

SASC Guidance June 2018 Visual Difficulties

Response to concerns and questions

A number of concerns and questions have arisen following the publication of this new guidance. Although the authors tried to anticipate some of these questions in **Appendix 3** of the guidance (*FAQs in screening, referral and making recommendations*) the following FAQs provide further discussion and clarification of the issues raised.

It is not at all surprising that the new guidance has aroused concerns and questions. It does represent a significant shift from previous professional guidance on the screening, assessment and identification of 'visual stress' within a diagnostic assessment for a specific learning difficulty. The new guidance essentially seeks to advise practitioners that to **ensure the safety of clients regarding their vision**, a brake had to be applied to diverse and under-scrutinised assessment practice by SpLD professionals who are not qualified, as optometrists and other vision professionals are, to assess for the possibility of and / or suggest a diagnosis of visual stress or hypersensitivity **in the context of a very wide range of other visual difficulties** that might explain symptoms reported and behaviours observed.

A range of practices regarding screening and assessment for visual stress has developed within the diagnostic screening and assessment process for a specific learning difficulty. These practices have been developed in good faith by assessors keen to do the best for their clients and they have been guided by previous advice and training provided by the professional bodies in this field. However, many of these assessment practices have tended to be used uncritically and unreflectively and this has led to 'X has visual stress' becoming a ubiquitous conclusion reached in many diagnostic assessment reports without adequate evidence and interpretation, and with recommendations regarding visual stress tending to suggest use of coloured overlays / filters as the only possible form of remediation.

In the table below these practices are discussed in detail and their strengths and limitations explored.

Screening /assessment practice	Strengths and limitations
<p>Best practice.</p> <p>If deemed appropriate at screening or at assessment, following questions about general health, developmental and current visual difficulties and the use of glasses / contact lenses, administration of the new visual difficulties screening protocol alongside observations of any signs of visual difficulties during testing.</p> <p>No diagnosis of visual stress but, if warranted, referral to an optometrist to explore the visual difficulties noted in the assessment report.</p>	<p>The SpLD practitioner observes professional boundaries and is aware of the limitations of their knowledge and experience.</p> <p>The SpLD practitioner is aware that their primary role is to assess for a specific learning difficulty. Awareness of how a visual difficulty might interact with a SpLD is important but the SpLD practitioner is aware that they cannot identify visual stress.</p> <p>Client safety regarding vision becomes paramount: referral to an optometrist is made and the responsibility for pursuing that referral lies with the client.</p>

<p>If requested or initiated by the client, discussion of the <i>possible</i> benefits of coloured filters (e.g. overlays / lenses) to alleviate reported or observed symptoms of visual difficulties but client alerted to the debates within the field about their efficacy and to other possible solutions to the visual difficulties experienced.</p> <p>Alternatively, assessors could give clients an information sheet –the table in Appendix 1 of the new guidance would be suitable.</p>	<p>Assessors could support the production of a list of optometrists working to best practice guidelines in this area by contacting SASC with the details of vision professionals they have worked with or referred clients to. However, it is recognised that this is a work in progress and there may be limited local opportunities for referral.</p>
<p>Acceptable practice</p> <p>Client <i>requests</i> the use of a coloured overlay/ coloured glasses or coloured reading ruler of their choice during reading or other tests.</p>	<p>If the client has a known history of using overlays and <i>requests</i> the use of an overlay/ lenses during an assessment this should not be refused. It should be regarded as a reasonable adjustment, given that the person believes that the colour filter makes reading more comfortable.</p> <p>The assessor should, however, note the use of the overlay (and the history of its use by the person tested) in the report.</p> <p>If the person assessed has already been using overlays / lenses and wishes to continue using these in tests and examinations, whether or not a SpLD is identified or confirmed, there should be a recommendation that this provision should continue since the use of the overlay / coloured lenses can confer no unfair advantage.</p> <p>However, it would be prudent to carry out a reading test with and without the overlay and discuss the results with the client. Is there sufficient evidence that the use of the overlay improves their reading fluency and comprehension? Would other adjustments or strategies be likely to have an equal or better effect? The assessor may need to acknowledge that the client may feel that the overlay makes reading more comfortable and the text look clearer, whether or not there is any 'real' short or long-term improvement in reading fluency.</p> <p>Whatever the outcome, the assessor should not conclude or confirm that the client has visual stress,</p>

