



## **Episode 66: Keeping Learning Disabilities in the IDEA: A Talk with Dr. Nancy Mather**

### **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. In this episode, our education director, doctor Monica McHale Small, sits down with Dr. Nancy Mather, a professor emeritus at the University of Arizona in Tucson in the department of disability and psychoeducational studies. Dr. Mather has served as a learning disabilities teacher, diagnostician, a university professor, and an educational consultant.

### **Dr. Monica McHale-Small:**

So, Dr. Mather, after our conference at LDA, I had asked you or I had told you about some things I had overheard about some people thinking that maybe SLD specific learning disabilities and low achievement are one and the same, and questioning whether or not we should even have the category of specific learning disability in IDEA. And I asked your thoughts on that. And you were so kind as to draft an article that a few of us also chimed in on. But, one of the points that you made that I found very interesting is that you said that you've been in this field a long time, and this idea seems to pop up into public discussion periodically. Do you want to say a little bit more about that, and why do you think that might be?

### **Dr. Nancy Mather:**

I mean, it does seem that suggestion comes up every once in a while. And I often feel like it comes from people who really don't understand learning disabilities. We really have known about specific learning disabilities for the last 100 years where there are some children who just struggle tremendously to learn to read, or acquire math proficiency or learn to write. And so many of their other faculties are really intact. And so we really have known about these children for so long. And so it's just really important that they get identified, and get the services they need and have understanding from both teachers and parents regarding their needs and both their strengths and their weaknesses as well. Okay.

### **Dr. Monica McHale-Small:**

I came across an article that was written back in 2001 where they were talking about this very idea that SLD is a bad idea, that this is really just talking about kids who have been either miseducated or just maybe or perhaps, you know, slower learners and that there's no evidence that special education is going to help these children. But that would, like I said, was written back in 2001. It's now 2024. Do you think that the research that has advanced around learning

disabilities in the past 20 plus years has addressed that idea that these things are not real, learning disabilities are not real. Do we have enough research to say, yeah, they are, and this is what we need to do about it?

**Dr. Nancy Mather:**

You know, I mean, I think definitely, there's quite a bit of research showing that these individuals exist, and need to be understood and provided with appropriate interventions. You know, it gets a little difficult because the category specific learning disability can be so encompassing sometimes. I find I prefer to talk about specific types of learning disabilities like dyslexia or dyscalculia or dysgraphia. You know, because, again, looking at the research specifically in an area related to reading, writing, or math kind of gives us more guidance than approaching this sort of giant encompassing category.

**Dr. Monica McHale-Small:**

Do you think, as some folks have proposed, that we should remove SLD as a classification and replace it with those specific learning disabilities like dyslexia, dyscalculia, dysgraphia? Or do we not quite know enough about how those things manifest? And would that help the situation? Or could that inadvertently harm things?

**Dr. Nancy Mather:**

No. I think the more specificity and guidance that we can provide and as we wrote in the article, I think it's really time that we focus on learning disabilities really as academic problems in reading, writing, you know, or math. You know, as we mentioned in the article, right now in the IDEA definition, we've got listening comprehension, oral expression included as types of learning disabilities. And I I feel like that just adds confusion, because then there's overlap with developmental language disorders. And, really, speech language pathologists are in a better position, and have deeper understanding in terms of diagnosing language disorders. And so I think keeping the focus on specific learning disabilities really in terms of academic areas and primarily dyslexia, dyscalculia, and dysgraphia. Now, clearly, we know there's children who have problems with reading comprehension, but many times when we explore that, we see it really stems from weaknesses in oral language. And so it would fall more under the category of language disorder, than learning disability.

But I think that would help clarify things, you know, a bit. And, you know, again, we see there's different correlates of math, reading, writing, etcetera, different problems or things that cause people to struggle with those areas.

