

A spiral-bound notebook with a white page. The spiral binding is on the left side. The text is written in a large, bold, black font.

**Do you know what
happened in
England last week?**

Dyslexia Awareness Week

- It runs from November 3 to November 9, 2014, and is an annual event that aims at not just raising awareness, but also showcasing the amazing achievements that people with dyslexia have made. This year's theme was "Dyslexia Matters..." and it covered everything from creating a dyslexia friendly environment, supporting and encouraging those with dyslexia, and the ongoing campaign to include dyslexia awareness in initial teacher training.
- It was organized by the British Dyslexia Association.

What is dyslexia?

dys·lex·i·a

n. A learning disorder marked by impairment of the ability to recognize and comprehend written words.

What is dyslexia?

- The word dyslexia comes from the Greek words $\delta\upsilon\sigma$ - dys- (“impaired”) and $\lambda\epsilon\iota\sigma$ (“word”).
- Although numerous definitions exist, dyslexia can be most simply defined as a neurobiological disorder that causes a marked impairment in the development of basic reading and spelling skills.

Defining dyslexia

- One of the most used definitions is the definition recommended by the World federation of neurology in 1968:

“Specific developmental dyslexia is a disorder manifested by difficulty in learning to read and write, despite conventional instruction, adequate intelligence, and socio-cultural opportunity. It depends on fundamental cognitive disabilities that are frequently constitutional in origin.”

Defining dyslexia

- J. E. Cullis: *“Dyslexia means having difficulty with words in reading, spelling and writing – in spite of having normal intelligence and ability.”*
- Vellutino & Fletcher (2007): *“Dyslexia is a complex cognitive disorder of neurobiological origin that affects the development of literacy. More specifically, dyslexia is manifested in deficiencies in word-level reading skills; it affects decoding (pronouncing printed words) and encoding (spelling words).”*

British dyslexia association – What is dyslexia?

- It is a life long, usually genetic, inherited condition and affects around 10% of the population.
- Dyslexia occurs in people of all races, backgrounds and abilities, and varies from person to person: no two people will have the same set of strengths and weaknesses.
- Dyslexia occurs independently of intelligence.
- Dyslexia is really about information processing: dyslexic people may have difficulty processing and remembering information they see and hear. This can affect learning and the acquisition of literacy skills.
- Dyslexia is one of a family of Specific Learning Difficulties. It often co-occurs with related conditions, such as dyspraxia, dyscalculia and attention deficit disorder.
- On the plus side, dyslexic people often have strong visual, creative and problem solving skills and are prominent among entrepreneurs, inventors, architects, engineers and in the arts and entertainment world. Many famous and successful people are dyslexic.

What dyslexia IS: Symptoms and characteristics

- Difficulty learning to rhyme words.
- Difficulty learning the letter names and letter sounds of the alphabet.
- Confusions of letters and words with similar visual appearance (e.g., b and d and was and saw).
- Confusions of letters with similar sounds (e.g., /f/ and /v/).
- Reversals and transpositions of letters and words that persist past the age of 7 (e.g., p and q, and on and no).
- Trouble arranging letters in the correct order when spelling.
- Difficulty retaining the visual representation of irregular words for reading and spelling (e.g., once).
- Spelling the same word in different ways on the same page (e.g., wuns, wunce, for once).
- Spelling words the way they sound rather than the way they look (e.g., sed for said).
- Difficulty pronouncing some multisyllabic words correctly (e.g., multiblication).
- Slow word perception that affects reading rate and fluency.

What dyslexia IS NOT

- A pervasive oral language impairment.
- A primary problem in attention or behavior.
- A primary problem in reading comprehension or written expression.
- Low motivation or limited effort.
- Poor vision or hearing.
- Primary emotional or behavioral problems.
- Autism.
- Childhood schizophrenia.
- Limited intelligence.
- Related to ethnic background or family income.
- A result of poor teaching or limited educational opportunity.

Common misconceptions about dyslexia

- People with dyslexia cannot read.
- ✓ Most do learn to read at some level, although their rate is often slow.

- Individuals with high intellectual ability cannot have dyslexia.
- ✓ Intelligence does not predict dyslexia: Many highly intelligent people have dyslexia.

- Dyslexia is seeing things backwards.
- ✓ Dyslexia is much more complex than seeing letters and numbers backwards.

