

DYSLEXIA IS NOT A ONE-SIZE-FITS-ALL READING DISABILITY

BY GEORGIE NORMAND, M.A.

Dyslexia, the most common learning disability, affects anywhere from 5 to 17% of the population. Some experts believe that as many as 20% of the population may have at least some of its characteristics. Although individuals with dyslexia often share similar reading behaviors, there is a surprising variety of neurological profiles behind these behaviors.

Knowing this profile before starting a reading intervention can help shape the intervention, achieving significant results in far less time than with traditional approaches. Thanks to neuroimaging studies and other new dyslexia research, we are learning more about these profiles and how to address them.

This good news is somewhat offset by the reality that this growing cache of research has been slow in making its way into the hands of parents, teachers, IEP teams, dyslexia practitioners, policy makers, legislators, and curriculum developers. As a result, there are many children, teens, and adults who continue to struggle with reading, spelling, handwriting, and the writing process itself – all components of literacy that may be impacted by dyslexia.

READING FAILURE CAN BE REMEDIATED... BUT IT CAN ALSO BE PREVENTED

When students are screened for dyslexia early (especially in PreK or kindergarten) and those identified to be at risk are immediately provided with an evidence-based intervention,

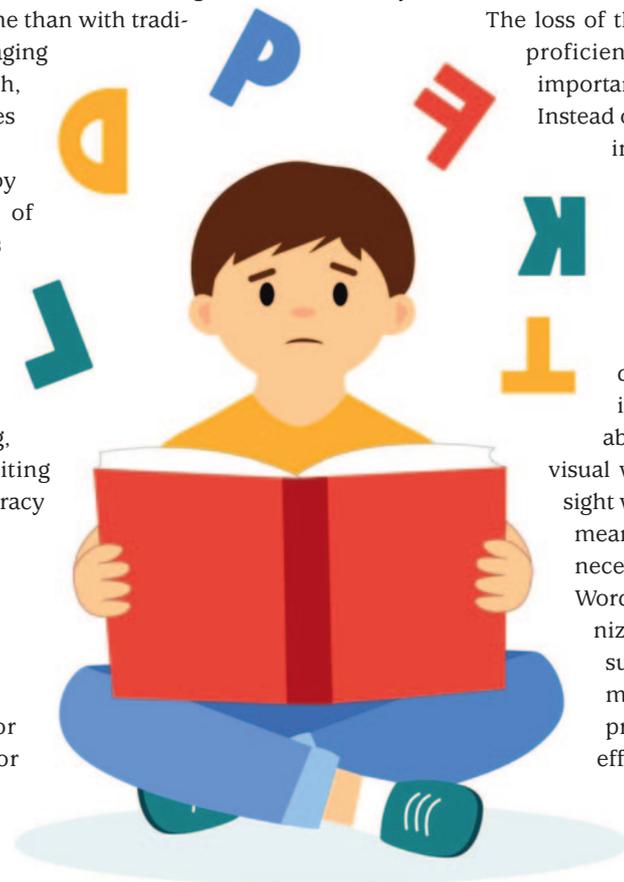
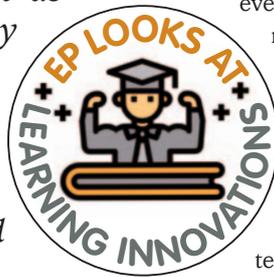
reading failure can be prevented.

Without early intervention, students with dyslexia are left frustrated and fatigued, trying to decode a large percentage of words even after encountering them numerous times. Because reading is so difficult and frustrating for them, they find ways to avoid it entirely, compounding the problem. Less exposure to text, places them in an ongoing cycle of literacy poverty that we refer to as *Matthew Effects* where “the poor get poorer” – a biblical reference from the *Gospel of Matthew* and coined in the 80’s. In 1986, psychologist Keith Stanovich applied this term to the devastating consequences of unaddressed reading problems.

This means that relatively early in their academic life, students with dyslexia find themselves several years behind in reading.

The loss of the knowledge base that comes with proficient reading may deprive them of important academic content and vocabulary. Instead of “reading to learn” they are trapped in the “learning to read” stage. One study found that the achievement gap in reading exists as early as the first grade. Again, this highlights the importance of early screening followed by early intervention.

In contrast, as non-dyslexic children progress through reading instruction, most of them are quickly able to develop a “sight vocabulary” or visual word bank (not to be confused with sight words or high frequency words). This means that for most words, it is no longer necessary to sound them out (decode). Words like **explore** or **animal** are recognized instantly through ongoing exposure to text, and reading becomes more and more fluent, making comprehension of what is being read more effortless. Because reading is easy for them, they read more and learn more. For those with dyslexia, the opposite is true.



REPLACING THE WAIT TO FAIL APPROACH

A contributing factor to the cycle of literacy poverty experienced by older struggling readers, is that when they were within their optimum time for early screening and intervention (PreK through Grade 2), they were caught up in what we now recognize as the “wait to fail” approach of handling reading problems. Well intentioned teachers who were not equipped with the information about dyslexia we have today, often told concerned parents that their child would “catch up.” Parents were, and unfortunately still are being told, that more time is needed before the child can be tested. This delay causes children to fall further behind.

Many children have been unnecessarily held back a grade simply because there was not an effective system in place to recognize and address dyslexia. Grade retention is no substitute for a dyslexia-specific intervention. Retention, by itself, will not help a child to become a better reader. Even though legislation is beginning to turn the tide, this is sadly still playing out today in many schools.

