## Letter to the Editor

## Learning Disability Assessment – issues with diagnosis and interpretation

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Sir,

In India, a substantial clinical psychologists use NIMHANS Index for Learning Disability for the assessment of learning disability (LD). The above battery uses 'academic curriculum gap' criteria to diagnose learning disability. This method considers a child as having LD when his/her academic performance is at least 2 grades (class) level less than what s/he is currently studying. For example, if the child is studying at 7<sup>th</sup> standard and on the NIMHANS Index of SLD his/her performance is at 5<sup>th</sup> standard level, then the child is considered to have SLD. This seems like easy criteria to follow and hence several clinical psychologists apply it in their day-today practice. In majority of the cases this criteria holds good.

However, there are many conditions where rigidly applying this '2-years curriculum gap' method proves detrimental to the child. These conditions are, when the child is in elementary classes such as 1st or 2nd grade, when the child is in high school, and when the performance exactly doesn't fulfil the cut-off but children have great difficulty in academics. The problem gets compounded if the student is studying in CBSE or ICSE syllabus, as the NIMHANS Index of SLD is standardized on material equivalent to State syllabus.

When a clinician rigidly adheres to the gap method, s/he is not taking into the account the fact that the deficit observed in LD children are mainly in phonological processing, visuospatial functions and executive functions. These are the brain processes, which might be compromised in a child with LD, and this needs to be considered when the child is in elementary grade, in the high school and when the child doesn't exactly fulfil the gap criteria but nevertheless show deficits (especially in phonological processing).

When the child is at elementary grade level (1st or 2nd standard), many times the academic demands are not high and children with average or higher intelligence but otherwise have LD, usually do not commit enough mistakes which can be categorized as them having LD. That is, these children usually perform higher than the cut off. The same problem applies if the child is studying in CBSE or ICSE syllabus, where the children learn and know higher level materials than the standardized materials (which is based on State Syllabus) and hence perform better in SLD battery. In these cases, a good clinical psychologist should go beyond the gap method and should analyse the types of errors committed, compare the reading and listening comprehension and consider the speed of performance.

Especially in terms of errors committed, the clinician should focus on whether the child has problems in letter-sound correspondence, sound-letter correspondence, phonetic cues, having reversals, uses one letter at the place of double letters, and omits silent letters. A child with LD at elementary grade levels will have significant deficits in these functions whether or not the child fulfils the gap criteria.

Similarly, the clinical psychologist has to look into the 'entire performance' when the child is in high school or in higher grades, where there are no clear or standardized norms available. However, as compared to the elementary grade levels, the clinician should be extremely cautious about not bringing subjective criteria when interpreting the performance of the child based on analysis of the errors. Clinicians should always remember that LD is not a dichotomous problem but a dimensional one, where learning difficulties faced by people vary from mild to severe degree. Given this, if we adopt a lose criteria, majority of the people can be considered as having LD and on the other hand, if we adopt a strict criteria only few will be diagnosed with LD.

Given the above, it would benefit a great number of children if a clinical psychologist goes beyond the 'curriculum gap' criteria whenever faced with difficult situation when assessing a child for learning disability.

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