- Dyslexia is a rare disorder.
- ✓ Approximately 5% to 8% of the population has mild to severe dyslexia.

- Dyslexia cannot be diagnosed until at least third grade.
- ✓ At-risk symptoms for dyslexia may be identified in individuals as young as five years of age.

Common misconceptions about dyslexia

- Children will outgrow dyslexia.
- ✓ Dyslexia is a lifelong disorder, but intervention can reduce the impact.

- More boys than girls have dyslexia.
- ✓ Present estimates indicate that the prevalence rate for boys is only slightly higher than for girls.

- All struggling readers have dyslexia.
- ✓ Many other reasons than dyslexia may cause reading problems such as low intellectual ability, poor oral language, attention problems, poor instruction, and lack of opportunity.

- Young children who reverse letters (e.g., b for d) have dyslexia.
- ✓ Beginning writers often reverse letters but most will master these letter-sound correspondences with practice. In addition, while letter reversals are often associated with dyslexia, not all individuals with dyslexia will reverse letters.

- The type of instruction employed can cause dyslexia.
- ✓ While the quality of instruction makes a difference in how readily a child learns to read, the use of a certain reading approach does not cause dyslexia. Dyslexia is a neurobiological disorder that is not caused by ineffective instruction.

Dyslexia as a difference

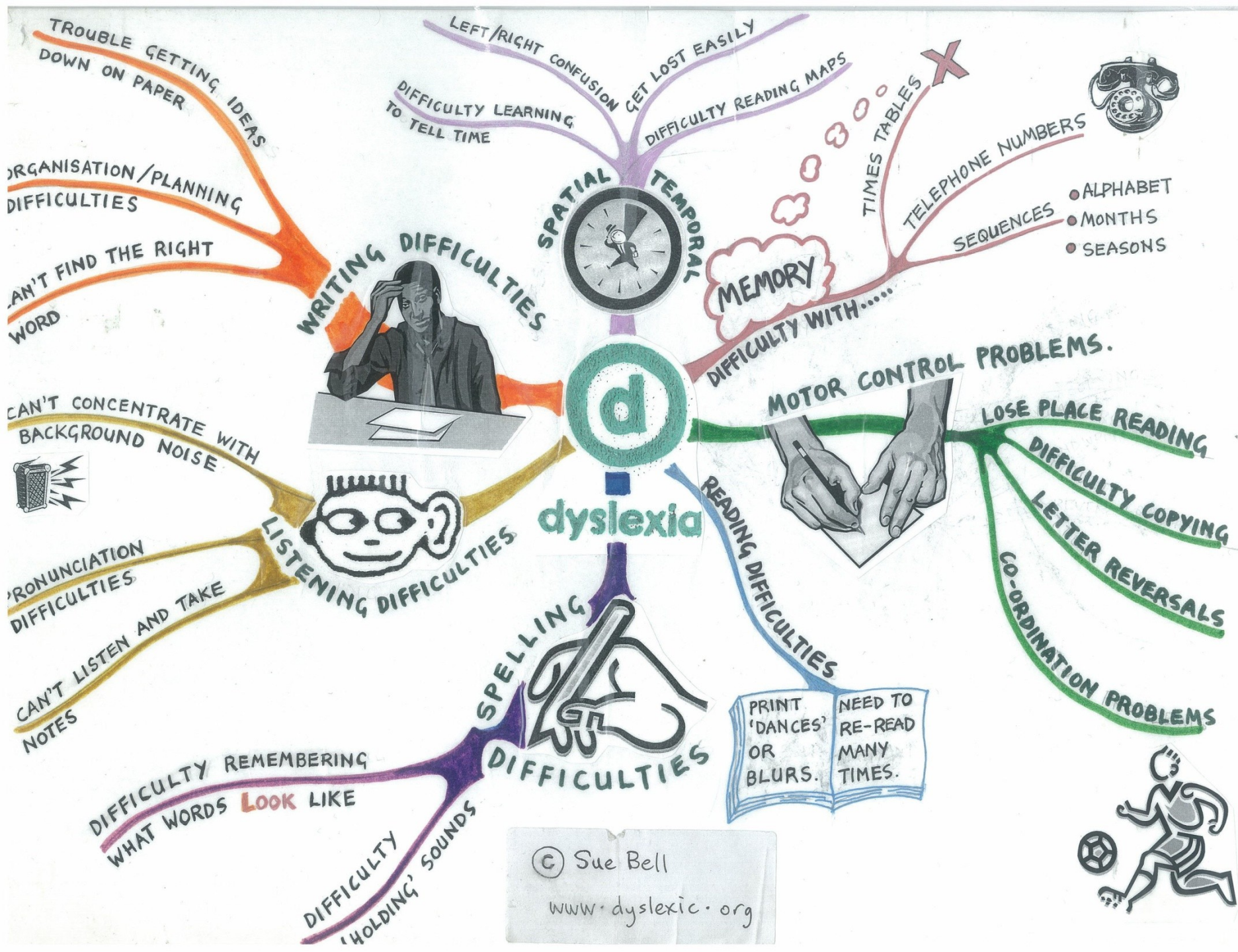
- Dyslexia can be described as a difference in the following ways:
 - how information is processed
 - the strategies that are needed to learn effectively
 - the speed of processing
 - the style of processing
- Children with dyslexia usually have a visual, right-brained global processing style, so it is important to acknowledge the characteristics and the strengths of this style.

