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Effectiveness of clinical diagnosis on remediation

Martin Francis O'Toole

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THE EFFECTIVENESS OF CLINICAL DIAGNOSIS
ON REMEDIATION

by

Sister Martin Francis, O'Toole, O. P.

A RESEARCH PAPER
SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF
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Milwaukee, Wisconsin

1972
This research paper has been approved for the Graduate Committee of Cardinal Stritch College by

Sister Marie Collette
Advisor

December 24, 1971
Date
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CHAPTER I

THE PROBLEM

Introduction

The reading act is a complicated process subject to a variety of influences from many areas. It is difficult to determine the factors inhibiting growth in reading because the cause of the disability cannot be isolated but rather results from a series of interrelated causes. Since "there is no one cause of reading disability,"¹ it is expedient to devise some means whereby inhibitory factors can be detected and reduced to a minimum as efficiently as possible.

Statement of the Problem

The purpose of this research paper was to show that prescriptive teaching emanates from the information gathered in the diagnosis of the child. It was also intended to indicate that remediation is sometimes brought about by contributions of allied disciplines and through the use of various modalities and techniques.

The research was concerned with all phases of the allied fields, modalities, and techniques but this paper was restricted to those most commonly utilized in reading clinics.

Overview of the Problem

Clinical diagnosis is a searching study of a situation with special attention to depth, to discover difficulties which exist and the factors which cause them. "Brueckner notes that educational diagnosis refers to the techniques by which one discovers and evaluates the strengths and weaknesses of an individual."¹ In the reading situation it is reserved for the more complex type of difficulty and is administered by a qualified person in a place that lends itself to optimum performance.

Clinical diagnosis involves careful planning, detailed analysis and precise instruments for testing. It may also involve "... referral to other specialists for diagnosis and treatment, or directly setting up and carrying out a remedial program."²

Definitions

Allied Disciplines - The fields of knowledge related to reading.

Reading Disability - The term used in referring to retarded readers whose mental ability should enable them to read considerably better than they do.

Modalities - The main types of sensation, such as visual, auditory, or tactual employed in the teaching of reading.

Prescriptive Teaching - The treatment that grows out of the diagnosis.


Remediation - The removal of the causal factors in a retarded reader.

Summary

The information garnered in the overview of the problem indicates that clinical diagnosis is invaluable in the location and possible eventual elimination of the inhibitory factors to success in the reading act. Ophthalmologists, psychiatrists, psychologists, neurologists, and sociologists are now cognizant of the contributions they can make in helping to define the problem of the disabled reader and are cooperating with the clinician in her endeavors to set up an adequate program of remediation.
CHAPTER II

REVIEW OF RELATED LITERATURE

The ever-increasing demands for more effective methods of teaching reading and for reaching the child who is experiencing difficulty with the reading process necessitates the employment of measures to solve these problems efficiently.

The Value of Clinical Diagnosis

An analytic assessment of the child's reading disability reveals his strengths and his weaknesses and leads to specific therapy. It is possible to achieve effective teaching without a formal diagnosis but, "... for a reading disability case which has resisted normal growth in regular class instruction and in special individual instruction, diagnosis is needed."¹

The primary purpose of the diagnosis is to gather information that may guide the clinician in setting up a program of remediation geared to the specific needs of the child.

In the diagnostic process, the worker obtains information from the client, interprets and synthesizes it.

¹Ibid.
He tries to understand the individual in his own terms, in relation to his own meanings and values. Then, he uses this understanding to develop his strengths and overcome his weaknesses. Thus, diagnosis leads directly to remedial action; they go hand in hand, each contributing to the other.¹

The Home Information Sheet and the Interest Inventory provide the clinician with insights into the child's personality and attitudes, often giving her a clue to one or more of the causes of his disability or aversion for reading.

Through introspective reports, made in a secure relationship or in response to a provocative picture or story, children often give clues to their deeper feelings. In these cases we would note such characteristics as shyness, withdrawal, anxiety, fear, apathy, and aggressive behavior stemming from frustration.²

A student referred to a reading clinic is subjected to a battery of tests to determine his reading potential and his reading achievement. Of prime importance in this battery is the intelligence test which can furnish a point of reference for comparing reading performance with mental maturity. The Stanford-Binet

¹Ruth Strang, "Reading Diagnosis and Remediation," Monograph of International Reading Association Research Fund (Newark, Delaware: International Reading Association Research Fund, 1968), p. 3.

