

- SUBJECT:** Titling of dyslexia practitioners and therapists and study on dyslexia issues
- COMMITTEE:** Public Health — committee substitute recommended
- VOTE:** 6 ayes — Kolkhorst, Naishtat, J. Davis, Gonzales, Hopson, S. King  
0 nays  
5 absent — Coleman, Laubenberg, McReynolds, Truitt, Zerwas
- WITNESSES:** For — Courtney Hoffman; Joyce Pickering, The Shelton School and Evaluation Center; Terri Zerfas, Academic Language Therapy Association; (*Registered, but did not testify:* Whitney Bonner; Tara Cevallos; Mary Carol Coffman; Nancy Coffman; Linda Gladden; Luis Gonzalez, Recording for the Blind & Dyslexic; Lawrence Higdon, Texas Speech-Language-Hearing Association; Helen Macik; Alice Marsel; Andrew McVeigh; Karen Monteith; Bruce Rice, Scottish Rite Learning Center of Austin; Brad Shields, Texas Psychology Association; Jessica Smith; Melissa Vollbrecht)  
  
Against — None
- BACKGROUND:** Dyslexia is a learning disability characterized by impaired reading ability. Dyslexia occurs in people with normal vision and normal intelligence.
- DIGEST:** CSHB 461 would adopt the Academic Language Therapy Association (ALTA) requirements for membership as an associate academic language teacher as the standards to be recognized in Texas as a dyslexia practitioner. The bill would adopt the ALTA requirements for membership as a certified academic language therapist as the standards to be recognized as a dyslexia therapist.  
  
A person could not use the title of registered dyslexia practitioner, associate academic language teacher, registered dyslexia therapist, certified academic language therapist, or the abbreviations associated with these titles unless the person was certified by ALTA as meeting the appropriate title recognition standards. It would be a misdemeanor punishable by a fine of up to \$1,000 if practitioners represented to the public that they held one of these titles if they were not ALTA certified.

CSHB 461 would establish an interim committee to study and recommend legislation to increase awareness of early detection and treatment of dyslexia and related disorders. The bill would establish the size, membership selection process, membership criteria, and basic structure of the committee. The committee specifically would have to study:

- early detection and intervention;
- access to treatment in rural areas;
- the role of public education and higher education in detection and treatment;
- treatment for older students and adults; and
- any barriers related to accommodations for individuals with dyslexia and related disorders.

The bill would take effect September 1, 2009. The findings and recommendations of the interim committee would have to be reported by December 1, 2010.

**SUPPORTERS  
SAY:**

CSHB 461 would establish standards for the use of the titles “dyslexia practitioner” and “dyslexia therapist” so people seeking dyslexia remediation could recognize those professionals who have completed a high level of coursework, practicum hours, and a national exam related to dyslexia and related disorders. These titles would ensure that the title-holder was highly trained in research-based methodologies to treat dyslexia. In addition, the titles would signal to medical professionals, such as neuropsychologists and pediatricians, that the patients they referred to a titled practitioner would receive evidence-based treatment. By establishing titles for dyslexia practitioners and therapists, CSHB 461 would provide an incentive for those who have only a few hours of training to get more training in the field and better serve Texans with dyslexia.

CSHB 461 would establish an interim study committee that could provide valuable information for future decision-making related to dyslexia and related disorders. Much of the emphasis on education for dyslexics focuses on children in large, public schools. The study would focus on less-researched areas, such as access to treatment in rural areas and planning for continuing education in public and higher education. Issues including services for adults with dyslexia and accommodations necessary for dyslexics also would be evaluated.

Treating dyslexia requires an understanding of complex techniques for

which a practitioner should undergo extensive formal training to learn. The Academic Language Therapy Association is a national professional association founded in 1986 for teachers and therapists who treat children and adults with dyslexia and related disorders. By using the existing ALTA certification standards, the state could establish titling standards without requiring the duplication of efforts by a state regulatory body. This would save state human resources and money.

ALTA members use Multisensory Structured Language Education (MSLE) to offer intensive, therapeutic educational services to clients, emphasizing reading, spelling, handwriting, and written expression. MSLE encompasses the variety of treatment methods that historically have been considered most effective for treatment of dyslexia. Dyslexia is a disorder involving altered brain function that must be addressed through specialized, intensive techniques. In its *Dyslexia Handbook*, the Texas Education Agency acknowledges the efficacy of the MSLE technique, requiring instruction for students with dyslexia to include “multisensory instruction that incorporates the simultaneous use of two or more sensory pathways.”

Other organizations make claims that they can remediate dyslexia with methods that have not been proven scientifically. Research clearly has demonstrated that dyslexia is a language-based disorder, and MSLE techniques can change the way the brain functions to compensate for many of the challenges faced by dyslexics. CSHB 461 would not prevent other types of practitioners from treating dyslexia through other methods. The bill simply would reserve the titles of “dyslexia practitioner” and “advanced dyslexia therapist” for those well-educated in MSLE techniques.

OPPONENTS  
SAY:

CSHB 461 should not adopt exclusively the ALTA membership requirements as the titling standards for registered dyslexia practitioners and therapists. This bill would codify a bias toward a single accrediting body, ALTA, that certifies its members based on training in only one of a variety of methods that treat dyslexia. There are other well-researched, successful therapies for dyslexia that have aided people unable to make significant progress with the MSLE techniques promoted by ALTA.

In conferring a title in a field, the state conveys that titled practitioners are more qualified to perform the functions of their profession than untitled practitioners. CSHB 461 inappropriately would confer a title on people

who meet ALTA membership requirements and focus on MSLE to the exclusion of other treatments. Those who use MSLE treatments, which are highly phonics-oriented, are no more qualified to treat people with dyslexia than practitioners who use techniques such as tactile-intensive approaches. The treatment technique should be chosen based on the special learning needs of the client, which can vary greatly among dyslexics.

ALTA is not the only body that certifies people to treat dyslexia based on extensive training and education requirements. For example, to receive certification from the Davis Dyslexia Association, a practitioner also must meet stringent standards such as extensive coursework, practicum hours, and continuing education requirements. Practitioners that use Davis methods to treat dyslexia use more tactile approaches and exercises, such as physical balancing and alignment exercises, that stimulate neural pathways. Many people from out of state have sought out Davis-trained practitioners in Texas and have made their first significant progress in treatment after having been unsuccessful with MSLE approaches.

Practitioners who use the Davis approach, as well as a variety of other professionals who employ other dyslexia treatments, would be at a competitive disadvantage to the people who would be titled under this bill. Their practices, which have treated successfully people with dyslexia for years, could see a diminishing number of new clients as people instead sought the services of someone with ALTA certification simply because that person was titled. Other practitioners also could lose business from doctor referrals and would be at a disadvantage in obtaining jobs in schools. The schools would have a difficult time substantiating to parents the qualifications of their dyslexia treatment professional if the person did not have the state-conveyed title.