



Response to the Ontario Human Rights Commission (OHRC)
Right to Read Enquiry Report by the
Ontario Psychological Association (OPA)
April 30, 2022

The Ontario Psychological Association (OPA) appreciates the opportunity to respond to the OHRC Right to Read Report. As indicated in our response to the draft report, we commend the OHRC Report's emphasis on provision of scientific, evidence-based tier 1 and tier 2 reading instruction. As indicated in the report, for the majority of at-risk students in the early grades, this will prevent reading difficulties in later years. We also agree with the Report's recommendation that tier 3 intervention be provided in a timely manner to students with reading difficulties who do not progress adequately with tier 1 and tier 2 intervention and that professional assessments by psychologists need not precede intervention. If tier 1 and tier 2 interventions are fully implemented in the early grades, there may be fewer students referred for psychological assessment due to reading difficulties; this may lead to a decrease in wait-time for those students who need an assessment.¹

The main issue in the Report that pertains to the Ontario Psychological Association is recommendation 116 that indicates that with regard to dyslexia/word reading disabilities, the *Guidelines for Diagnosis and Assessment of Learning Disabilities* be updated to be consistent with DSM-5 "including by removing the requirement of at least average intelligence (or at least average abilities for thinking and reasoning)". This recommendation also suggests "limiting or eliminating the routine use of routine intelligence and cognitive processing tests for assessing students for word-reading disabilities/dyslexia". The report then suggests that other concerns (other than academic) "can" be investigated "if other concerns are brought up". However, this could potentially result in missing or incorrect diagnoses. The working group that developed the Guidelines will meet to discuss this recommendation and determine whether any revisions to the Guidelines are necessary.

There is a substantive inconsistency in the report that we want to bring to your attention.

The Report suggests that the DSM-5 criteria be used for diagnosis, and that psychologists should designate "subtypes" of learning disabilities in their diagnoses. However, unlike DSM-IV, DSM-5 does not suggest that subtypes be designated because of the considerable evidence of genetic and environmental overlap between reading, writing and mathematics difficulties (see Tannock, 2013 for review of this research); instead, psychologists should specify whether impairment is present in various aspects of reading, writing and

¹ It is important to note that wait-times for psychological assessment in school boards are also affected by the ratio of school psychologists to students, and by the need for psychologists to address other student challenges such as mental health difficulties.

mathematics². In most individuals with learning disabilities, “impairment” is present in more than one area. Consistent with DSM-5, the OPA Guidelines indicate that areas of impairment be described in the diagnostic formulation. It should be noted that FAQ 7 in the Guidelines suggests the use of the term “dyslexia” when appropriate.

We also observe that In the Executive Summary, the reference for the Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5) is incorrect. The American Psychological Association did not publish DSM-5. It was published by the American Psychiatric Association.

Sincerely,

Richard Morrison

Richard Morrison, CEO
Ontario Psychological Association

² Tannock, R. (2013). Rethinking ADHD and LD: Proposed changes in diagnostic criteria in DSM-5. *Journal of Learning Disabilities*, 46(1), 5-25. <http://dx.doi.org/10.1177/0022219412464341>