**Dr. Monica McHale-Small:**

So I did share, or I shared, the article with a lot of folks, and then people got back to me with some questions and some comments. And one of the comments came from a school psychologist who talked about how she does wish that we did not have oral expression and listening comprehension as areas for specific learning disability for exactly the reasons that you just said that, you know, it's really the speech and language pathologists that have the expertise

in helping children with language difficulties. But she also points out that kids with pretty significant language disorders struggle in a lot of areas of the curriculum. And they do need academic support. And there seems to be thinking that if you have a language disorder, then you get 20 minutes of speech and language therapy 2 or 3 times a week. But it doesn't flow over to the regular classroom or the academic support. Do you have any thoughts about how that might be dealt with? And do you think maybe that's why listening comprehension and oral expression were included in the first place?

**Dr. Nancy Mather:**

You know, perhaps that's the case. But, clearly, students who have difficulty with language comprehension struggle with academic mastery of academic problems. As we mentioned, problems in reading comprehension, problems in math problem solving, problems in written expression. And so I think the focus of the intervention has to be broader than just working on oral language. It also has to incorporate instruction in reading, writing, and math. But, you know, again, the core issue is developmental language disorder, not a learning disability, but a developmental language disorder impacts learning, but in a different way than a learning disability does. And so, again, just making sure that the intervention includes more than oral language because oral language impacts learning.

**Dr. Monica McHale-Small:**

And you mentioned written expression. I did hear from several parents around the topic of written expression, and they have expressed frustration with their children not getting identified as a child with a learning disability in written expression or with dysgraphia. And the rationale seems to be that the children have good ideas. They have good ideas. But then when you look at what they produce in writing, there's a lot of spelling errors. Letter formation is not great. But that seems to not be a concern in a lot of schools. As long as you have good ideas, they seem to think writing is fine. Any thoughts on that one?

**Dr. Nancy Mather:**

Well, and one of the things we talked about in the article is the problem in IDEA that there's one category for written language, written expression, and people tend to interpret that that means expressing your ideas in writing. And so people who have dysgraphia where the problems may be more handwriting and spelling are often excluded, as you mentioned, from services because they might have great ideas, but the problem is with handwriting and spelling. It's not with oral language, and it's not with expressing ideas. And so, you know, when we think about it we've got reading divided into 3 different areas, math, 2 areas. We have to divide writing at least into basic writing skills and written expression. And so these children that have dysgraphia are identified. They have very different needs than the child who has trouble expressing ideas in terms of writing. And so I think we just really need to expand that category so it also captures these students who have problems in spelling and handwriting.

And, you know, sometimes you'll hear people say, well, it's just spelling. And I think people judge you your entire life about your spelling skill. And, you know, the public thinks that people who

don't spell well aren't educated. And so it's really important that we help people become as good as spellers as they can become because it is important, and it does affect perception of your capabilities, when you have trouble spelling. So spelling is important, and it's important that we teach and work on spelling with our children with learning disabilities.

**Dr. Monica McHale-Small:**

Yeah. And I would argue that even the handwriting and the letter formation, people judge people based on what their handwriting looks like. I do have a now adult son who has dysgraphia, and I remember when he was doing an internship in engineering, and his intern supervisor was mocking his writing and accused him of being, you know, not really caring and not being professional, when in fact he was doing the best that he could. So, but you're right. In schools, we just kind of think, oh, that doesn't matter. We have word processors. We have computers.

We don't need to worry about spelling and handwriting. But yeah.

**Dr. Nancy Mather:**

It reminds me of a study, and I don't remember, but it was a while ago. But they would have teachers evaluate and take different handwritten products from students. And then they take those same products and word process them so they all look the same and look neat. And teachers would assign them totally different grades. And so it just tells us handwriting, as you're mentioning, does affect perception. You know? And so it's really important to help students with handwriting as well.

**Dr. Monica McHale-Small:**

I'm looking at some of the other questions that we've gotten and comments about the article. And one that's come up a couple of times, and this is mostly from school psychologists who I know because I was one and I supervise them, that we're often in the situation where we're evaluating children who have a lot of academic weaknesses and a lot of cognitive processing weaknesses. And, some of the people who've commented wonder is, do we need that word specific? Because for some of the children, it doesn't seem like a specific learning disability. They're struggling in many areas. So why is that word specific included as a descriptor and not just learning disability? And do you have any thoughts if that's the best way to proceed in how we might respond to those psychologists who are struggling?

