

Dyslexia

What is dyslexia?

Dyslexia is a language-based disability in which a person has trouble understanding written words. It may also be referred to as a reading disability or reading disorder. The core difficulty is with word recognition and reading fluency, spelling, and writing.

What are the common features of dyslexia?

- Difficulty spelling for no apparent reason.
- The child may be intelligent, able to achieve well in other areas and be exposed to the same education as others, but is unable to read at the expected level.
- Difficulties with comprehension
- Difficulties identifying words.

Common difficulties often (but not always) experienced by those with dyslexia:

Preschool Children:

- Delayed language and speech production.
- Producing speech sounds and pronouncing words.
- Learning rhymes and identifying rhymes.

- Learning shapes and colours.
- May have difficulty writing his/her own name.
- Re-telling a sequence of events or a story in the correct order.

School Children:

- Spelling.
- Reversing numbers and letters.
- Left right discrimination.
- Organisation
- Telling the time.
- Writing by hand and copying things accurately from the board to paper.
- Remembering or understanding what they just read.
- Remembering or understanding what they have just heard.
- Repeating what they have just been told.
- Writing down what they think.
- Understanding and following instructions.

Management strategies that support the child with dyslexia (at preschool, school and/or home):

- Allow extra time to complete work (to take into account the extra time it takes to read and interpret the information).
- More repeated exposure to the same task than typical.
- Using visual cues rather than long verbal instructions.
- Using visual prompts wherever possible (i.e. pictures, not word lists, for organisation).
- Continued practice of mastered (familiar) skills, rather than simply moving on to new tasks without maintaining the old.

Occupational Therapy approaches and activities that can support the child with dyslexia or their carers include:

- **Multi-sensory approach:** Using a multi-sensory approach to learning (i.e. using as many different senses as possible such as seeing, listening, doing and speaking).

- **Visual prompts:** Providing visual prompts for both instructions and organisation.
- **Visually sequencing tasks** (or components within a task) using visual cues.
- **Visual strategies** to assist with reading and spelling (e.g. colour coding paper size according to letter size).
- **Visual modelling** rather than simply giving a verbal instruction.
- **Letter formation practice:** Teach explicit formation and do repeated practice of letter to help build muscle memory, rather than rely on visual skills.

Speech Therapy approaches and activities that can support the child with dyslexia or their carers include:

- **Speech and language assessment:** Assessing the child's skill in the areas of emergent literacy which include: speech sound awareness and memory; vocabulary use and knowledge; listening comprehension; processing and understanding sentences; using words and sentences; conversational skills; oral story telling skills; knowledge of letter symbols and encoding and decoding letters and sounds.
- **Phonological Awareness:** Developing phonological awareness skills (e.g. syllable segmentation, rhyming, identifying sounds in words).
- **Developing language:** Focusing on oral language skills which may not be fully developed.
- **Letter and sound knowledge:** Working on letter/sound identification.
- **Visual strategies** to assist with spelling out words and spelling (e.g. coloured blocks to represent consonants and vowels).
- **Liaising with educational staff** and other professionals involved in the child's care about the nature of the difficulties and ways to help the child to access the curriculum.

Why should I seek therapy for my child with dyslexia?

Diagnosis alone is NOT the solution. It simply opens the door to getting the help that is needed by arming all involved with the relevant information.

The 'help' still needs to be provided. The help that is provided (at least from a therapy perspective) will reflect:

- First and foremost what medical intervention is needed.
- What the parents/teachers/carers biggest concerns are for the child (i.e. what are the most significant functional challenges).
- The specific areas that are problematic to the child (which will vary even within children with the same diagnosis).
- The capacity of the child's environments to meet the child's needs.

If left untreated the child with dyslexia may have difficulties with:

- Following instructions within the home, kindergarten or school environment.
- Vocabulary whereby a child cannot clearly get their message across due to limited word knowledge.
- Self esteem and confidence when they realise their skills do not match their peers.
- Fine motor skills (e.g. writing, drawing and cutting) due to poor core stability, meaning they do not have a strong base to support the use of their arms and hands.
- Self regulation and behaviour, as the child is unable to regulate themselves appropriately to settle and attend to a task for extended periods of time.
- Accessing the curriculum because they are unable to attend to tasks long enough to complete assessment criteria.
 - Academic performance: Developing literacy skills such as reading and writing and coping in the academic environment.
 - Academic assessment: Completing tests, exams and academic tasks in higher education.

More specific implications of not seeking treatment will be influenced by the common difficulties that are most influencing your individual child.

For more information see the relevant fact sheets under areas of concern or refer to the other relevant resources section below.

What does the diagnosis of dyslexia really mean for the child?

Diagnoses are used to label a specific set of symptoms that are being experienced by a child.

This label then helps to narrow down and specifically tailor what:

- Other issues commonly occur simultaneously.
- Medication might be appropriate.
- Therapies might help the child (e.g. Medical, Occupational Therapy, Speech Therapy, Psychology).
- Course of intervention (medical and/or allied health) might be and what outcome might be expected (prognosis).
- Can be done to help the child.

A diagnosis helps the child and their carers (parents, teachers, health professionals, carers) to:

- Access information about the relevant cluster of symptoms.
- Communicate the salient features of the child's challenges to all people involved in the child's care.
- Possibly interpret certain behaviours differently in light of the diagnosis.
- Obtain information about what can be done to help the child.
- Determine specifically where and how to help the child.
- Access funding or services that might not otherwise be accessible.

Contact us today to make an initial enquiry or book an assessment for your child
on 1800 KID SENSE (1800 543 736)

