How to train future reading teachers - with Dr. Carrie Pfeifer

Triple R Teaching Podcast #195

Hello, this is Anna Geiger, author of *Reach All Readers* and creator of the Reach All Readers website. In today's episode, I interview Dr. Carrie Pfeifer of Bethany Lutheran College.

Later in her career, she became aware of the science of reading and used that knowledge to transform how her college teaches pre-service teachers to teach reading. In doing that, she also learned how to share the science of reading with her community through LETRS training.

Now her school offers a structured literacy clinic. It's a place where her pre-service teachers learn to teach according to the science of reading and where children from the community who are struggling with reading get the support they need.

It's a fascinating story of how all these pieces have come together, and it's really a win-win-win for everyone. I know you're going to enjoy hearing how they've made this transformation in their community and at their school. Here we go!

Anna Geiger:

Welcome, Dr. Pfeifer!

Carrie Pfeifer:

Thank you for having me today. I'm excited to talk with you about my passion project, the Literacy Clinic here at Bethany.

Anna Geiger:

I'm very excited to hear about it. I know some schools of a higher education like yours are really working to apply the science of reading into their teaching and for their students. You've got exciting things going on there.

Before we talk about that, could you introduce us to you, your history as an educator, and what's brought you to what you're doing now?

Carrie Pfeifer:

Certainly. I am currently a professor of education and special education at Bethany Lutheran College in Mankato, and I've been in that position for about 10 years. This is my 10th year at Bethany. I had done some adjunct work for Martin Luther College as well prior to that, but the majority of my educational experience has been both in elementary and secondary schools, private schools. Also working with some public schools in media departments in between teaching positions.

As far as my journey on teaching reading, which is really relevant to what we're going to talk about today... When I graduated from my teacher preparation program, I came from a program that definitely was a balanced literacy approach to teaching reading. It was how everybody was trained at the time, so it wasn't unique to my experience.

I had a lot of energy and excitement for teaching reading, and especially opening all these wonderful books for students, the literature that they were going to be able to read. But I do think that I felt a little insecure about, did I really have the magic? Did I really understand what it was going to take to take a child from non-reading to reading.

I certainly worked very hard at it. I had a very balanced literacy approach to it, so I definitely was doing a lot of shared readings, a lot of shared language experience stories, but I think what was missing was a very explicit and systematic way of unlocking the code for my students.

When I moved into higher ed and was asked to teach the courses here at Bethany that related to teaching reading, I wanted to make sure that I really was on target with what current research had to say about how to teach reading.

This led me to look for programs that… Even though I had my doctorate, I thought maybe I should get my master's in teaching reading and unlock it that way. I did look into master's programs in Minnesota that I could maybe take as part of my journey.

When I looked at those curriculums for the master's programs, I noticed that really there was nothing that I was being asked to take as far as a course that really told me anything different than what I had learned in my undergrad program.

Minnesota had just hired a dyslexia specialist, and they were starting LETRS training for teachers in the state that were interested in LETRS training, so I decided maybe that would give me something more.

I jumped on with those in-service teachers that were learning LETRS, went through the LETRS coursework myself, and joined their professional development that's required of LETRS.

I have to say, it opened my mind. It opened so many paths that I didn't quite understand before, but now I understood. Especially how the brain learned to read. That was, for me, just revolutionary.

Up to that time, I really thought that learning to read was a little bit like learning to speak - a natural process. When I discovered that the brain has to be taught how to unlock this code in a very systematic and explicit way, it really changed everything for me.

So much so that we revised all the courses that we teach at Bethany for our elementary ed and special ed teachers. The syllabi were changed to such a degree that they had to go into full review with PELSB. Because when you change something, you have to have approval from PELSB to do that. I got great feedback that our courses were now really well-aligned and very strong in that.

One of my colleagues in literacy here in the state of Minnesota, Abbey Payeur, just did her dissertation, and part of her dissertation was to evaluate the syllabi of all higher ed institutions in alignment to what they're doing with the science of reading. She found some interesting gaps in many syllabi, but, fortunately for us, our syllabi passed with flying colors. I was really, really proud of that.