**Dr. Nancy Mather:**

I think the word specific is important because the intent was to convey it's not everything. Everything is not low. And so I think that word is important. It differentiates it from an intellectual disability. And so, again, there's typically a pattern of strengths and weaknesses apparent. But the truth is, as you mentioned, there are a lot of children who are struggling in schools who may or may not have a specific learning disability, but they're struggling in school for other reasons. And so I've often kind of wished we have a category called children who need help. You know? And, so it seems again, what's important is getting students the help that they need, and making sure they get the kind of help that they need regardless if they have a learning disability or if

they don't.

But, again, the intent of that word specific is to convey that it's not everything that's affected. And so the child may be really bright in mathematics, but struggled with reading or vice versa. And so, just again to convey that idea of there are strengths and weaknesses in performance. And again, that really goes back a century in terms of understanding specific learning disabilities.

**Dr. Monica McHale-Small:**

Right. So it is interesting, like, what you said is, the idea that maybe we just need a different category for children who need help. But I've also heard that argument made that, well, the kids who need help because they're from poverty or kids who need help because they're English language learners and kids who need help because they have dyslexia, they all learn the same, and maybe we should just put them all together. Or I've heard that as an argument why we shouldn't use the word specific learning disability because they're just no different than kids who are struggling.

**Dr. Nancy Mather:**

I think, I would say, again, I don't think that's necessarily the case. I think students may need something differently. I mean so, if we think about teaching a child with dyslexia, it's a very different type of intervention than a child who learns to read fairly easily. Or perhaps in the case of a child from poverty or things like that, it can be exposure. It can be that they just haven't had an opportunity. And so that would be a very different kind of intervention. And so I think there are differences in intervention depending upon the reasons that the child's struggling. And so that's kind of our first job is to tease out why.

You know, why? Why is this child struggling with whatever? And the whatever may be all academic subjects in some cases. It may be reading, writing, and math. But then, trying to answer the question of why. And sometimes it's multiple factors. It's not just one thing. You know? Multiple things to consider.

**Dr. Monica McHale-Small:**

So how would you distinguish between a child who lives in a low SES community, attends an under-resourced school with poor instruction, and exhibits challenging behaviors from a student with SLD?

**Dr. Nancy Mather:**

Well, you know and, again, I think this is where response to intervention can play a critical role in terms of providing high quality instruction to all children and then seeing how they respond. Now everybody will respond, but they may respond differently or more slowly or need more time or more intervention. But making sure that sort of our first goal is high quality intervention for all students that are struggling and providing that and then watching their progress. How are they progressing? So sometimes, again, that can sort of rule in or rule out. Does this look like a

learning disability, or does it look like something else? Does it look like a lack of opportunity? You know, they just moved from Mexico up to Arizona, and their first language is Spanish. And so, again, just sort of many things we have to consider.

**Dr. Monica McHale-Small:**

So how does RTI fit into the SLD definition? You mentioned that it's something that could help all students. So is it a part of the definition? Is it a part of the identification process? Is it the identification process?

**Dr. Nancy Mather:**

Well, and there's different opinions about that, but I really see it as a step in sort of pre pre-referral of ensuring that all children get high quality intervention. And because response to intervention doesn't diagnose a disability. When we think about a child not responding to intervention, you know, we could probably list about 20 reasons why a child might not respond. One being a specific learning disability. But, again, we could list attention problems, motivation, interest. I mean, we could come up with many reasons why a child is not responding to instruction. And so RTI, I really kind of see it as, you know, a pre-referral step that's critical, and really provides good instruction to all children. You know, but I don't see it diagnosing a specific learning disability, but the information obtained from that process can be helpful in understanding, is this a specific learning disability, or a lack of opportunity or an attention issue or etcetera?

**Dr. Monica McHale-Small:**

Or sometimes it could be, like you said, multiple things. So how does comorbidity affect an accurate diagnosis of SLD?