Intelligence Scale\textsuperscript{1} is often chosen since "items passed and items failed on the Stanford-Binet may be relevant factors in a diagnosis of his reading disability."\textsuperscript{2}

The examinee also undergoes an in-depth test of word recognition skills which Brueckner and Bond explain as a systematic examination of his word recognition techniques. This includes his use of meaning aids, visual analysis of words, his knowledge of phonetics, including visual and structural elements, his ability to blend or synthesize word elements, his degree of flexibility in handling all of these skills in recognizing new words, and the extent of his sight vocabulary.\textsuperscript{3}

Because it will yield much information about a number of reading skills, a silent reading test is included in the battery of tests administered to a child referred to the reading clinic. It tells much about the child's rate of reading, vocabulary, dictionary usage, use of reference materials, ability to recall details, identify

\textsuperscript{1}Lewis M. Terman and Maud A. Merrill, \textit{Stanford-Binet Intelligence Scale} (Boston: Houghton Mifflin Company, 1960).


central thought, and so on.¹

Testing for visual and auditory defects is done and if difficulty is evidenced, referral is made to the refractionist or otologist. The experienced diagnostician is on the alert to notice peculiar reactions which might reflect anxiety, frustration, or emotional disturbance. She notes unusual fatigue, speech impediments, or environmental deterrents to reading growth. The deficiency or deficiencies are pointed out to the parent or guardian and referral to a competent source is made. "Ethical practice suggests that you describe the function of each legitimate relevant profession and let the parent choose."² If the parent does not see that outside help is needed or does not follow-up with the referral, the diagnostician sometimes feels the need so urgent that she contacts the parent's family physician and informs him of her basis for recommending a referral.³

After assessing a child's reading potential and level of achievement, and considering the data obtained

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²Della-Piana, Reading Diagnosis, p. 3.

³Ibid., p. 99.
from other sources, the clinician is provided with evidence for initiating a specific type of remediation to suit the specific needs of a particular child. "Treatment can be rational only when diagnosis reveals the nature of the deficiency and leads to the identification of conditions that contribute to it."\textsuperscript{1}

**Contributions of Allied Disciplines**

The knowledgeable diagnostician can not only interpret the findings in standardized tests but can detect symptoms in the child's behavior which indicate a need for referral to other disciplines. "Many research studies and clinical insights emanating from other disciplines offer significant information for the reading specialist."\textsuperscript{2} The diagnostician is able to synthesize the reports from these other agencies and group them into meaningful patterns. It is through this interrelationship with other specialists that the diagnostician is able, in some cases, to make a thorough study of her subject.

\textsuperscript{1}Brueckner and Bond, *Treatment of Learning Difficulties*, p. 3.

Data supplied by medical and psychiatric examinations are sometimes essential in interpreting the results of other clinical procedures, and their application should be carefully considered by the teacher under the direction of the specialists.¹

Since "auxiliary services are designed to enhance all learning, and particularly learning to read,"² it is not unusual for the clinician to refer a child with a reading problem to an ophthalmologist, psychologist, speech therapist, pediatrician or psychiatrist. And, since the inability to read is the result of many causative factors, it is evident that remediation is often dependent upon multidisciplinary action.

The reading clinic program should seek to take into account the broader life situation of the children and their parents, recognizing that the factors contributing to reading disability are varied and may be multiple.³

In recognition of the fact that a reading problem stems from many causes, Cohn says

The clinical social worker should obtain from the parent a detailed social, medical, and developmental history of the child. Where necessary and in accordance with the medical report, referral for

¹Brueckner and Bond, Treatment of Learning Difficulties, p. 71.


ophthalmological and/or optometric or neurological study is made by the social worker or school nurse.¹

A child's physical unfitness may be a deterrent to his proficiency in reading. During a multi-disciplinary symposium presented under the auspices of Continuing Education in Medicine and the Health Sciences, San Francisco Medical Center, it was noted that close cooperation of the physician and the school were needed to provide optimal educational opportunities and to prevent the development of associated learning and reading problems. Such factors as chronic illness, physical handicaps, unrecognized seizures, and emotional problems were discussed.²

Not only physical but sensory handicaps may be contributing factors to reading disabilities. The experienced clinician is on the alert to recognize such problems and do what she can to see that they are corrected. When a vision problem is manifest in one of her pupils she makes the proper referral and obtains maximum results.