<https://www.youtube.com/watch?v=zafiGBrFkRM>

How does it feel?

Mapping the experience of dyslexia

- The following maps of the experience of dyslexia were created by dyslexic adults.
- Distilling their experiences down onto one A3 sheet of paper helped people to accept their dyslexia and move on to create more positive versions of themselves.
- Although there are many overlapping themes within the maps, each map is different from the others. This shows us that each dyslexic person has a unique set of experiences.



Dyslexia

Spelling Difficulties

Worry

Confusion

Low Confidence

embarrass.

Missing LINK

87945818+
Mixed up numbers

say nothing
sorry

Talking Allowed

Shie



LARGE GROUPS OF PEOPLE



CANT SAY WHAT IM TRYING TO SAY

Interviews
R = R

talks at work??

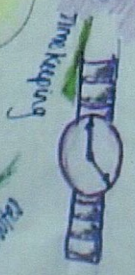
Spechs at uni

Talks



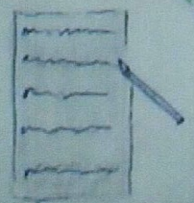
FEAR

Organisation Skills

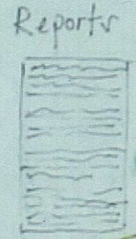


Notes

Panik!!

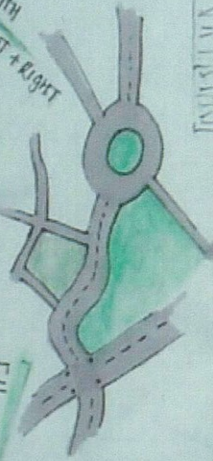


lists



Reports

Frustration!!!



Following Directions



Left

Confusion with LEFT + RIGHT



PEOPLE

Names

PLACES



Selected Memory



perfume

Holidays

Memory



EVERYDAY



forget full

<https://www.youtube.com/watch?v=ugFIHHom1NU>

Prevalence

- More recent estimates suggest that 5% to 8% of the school-age population is the most accurate estimate of individuals who have dyslexia.
- Dyslexia is the most common learning disorder; as many as 80% of children with learning disorders have reading problems.

Prevalence

- According to substantiated scientific estimates, the group of European Citizens with dyslexia and specific learning differences encompasses between 5 and 12 percent of the population.
- Other learning differences as dysphasia, dyscalculia, dyspraxia and attention deficit disorder exist commonly with dyslexia; known as “DYS-differences”. A same person can also accumulate some of these differences, dyslexia being associated to dysphasia, dyspraxia, dyscalculia or attention deficit.
- Co-occurrence of the DYS-differences is obvious:
- 50 % of persons with dyslexia are dyspraxic as well.
- 40 % of persons with dyspraxia are either dyslexic or have differences in attention.
- 85 % of persons with dysphasia are dyslexic as well.
- 20 % of persons with dyslexia are having differences in attention with or without hyperactivity.
- 50 % of hyperactive children are dyslexic etc.

(The information is retrieved from the web site of the European dyslexia association)

Identification and assessment

- Turner (1997) outlined the criteria for diagnosis dyslexia as being:
 - An unexpected underachievement in one or more basic skills areas (reading, spelling etc.)
 - Positive evidence of inefficiency in the management of information, for instance in short-term memory.