That really kind of gave me this opportunity now to teach our pre-service teachers, "Okay, let's learn all about how to teach reading and to incorporate the science of reading into that."

We did a really great job, I think, of getting those students the classroom learning they needed. They knew how to write a lesson plan that was aligned to the science of reading. They understood what they should be doing in their lessons.

Then a part of what you do in your training is you send them out for clinicals, where they go into a classroom and they're required to spend a good amount of time in the classroom.

For this literacy clinical, it was thirty hours with a teacher in the classroom. I discovered that with what I was teaching them in the classroom and what was happening in the majority of classrooms that they

went into, there was a lot of cognitive dissonance. They weren't seeing what I had taught them that they should be doing.

There was frustration on their part, I'm sure, but also frustration on the part of some of the classroom teachers as well, the mentor teachers, because they shared with me, “I know that what I'm doing isn't working for our kids in our district and in our school, but I just don't know what to do differently. I just don't have the tools.”

That kind of inspired me to do two things. One was offer myself as a professional development trainer for any teacher that wanted to enroll in LETRS. I said I would do the professional development for their school for free, if they would just get the training.

I sent that idea out to several of the superintendents in our area and the Mankato Public School superintendent jumped on it. We collaborated with his reading resource coordinator and we put together a cohort of teachers that were all volunteers. This is prior to the READ Act, where now it's mandated.

This was volunteer, and our first cohort was fifteen teachers that went through both Volume 1 and Volume 2 of LETRS, and then came to our college campus for the professional development.

I was addressing that one piece, which is finding classroom teachers that have the science of reading and can support my students with it when they go into the classroom. But that was a process and it took a couple years to get that to happen. Certainly, with fifteen teachers, that would be pretty restrictive, so we knew that we would have to continue this model and have more cohorts coming through.

The other problem here still existed, the current students weren't going to get those experiences that they needed on systematic and explicit instruction. How does it look?

That was really one reason that I started the Literacy Clinic, to give my students a place to land where they could implement systematic and explicit instruction, and I would be mentoring them carefully through the experience and working with a real student in a real intervention setting.

Our literacy clinic is more the intervention side of things. We definitely provide one-on-one intervention targeted to what the students' needs are as they come in. Of course, the Literacy Clinic also serves students that are having deficits in reading, which, according to the data that we have, that's a lot of students right now. We're trying to make a difference there for those kids, too.

It's a win-win. Our students at Bethany that are going to be teachers get a wonderful experience, and our students in the community are getting their needs addressed.

Anna Geiger:

Thank you for that overview.

I'm going to go back in time a little bit and go back to when you first became aware of the science of reading, what we know now about how reading works and how that was different from what you had been taught, like for most of us.

I look at how you were coming into a new position and so you did your research before you began. I think we have more of a challenge with people who have been teaching how to teach reading, for decades possibly, and then they're being confronted with this and they may feel they don't want to change, or they think this is just a pendulum swing, or they feel like it's one side of the research.

Do you have any perspective about why this is hard for professors and what might help them make a shift?

Carrie Pfeifer:

Kareem Weaver, I heard him speak and I've met him in person, he's pretty inspiring. He led some of the changes that were happening in California, and he's definitely working with other states as well. One of the things he said is that it takes two things. It takes humility to be able to say I was wrong. That's hard for all of us, especially, I think, when reading is something that we have such a passion for teaching and that passion is so tied to our emotions. That humility, it's a piece of it.

Then it's just the time that you have to commit to relearning or learning more about it. LETRS for me, that was a commitment of a full year of personal learning, as well as then going into all the extra training that I did go into. It's a commitment of your time. Those are a couple of things.

For me, I have a son who's severely dyslexic, and I knew that it wasn't working for him. I know that there's a lot of talk out there that the science of reading or systematic and explicit instruction is really just for those kids that don't read typically on the same continuum, but we know from Nancy Young's ladder that it's the majority of kids. I mean, our students need to have those pathways established.

I think once you figure out how the brain learns to read and you accept that research as valid, then it really does change the way you approach teaching reading, because it becomes unlocking the code for those pathways to be developed.