Correction of refractive errors by the use of glasses produces an increase in the speed of both object and word perception in an appreciable percentage of cases.³

¹Ibid.


Although poor vision of itself may not be the cause of failure to read, a child who is experiencing difficulty in reading and is evidencing a vision problem should be referred to the proper source for poor visual acuity, per se, cannot be blamed for inability to read. It can, however, contribute to slow reading and, combined with other deterrents to reading, play a part in the problem. We will occasionally see a poor reader become a good reader after acquiring glasses which may improve the vision somewhat.¹

Eames says that the teacher who understands the physiological process in seeing and the handicaps that may interfere with it, not only appreciates the pupil's difficult task in learning to read but can see through many common errors and help the pupil to overcome them. He says that she can also detect handicaps and request appropriate attention for them.²

Hearing defects as well as vision problems are the concern of the clinician. Although a hearing problem is not always a deterrent to proficiency in reading, it does appear to affect the pupil's progress in some situations. "In some learning situations a hearing


defect is more a contributary factor to the reading disabil­
ity than in others."¹ Nila Banton Smith strongly
urges the teacher to do all she can for the pupil who
manifests a hearing problem. She says,

Some cases of hearing impairment can be remedied by
otologists and physicians; others cannot. It is
important that the teacher exert her efforts to re­
fer all such cases to someone qualified to decide
upon the nature of the defect and to provide thera­
peutic measures.²

Since the hard-of-hearing child may be at a dis­
advantage in learning to read, it is thought that the
commonest remedial step with retarded readers who are
defective in auditory acuity or discrimination is to re­
fer them to an audiologist or otologist for a complete
evaluation.³

The clinician is increasingly more aware of the
importance of neurological and medical factors in read­
ing retardation. When deficiencies of this nature are
noted, the diagnostician refers the student to a com­
petent source.

There are several very interesting theories about
reading disability based upon neurological grounds.
Some of these have resulted in treatment approaches

¹Cohn and Cohn, Teaching the Retarded Reader, p. 13.

²Nila Banton Smith, Reading Instruction for Today's
Children (Englewood Cliffs, New Jersey: Prentice-Hall,

³George D. Spache, Toward Better Reading (Champaign,
which seem encouraging, while others have proven fruitless.\(^1\)

It has been noted that a close, interdependent relationship between the reading clinic and the psychiatric clinics and hospitals is generally recognized as essential for effective work with children.\(^2\)

The psychologist renders invaluable service to the reading specialist. Besides providing adequate measures of intellectual ability, he assesses the extent of emotional inhibition which prevents the child from gaining proficiency in reading.

If the emotional difficulty appears to be the result of reading failure, the reading teacher can often be successful in alleviating both problems under the guidance provided by the psychologist.\(^3\)

Speech therapy is recognized as an essential service to the reading clinic. The speech therapist conducts speech correction classes for pupils who are handicapped in speech, including organic, articulatory, voice defects, and so on. She helps the child to recognize and produce the language he will learn to read. "Since oral language is basic to learning printed symbols, speech

\(^1\)Ibid., p. 309.


