



The Horizon

A Newsletter for Alumni, Family and Friends of The Shelton School

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From the Director's Desk

Think Twice About Controversial Therapies

Over the now 108 years since dyslexia was first described, there have been many therapies considered to assist those with this specific reading, writing and spelling difference. Research has clearly shown that dyslexia is genetic, runs in families, and is an unexpected difficulty in learning, given that intelligence is normal and that motivation and adequate instruction have been provided.

Research over 70 years shows that most dyslexics can improve their written language skills with direct instruction in multisensory structured language methods like those taught at Shelton School — Alphabetic Phonics, Sequential English Education (SEE), the Association Method, and Wilson Language Training. These are Orton-Gillingham-based programs.

These therapies are comprehensive. All require several years of intense work by a teacher and student with the support of parents who understand the learning difference and the rationale of the therapy. These methods are not fast. There is no quick fix.

Parents, often as frustrated as their children, look for a faster or cheaper solution. Over the years many controversial therapies have promised more rapid progress or even “cures.”

A controversial therapy is one in which there has been no regular, ongoing collection of data on the progress of the students treated. These programs have included vision training, motor

training and colored lenses. None of these approaches has demonstrated a direct gain in the academic abilities of reading, writing or spelling.

Though a direct correlation to academic improvement has not been shown, vision training for weak eye muscle coordination is recognized as valid. Training that improves motor coordination, eye-hand coordination and neurological integration is positive. *The point is that therapies need to be specific. A carry-over from one therapy to other areas of learning has not been demonstrated and should not be expected.* If a student has the reading disorder dyslexia, he needs the specific prescription of a multisensory structured language approach.

“...there is insufficient evidence to support the development of commercially marketed interventions that are beneficial for people with dyslexia.”

Recently a therapy advertised in print and on television claims to treat dyslexia through exercises that improve skills through stimulation of the cerebellum. Ads for this therapy indicate it is also effective for children with ADHD and dyspraxia.

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From the Director's Desk *Continued*

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In a position statement on this treatment the International Dyslexia Association (IDA) stated that "there is insufficient evidence to support the development of commercially marketed interventions that are beneficial for people with dyslexia."

Position Statement on Cerebellar Research & Interventions for Dyslexia

The International Dyslexia Association (formerly the Orton Dyslexia Society) is the nation's oldest learning disabilities organization, founded in 1949. A key component of IDA's mission is the "dissemination of research based information." Over its long history, IDA has had a close relationship with the research community and prides itself as being a bridge between that community and the public-at-large. IDA is committed to the sponsorship and encouragement of research into the biological bases of dyslexia as well as effective intervention models.

Over the years, most neurological research related to the study of dyslexia has focused on differences in cerebral activity between the dyslexic and non-dyslexic brain. Additionally, credible neurological research has also investigated a possible role of the cerebellum in the dyslexic brain. IDA welcomes such research and is eager to see continued investigation, publication of findings, and replication of such studies.

However, based on currently available cerebellar research (published by the scientific community in peer reviewed journals), IDA feels there is insufficient evidence to support the development of commercially marketed interventions that are beneficial for people with dyslexia.

IDA's position has always been to caution consumers when products claim to "cure" dyslexia or offer "instant" or "immediate" gains. No organization in our field would be more pleased than IDA if there were a "quick fix" for dyslexia. However, our current understanding of dyslexia suggests that a very structured, sequential, phonetically based educational program (often referred to as the Orton-Gillingham approach, of which there are many variations) offers the best hope for people with dyslexia.

To learn more about dyslexia and related issues, please go to our website at www.interdys.org.

Frequently parents considering new commercial programs ask our staff if these approaches will "hurt" their child. Our answer is usually, no. But we also caution them not to expect miracles. Only they can decide whether the time and expense in exploring these programs is truly worth it. The scientific jury is still out on their efficacy. Shelton will be the first to let you know of any substantiated claim.