**Dr. Nancy Mather:**

You know, and that's just a complicated question because it gets very difficult sometimes. There's high comorbidity among neurodevelopmental disorders. And so, I think the estimate is that 40% of children with dyslexia will have another disorder as well. And so it really becomes complicated when the other disorder is like ADHD. And so, to distinguish between is this student's problems because of poor attention or because of a learning disability. And, that's really challenging when you're dealing with young children like 6 year olds and 7 year olds. It's like, is this attention, or is it specific learning disabilities, or is it both? And so sometimes, again, when we're thinking about comorbidity, we've got to add in additional qualitative information. And one of the key things is, is there a family history? Because learning disabilities run in families, and so that sort of, again, helps us differentiate between is there a family history of ADHD? Is there a family history of reading problems, math problems? You know, that can help us help us with making an accurate diagnosis.

**Dr. Monica McHale-Small:**

Yeah. And that was actually a question or a comment that we got from a parent. Why is that family history important? And you mentioned because it does seem to run in families, and

there's that high comorbidity, especially between ADHD and dyslexia. But what should schools be asking when they're talking to parents when we when a child is struggling in school, what should the psychologist or the teachers or the counselors be trying to find out about the family history to help them make that decision?

**Dr. Nancy Mather:**

Well, I mean, again, there always should be the question of, I'll use reading as an example. Did anyone in your family have trouble learning to read or spell? And invariably, a parent will say, yes. I did. Or my granddad did. Or that's just like my brother. And so it's a question you always wanna ask to parents is, is there a family history? Because, in some cases too, there's a family history with both parents having learning disabilities. And so the chances then are just, some people say it's almost, 100% that the child's going to have a learning disability. But then we also have to factor in and think about the child's environment.

Maybe they're coming from a very rich literacy environment where they've been read to a lot. There's plenty of books. Or maybe they're coming from a home when they come to school, it's the first time they're holding a pencil, you know? And so we just have to kind of think about preschool experiences too and home environment and the effect that that has on learning. So it's complicated when we're dealing with younger kids 6 years old or so, determining what is it and what are the factors contributing to this child's difficulties.

**Dr. Monica McHale-Small:**

When you're speaking, I'm reminded of, I've taught future graduate students in school psychology, and I've supervised school psychologists. And so often I hear, can't you just give me a formula? Isn't there just a formula to tell me does this kid have a learning disability, or do they not have a learning disability? And I know how I respond to that. But, what would you say? I mean, I think what you are saying is that it is very complicated. And there's a lot of information that we have to sort through to make good decisions.

**Dr. Nancy Mather:**

Right. Right. And so, you know, we wish it were that simple that there could be just a magic formula that would say, yes, SLD or not SLD. Truthfully, discrepancies which have been used in the past or still used in many places, they can give you some good information about would you predict that this child would be doing better. Their oral language is so much higher than their reading, writing, or math. And but then there's also kind of the idea of consistency between things too. You have a child with a working memory problem. Well, you're likely to see problems in reading, math, and writing with that kind of problem.

And so it's just more complicated than having a formula that we could use. But we can get some information from formulas in terms of consistencies or discrepancies among a person's abilities, which can be helpful in terms of arriving at an accurate diagnosis.

**Dr. Monica McHale-Small:**

So I came across a case just the other day. I wasn't gonna ask this question, but I'll throw it in there. So, in many places, a psychologist will interpret a significant difference or a severe...maybe not necessarily severe discrepancy, but evidence of below typical performance as a standard score of 85 or below. A child that I was asked about had been receiving reading intervention for two and a half years. And, the psychologist concluded that a score of 86, a standard score of 86 was average and not indicative of a learning disability because it wasn't an 85. It was an 86. So how would you think about a situation like that where you have a child who's been receiving intervention, intervention that supposedly was targeting their...and this was an 86 in basic reading on whatever test it was. And the child's been receiving intervention in the area of phonics and phonemic awareness and reading fluency for two and a half years.

Do you have any thoughts on that?

**Dr. Nancy Mather:**

Yeah. For sure. You know, that's another factor you have to consider is the intensity of intervention because students are going to improve when they get targeted good intervention. So their standard scores are going to come up. And so you have to look at that, and you say, oh my goodness. They've had 2 years of whatever approach, and they're doing so well. They still have a learning disability, but they've gotten the right kind of help. And so, I'm just thinking of a student I saw who in 3rd grade, she definitely had a learning disability, but then she got 2 years of really structured one to one literacy for 2 years.