\(^3\)Robinson, Auxiliary Services, p. 228.
correction offers strong support for the reading program.1

The field of sociology offers significant contributions to reading instruction. In their studies, the sociologists have

long noted the relationships between academic success and such factors as parental attitudes, income, and occupational level; deviant cultural or language patterns, and racial, ethnic, and social class group patterns of behavior and thought which conflict with common middle-class oriented educational goals.2

So much information is needed in order to formulate an adequate program of remediation that it should be

a joint venture to which the school psychologist, teacher, speech therapist, remedial-reading specialist, and auxiliary personnel, such as the physician, optometrist, and social worker contribute their unique abilities.3

Modalities

The importance of making treatment grow out of the diagnosis cannot be underestimated. Since "children need a variety of modes from which to learn,"4 the remedial

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1Ibid., p. 229.


teacher needs to be guided by the diagnosis in specifying what skills are to be developed and what procedures are to be used in developing them. Patterns of modality should be recognized and any inherent preference for one modality should be capitalized in order that the pupil experience as much success as possible.¹

In remedial reading an important basic principle is the use of many sensory modalities. Often the retarded reader manifests no interest in reading. He may have poor attitudes and lack motivation. A multi-modal approach may be necessary for such a child.²

The reading specialist is aware that some children are visual learners while others are auditory learners. She realizes that some individuals learn and remember better in one sensory modality than in the other³ but, "for the large majority of children proficiency in visual and auditory perception and the integration of these two modalities are essential to achievement in reading."⁴

Having identified the child's manifest patterns, 

¹Strang, Diagnosis and Remediation, p. 132.
²Byrne, Remedial Reading, p. 38.
⁴Strang, Diagnosis and Remediation, p. 139.
the reading specialist gears her teaching to the preferred mode of learning.

... children weak in visual perceptual areas but who are good in auditory factors should learn by a phonic approach; those weak in both should have a multiple (including kinesthetic) approach, and so on.¹

Monroe stresses the importance of applying the mode of procedure best suited to the child. She maintains that often a new method is a motivation and awakens interest in a child.²

When there is a disturbance in the child's visual or auditory functioning, the sense that best receives the input can be brought into play and function as the prime modality. Serio and Faelchle say that the sense modality basic to the reading process is vision but when a child has disturbances in visual perception, the visual modality can be supported by the auditory even at the beginning level of reading.³

Although vision and hearing are of prime importance in learning to read, they are not the only avenues open to the child having difficulty with the reading act.


³Martha Serio and Jane Faelchle, "From the Classroom," Academic Therapy Quarterly, III (Spring, 1968), 187-188.
Fernald maintained that some children are predominantly kinesthetic and have to learn through their muscles what other children learn through their eyes and ears.¹

In discussing a new reading method which utilizes visual, audio, and tactile-kinesthetic-motor factors, Jordan says, "... we have perfected a process which we call Prime-O-Tec - a saturation of seeing-hearing-speaking method of reading which pays dividends for the pupils of our city."²

It is evident that the reading specialist must be familiar with and employ all the modes of learning required by her pupil in order to gain proficiency in reading for as Sister Mary Julitta, O.S.F. said, "We study the child and meet his needs by whatever method is required for him."³

Techniques

In working with remedial students the specialist needs not only an understanding of the nature of the child's problem, but a number of remedial techniques from which she can select the one best suited to a particular child. She


³Sister Mary Julitta, O.S.F., interview with News-report publisher, Carl Singleton, October, 1968.
should "have access to a sequential list of reading skills that can function as the basis for the differential diagnosis and instruction of a disabled reader."\(^1\)

Many of the same remedial needs are shared by children with reading problems, but for the most part "remediation is usually approached through specific exercises to improve specific skills."\(^2\)

The techniques used must be highly individualized to meet the needs of a particular child. They must be "based on the assumption that children learn differently and need programs that meet their individual requirements."\(^3\)

Usually, no single remedial method is used exclusively. The phonetic approach is the one most often employed but it is frequently reinforced by multisensory reinforcement techniques.\(^4\)

Tinker, in explaining the techniques used in teaching the word attack skills, said that every pupil should be


\(^2\)Strang, *Diagnosis and Remediation*, p. 136.


taught word-recognition by every means known to the teacher in order that each child might adopt the method best suited to his capacity.¹

The specialist not only uses techniques she herself has devised, but makes use of various automated instructional procedures. She is aware that reading laboratories, paperbacks, games, overhead projector visuals, films, tapes, and other materials and means of presentation are especially important for a child with a learning problem.²

The judicious selection of the right technique for the right child will determine the effectiveness of the remediation.

Summary

The elaborate inquiry into the possible causative factors of a reader's disability should be made by a diagnostician who possesses both theoretical knowledge and practical experience.