Identification and assessment

- Many children experiencing difficulties at school do not have their problems identified until the child starts to fail. Some children are simply put down as lazy or as late developers. A child's educational needs should be assessed and diagnosed as early as possible.
- Dyslexia should not only be identified through the use of a test: assessment for dyslexia is a process that involves much more than this. The assessment needs to consider classroom and curriculum factors and the learning preferences of the child, as well as his or her specific difficulties and strengths.

Identification and assessment

- Specifically, assessment should consider three aspects: difficulties, discrepancies and differences, and these should relate to the classroom environment and the curriculum.
- Teachers can develop a diagnostic phonological assessment that is contextualized for the classroom.
- Assessment of reading, spelling and expressive writing should be diagnostic.
- The differences and the child's preferences in learning styles need to be taken into account.
- Assessment must have a clear link to intervention.

General principles of assessment

(school age)

- The lack of availability of a test must not prevent a child's dyslexic difficulties from being recognized – many of the characteristics can be quite obvious in the classroom situation.
- Teachers must have an understanding of dyslexia so that these characteristics can be recognized.
- Appropriate materials and teaching programmes need to be developed that are based on the results of the assessment.

Creating a dyslexia-friendly classroom

- The classroom environment can have a significant impact on dyslexic pupils. They may be having difficulties with listening, hearing, looking, sitting still, concentrating, writing and locating things they need. If their classroom environment is not dyslexia-friendly, they will have difficulty succeeding.

Creating a dyslexia-friendly classroom

- Dyslexia-friendly classroom should be:
 - Arranged so that during class lessons, the dyslexic pupil can seat near the front
 - Adapted so that, wherever possible, dyslexic pupils can sit alongside well-motivated pupils or a “study buddy” who they can ask to clarify instructions for them
 - Organized so that there is a little movement around the room, which is kept as quiet as possible for some type of activities. Dyslexic pupils may find background noise and visual movement distracting when they are attempting to concentrate on challenging work.
 - Equipped with clearly marked and neatly arranged resources so that they can be found easily. A visual can be used instead of a written label.
 - Organized so that wall displays are large and spaced out, not crowded in small areas.
 - Adequately lit with as much natural light as possible
 - Equipped with a water supply

Identification and assessment (children and adolescents)

- Aston Index Assessment: 5– 14 years
- Cognitive Profiling System (CoPS): 4– 8 years
- Dyslexia Early Screening Test (DEST): 4:6– 6:5 years
- Dyslexia Screening Test (DST): 6:6– 16:5 years
- Dyslexia Adult Screening Test (DAST): 16:6 years +
- Educational Psychologist Report: Any age
- Lucid Assessment System for Schools (LASS): 11– 15 years
- Phonological Assessment Battery (PhAB): 6– 14:11

Identification and assessment (adults)

- LADS Plus (Lucid Adult Dyslexia Screening – Plus Version)
- StudyScan and QuickScan
- York Adult Assessment Battery
- Scholastic Abilities Test for Adults (SATA)

Dealing with emotional and social consequences

- Both quantitative and qualitative methods have a role to play in researching the social and emotional consequences of dyslexia.
- For dyslexic children reading, writing and spelling are their primary problems but these can lead to secondary problems such as inattentiveness, low motivation, restlessness or disruptive behavior.
- Reading-disabled children do as a group have lower self-esteem than non reading-disabled children.
- Teachers have a strong influence on a child's self-concept as a learner. Systematic strategies can be employed to improve a child's self-esteem and self-concept as a learner.
- Dyslexic children need specific help for their literacy difficulties allied to general help for their social and emotional well being.

Counseling

- When an adult has been identified as dyslexic and starts to work with an appropriately trained person it is often the first time in their life that they have felt properly understood. It is inevitable therefore, that the relationship which develops is such that dyslexic people will feel they can unburden themselves. They will wish to talk about their anxieties and frustrations as well as other personal problems.
- It is not necessary for tutors, psychologists and trainers to become counselors, but they can engage in what Sanders (1994) has termed ‘informed helping’, and it is therefore useful for them to understand and adopt some of the fundamental principles and practices of counseling. Likewise, professional counselors working with dyslexic people need to understand the nature of dyslexia, as well as its manifestations and consequences. Without this, inappropriate interpretations and interventions can occur.