Anna Geiger:

Before when you talked about revising your courses, did you do more than revise the literacy approach? Did you incorporate more discussion about explicit instruction across the board, or was this really just a literacy focus?

Carrie Pfeifer:

Well, there were several syllabi that were revised. We exclusively put a course in that would link to the foundations of literacy, and not the foundations that you're thinking of for the skills that we teach our students, but the foundations of what you as a teacher need to know about the code and about literacy, especially related to the code.

We require a course that's like linguistics, a kind of a linguistics-based course, so that our students can come into the early literacy methods course knowing things like where in the mouth is this phoneme pronounced? How can I fix an articulation issue for a student that is confusing a phoneme?

We work on that. We also work on basic handwriting skills in that level, as well as grammar and composition. That foundational course is the foundation for you as a teacher to know that you have those solid foundations so that when you teach it you understand clearly what you're teaching.

The early literacy course is where it's the methods. Now we're taking all that and how do you teach phonemic awareness? How do you assess phonemic awareness? How do you teach word skills? How do you assess those? How do you teach comprehension, and fluency, and vocabulary? Then there's also the component of assessment so that we can look at the tiers of instruction and know how to address those.

In the third course, we took it from early literacy into intermediate literacy. Of course we don't leave those word study skills behind, but we move into even deeper morphological analysis skills for our students. We dig deeper into comprehension strategies and vocabulary instruction in that course.

Those are three courses that are required for elementary and special education students.

For our content majors, like teachers of math, teachers of PE, and health, we require them to also take a literacy course, because as I will tell them often, you're all teachers of reading.

Anna Geiger:

Yes.

Carrie Pfeifer:

So they have to have a really solid understanding of the process as well as the vocabulary instruction and comprehension strategies that they need to implement in their content courses.

It was an overhaul of everything we did in all of those courses, so it was pretty systemic in that aspect.

Anna Geiger:

Do you have a course about children's literature?

Carrie Pfeifer:

We cover that. We do the literature part of things in our early literacy class, where we talk about material selection. They get that in early literacy for K-3, and then when they take the intermediate literacy, we look at that at the 4-8 level. Then in that content course, we also do reading lists that we could develop for teaching health, for teaching social studies, etc. Yes, we kind of integrate that. We don't have a separate children's literature course anymore.

It definitely was very different for our students. For the students that had taken the course previously that still hadn't graduated, we required them to retake the course.

Anna Geiger:

Good for you!

Carrie Pfeifer:

We said the standards are out there now, and you have to have this knowledge if you want to be prepared. I get emails from and texts from those people all the time saying, "I'm sitting in LETRS training and thank you! Thank you for teaching me this stuff, because I really feel like I have a good understanding of what I need to do."

Anna Geiger:

That's so great to hear and hopefully that's going to be what we start to hear more and more in the next dozen years, because that is not the story now. Most people I talk to never learned any of this in college, so hopefully we're turning a page.

You talked about how you were teaching according to the science of reading for your students, but then you were sending them out to do their clinicals and it wasn't matching with what they were expected to do. Can you be more specific? What were they facing, and why were they in a difficult spot?

Carrie Pfeifer:

Well, they were facing some lessons where they were teaching sight words and they were teaching sight words by doing flashcards. Or they were asked to do a guided reading lesson, which didn't match what we were talking about with small group instruction matching the skill that you're on and reinforcing it. It was really a disconnect in the materials that they were being asked to use, and it was a disconnect in how they were teaching certain things.

The sight word thing was a big issue for a couple of my students, because one of the things they were supposed to do in their lesson was turn on the teacher's smart board video, and it was rolling through all the sight words, and the kids were singing the sight words with the video and there was no decoding.

We know that sight words are very different than heart words, and the heart words approach was what I had taught them to be doing.

Anna Geiger:

Right, so for someone who's listening and they're not familiar with what you're talking about, I believe you're talking about how with the heart word method, or whatever you want to call it, it is a directly teaching how to pronounce the parts of the word and looking at the parts that we might consider phonetically irregular. Whereas the traditional sight word approach is just memorizing the shape of a word without any kind of direction or any kind of attention to the individual graphemes.