Other disciplines should be called into service when needed for diagnostic study, opinion, or therapeutic suggestions in order to formulate an adequate remedial program for the disabled reader.

The child's preferred mode of learning should guide the reading specialist in her method of teaching. She


²Byrne, Remedial Reading, p. 38.
must open different avenues of learning to different pupils.

There is no single magical way to teach the retarded reader. Techniques are many and varied and must be selected according to the specific needs of a particular child. The reading specialist must maintain a flexible attitude and employ a visual, auditory, kinesthetic or tactile technique as the situation requires if the end-product of the remedial program is to be accomplished -- a proficient reader who enjoys reading.
CHAPTER III

THE PROCEDURE

Introduction

Interest in this study was provoked by the writer's own work as a remedial teacher in a Reading Center in the city of St. Louis. It was desired to ascertain what real value the diagnosis made at the clinic had in determining the type of remediation each particular child would undergo.

It was also hoped that a survey would reveal the number of clinics which made referrals to related disciplines. The survey also sought to determine to what extent those disciplines were helpful in the planning of a remediation program for the children referred to them.

Preparation of the Questionnaire

As it was not feasible to gain pertinent information by direct personal contact with directors of reading clinics throughout the country, it was advisable to draw up a questionnaire which would fulfill this function adequately.

Design of the Questionnaire

The questionnaire form was selected to be the common instrument applied because it provided ease of contact,
clarity in interpretation, and facility in tabulation. It was made as simply as possible to insure expediency as well as accuracy and uniformity of answers.

**Content of Questionnaire**

The questionnaire presented a list of professions related to the science of reading. In addition, it supplied the director of the clinic with an opportunity to indicate which of those disciplines had proved beneficial in helping the clinician to formulate a program of remediation for each child who had been referred to them.

**Collection of Data**

Colleges and universities having reading clinics as part of their set-up were chosen to be the recipients of the questionnaire.

**Specifications**

Since it was advisable to obtain a cross-country selection of such institutions, a catalogue listing colleges and universities which conduct reading clinics as part of their services was carefully studied. A cross-section was made and twenty-five of those colleges and universities whose description of their reading clinic adhered most closely to the principles involved in the writer's own reading clinic were chosen to receive one of the questionnaires.

Of the twenty-five directors of clinics in the colleges and universities contacted, eighteen responded.


Treatment of Data

Every effort was made to expedite the tabulation of the responses without sacrificing clarity. Therefore, two separate lists were made especially for this study.

Listing

The list which contained the names of related fields was given prime consideration. These professions were listed according to the number of clinics indicating use of their services, and placed in descending order of rank on the table. The same procedure was then followed in tabulating those professions which proved beneficial in helping to formulate a program of remediation for the disabled reader.

Summary

The purpose of this study was to determine the number of clinics which made referrals to related professions and the extent to which those disciplines were helpful to the clinician in formulating a program of remediation for the disabled reader.

The questionnaire form of contact was chosen. Two types of questions were drawn up and submitted to a cross-section selection of colleges and universities throughout the country. It was pre-determined that the clinics maintained by these colleges and universities would be as similar as possible to the writer's own clinic.
The questionnaire was simply designed to insure expediency, accuracy, and uniformity of response.

Of the twenty-five directors of reading clinics contacted, eighteen responded. The responses were tabulated in descending order of rank according to the number of clinics using the services of certain related fields. A similar tabulation was made of the services which proved helpful in programming remediation for the referred child.
CHAPTER IV

INTERPRETATION OF FINDINGS

Much pertinent and interesting information was gathered from the responses made by the eighteen participants in this attempt to estimate the number of clinics from which referrals were made to allied disciplines and also the number of times such referrals were helpful in the planning of remediation programs.

Varying combinations of services were identified; nine of the respondents took the liberty to suggest disciplines other than those indicated by the writer. Many of the latter were known to the writer as having been called upon by clinicians who were seeking aid for disabled readers in their clinics, but their help had never been definitively solicited by her reading clinic. It was deemed advisable to select those disciplines with which the writer had had some previous experience. However, the additional information was inserted here in order to give supportive evidence of the many and varied disciplines called upon by reading specialists in clinics throughout the nation.

