



Is My Child at Risk for a Reading Disability or Dyslexia?

The International Dyslexia Association has adopted the following definition for dyslexia:

Dyslexia is "characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge."

Breaking this definition down:

"Phonological component of language"

The "phonological component" refers to the "sound" component of language or the ability to "hear" that words are composed of individual sounds put together and that these "sounds" can form almost unlimited combinations to create new words, each of which is tied to meaning. When this is linked to reading, which is the written representation of these "sounds," the individual with dyslexia struggles even more. When individuals read, they "sound" out the words in their heads. If there is no "sound" representation for the letters on the page, then the writing becomes an undecipherable code.

"Unexpected difficulty in relation to other cognitive abilities"

In fact, it is not uncommon for individuals with dyslexia to have average or above-average IQ scores. This can be a two-edged sword for them; they can use their high level of cognitive abilities to aid in reading comprehension and thereby mask their difficulties and delay a diagnosis of dyslexia and the necessary intervention that could help them.

What do I look for in determining if my child is at risk for a reading disability/dyslexia?

According to Sally Shaywitz, M.D., the presence of one, some, or all of the following characteristics is consistent with a diagnosis of dyslexia:

- a family history of dyslexia
- delay in speaking (timely milestones are first words around one year and phrases around 18 months to 2 years)
- difficulties in pronouncing words and delayed articulation development
- sound reversals in words - "aminal" for "animal"
- by age three or four, not noticing/remembering nursery rhymes
- difficulty learning the names (by the end of kindergarten) and sounds (by the end of first grade) of the letters of the alphabet
- unexpected difficulty with reading – child is at or above her chronological age expectations for other abilities
- word retrieval difficulties (difficulty using specific words to describe and making frequent related word errors e.g. tornado/volcano)

It is also important to note that dyslexia is **NOT** a result of the following:

- ✚ visual problems
- ✚ poor motivation
- ✚ anxiety
- ✚ poor use of mnemonic (memory aids) strategies
- ✚ hearing/auditory problems
- ✚ low IQ
- ✚ Attention Deficit (Hyperactivity) Disorder (AD(H)D)

Furthermore, although ADHD is present in 12-24% of individuals diagnosed with dyslexia, it is a behavioral diagnosis made separately and through different means than a diagnosis of dyslexia.

Other misconceptions about dyslexia include:

- ✚ the belief that reversals in writing, such as writing a “b” for a “d” are common only among dyslexics. The truth is that reversals are common in developing writers, both dyslexic and nondyslexic.
- ✚ the belief that reading difficulties can be outgrown. This is absolutely false. **Early intervention is critical** because the brain is more "plastic" or able to absorb more information and to "flex" in the younger child. In fact, younger, at risk students make progress with 30-40 minutes of remedial or preventative instruction/day. When children are beyond third grade, they require up to 2 hours/day of direct reading instruction time to achieve the same amount of progress in reading development.
- ✚ the belief that delaying the start of kindergarten because of a suspected or real difficulty with reading will help the child “mature.” To the contrary, doing this will only delay reading instruction; the child will have missed a year of critical direct reading instruction and will have the same difficulty reading that he/she had before being.
- ✚ the belief that the diagnosis of dyslexia is “black and white” with a determined cutoff point. In fact, dyslexia severity is on a continuum, and there is no stringent cutoff point to determine that someone is dyslexic.
- ✚ the belief that holding children back a grade once he/she is in school will help him/her mature. To the contrary, re-teaching using the same methods will not help, and holding a child back just puts him/her at risk for more problems with self-esteem.

I think my child may be at risk for a reading problem or develop dyslexia. Now what?

First, it is important to know that brain-imaging studies have revealed a difference between the nerve pathways in brains of individuals with dyslexia and those without dyslexia. Furthermore, brain-imaging studies have shown that scientifically-based interventions can successfully change the brain pathways in a dyslexic child to be similar to those of a “normal” reader. The key is early intervention. As stated earlier, as a child matures, the brain becomes less flexible; the nerve pathways continue to be solidified over time. By beginning earlier, you are taking advantage of the brain’s flexibility. Furthermore, if a child who is struggling does not receive the proper intervention, the effects spread to other areas including stunted vocabulary growth, decreased reading comprehension and increased time requirements to complete assignments. As a child ages, much more time is spent trying to get through the assignments, often at the expense of fun activities such as sports, music, drama, art and playing with friends. These extracurricular activities provide a much needed outlet for dyslexic students, not to mention, helping to build self esteem in other areas that they excel in.

For your preschool and kindergarten child:

- according to Sally Shaywitz, M.D., “It is critical to identify a child’s reading problem before he fails.” (p.196). Testing for early signs of dyslexia can be done as early as four- to five-years of age.
- read stories aloud that have rhythm and rhyme in them
- incorporate nursery rhymes into his/her daily life, such as “Twinkle, Twinkle Little Star”
- read with your child daily to facilitate vocabulary development and increased interest in reading
- encourage your child to make predictions when reading
- encourage your child to engage in sound play and rhyming games

For your kindergarten or older child:

- there is no single test that diagnoses dyslexia - tests of reading (accuracy, fluency, and comprehension), spelling, and language form the basis for diagnosing dyslexia.
- IQ tests are not helpful in predicting reading difficulties because as stated earlier, IQ is not related to dyslexia.
- it is important to distinguish dyslexia from a language-learning disability, in which all aspects of language are affected including reading decoding and comprehension. Speech-language pathologists are trained in language development and the diagnosis of language-learning delays and disabilities.

As you try to determine the best route to take for officially diagnosing your late preschool and kindergarten child with dyslexia, it is important to note that therapies targeted at treating peripheral sensory problems, such as supposed or real deficits in vision or hearing, have not been proven to improve dyslexia. Again, dyslexia is a specific difficulty translating written symbols into sounds that are understood by the language processing areas of the brain.

For your older child:

Ask for accommodations for your child, including:

- more time on tests
- shortened reading assignments
- supplemental use of audio taped material so that time spent reading is kept within reason

Important points to remember:

- Early intervention is **critical**
- Many individuals with dyslexia have average to above-average IQs. Many dyslexics, having overcome adversity, develop extraordinary strengths in problem solving, creativity and oral communication skills. These individuals often excel professionally including countless doctors, lawyers, CEO’s, financiers and entrepreneurs.

Where can I find more information?

Informational Websites:

1. The International Dyslexia Association: www.interdys.org
2. Rocky Mountain Branch of the International Dyslexia Association: www.dyslexiarmbida.org

Activity Websites:

1. www.getreadytoread.org
2. www.readingrockets.org
3. www.starfall.com

References:

Shaywitz, S., (2003) Overcoming Dyslexia: A New and Complete Science-Based Program for Reading Problems at Any Level. New York: Random House.

Moats, L.C., and Dakin, K.E. (2008) Basic Facts About Dyslexia and Other Reading Problems. Baltimore: The International Dyslexia Association.