

The Reading Language Gym

Elizabeth Nadler-Nir
MSc (Logopaedics) University of Cape Town
Registered speech-language therapist

Elizabeth Nadler-Nir's position for The Dyslexia Debate panel

When I am asked to give courses on *dyslexia* I sometimes say with tongue in cheek, "Call it George for all I care, but define what you mean."

But when I do use the term *dyslexia*, and I do use it interchangeably with the term *reading barriers*, I am careful to use it with an agreed upon definition because opinions vary. I agree there is no one clear definition, but there are useful ones, e.g. the one that emerged from the Rose report and adopted and extended by the British Dyslexia Association (BDA).

From the BDA website: Rose (2009)

- Dyslexia is a learning difficulty that primarily affects the skills involved in accurate and fluent word reading and spelling.
- Characteristic features of dyslexia are difficulties in phonological awareness, verbal memory and verbal processing speed.
- Dyslexia occurs across the range of intellectual abilities.
- It is best thought of as a continuum, not a distinct category, and there are no clear cut-off points.
- **Co-occurring difficulties** may be seen in aspects of language, motor co-ordination, mental calculation, concentration and personal organisation, but these are not, by themselves, markers of dyslexia.
- A good **indication of the severity** and persistence of dyslexic difficulties can be gained by examining how the individual responds or has responded to well-founded intervention.
- **In addition to these characteristics, the BDA acknowledges** the visual and auditory processing difficulties that some individuals with dyslexia can experience, and points out that dyslexic readers can show a combination of abilities and difficulties that affect the learning process. Some also have strengths in other areas, such as design, problem solving, creative skills, interactive skills and oral skills.

Quick miracle cures for dyslexia don't exist. If there are such claims, the kid probably did not have a neurobiological base to their *dyslexia* in the first place. They just needed structured teaching. Clients with *dyslexia* / significant reading barriers deserve good evidence based interventions that, at the very least focus on the fact that reading is a multifaceted process that relies heavily on the phonological system in language. Here there is consensus in the literature and *The Dyslexia Debate* agrees with this.

My work focusses on subtyping dyslexia and oral and written language disorders and their co-existence with other cognitive issues such as working memory, attention deficit, visual stress etc. Personally, I prefer the term “reading barriers” to *dyslexia* or reading disabilities because the barriers can be noted and where possible, worked on.

I do not agree with Joe Elliot’s view that the term *dyslexia* should be retired. I feel it should be reconceptualised first.

Marian wolf is in my view a “reconceptualiser.” She explains that our brains are wired for language not for reading. Reading uses the existing language and other circuitry of the brain. Reading must be “bolted onto this” and explicitly taught and by so doing reading re-wires the brain. So bad reading teaching, or the absence of reading teaching, or a language circuitry that has glitches in the brain; will lead to reading problems. If we call all of these things *dyslexia*, we are misguided and the stats for dyslexia become inflated.

For the masses of children who fall behind in reading, for a myriad of reasons, a Response to Intervention approach (RTI) is the most sensible. Give them some intervention and see how they improve. Assess the slow responders in more depth and intervene in more depth. As a speech language therapist, I come in at this later stage.

Intervention for children with severely atypical reading or “*dyslexia*” is very, very different from typical literacy instruction; and assessment that uses particular tests is essential. These children need early, intensive, target specific intervention and protection of their academic self-esteem and team work across disciplines due to co-morbidity. If a label of dyslexia helps this kid, I will use it until we reconceptualise.

I am very grateful to Elliot and Grigorenko for such a thorough review of the literature in their book *The Dyslexia Debate*. This is a great service to busy clinicians.

Elizabeth Nadler-Nir (MSc Speech-Language Therapist, www.thereadinglanguagegym.co.za)

27 February 2015, For The Dyslexia Debate panel at the IACESA 2015 conference, Cape Town, South Africa

References:

1. Elliot and Grigorenko (2014). [The Dyslexia Debate](#). Cambridge University Press
2. Wolf, Maryanne (2008). [Proust and The Squid](#). ISBN-10: 0060933844
3. Margaret J. Snowling. (2009). Editorial: Virtual Issue. Changing concepts of dyslexia: nature, treatment and comorbidity. [Journal of Child Psychology and Psychiatry](#).
4. Norton E and Wolf M (2012). Rapid Automatized Naming (RAN) and Reading Fluency: Implications for Understanding and Treatment of Reading. [Annual Review of Psychology](#) (63 427-452)
5. William Tunmer and Keith Greaney (2009). Defining Dyslexia. [Journal of Learning Disabilities](#)
6. <http://www.publications.parliament.uk/pa/cm200910/cmselect/cmsctech/44/4406.htm>

7. <http://www.dyslexia-reading-well.com/the-dyslexia-debate.html>.
8. British Dyslexia Association
9. Dyslexia Action
10. PATOSS
11. The Dyslexia-SpLD Trust