, we'll go to tier 2. Nobody functions that way. Nobody. And here we are with our precious little children behaving in ways as if getting data about this child, like, as if it doesn't even matter and sort of putting them into special education programs where we don't know if they're working for a really long time.

But what we know in aggregate in this country is that a lot of kids get special education and don't catch up. And when they don't catch up, that has implications for the rest of their entire life, their loved ones' lives, and their children's life because they're passing on whatever resources they got to the next generation. And as I've said before, our kids really deserve better.

Lauren Clouser:

Absolutely. And that was such a great answer. I mean, you touched on so many different points, and I really appreciate you going into it because it can be an intimidating document to read if you're not a psychologist or you're not familiar with these terms. So I think you did a great job of breaking it down so that teachers and parents and individuals with learning disabilities, or any other listeners are really able to understand why this is so important and why LDA is pushing these standards as hard as we are. So thank you for that.

Rebecca Resnik:

Yeah. You're right. No. I'm really passionate about it, but you can hear the special educator in me because you know, what I was taught was, like, break it down, you know, put it into chunks, you know, all of these things. So I know that was long, but, hopefully, it made sense.

Lauren Clouser:

No. It absolutely did. So what are some of your own evaluation practices that align with these standards? And are there any aspects of these standards, I know you talked about this previously, but are there any of the standards that particularly resonated with you in your own practice?

Rebecca Resnik:

What really resonates with me, as you can probably tell, is that having been formally trained as a special educator and then gone through the training to become a psychologist, one of the things that really concerns me about both of these fields, but even, you know, my heart is in special education, and one of the things that frustrates me to no end is how we we kind of make some steps forward in terms of the science, and then we seem to run away from it. And we almost get shiny object syndrome sometimes where, you know, we don't love to teach the things that are boring or the things that we don't really understand. And so we're very susceptible to getting seduced, if you will, by a super cool marketing package with, like, great, you know, marketing and advertising. And this is your specialty. These things work because clever people design them to sell curriculum and products. And I don't know if that's great, but the science is harder to understand. It takes a lot of time. Like, psychometrics courses were no walk in the park.

Neuropsychology training, it's long, and it's hard. And I think when we don't do a good job making that information accessible to people, then then practitioners become really vulnerable to hearing ideas that sound really good and, you know, they resonate with us as caretaking, helping professional types of people. I mean, that's why we're in this field. And we can easily find ourselves going down a garden path. You know, for example, like when I watched my fellow students in graduate school, we took classes in how to be a whole language teacher. And it was so fun. It was so fun designing a whole lesson around, like, the snowy day, you know, the story about little Peter and the snowball. And, you know, you would have the kids read the book and do book tastings and a writer's workshop, and it was so fun.

Very creative. I loved the idea of, like, yes, teacher as facilitator helping kids on their journey. The problem, though, is that when we go down those paths and we start, like, resisting the science or or even being hostile to it, as Emily Hanford says, we're not serving our students. And, you know, again, the proof's in the pudding. How are our reading scores? How are people doing? You know, are our kids going through special education for a while or going through RTI and catching up? And if they're not, we have to take a really hard look at ourselves, because the kids are not the ones to blame. It's all of us as professionals. And I'm 50 years old. And, you know, at this point, the people my age, we're in charge.

We're the ones who are, you know, the administrators. We're the ones who are buying curriculum. We're the ones who are mentoring the younger teachers. And a lot of us don't know how to teach reading. We have no idea how brains learn to read because we were taught something that just wasn't true. And so it's very upsetting to me. So you can hear me going on and on about that. Okay.

But so that's what resonates with me. But let's, you know, let's talk like practices. So I had the benefit of training in schools, and I had the benefit of training in pediatric rehabilitation hospitals. So when I'm seeing a kid in my practice, I'll often be seeing a child who is much more complicated, you know, who has an identified, like, genetic anomaly. Maybe they were a micro preemie, and have some cerebral palsy. You know, learning disabilities, love learning disabilities, ADHD. We see neurodiverse kids, kids who are autistic, kids who have come from really kind of upsetting backgrounds sometimes. We get to hear about kids who have been traumatized, kids who lived in orphanages or institutions for a lot of their short little lives.

And, so for us, taking that holistic picture is so important because we need to really understand at a deep level what's going on with this child and how did that impact their brain? How did that impact their attachments, their executive functioning, their motivation, their belief system? So in private practice, I have the luxury of being able to spend a lot more time in my evaluations. So I can call up the kid's pediatrician. I can call up the therapist. I can, you know, call up the teacher. I realize that, you know, when you're working in schools, time is something you do not have. But the issue is, you know, we could have that if we wanted. It's like the end of *The Lorax*. You remember when *The Lorax* is saying, unless people like you care and start making some good trouble and doing things, nothing changes.