	<p>unless this has been explicitly identified, in writing, by a recent optometrist's assessment. A referral or re-referral (if the last appointment was more than two years previously) to an optometrist should be advised.</p>
<p>Problematic practice Use of the <i>Crossbow Visual Stress Assessment Pack</i> – which includes the <i>Wilkins Rate of Reading Test</i> with all or some clients presenting for screening and/or assessment.</p> <p>And /or...</p> <p>During an assessment for a SpLD, reading or other tests administered with and without a coloured overlay / reading ruler as suggested by the assessor after a short consultation re optimum colour to obtain qualitative and /or quantitative evidence for an improvement in the skill tested.</p> <p>Or</p> <p>Institute of Optometry visual stress assessment</p> <p>Or</p> <p>Irlen assessment</p>	<p>Since there is no strong evidence that someone with a SpLD is more likely to need to use a coloured overlay than anyone else, there is no logical reason to establish colour screening as a standard and default practice for <i>all</i> SpLD screenings and assessments.</p> <p>Assessors wishing to use these resources should only do so after the steps under Best Practice above have been taken and a referral to an optometrist has been made.</p> <p>A possible arrangement under which an optometrist is consulted early and takes overall responsibility for advising on vision, but then (in effect) delegates assessment for visual stress / colour screening back to the SpLD assessor, could be regarded as acceptable or good practice if this is seen as being in the context of a comprehensive assessment of vision, and outside the context of SpLD assessment. This approach should involve close cooperation and communication between optometrist and SpLD assessor. This sort of multi-professional approach should be encouraged, as long as the professionals involved recognise the importance of context and the need for everything to be evidence-based and accountable.</p> <p>This additional screening should occur outside the context of the full diagnostic SpLD assessment. Any recommendations for use of overlays during examinations etc could be sent as separate recommendations to the school/college/university /workplace involved and the assessor should make it clear:</p> <ul style="list-style-type: none"> (i) what training he/she has had in the assessment of visual stress / use of such testing materials. (ii) that conclusions /recommendations made are <i>separate</i> from the diagnostic assessment of a SpLD but may have

	<p style="text-align: center;">additional implications for the reading /writing fluency of the person concerned.</p> <p>Assessors taking this approach should be familiar with and follow current ‘best practice’ guidelines as described in the following study: Evans, B. J. W., Allen, P. M., & Wilkins, A. J. (2016). A Delphi study to develop practical diagnostic guidelines for visual stress (pattern-related visual stress). Journal of Optometry. https://doi.org/10.1016/j.optom.2016.08.002</p> <p>The client should be made aware of the typical and likely cost of overlays /coloured glasses.</p> <p>Whether or not the use of colour overlays will produce any long-term effect on reading fluency and speed is contested within the academic literature and research¹. Practitioners have a responsibility to understand and communicate to clients the debates within the research. The assessor should be aware that other interventions might be equally or more effective.</p> <p>Assessors, even those with Irlen or IOO training, are strongly discouraged from using the terms Irlen Syndrome, Meares-Irlen Syndrome or scotopic sensitivity, but to restrict any comments they make to the possible efficacy of colour filters or other ergonomic adjustments to relieve visual discomforts and disturbance.</p>
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For some SpLD practitioners, several questions may still remain:

Why can't SpLD assessors continue to screen / assess for visual stress if they are already trained to do so?

The short answer to this is that whatever training the SpLD assessor has undertaken, unless they are also a qualified optometrist, they cannot safely *identify* visual stress because they do not have the training and experience to first rule out a range of other possible explanations for the visual discomforts and disturbances experienced by the person assessed. Only **qualified vision professionals** can do this.

¹ Ritchie, S. J., Della Sala, S., and McIntosh, R. D. (2012). Irlen colored filters in the classroom: a 1-Year Follow-Up. *Mind. Brain Educ.* 6, 74–80. doi: 10.1111/j.1751-228X.2012.01139.x

However, SpLD assessors with additional training in visual stress screening/assessment will find their experience valuable in other ways:

- They will be able to use the new screening protocol with confidence, asking supplementary and relevant questions because of their knowledge of and ongoing interest in the theories and research regarding visual stress and other visual difficulties.
- They will be in good position to understand the interaction between possible visual difficulties and other SpLD related explanations for reading and writing difficulty.
- Where appropriate, they will be able to discuss the possible efficacy of the use of colour filters and other ergonomic adjustments with clients.
- They can still offer colour screening and make recommendations as **a separate, post assessment service** if, following referral to an optometrist, other visual difficulties have been ruled out.

Why the position on Irlen terminology and what is the role of Irlen screeners?

