What is Dyslexia?

There is no agreed single definition of dyslexia, but most commonly outline it as an educational and learning difficulty primarily affecting accurate and fluent reading and spelling skills. Children may have difficulties with phonological awareness, verbal processing speed and verbal memory. Some may have co-occurring difficulties in their concentration, language, coordination and organisation. Despite public and media perception that dyslexia is associated with high IQ, this is not always the case as dyslexia is evident in individuals of a range of intellectual abilities. Dyslexia is considered best as a continuum as opposed to one distinct category.

Rose (2009)

The cause of dyslexia is also debatable, but most consensus lies around deficiencies in phonological skills such as phonological coding. Dyslexia tends to be inherited but there is also evidence suggesting early reading difficulties could be linked to experience and teaching methods. The main conclusion is that both biological and environmental factors contribute to dyslexia.

Hayes and Frederickson (2015)

Current Debates in Dyslexia

The lack of consensus on the definition of dyslexia creates the issue that professionals may not be talking about exactly the same issue when it comes to helping the child.

What is the best intervention for children with dyslexia?

- Coloured lenses are commonly assumed to help those with reading difficulties. Whilst there is anecdotal evidence for this, no significant positive effect has been found in research and it has been suggested any results are placebo effects (Galuschka et al., 2014). Coloured lenses are expensive and other interventions are likely to be more effective.
- Research has consistently found phonics instruction and greater phonemic awareness to have the greatest improvement (Galuschka et al., 2014; Hayes and Frederickson, 2015).

The benefits and usefulness of a diagnostic label for dyslexia have also been widely debated, especially following the publication of the controversial book, The Dyslexia Debate (Elliott and Grigorenko, 2014).
**Benefits to a Diagnostic Label**

- **More opportunities** may be available to the child with a diagnosis, in the form of more funding and resources for intervention.
- More diagnoses being given leads to **increased awareness**. Teachers and professionals are likely to have a sound knowledge and understanding of dyslexia.
- Diagnostic labels allow for shared terminology, which aids **communication** between teachers, parents and professionals involved with the child.
- A diagnostic label may bring **comfort** to the child and their family by ‘explaining’ the difficulties they have been having (see study below).

Lauchlan and Boyle (2007)

Taylor, Hume and Welsh (2010) suggest that a diagnostic label is beneficial in comparison to a label of ‘general SEN’. **Self-esteem** scores were higher in the ‘dyslexia’ group than in the group with a ‘general SEN’. The researchers write how a dyslexia diagnosis offers an explanation and enables targeted interventions for the child’s academic difficulties.

**Difficulties with a Diagnostic Label**

Parents who would like their child to receive a diagnosis should be aware that...

- Each child is different, and the nature of the intervention must be considered – what works best for that child, rather than what works best for that diagnosis.
- Some professionals may give diagnosis purely to get extra funding.
- A diagnostic label remains with the child for life and they could suffer from stigmatisation in society. However, Riddick (2000) points out that some students feel more stigmatised by their symptoms rather than the label.
- After diagnosis, the assumption that the problem is ‘within-child’ is often made and environmental factors may be ignored. Parents may feel the child’s difficulties are out of their control.

Lauchlan and Boyle (2007)

**When will an educational psychologist get involved?**

It is advisable to seek assistance from an educational psychologist (EP) when other professionals could not solve the complex problems surrounding with the child’s difficulties. EPs work at multiple levels; with the individual child, their families, groups of students, teachers and at a wider level with organisations such as LEAs and with other professionals. The process will involve an initial consultation to develop a thorough understanding of the problem. Hypotheses are created and tested before another consultation to discuss the appropriate interventions. An EP will apply psychological principles to support the child.

References


Note: All images were taken from Google Images, searching for ‘dyslexia’ ‘reading’ and ‘educational psychologist’.