That is a problem because for some kids, the teachers are expected to teach them maybe 100 words in the year, and by the time they're on the twentieth word or whatever, they've forgotten the first ones because they haven't mapped them. They've just memorized how they look, which is not efficient for reading.

Carrie Pfeifer:

So many of those words that come from the Dolch list have decodable parts. Let's teach them the strategies for decoding as much of that word as they can, and then there are only really small pieces that they have to learn by heart rather than memorizing the whole word.

Anna Geiger:

Yeah. Can you talk a little bit more about your literacy clinic? You talked about how it came to be, and a little bit about it, but maybe just talk about the ins and the outs for anyone who might want to try something like this.

Carrie Pfeifer:

Services for the students in the community are free. The commitment that the parent has to make is that they will bring their child to the clinic twice a week for an hour each time. We run it to align to our semesters. We have a fall semester that is about 16 weeks, and we have the clinic running for about 14 of those 16 weeks. Then the spring semester is the same, and then we currently do have a summer session as well.

The first thing our students do is they assess the child that they've been assigned. We use different screeners, the same screeners that are being used in our district, so we will use LETRS or the CORE phonics screener. We start with that.

If we see even deeper issues than what is usual and customary to see, we might give them a phonemic awareness or phonological awareness test. We don't standardly do that. We did it at first, but we found that that didn't give us necessarily information that was helpful for what we needed to do in our lessons with the student.

Based on that assessment, then we take a look at where the gaps are, and then we decide what curriculum are we going to use. We have different curricula.

We use UFLI, the University of Florida lessons, and those are generally for our students that we just see some gaps in. We don't see a deeper need, like maybe something with dyslexia. We use that and we start that, especially too for our younger kids.

We have kiddos from kindergarten all the way through sixth grade that are coming. It's open to even high school age students, but we just haven't had a lot of those students engaging with the clinic yet.

For younger kids, UFLI seems to be the best fit for them.

If we have a second grader in the second half of the year or a third grader that isn't responding or progressing like we'd like them to, then we move them into the Wilson Reading interventions, which are considered one of the gold standards for dyslexia. With a child that's kind of struggling at that age level, we screen for dyslexia and we kind of target them for maybe that kind of intervention. The difference between that curriculum and UFLI is the intensity and time that is spent.

Then we also have a curriculum, Word Connections, that is done by Jessica Toste from the University of Texas. She has developed this wonderful morphology curriculum. For some students who are older that really need just some gaps filled, we want to go right to morphology with them because that unlocks things much more quickly for them.

After that pre-assessment is done, I meet with the clinic coach. We call them coaches. We don't want them to be called tutors because that kind of sends a message to parents that they can send homework to work with. We're really here as an intervention. It's a separate kind of a concept here.

After we assess them, I meet with the coaches and we determine what curriculum and where to start. The next time they meet with that student they are hitting the ground running with their curriculum.

I also have mentor coaches in the clinic. These are teacher candidates that have been working with me in the clinic for a while, so they have a lot of experience, and they mentor the new coaches. They'll sit in on their lessons for a while and make sure that things are going the way they should be.

I also do observations and mentoring so that it's a very supported experience for the teacher candidate.

Some of the students that are coaching in our clinic haven't even taken their methods course yet, but they're able to deliver the curriculum because it's very systematic and explicit, and they're getting a lot of support from their peers, and from me as well, to make it through.

We go through the sessions until the last week of the semester, and that's when we administer a post-assessment. We compare the pre- and post-assessment data for those students.

Teacher candidates that are in their early literacy course have to do a student in the clinic as part of the course.

In addition to doing everything I just described, they also have to do progress monitoring. They administer DIBELS at first, and then they do progress monitoring, so that they have an understanding of what that means and when they get into their classroom and they have to do it for real, they have experience. It's not this new thing that they have to figure out.

Anna Geiger:

Wow, this is just so exciting, so exciting! I think of how valuable this would have been for me to do when I was in college or even graduate school. In graduate school, we were doing definitely not doing things like DIBELS, nothing that was really evidence-based. Also, it was a lot of shooting in the dark in terms of what to do for individual kids, like what might we try versus having an actual structured program?