Aims of counseling

- The aims of counseling are:
 - that the client will have a greater sense of personal autonomy;
 - the client has a greater sense of self understanding;
 - to enable the client to live in a more satisfying resourceful way;
 - that the client has a greater sense of well being;
 - that the above gains should be enduring

Rational-emotive therapy

- Developed by Ellis (1962)
- It assumes that maladaptive feelings are caused by irrational beliefs.
- Ellis argues that through mistaken assumptions people place excessive demands upon themselves. The adult dyslexic who assumes, incorrectly, that most people are very skilled in spelling and who consequently thinks that their own spelling skills are much worse than they really are, is a typical example. Counseling involves challenging such assumptions.

Cognitive behavioral therapy (CBT)

- It involves questioning and collaborating with clients so that they can discover for themselves the distortions in their thinking, that is, their inappropriate attributions, and can then make changes that are consistent with reality.
- It has been extensively researched and applied to a wide variety of mental health issues including anxiety and depression. Positive outcomes have been reported for these areas as well as an improving self-esteem and work motivation.
- It is essentially a meta cognitive activity.

Group therapy

- Dyslexic people can learn from each other. They can benefit from formal and informal support groups.
- This allows the members to share:
 - past experiences;
 - feelings of being misunderstood;
 - ideas on the development of strategies.
- Direct benefits in terms of the development of skills, but also indirect ones in that the group members were accepting and supportive of one another, providing comfort and strength.

Couple counseling

- It can be helpful to include partners in counseling sessions as this can improve the way they perceive and support the dyslexic person. Living with someone who is disorganized and forgetful, for example, can place stress on a relationship. Understanding that this is *'can't' rather than 'won't'* can ease the situation and lead to the non-dyslexic person supporting their partner in constructive ways.

Davis orientation counseling

- The procedure called “Davis orientation counseling” teaches the dyslexic a technique for terminating or turning off disorientations. Disorientations means that perception of the symbols gets altered and becomes distorted so that reading or writing is difficult or impossible.
- The result of orientation is an accurate, consistent perception of the environment, including two-dimensional words printed on a page.

Practical advices for counselors

- Counselors do not need to be experts in dyslexia, but it is necessary to recognize that a dyslexic person has a constitutional difference that makes certain tasks more difficult for them than they are for people who are not dyslexic. They need to be aware of how these difficulties have operated to produce further complications in a person's life and behavior.
- The complex interaction of the psychological difficulties and the constitutional difference must be fully acknowledged if the individual is to make progress. That is, the relationship between behavioral/cognitive and affective difficulties needs to be acknowledged and understood.

Practical advices for counselors

- Counselors need to adapt their approach to take into account the unique processing style of each individual.
- Counseling dyslexic people should promote self-understanding, assist in goal setting and include advice on strategy development.
- Counseling should also address affective factors such as confidence, self-esteem, anxiety and stress.

Conclusion

- Keeping in mind the complexity of dyslexia, we should keep in mind that it also needs a complex treatment.
- There are some important things which can help providing a successful treatment, for example: early identifying, creating a dyslexia-friendly environment, being well informed about this disability/difference and its consequences, providing both professional treatment and family and friends support.
- It's important to find learning methods which will work well for the individual and help him/her understand and use his/hers potentials.
- It's also important to keep in mind that dyslexic people can have some problems in the emotional and personal sphere. Anxiety, low self-esteem, low motivation etc. are just examples of the emotional and personal consequences of dyslexia. The treatment must include this elements also.
- At the end, it's important to understand dyslexia as a difference, rather than labeling it as a disorder or a disability. It's important to be aware of the potentials and talents of the people with dyslexia and respect their way of thinking and functioning.

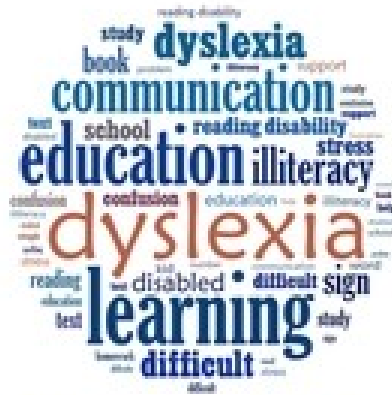
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**Thank you
for your
attention 😊**



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