The data obtained in this study are summarized in Tables 1, 2, 3, and 4. The responses to the writer's questionnaire are recorded in Tables 1 and 2. Tables 3 and 4 illustrate the information volunteered by cooperating clinics.
Table 1

Allied Disciplines To Which Referrals Were Made

<table>
<thead>
<tr>
<th>Professionals in Related Fields</th>
<th>Number of Clinics From Which Referrals Were Made</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychologists</td>
<td>13</td>
</tr>
<tr>
<td>Speech Therapists</td>
<td>11</td>
</tr>
<tr>
<td>Ophthalmologists</td>
<td>10</td>
</tr>
<tr>
<td>Pediatricians</td>
<td>7</td>
</tr>
<tr>
<td>Neurologists</td>
<td>6</td>
</tr>
<tr>
<td>Otologists</td>
<td>5</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>5</td>
</tr>
</tbody>
</table>

Obviously, the available data are not extensive enough to give a clear-cut profile with regard to the number and kinds of referrals made to the allied disciplines. However, assuming that Table 1 is indicative of the kinds and frequency of referrals by reading clinics in general, it is evident that psychologists are called upon more frequently than any other related group. These findings point up the agreement of reading clinicians with Knights and Hinton when they say that the results of psychological testing "... are
used both for diagnosis and for planning a remedial program.\textsuperscript{1}

Services of speech therapists and ophthalmologists were sought less frequently than those of psychologists but more often than those of pediatricians and neurologists. The fields which least often received referrals from reading clinics are otology and psychiatry.

The allied disciplines which proved helpful to clinicians in their endeavors to plan adequate programs for referrals from their reading clinics are given in Table 2.

\textbf{TABLE 2}

\textbf{ALLIED DISCIPLINES HELPFUL IN REMEDIATION PROGRAMMING}

<table>
<thead>
<tr>
<th>PROFESSIONALS IN RELATED FIELDS</th>
<th>PERCENTAGE OF CLINICS HELPED IN REMEDIATION PROGRAMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech Therapists</td>
<td>90.0%</td>
</tr>
<tr>
<td>Psychologists</td>
<td>84.6%</td>
</tr>
<tr>
<td>Neurologists</td>
<td>83.3%</td>
</tr>
<tr>
<td>Ophthalmologists</td>
<td>80.0%</td>
</tr>
<tr>
<td>Otologists</td>
<td>80.0%</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>60.0%</td>
</tr>
<tr>
<td>Pediatricians</td>
<td>57.1%</td>
</tr>
</tbody>
</table>

It is interesting to note that speech therapists hold the ascendancy in this Table and psychologists, according to the Table, rank second in contributing help to the remediation programs of students referred to them. Their order of rank in Table 2 is the reverse of the order they hold in Table 1.

Neurologists, ophthalmologists, and otologists are credited with being the groups next most helpful, with ophthalmologists and otologists holding equal rank in the Table.

While psychiatrists did not receive as many referrals from reading specialists working in clinics as did pediatricians, Table 2 shows psychiatrists proved helpful in 60% of the cases while pediatricians were helpful about 57% of the time.

Information concerning the number of professions not listed by the writer is tabulated in Table 3. Although the data are varied and sparse, they do reveal the kinds of professional aid sought by the reading clinician in her attempt to formulate an adequate program of remediation for pupils attending her clinic. It can be assumed that had all the participants taken advantage of the opportunity to suggest disciplines other than those mentioned in the questionnaire, there would be other related fields and a higher frequency of referrals added to Table 3.
A study of Table 3 discloses that while the data concerning disciplines not listed by the writer are not conclusive, they do give evidence of the interrelationship that exists between reading specialists and those professionals related to the reading field. The writer considered them worthy to be tabulated and recorded in this paper.

Table 4 summarizes the data regarding the allied disciplines which proved helpful in planning programs for
remedial readers as submitted by participants who volunteered the information.

