

# INTRODUCTION

Dyslexia, dyspraxia, attention deficit disorder, autism spectrum disorder, dyscalculia, auditory processing disorder... This dizzying list of learning difficulties and conditions seems to have emerged over the past few decades. But what do they really mean? Who are the children who experience such difficulties? How can they be helped and, above all, what can parents do?

This book is about the difficulties that many children encounter once they start formal schooling. It is the book that I wanted when I ran an educational psychology practice so that I could hand it to parents as they left my office.

I have worked for many years as an educational psychologist and during this time assessed literally hundreds of children and spent time with one or both of their parents. Although the parent interview time was spent in discussion and was followed up with a comprehensive report, I knew that once they had returned home and digested the results of the educational assessment they would have further concerns and queries.

What I wanted was a book that they and other parents might dip into for guidance and explanations. I wanted a book that would answer some of their questions and help them understand how they could best support their child.

I wanted a book that would explain the nature of their child's difficulties in greater depth. I wanted a book that didn't just describe the problems but would help parents make a plan of action and ensure that appropriate teaching was put in place.

I wanted a book that would enable them to plan ahead; many parents are anxious to know what to expect not just next year but right through the years of education. I wanted a book that could explain that, with the right help and effort, the problems facing their child could be overcome.

And this is that book.

It is a book that I hope will be of help to parents anywhere in the world who have concerns about their child's educational progress. Although I have been London based, my clients have come from far and wide and the learning difficulties described and discussed in this book are

not restricted to the UK. The categories and criteria for the identification of difficulties are broadly similar across continents.

Education systems may vary and the terms used to describe specialists like myself may also vary but we share the passion and skills needed to support parents, teachers and, of course, those children who experience learning issues. In the UK we are called educational psychologists; in the USA our equivalents are also known as school psychologists. What we have in common is extensive academic (doctoral or master's degree level) and practical training in psychology and education. We are familiar with social, emotional, educational and behavioural issues. We are familiar with classrooms and the challenges facing teaching staff as well as pupils.

## **All children learn differently**

Children do not all learn in exactly the same way. Some children's minds, brains and ways of learning just don't seem to fit easily into our school systems. We all know bright children with talent in some areas but surprising difficulty in others. One child may, for example, be a whizz at maths but still find it a struggle to read; another may have built a go-cart out of bits and pieces in his father's workshop but be unable to sit still in school; then there is the child who is writing a ten-chapter book at home full of wonderful language, ideas and descriptions but who only ever hands in a bland ten-line story in school. And, of course, there is the child who can talk with authority, who often impresses his teachers with his extensive knowledge and interest in many topics but who hands in messy work which is almost illegible and is limited in structure and quantity.

These are the children who are a puzzle and a worry to both parent and teacher. It is not always easy to work out what is going on and it is likely that parents may start to wonder if their child might have a specific learning difficulty.

Some readers may already know that their child experiences an area of specific difficulty but others of you may just be starting to wonder and perhaps to worry about your child's progress. So before we move on to the specific chapters, it is important to look at the broader context.

In order to learn successfully many things must be in place. These are things which I am sure that you are well aware of, but I think it is worthwhile going over them because it's all too easy to overlook the obvious, particularly when life is busy.

## *Sight*

It is vital that children can see well. For the long- or short-sighted child, information on the board may appear blurred and so too will the useful information which is often displayed on the walls. The child with poor vision will miss out on much essential information.

Even if there are no problems relating to long or short sight, there can be other issues such as poor tracking (that refers to how easily and smoothly the eyes move along a line of print), difficulty with focus, or indeed letters may appear fuzzy or as though they are moving around.

It is helpful for children to have their eyes tested by an orthoptist who can give a full range of tests to check all aspects of vision. The orthoptist can also suggest a programme to improve things such as tracking. This is covered in greater detail in Chapter 10, Visual Processing Difficulty.

## *Hearing*

This too is important to check out. Even if a child has been tested and is hearing well at the time of the test it is important to be aware that there are children who experience an 'intermittent' hearing loss. These are the children who, during early childhood, tend to have numerous colds and catarrh and, as a consequence, often have blocked ears and nose. During the time that they are 'blocked' hearing will be impaired. This intermittent loss is often referred to as glue ear and it can have a very detrimental impact on learning to read. Some children may have good hearing acuity but more subtle difficulties in the interpretation of the incoming sounds. This is considered in Chapter 8, Auditory Processing Disorder.

## *Physical attributes*

Many activities in school involve gross and fine motor skills. Small children need core strength (the core refers to the abdomen, lower back and stomach) and muscle tone to sit at a desk while listening or colouring or writing. They need good fine motor skills to hold and manipulate a pencil (fine motor skills refer to manual dexterity and agility). They need to be aware of their bodies in space if they are to manage to sit still and not to fidget. Any areas of weakness could be causing some difficulty. If you think you need more information, a specialist occupational therapist or physiotherapist could give advice on this. Chapter 4, Dyspraxia, covers many of these issues.

### *Language*

Next on the checklist is 'language'. There are several aspects to language development that may impact on learning. Language involves four distinct elements: the ability to understand the spoken word, the ability to speak in a grammatically correct manner, an understanding of the conventions of interacting and the ability to pronounce speech sounds. This is covered in more detail in Chapter 9, Specific Language Impairment.

Difficulties with any aspect of language can make for difficulty in the classroom and with learning. If parents have any concerns about language development it is important to seek an assessment from a speech and language therapist who can help to work out where difficulties are occurring. Difficulty with some aspects of language is an intrinsic part of many areas of specific learning difficulty. Chapter 9 covers this.