She was doing fine in 5th grade. She wouldn't have standard scores. You know, they'd be average. Does she have a learning disability? Yes. Has she gotten good intervention? Yes. But she does have a learning disability and is likely going to need accommodations, you know, when she gets to high school. You know, I think another thing that bothers me too is when you say like a cutoff of, you know, 85. Learning disabilities are neurodevelopmental disorders.

And, you know, really the IQ range, it can be somebody with low intelligence or high intelligence. And so it's not like it just says we only exist in people with an IQ above 85. Then we got that 70 to 85 range where they can't qualify for anything. You can't qualify for anything, and you need help. And it may be a learning disability. And so, again, I think, we have to sort of get rid of that, cutoff idea. You can have a child who has an intellectual disability and also a learning disability. Now the learning disability might not be the most pressing thing.

You know, there may be other goals more important than academics. But it's just like attention disorders. They can affect anyone of any range of intelligence. And so I think we've gotta kinda move beyond that.

**Dr. Monica McHale-Small:**

Yeah. I find that sometimes or often that people are just overinterpreting those test scores and not really considering the whole context that the child finds themselves in.



So we'll end with a couple questions that came from parents. And one parent is hopeful that maybe technological advances like the use of AI could potentially help students with learning disabilities. Do you have any thoughts about what AI holds for kids with learning disabilities?

**Dr. Nancy Mather:**

You know, I'm not an AI expert, but I have been playing around with it just lately a little bit. And I gotta tell you, I'm pretty impressed, but it's also a bit scary. You know, I mean, you can take an article and ask for a summary of it. And 10 seconds later, there's a really nice summary of the important points in the article. And you can ask it questions, and it tells you the answers. And so it's just going to be sort of finding that balance between using it as a learning tool, but sort of not as not doing the work tool. You know?

**Dr. Monica McHale-Small:**

Mhmm.

**Dr. Nancy Mather:**

And so I think it's just gonna be kinda tricky navigating this. But I just the other day gave it test scores on a student, and asked it to write recommendations. And I have to tell you, I was so impressed with, I mean, 10 seconds later, I mean, the recommendations that came up were very good. They were very targeted and very good. I was like, wow. That's kind of amazing. So I just think that this kind of time we're going through now, it would be interesting trying to find that balance of a useful tool, but, not again sort of skipping the deep learning we need to do.

**Dr. Monica McHale-Small:**

Yeah. I worry about people might start to think, well, we don't really need reading and writing anyway because we have AI to do that for us. So, hopefully, we won't get to that point. But, finally, what would you say to parents whose children have been diagnosed with some learning disability? What should they be doing as parents to help their child? Is there any sage advice that you could give from your many years of experience?

**Dr. Nancy Mather:**

Well, the most important thing is making sure your child gets good intervention. And, hopefully, that can be in a public school, but in some cases, maybe not so. You might have to get a private tutor or in some cases even a private school if it can be afforded. But making sure the child is getting good systematic intervention. Another really important point too is keeping records all the way through school in terms of reports, grades, just keeping folders because you're very likely to need that as the child gets into high school, postsecondary when they need accommodations. You have to establish a history. So really making sure you kind of keep track of the whole process from the time they were diagnosed, what kind of help they got, etcetera. So staying sort of just on top of health, preceded.

But, the most important thing, as we all know, is getting the right kind of intervention from somebody, a highly trained teacher who knows how to deliver that kind of instruction.

**Dr. Monica McHale-Small:**

Yeah. And that might be the hardest part for some families and in some places. So maybe that'll be another conversation in the future. But thank you for sharing your thoughts today. And, maybe we'll have another conversation again.

**Dr. Nancy Mather:**

Well, yeah, thank you for having me. And, you know, I do think too there's now many computer interventions that are pretty affordable. And so I think again, we'll see more opportunities rather than online kinds of opportunities to help kids with reading and math and writing. So anyway. So thank you for having me. I appreciate it.

**Lauren Clouser:**

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