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An Interview with Don M. Winn: Dyslexia (part II)

Sep 19, 2019 by
Michael F. Shaughnessy EducationViews Senior Columnist

Michael F. Shaughnessy –

1) Don, first let's talk about your recent book—what is the title and what is it about?

Thank you, Michael. It's called *Raising a Child with Dyslexia: What Every Parent Needs to Know*. It takes parents through the symptoms of dyslexia, diagnostic testing, school accommodations, and beyond. But unlike all the other books out there about dyslexia, there are large portions of this book that focus on the social and especially the emotional complications of discovering and living with dyslexia, and how parents can help their child cope and thrive.

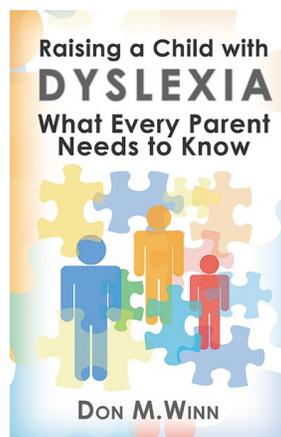
2) Don, let's talk about this label of "dyslexia"—the good, the bad and the ugly. First, do we have a good clear nationwide definition of "dyslexia"?

How I wish that were true! Standardization would mean a lot less confusion, and more importantly, more consistent diagnosis and accommodation for struggling readers. It is not uncommon, instead, for school districts to have such a narrow view of what dyslexia looks like that few (or even no) children qualify for the assistance they need.

I kid you not—within the last twelve months I encountered an administrator for one school district who was proud to report that they did not have a single dyslexic who required special assistance or accommodation in their entire district. Their requirements for qualifying for services were so strict that none of the dyslexic students could receive even the most meager of services. I cringed to hear that. Every child who has dyslexia and doesn't understand their struggle or who doesn't have support in their learning endeavors is unlikely to reach their potential. And those children will suffer needless, painful emotional fallout from the hopelessness and despair that comes from fearing that they can't ever learn.

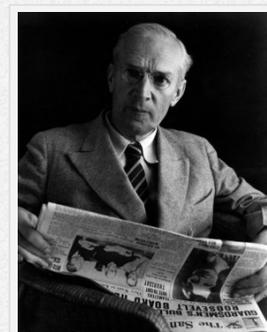
3) For some people getting the diagnosis of "dyslexia" puts to rest charges of low motivation, laziness, or stubbornness, but it opens up a lot of other issues. For example, "treatment." Your thoughts?

You're right. Getting a diagnosis is—finally—an answer to the dilemma of how a student can be so bright and yet fail to perform in expected ways. Kids have an active inner voice, just like adults do, and that inner voice can be very negative, gloomy, and even abusive. That inner dialog often rails at the child for being stupid, broken, and not good enough. Then if the adults in their life are pummeling them with the message that they aren't working hard enough or don't care, the emotional decimation is complete. However, when a child is tested and learns that he has a processing issue, not an intelligence issue, the relief is palpable.



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As for the “treatment” aspect you mention, I invite people to think of dyslexia, not as a disease, but rather as the learning difference that it is, one based on structural differences in the brain. Since it isn’t a disease, it can’t be cured. Accepting the lifelong nature of our learning difference is an important aspect of emotional wellness for all dyslexics. Once a person understands the scope of their dyslexia—because everyone’s dyslexia manifests a little bit differently—it frees up energy in the brain to take on an attitude of grit and having the determination to show up however we must to get the job done. To me, that’s not treatment, it’s acceptance and management.

4) Medication—an important aspect of the treatment process—in your humble opinion?

I’m certainly not a physician, nor do I (to quote a very old advertising reference) play one on TV. But medication can’t change a brain’s structure, or cause under-developed areas to grow new cells, and that’s what dyslexia is: a structural difference in the part of the brain responsible for decoding the written language. There are certainly occasions when medication may be prescribed, though. For example, it’s not unheard of for a child to have both dyslexia and some other diagnosis like ADD/ADHD, autism spectrum disorder, Tourette’s, or bipolar disorder. A child’s pediatrician, psychiatrist, or neurologist may feel that with the added diagnoses, medication may be required. Each parent must carefully weigh the risks/benefits of medicating their child.

5) The label “dyslexia” may change parental and teacher expectations—true or false? Good or bad?

This is another topic I cover at some length in my book. Every parent has dreams of a healthy, happy life for their child, and when they hear that their child has a lifelong condition such as dyslexia, it can feel like a devastating blow. And here’s the thing: parents (and even highly trained educators) can easily jump to the conclusion that they must now lower the bar for their expectations of that child. I know how it feels to be on the receiving end of that belief—a teacher once told me that I would probably be “hanging sheetrock” all my life since I wasn’t demonstrating the educational potential of my peers. But there is abundant evidence that all children with dyslexia can learn to read and write well, without exception. Those will always be laborious tasks, and time-intensive as well, but every child can learn with proper teaching and accommodation.