Nothing changes in education unless a lot of parents and teachers start demanding that it has to change. When we start saying this isn't good enough, you know, when we start bringing the science in, that's when we really get that friction and tension, that leads us to make some positive changes for kids. We should be giving every kid all of the assessments that they need. We're one of the richest countries in the world. We could do this if we had the will to do it and if we got together and really, you know, forgot about who's in what party, but work together to make this positive change for our kids.

Lauren Clouser:

I wanna talk a little bit more about that holistic approach. How important is it that evaluators assess executive functioning skills and social emotional functioning as well when assessing a student for a possible SLD?

Rebecca Resnik:

It's a bigger deal now post pandemic, than even it was beforehand. You know, there was an article in the paper just today, I forget which one because I read several, about how the very young generation of kids, the kids under 5 are coming into their 1st preschool, their 1st daycare developmentally really behind. And this is not news to those of us in the clinical world because

I'm talking to teachers all the time. You know, that's one of my favorite things to do. You know, these are my people. We speak the same language. We think the same way. And I am hearing more and more from the folks who are in the trenches about the mental health crisis, this crisis of young children who are being, you know, raised by screens instead of having opportunities to play.

A lot of kids did not get enough opportunity to have those foundational literacy experiences that they need. You know, preschool when we're doing things, you know, like singing little songs about baby bumblebees and itsy bitsy spiders, That's developing phonemic processing and phonemic awareness and sound discrimination. All of these things are so important. Now let's go for executive functioning because executive functioning is the goal directed activities of the human brain. Whenever you decide, you know, I wanna eat. I wanna go to college. I wanna stay married instead of having a fight. You know, I wanna drive to 7/11.

All of these things. These are all about executive function. And academics require us to have a fairly intact executive functioning system such that our brain can do things like control our attention, learn new information, hold information in mind long enough to solve a problem. Like, you know, if you wanna think about the difference between solving $1+2$ and then, you know, think about a quadratic equation. The amount of cognitive counter space you need to do 1 versus the other, really different. Okay. So when we think about executive functioning, we're talking again about achieving goals. And as we get older, the goals we can achieve become more and more sophisticated.

This is like the work of Martha Denkla, for example. We go from being able to achieve very simple goals. You know, let's find a word that rhymes with b. Let's find a word that rhymes with cup. And reading War and Peace all the way you know, or Native Son, another really big complicated book all the way at the end of that. For our kids who are struggling with attentional control, with working memory, and I mean by holding information in mind so that it can be used to solve a problem. Kids' ability to retain information over time to hold on to what they've learned and build on that so that they can then be ready to learn the next thing. Being able to inhibit your impulses, you know, when you want to do something, but your brain says, nope.

Stop it. Not right now. Maybe later. That's really important when you're talking about going to school because school is all about, you know, focusing and sitting still and controlling your impulses for a while until you get to recess. The best executive functioning tools to my mind are actually academic tools. When I'm asking kids to do assessments of reading, writing, and mathematics, especially writing such a demanding executive functioning task, there's so much to pay attention to in order to just write a paragraph, so much information to hold in mind, to to really make that happen. It's remarkable that here we are as, like, primates, and we can sit down and write poetry, or play a game of chess. You also brought up the social emotional piece, and this is particularly timely right now because we do have a lot of kids who are not okay.

We have a lot of kids who are in crisis, and they're in crisis at younger and younger ages. It

used to be that we thought of things like eating disorders, for example, as being something that happened to older teens and college students. And now we're seeing, like, 11-12 year olds who are developing pathological relationships with food and purging and and bingeing because the Internet is just opening up the floodgates of all of this really dangerous information for kids who don't have the frontal lobe capacity, don't have the executive functioning maturity yet to to make really wise decisions. We also, as assessors, have to think really hard about what is this child's background like, particularly if they've been unhoused, if their parents are getting divorced, if they, you know, if they face some kind of abuse, if they've been refugees, all of these things are so important. And it's important not just for the kid, but for their family at large because we know now that trauma gets passed down through generations, not just in terms of like the stories that your parents tell, but it changes your genes. It changes the intrauterine environment. So trauma has a major impact on executive functioning as does stress. So if you have a kid who has lived their whole life in a state of marginalization or abuse or some kind of pathogenic care, you have to pay a lot of attention to what did that do to their brain and how can we help that little brain to heal and overcome those things so that they can have all the opportunities, that they deserve to have in life.