Early identification through universal dyslexia screening in kindergarten is only now being prioritized and ramped up in schools. A trend towards new state by state legislation includes an emphasis on dyslexia screening, evidence-based intervention, and teacher training. Although it’s very encouraging that the emphasis has shifted to reading failure prevention, actual implementation has a long way to go. So unfortunately, teens and adults are not the only ones “left behind.” Even now, in schools across the country, young students in the critical PreK through Grade 2 window may be trapped in the wait to fail net. If you have a child who is experiencing reading problems, it is very important to find out where your child’s school is in terms of early screening and intervention.

For years, many parents have found it necessary to turn to private tutoring to provide what some schools are not yet equipped

to provide. Some are engaged in battles with their child’s school to provide accommodations in testing and other activities while their child is working toward reading proficiency. Others choose homeschooling and use a parent-friendly intervention to tutor their own child, or they may homeschool and hire a dyslexia tutor.

Many dyslexic teens and adults who did not receive a timely intervention have found ways to compensate for reading difficulty by focusing on their innate areas of academic and career strength and by utilizing the abundance of audio/video learning resources available today. While it’s never too late to develop reading skills, preventing reading failure, in terms of time and labor, is far easier than remediating it.

MULTIPLE DYSLEXIA PROFILES

Typically, dyslexia interventions take two or more years and can be expensive when private tutoring is involved. Most interventions improve reading and spelling accuracy, but may still fail to bring a student all the way to grade level fluency and comprehension. This may be due, in part, to treating dyslexia like a one-size-fits-all reading disability.

A large body of new dyslexia research discourages this approach to intervention. This means that to ensure success, a child’s unique profile should be identified through comprehensive screening before an intervention is even begun. The trend towards yes or no dyslexia screeners does not serve dyslexic students well. Capturing more information about the child’s reading profile sets the child up for a successful intervention. This is far more important than conducting a phonics survey of what he or she knows. Knowing the profile in advance means that the intervention can be tailored to your child.

THE DOUBLE DEFICIT IN DYSLEXIA

Studies show that 60% of individuals with dyslexia have a deficit in both phonological awareness (PA) and rapid naming speed (or RAN for Rapid Automated Naming). PA is a deficit that negatively impacts reading and spelling accuracy. RAN is a deficit that impairs reading fluency. This is important because for decades we were only aware of the phonological deficit and therefore dyslexia programs have traditionally been designed to only address the phonological deficit. For the most part, that is still true today. We now know that for individuals with both deficits, remediating the phonological deficit is not enough.

Naming speed tests should be included in every dyslexia screener, because they offer insight into how quickly a student can process visual input, such as letters. These tasks represent a microcosm of the reading process, recruiting the same brain network used for reading. Students who have strong PA, but poor naming speed may read accurately, but very slowly and deliberately, meaning fluency work should be a critical component of their intervention. With fluency being a key predictor of school outcomes and essential for reading comprehension, most dyslexic students need a dyslexia intervention that includes an equal focus on developing fluency.

Interestingly, recent studies found that interventions that focus on fluency show greater gains in far less time in all reading domains. It might be said that by prioritizing fluency in a dyslex-

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ia intervention, we create a shortcut to success in every other reading domain. It appears that all dyslexic students, regardless of their unique profile, can benefit from a heavy dose of fluency work.

OTHER DEFICIT PROFILES

Approximately one third of individuals with dyslexia have a single deficit in either PA or RAN, often combined with other mild deficits. Those with the double deficit may also have additional mild deficits. Some individuals have a cluster of deficits that come together to interfere with reading proficiency. An example would be an impairment in verbal working memory, one of the most consistent associated deficits in developmental reading disorders. In addition, there are other conditions that frequently co-occur with dyslexia, such as ADHD. Learning to read requires focus and often ADHD must be addressed before an intervention can be successful. Some dyslexic children also struggle with dyscalculia (problems with math concepts) and/or dys-

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graphia (problems with handwriting and written expression). Additional deficits and co-occurring conditions can further complicate the process of reading remediation.

PUTTING IT ALL TOGETHER

Since recent studies confirm that dyslexia is not a one-size-fits-all reading disability, it’s time to put our understanding of multiple deficit profiles to work in dyslexia interventions. A student who tests poorly in RAN will need an intervention that provides much more fluency training than an intervention that is primarily focused on the phonological deficit. Interventions that are not targeted to the child’s actual profile can waste hundreds of instructional hours and add unnecessary costs, but targeted interventions can dramatically accelerate the learning process. Comprehensive early screening to identify a child’s profile, aligned with a dyslexia program that has been specifically designed to address the multiple profiles common in dyslexia, is the first step to overcoming dyslexia. •

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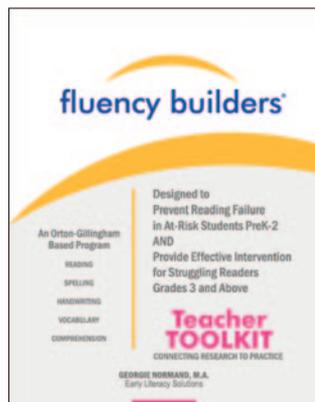
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ABOUT THE AUTHOR:



Georgie Normand, M.A. holds a Master’s degree in Reading Education and has spent many years working with students with dyslexia. She is the founder of Early Literacy Solutions and the author of the Orton-Gillingham based Fluency Builders Dyslexia Program (www.earlyliteracysolutions.com). Designed for parents, tutors, and teachers, the Fluency Builders program utilizes the latest neuroscience in dyslexia. These new studies found that dyslexia is not a one-size-fits-all learning disability. Georgie has also developed the Certified Dyslexia Practitioner Program, a professional learning program that trains teachers and tutors to identify and succeed with multiple dyslexia profiles. Contact her at georgienormand@earlyliteracysolutions.com



Excerpt from the *Fluency Builders Teacher TOOLKIT (Fluency Builders Dyslexia Kit)*. www.earlyliteracysolutions.com