So I spend quite a bit of time on this topic because parents and teachers have to learn to adjust that knee-jerk initial response, and that requires recognizing and dealing with their own feelings about the child’s diagnosis. The reality is that the child still has all the potential they need to become whatever they desire.

Here’s an important point for parents and teachers to note: their response to the child’s diagnosis and needs will inform the child’s response to his dyslexia. If it’s treated as a tragedy, or as a life sentence to digging ditches or hanging sheetrock, that’s what the child will believe. But when parents educate themselves about dyslexia and cope effectively with their own feelings, they can encourage their child. When parents believe in their child, that child can then believe in himself or herself.

6) Sometimes the label of dyslexia arrives after much testing by specialists—is this important?

Testing can be rather straightforward, or it can be a lengthier process. Every tester is different, and every dyslexic is different. But getting a clear picture of a child’s learning challenges as early as possible is of the utmost importance. The earlier a child receives the official label (diagnosis) of dyslexia, the earlier accommodations can begin, and the less precious time is lost. Parents need to know that there are tell-tale signs that can point to dyslexia at every age for a child. It’s important for parents to watch for those signs and immediately bring their observations to the attention of the child’s physician. Referral to a qualified educational psychologist or neurologist for testing and diagnosis offers benefits that aren’t available any other way. Those include accommodation at their school or university and protection from discrimination. Some testing is effective for children as young as eighteen months!

7) Don, you and I know there are terms like reading rate, reading comprehension, fluency, and a number of other issues (decoding, word attack skills, etc.) that come up when talking about dyslexia. Do people need to be exact, specific, and precise regarding this discussion?

Terms like these are often new to parents, and just like all new things, they take a while to understand and incorporate. Between these terms, testing acronyms, and acronyms and jargon used by school administrators, parents may feel like they need the Universal Translator from Star Trek for a while to keep up with it all. But the more a parent can be an active participant in the discussion about their child’s dyslexia, especially when it comes to observing and reporting how well (or not) the current interventions are working, the better it is for the student. Indeed, a parent’s observations about how they feel their child is doing at home with their homework, anxiety, mood, attitude, and more can be enormously helpful to educators, and that requires good oral and written communication skills.

8) I have seen reading clinics where kids have pencils in their mouths preventing them from moving their lips when they read (which apparently slows down their reading rate)—good, bad or indifferent?

I still at times move my lips when I read; if a teacher had made me bite down on a turkey leg all semester, it wouldn’t have changed anything. Maybe that’s just me. Subvocalization, or moving one’s lips and/or speaking in a barely audible fashion is something that seems to be helpful and natural to many dyslexics, and that’s not just me. Tactics like these remind me of the draconian methods used to force left-handed folk to learn to write with

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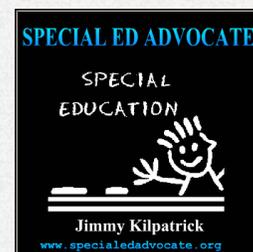
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their right hand. As to whether it makes a difference in the speed of reading, I guess everyone's experience is their own.

9) And then we have gluten-free, casein-free, taste-free and all these other dietary approaches—is this reasonable?

Here's what I know: science has proven without a doubt that dyslexia isn't a nutrient deficiency, a food sensitivity, a chemical imbalance, an herbal deficiency, or anything else related to an ingested substance. There's no diet, special pillow, balance exercise, ear candle, rain dance, paint color, voodoo, or pair of glasses with rainbow lenses that will "heal" a person's dyslexia.

Personally, I think that parents are struggling to understand and accept what their child's dyslexia means. And when they think it means lowered academic expectations, they are going to look everywhere for someone touting a cure. I'm not saying good nutrition doesn't matter; I don't advocate living on junk food washed down with technicolor sodas. But how much better it is to focus our efforts on things that are actually proven to help dyslexics, like explicit multisensory reading instruction, shared reading to build a close family bond, time spent helping the child build a healthy self-concept, and helping a child build agency.

10) Where can parents and educators get your new book?

Softcover and hardcover editions of [Raising a Child with Dyslexia: What Every Parent Needs to Know](#) are now available to order online from Amazon.com, Barnes & Noble, and other retailers. There is also an eBook edition currently available exclusively for Kindle. We're also working on an audio edition.

My website, <https://donwinn.blog/>, also offers a plethora of information on dyslexia categorized by subject in my blog archives.

Buy *Raising a Child with Dyslexia: What Every Parent Needs to Know* in hardcover:

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