Lauren Clouser:

Absolutely. So your practice also offers advocacy services. So I wanted to talk about what are some of the issues that families of students with specific learning disabilities bring to you when they are seeking support?

Rebecca Resnik:

So we're doing advocacy in large part just because the advocates that we referred to got overwhelmed. And we're you know, in Bethesda, Maryland, we have a lot of advocates. We have a lot of wonderful advocates who really work collaboratively with schools and come in with the spirit of how am I gonna help. That's what we're after. I mean, the last thing I want, having been on the other side of a special education table and seen advocates who seem to wanna come in and just throw a Molotov cocktail into the meeting, figuratively speaking. That doesn't help anybody. So the reason we're thinking a lot about advocacy is because every now and then, we come across a family where we know they're up against some kind of obstacle in getting help for their child. And almost every time, it is folks on the team who are well meaning.

They care a lot, but they're tired, and they're burnt out and often don't know what they don't know. Largely, that's because they were taught things that now we know aren't true. You know, they may have been taught things about how kids learn to read that aren't true. They may be misunderstanding what a child's disruptive behavior actually means and have written a kid off as difficult and, oh, this panel, you know, this kid's so difficult. This parent is such a pain in my neck and, you know, I have so much work to do, and I just don't have the patience for that. You know, I mean, I've been there as a special educator. I've definitely been called a lot of names and I know that's not an easy job. We also run into situations where families are told, like, just wait and see.

You know, oh, he's a boy. I hear that one a lot. Or, oh, he'll talk when he wants to. Oh my goodness. If you have a 3 and a half year old that's not talking and a professional tells you, like, well, he just doesn't wanna talk. He's being willful. Woah. That's the kind of situation where it takes a village and it's time for the rest of the people to step forward and help get this situation back on track because parents are so vulnerable.

They go into those multidisciplinary team meetings. Maybe it's one parent. You know, it's hard to take time off. And 1 parent versus 12 other people who are all you know, they all know what they're gonna say. The IEP has been written. You know, news flash. You don't write the IEP in the meeting. You wrote it last week, probably on a Sunday afternoon on your time off.

So the Reading League has this little saying, like, when you know better, you do better. And I think that's so important for us as the professionals who can bring to the table more about what's happening with the child's brain. For me, I can bring in more information about the science of reading. I can bring in more information about you know, for example, if you have a kid who is more than a grade level behind in reading, 30 minutes of push in a couple times a week where they're just doing, like, reading recovery. This isn't going to help. And the other piece about advocacy that you can probably tell is a big one for me is that sense of urgency. You know, you get very tired when you're working for a school, and you're very constrained by the rules about eligibility and what tier level of services are we providing, how far do we have to go through our RTI tiers before we determine we need more information? You know, how bad did the child study meeting go? Did we have a parent crying and nothing happened? We are not often as upset about things as we need to be.

We need to have a sense of urgency. Whenever we have a child who, even in the very young grades, is not meeting their pre literacy benchmarks, the last thing we can say is, well, we have to wait until they're 2 years below grade level. A 1st grader is not really going to be 2 years below grade level, not for a while. We can't say things like, yeah, but we're just gonna keep going for another 6 months and just take a wait and see approach, because the sense of urgency is so important because we know from the data that kids don't catch up. And we know that the impact of a disability is a lifelong burden to bear if no one ever provided the right kind of help and treatment. It causes a lot of a lot of suffering, and it causes a lot of underachievement and missed opportunities. If you wanna think from a national level, it impacts our whole country. When we have Democratic voters who don't have enough reading skills that they can read a political position paper.

When we have people who can't, don't read well enough, for example, to read the lease on their apartment or the contract at their job, or they can't read the information about how to take prescriptions after your surgery. This has impacts for all of us as a community. It's not just the child. It's not just the parent, but it's all of us. And it's something that, you know, with things like the standards, we really can, start using tools like this to band together and try to make things better for kids.

Lauren Clouser:

Absolutely. And that not waiting and seeing is so important because as the child goes on, I mean, that knowledge just compounds and they get farther and farther behind. So I'm glad you brought that up.

Rebecca Resnik:

Not only academically, but you know, what it does to someone's self-concept to be living with that sense of shame, that sense of discouragement. You kids will tell me, yeah. Like, I'm the dumbest one in the class. I can't learn. And that's tragic. That is not supposed to happen, for kids.

Lauren Clouser:

Absolutely. Well, Rebecca, again, thank you so much for being on the show. We loved having your expertise. You have so many great perspectives. So, we'd love to have you on again, but for now, thank you again so much.

Rebecca Resnik:

Lauren, it was great meeting you, and keep up all the great work that you do. Thank you.

Lauren Clouser:

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