**TABLE 4**

OTHER ALLIED DISCIPLINES HELPFUL IN REMEDIATION

<table>
<thead>
<tr>
<th>PROFESSIONALS IN RELATED FIELDS</th>
<th>NUMBER OF CLINICS HELPED IN REMEDIATIONS PROGRAMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optometrists</td>
<td>3</td>
</tr>
<tr>
<td>Social Workers</td>
<td>2</td>
</tr>
<tr>
<td>Oculists</td>
<td>1</td>
</tr>
<tr>
<td>Endocrinists</td>
<td>1</td>
</tr>
<tr>
<td>Orthopedists</td>
<td>1</td>
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<tr>
<td>Education Specialists</td>
<td>1</td>
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<td>Counsellors</td>
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<td>Principals</td>
<td>1</td>
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<td>Classroom Teachers</td>
<td>1</td>
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<td>Tutors</td>
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It is clear from the foregoing tabulation that disciplines to which referrals were made were helpful in all cases. Although many of the clinicians who volunteered the information merely mentioned the above fields as having been helpful to them, one clinician stated that optometrists were by far the most cooperative and helpful
of any of the professional groups who received referrals from his clinic. One respondent was quite lavish in her praise of social workers, stating that effective planning was based on the help she had received from them.

Summary

Meeting the needs of the retarded reader is the responsibility of not only the reading specialist but that of other related professionals as well.

The primary value of the interrelationship of the reading clinician and specialists in other fields is that, in many cases, the clinician is able to formulate a remediation program that will set the pace of progress for the disabled reader. The number of clinics which made referrals to different disciplines and the benefits received from such referrals manifests the interdisciplinary action prevalent in reading clinics throughout the United States.
CHAPTER V

SUMMARY AND CONCLUSION

Summary

This study was designed to show that in a reading clinic, treatment grows out of the diagnosis. Research indicates that the clinician, in specifying what skills are to be developed and the manner in which they are to be developed, is guided by the diagnosis she has previously made.

Since the failure to gain proficiency in reading may be the result of many causative factors the clinician is aware that remediation may depend upon multidisciplinary action. The alert diagnostician may detect symptoms in the child which indicate the need for referral to related disciplines. She synthesizes reports from such disciplines and thus is able to formulate an adequate program of remediation.

The reading specialist realizes that in remedial reading many sensory modalities are used. She notes the child's pattern of learning and gears her teaching to his preferred modality.

Techniques used in a clinic are many and varied. It is essential to the child's progress that the clinician be flexible in her use of teaching methods and select the
one best suited to a particular child.

In order to approximate to what extent referrals have been made to allied disciplines and the help these referrals proved to be in prescriptive teaching, a questionnaire was constructed. It was sent to twenty-five colleges and universities having reading clinics as part of their services. Eighteen responses were received and the results were tabulated in four tables.

The survey indicated that psychologists received referrals from more clinics than any of the other services listed in the questionnaire. According to the survey, speech therapists proved most helpful to the reading specialist in setting up a program of remediation. Otologists and psychiatrists were the groups of professionals whose services were the least often sought, but pediatricians were the least helpful in planning remediation for the students referred to them.

Some of the respondents suggested services other than those mentioned in the questionnaire. Of these various, occasionally-mentioned groups, optometrists and social workers received special mention as being especially cooperative and helpful.

Conclusion

On the basis of the information gathered in this investigation one major observation appears to be ap-
propriate with respect to the effectiveness of clinical diagnosis on remediation: In interpreting the information gained in the diagnosis and from the reports from auxiliary sources the clinician brings to bear a deeper psychological knowledge and more penetrating insights which enable her to prescribe the right treatment for the right child.
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APPENDIX
Director of Reading Clinic

Dear Sir:

I am seeking information about services rendered to Reading Clinics by the allied disciplines. This inquiry is in partial fulfillment of the requirements for a Master's Degree in Reading from the Cardinal Stritch College in Milwaukee.

I will greatly appreciate your cooperation in filling out the enclosed questionnaire and returning it at your earliest convenience.

Thank you for your consideration.

Sincerely yours,
Check the following who rendered services to students who attended your clinic and also those who were helpful in remediation of the reading problem.

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Services</th>
<th>Helpful in Remediation</th>
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<tbody>
<tr>
<td>Ophthalmologist</td>
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