What kind of benefits have you seen on both sides?

Carrie Pfeifer:

There are definitely benefits on both sides. Obviously for the community children, it's a win because we're seeing tremendous growth. We track that pre- and post-assessment data, and we've tracked growth sometimes in certain areas of 100%, which is life-changing for those kids!

I know research is really important and the data really is important to collect, but I think the anecdotal things that I get from parents is probably what really tells me that this is working. We get emails that say that it's the best report card he's ever had. He can read his social studies materials now. He can do better in science because he can read his book!

Motivation is always a big concern for some, especially professors, thinking that it's an either/or, that if you teach in a systematic and explicit way that you are destroying motivation. It's really not because we see kids that are just so thrilled that they can finally read.

When they make it through their first Bob book, they hug their coach and say, "I've never been able to read a book before!"

Parents will say, "He doesn't put books down now!"

Once that foundation is laid, then it unlocks that ability to read for enjoyment as well as for learning. We get a lot of that.

It's definitely a win in the community. I think the fact that we started off with twenty kids in our clinic the first year, and now we have fifty being served currently, with a waiting list, tells you that there are good results happening for these kids. They're coming, and they're hearing about it. I don't even advertise the clinic anymore.

Anna Geiger:

Parents just bring their kids there asking for help? That's how it works?

Carrie Pfeifer:

Yes. They email, and we have a registration form that we send out and parents share it with other parents.

Yeah, I really wondered if we'd have enough students to meet my needs for my teachers, and it's more than I need. That's definitely a blessing there.

The confidence that I see in my pre-service teachers when I watch them now in clinicals or even in the clinic, they weren't like me. When I graduated, I just wasn't really sure I had it right. I really tried hard, but I knew that some kids were just not progressing the way I wanted them to. My graduates are going out and they're so confident.

They're highly sought after by districts because they've had these experiences. They put it on their resume that they have worked in this clinic, and they can articulate really well in an interview what they

know about reading. Some of them even turn the interview around on their principals and will say, “Tell me about your philosophy as a school, and how are you teaching reading?”

Anna Geiger:

I love that!

Carrie Pfeifer:

I think they're very confident, and, like I said, I get messages all the time like, “Thank you! I really know what I'm doing! The learning curve for me in our LETRS training or our OL&LA training that we're having to do is very minimal.”

Anna Geiger:

Yeah, because they're finally getting out there and not having to unlearn what so many of us had to unlearn. They're just adding to what they already know, which is fantastic. That's what we want to see.

This is so exciting to hear how you've really made this part of the community.

In addition to supporting your pre-service teachers, you're helping the teachers in the community and the students, which is so exciting.

I'm sure people are going to hear about this and would love to know more, so is it okay if I share your contact information in the show notes?

Carrie Pfeifer:

Certainly.

We have some legislation, we hope, coming up in Minnesota where there might be some funding that the legislators set aside for institutions that want to start the clinic model. It doesn't have to be necessarily the way we do it at Bethany, but bringing in community children to benefit from the skills that we have here available for our students, and giving our teacher candidates that opportunity to grow as teachers of reading.

We're hopeful that that's going to be a part of the next legislation and hopefully more clinics will pop up in the Minnesota area, but right now we're the only one in the state.

Anna Geiger:

Yeah, well it's hard to think of a better way to spend the state's money than to invest in the students and the pre-service teachers.

Thank you so much for breaking this down for us. I'll make sure to link to your clinic website, as well as information about you and how people can reach out to you to get more information about how to make this happen at their own institution.

Carrie Pfeifer:

Definitely.

Anna Geiger:

Thank you so much.

Carrie Pfeifer:

Thank you for the opportunity to share about it!

Anna Geiger:

You can find the show notes for today's episode at reachallreaders.com/episode195. Talk to you next time!

Closing:

That's all for this episode of Triple R Teaching. For more educational resources, visit Anna at her home base, reachallreaders.com, and join our teaching community. We look forward to helping you reflect, refine, and recharge on the next episode of Triple R Teaching.