**WHAT IS DYSLEXIA?**

- A learning difficulty affecting one or more of **reading, spelling & writing** (Peer, 2001)
- A **continuum** ranging from mild to severe, not a distinct category (Rose, 2009)
- A **heterogeneous** syndrome, meaning that whilst many children show some of the following difficulties, these can vary between each child (Taylor, Hume, & Welsh, 2010)

**DIFFICULTIES YOUR CHILD MAY BE EXPERIENCING:**

- Phonological awareness
- Verbal memory
- Verbal processing speed
- Sequencing information
- Maintaining attention
- Coordinating motor movements

(Wood, Littleton, & Sheehy, 2008)

---

**What causes it?**

*Reading ability has a genetic basis* (Grigorenko, 2004) but the influence of genes are not indicative of a differential dyslexia diagnosis (Elliot, 2015)

Teaching method is likely to **exacerbate** reading difficulty rather than cause it (Elliot, 2015)

Despite suggestions that symptoms of dyslexia are due to auditory, visual and cerebellar deficits, the **phonological deficit theory** remains the dominant explanation. However, not all with dyslexia show this deficit (White et al., 2006)

---

**Which interventions work?**

*Only phonological training* is statistically proven to improve reading and spelling performance in children with difficulties (Galuschka, Ise, Krick, & Schulte-Körne, 2014)

**Intensive, explicit phonics based interventions can lead to enduring gains in reading skills** (Torgesen et al., 2001; Vadasy, Sanders, & Abbott, 2008)

Be mindful of articles advocating coloured overlays, as there is no reliable evidence for their role in alleviating reading difficulty (Suttle, Lawson, & Conway, 2018)

Parents can help children to improve their reading ability by **listening to them read and tutoring them in specific literacy skills** (Sénéchal & Young, 2008)

To make home-tutoring more effective, parents may want to implement 'ESI' principles

*Phonological training teaches letter-sound correspondence (F = ‘fuh’) and the segmentation and blending of phonemes (fl-ow-en = flower) (Rose, 2009)

---

**ESI steps to Effective Intervention:**

**Explicit:** Indicate patterns in texts:

"The brown cow saw a flower"

Instructor modelling, multi-modality learning:

**Systematic:** Logical progression of material, in small steps

**Intensive:** Frequent practice and feedback, smaller groups

(Al Otaiba, Rouse, & Baker, 2018)
THE DIAGNOSTIC LABEL

**N.B. Although debate around this topic is controversial, it is important that parents are provided with an understanding that is based on scientific research**

"A diagnosis will determine the support my child needs and enable them to access it"

Efficacious reading interventions are designed and suitable for any child who struggles with reading, it thus follows that a child does not need a diagnosis of dyslexia to determine or access the appropriate support at school (Elliot, 2015). It is now widely advocated that children receive resources, not on the basis of a diagnosis, but on the basis of efficacy (Response To Intervention (RTI)) (Hayes & Frederickson, 2015), as this welcomes a more socially just system of resourcing (Elliot, 2015). Moreover, Ho (2004) suggested that labelling may cause schools to overlook problems that exist within their teaching systems, which may hinder a child's progress rather than support them.

"A diagnosis is a relief"

A diagnosis may be a relief to parents, firstly as they might believe it will aid their understanding of their child's condition (Ho, 2004). However, research into the cause of dyslexia is inconclusive (Elliot, 2015), thus a diagnosis may merely confirm parents' pre-existing knowledge that their child has literacy difficulties. Secondly, as the label is still associated with a discrepancy between reading achievement and IQ, parents may believe that it will protect their child's intelligence from being negatively perceived (Elliot & Grigorenko, 2014). However, it is now understood that dyslexia occurs across a range of intellectual abilities (Rose, 2009). Recent research has also shown that children with and without this discrepancy show the same cognitive ability, RTI (Stuebing et al., 2002, 2009) and prognosis (Flowers, Meyer, Lovato, Wood & Felton, 2001) - therefore questioning the need for a separate dyslexia label altogether (Siegel, 1992).

"The label is empowering"

It has been argued that a label may cause people to overlook the individuality of those with a condition, this may elicit negative expectations and stereotypes (Ho, 2004), which, given the heterogenous nature of dyslexia, is extremely problematic. It is recognised though, that those with dyslexia may experience high self-esteem due to the label providing a positive outlook on one's difficulties (Taylor et al., 2010) - however, Educational Psychologists (EPs) advocate that a label isn't required to celebrate everyone's uniqueness!

---

**Can an Educational Psychologist help?**

If your child is struggling despite school staff's best efforts to implement accommodations & extra support from a Special Educational Needs Coordinator (SENCo), the next step may be to involve an EP. EPs support schools, teachers, parents and children by drawing on psychological research to understand learning difficulties. The 5 main services that EPs offer are: consultation, assessment, intervention, training & research. They deliver these across 4 levels to help young people reach their full potential:

- **Individual**
  - Examining the child's strengths and weaknesses, using complex problem solving to identify how the child's needs can be met

- **Group**
  - Supporting parents and friends, delivering intervention programmes to groups of children

- **Organisation**
  - Aiding schools in their improvement, training school staff to support children, sharing good practice across different schools

- **System**
  - Offering knowledge to the wider community, informing policies

(Association of Educational Psychologists & Welsh Government, 2016; Rumble & Thomas, 2017)