It is very important that assessors who have undergone additional training with Irlen understand that the criticism of Irlen and her methods stems from three key problems with her work, summarised here from a useful history of the development of the term visual stress by SJ Ritchie (2010) in his PhD thesis for the University of Edinburgh²:

1. The lack of peer-reviewed, evidence-based research to underpin her claims for the existence of Irlen or scotopic sensitivity syndrome. The construct validity of the five elements of this 'syndrome' (light sensitivity, inadequate background accommodation, poor print resolution, restricted span of recognition, lack of sustained attention) is particularly open to question, since many of these apparent symptoms could be explained by other visual anomalies.
2. Over-inflated claims (Irlen 2010)³, not supported by research evidence, that a range of conditions, including ADHD, autism, chronic fatigue syndrome, epilepsy, Tourette's, head injuries, agoraphobia, anxiety attacks, depression and conduct disorder could all be related to visual stress, either worsened by it or are actually misdiagnosed visual stress.
3. The odd use of the term scotopic sensitivity syndrome, since scotopic sensitivity relates to conditions of low light involving rod cells in the eye. There are no rod cells in the fovea, where printed words are projected, so it remains unclear how this term relates to reading.

These are serious problems and explain why Irlen's work and methodology remains marginal and is not considered by vision and many SpLD practitioners as acceptable mainstream practice. This new SASC guidance cannot prevent Irlen screeners from continuing to practise as a separate service but an Irlen assessment will no longer be accepted as a valid component of a SpLD assessment.

What costs in terms of delay and financial outlay will be involved in seeking vision assessment before SpLD assessment?

It is important that support services, whether at school, F.E., H.E. or adult level, **re-think their screening processes and procedures for referral for assessment**, especially the kind of screening process used and the processes involved in making a referral following a screening.

If a screening for a possible SpLD revealed mental health concerns, recent or worsening indicators of motor or other physical difficulties, hearing difficulties or other issues not recently addressed by a

² Ritchie, S.J. (2010). Reading Disability, Visual Stress and Coloured Filters: A Randomised Controlled Trial. Thesis: University of Edinburgh

³ Irlen, H. (2010). *The Irlen Revolution*. New York: Square One Publishers

medical practitioner, the first step would be to make a referral to an appropriate medical or other mental health practitioner before referring the client for a SpLD assessment. The same process should be applied to referral to an optometrist if, at screening, visual sensitivities, discomforts and disturbances are noted and/or reported.

Where someone has approached an assessment service directly for a private assessment, the assessor has the same responsibility, if appropriate following a diagnostic interview, to delay an assessment while possible visual difficulties are being investigated. Alternatively, an assessor may wish to proceed with the full assessment, but, if referral to an optometrist is recommended, then delay writing a report until the outcome of that assessment is known.

Good diagnostic assessment practice might actually be better carried out as a two-stage process:

1. An initial hour or so spent on a diagnostic interview: the taking of a full developmental, health, educational history, noting current concerns and issues. If visual discomfort and/or disturbance is mentioned at this stage, then referral could take place before the full assessment is carried out.
2. A time-lapse between this and a second test-administration stage. This would give the assessor time to write up and subsequently check the accuracy of the background history section of the report with the client, taking into account the outcome of any vision (or other) referral before proceeding with the assessment.

The trend to outsource assessment does not make this suggestion easy to implement. Nevertheless, it is up to the assessor to discuss best practice with the organisations they work for, encouraging, where they can, active liaison with optometrists to promote understanding of the optometrist's role.

Will this change in procedure mean that students lose out on the potential benefits of overlays?

A recommendation for the use of a coloured overlay in examinations is a cheap and easy way for an organisation to demonstrate support for a student with reading difficulties. However, that should **never** be the reason to make overlays available. At worst, such a policy will encourage misdiagnosis, lack of sustained use of the resource and an unproven but assumed association between visual stress and dyslexia.

Anyone can experiment cheaply and easily with the use of colour tints by buying plastic overlays from high street stationery shops or by changing the screen tint on a computer. Arguably, a fairly large percentage of the population may read more comfortably without strong black/white pattern contrast, but they do not all suffer from 'visual stress'. It is important to emphasise the difference between the use of coloured filters as an ergonomic adjustment, from which anyone may derive some perceived benefit, and their use as 'treatment' for the relatively atypical hypersensitivity we define as visual stress. The latter will apply to a minority of the population, and even to a minority of individuals with SpLD.

Although the process of referral for a full visual assessment may delay by a few weeks the use of an overlay, if the use of colour overlays / lenses are subsequently recommended, these theoretically could be valued, encouraged and understood better as long-term interventions, not short-term fixes. There is a small body of research exploring for how long and for what reasons children and adults continue to use overlays and tinted glasses. More needs to be understood about why some children and adults cease to use these aids and others do not. Attention and reference to such research would help practitioners make more nuanced and positive recommendations related to the use of colour filters and similar aids.