### *Emotional factors*

These can be very real and can get in the way of learning. Anxiety can have a major impact on children's mental availability to take in new information, to concentrate and to learn. It can also impact on confidence. So, if a child is unhappy because of something such as the death of a pet or an ill grandparent or is anxious because the family is going through changes such as moving house, then there is a very real chance that his or her learning will be affected. It is easy for parents to overlook emotional issues, particularly if they are going through a very busy period or experiencing problems of their own. It is always important to let school know of any issues or problems at home that might be worrying a child.

### *A gap in teaching*

A final very obvious, but easy to overlook, cause of difficulty might be lack of appropriate teaching. Children who miss a period of school when any important steps are being taught can fall behind. This can apply to early reading and later on to other subjects such as maths and science. Such children will need someone to help them to go back to the start or wherever they missed out and to fill the gaps. Maybe a child had to move school during some vital period of teaching or perhaps the formal teaching he has received has not been quite so 'joined up' as everyone had imagined.

If there is no obvious cause to a child's difficulty the next level to consider is whether it might be a specific learning difficulty.

## What is a specific learning difficulty?

The term specific learning difficulty is an overarching term and has come over the past 20 years or so to encompass an increasing number of specified difficulties. It includes any type of difficulty that affects one or more aspects of learning rather than being a more general learning difficulty. Dyslexia, dyspraxia and dyscalculia all come under this heading. Attention deficit disorder, autism spectrum disorder, auditory processing disorder and specific language impairment are not technically regarded as specific learning difficulties but they do, of course, have a major impact on how easily a child copes with life in the classroom. They are all included in this book and for simplicity I am including them under the umbrella term specific learning difficulties.

## Common characteristics

While all these difficulties have different and distinctive characteristics there are some factors which are common to them all:

- *There is evidence that there is a genetic basis to these difficulties.* Frequently one or more members of the family will also experience an area of specific difficulty. Over the years that I have been talking with parents about their child's strengths and difficulties it has been interesting to see just how often one parent will say 'but that's just like me' or 'that is exactly how I was when I was at school'. It is often the case that more than one child in the family has an area of difficulty but they are not necessarily the same.
- *These difficulties are neurologically based differences.* Neuroscientists are beginning to be able to demonstrate through brain scans that the behaviours that have been classified by practitioners as being typically dyslexic or dyspraxic or dyscalculic do indeed reflect different brain activity and patterns and that it is valid to name these different clusters of difficulty.
- *Specific difficulties do not fully disappear.* Although children (and adults) learn to compensate and to find strategies to cope with their areas of weakness, the underlying difficulties do not disappear. A dyslexic will learn to read, but may always be slow and find it tiring. A dyspraxic may rely on checklists forever in order to arrive at the right place with the right equipment.
- *Specific learning difficulties can affect children of all abilities.* Children of all abilities (from gifted through to below average) can experience

a specific learning difficulty. They will almost inevitably have difficulty in dealing with some aspect or other of life in the classroom that is independent of their level of intellectual ability.

## **Specific learning difficulty labels are descriptive rather than diagnostic**

Specific learning difficulties can be hard to get to grips with because, unlike mumps or measles, they are not clearly definable diseases with a precise set of symptoms and an underlying medical explanation.

The various terms (dyslexia, dyspraxia, dyscalculia and so forth) with which we have become familiar during the past few years are used to denote particular clusters of difficulty. For example:

- Dyslexia – problems with reading and spelling.
- Dyspraxia – difficulties with physical coordination as well as mental planning and organising.
- Dyscalculia – difficulty with maths.

These terms are more descriptive than precisely diagnostic. In other words, they are the words we use to denote a cluster of difficulties. If we are told that Arabella has mumps we know what to expect. The course of her illness would be the same for her as for others who contract mumps. If we are told that Ben is dyslexic we would have a broad idea that he had some difficulty in acquiring literacy skills but we would not know how serious this was – we wouldn't know the exact nature and extent of the problem. It would require an assessment of his cognitive processes to get a profile of his strengths and weaknesses and he would need good teaching to see how he responded and the extent of his difficulty.

## **Specific learning difficulties are not mutually exclusive**

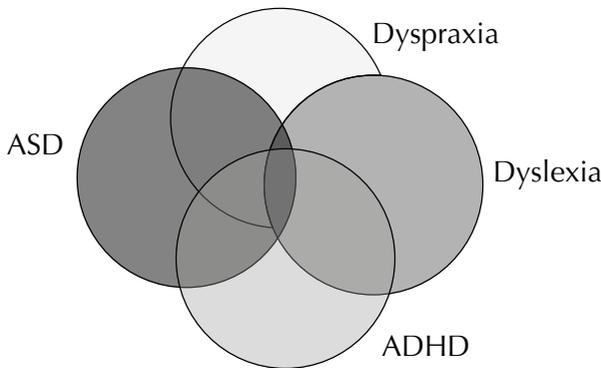
I have been asked why I have chosen to write a book covering so many areas of difficulty. Surely, anyone who thinks that their child is dyslexic or dyspraxic or has ADHD will want a book devoted entirely to the topic and not one that covers so much.

The answer is simple. The learning difficulties that I have so carefully divided into separate chapters are actually not always well behaved and ready to stay in their own boxes. These specific difficulties are often not mutually exclusive.

In the years that I have been assessing children it has often been the case that the child who is having literacy difficulty and is showing all the signs of dyslexia may also experience difficulties which are associated with ADHD or dyspraxia. Alternatively, a child might be showing a full house of difficulties associated with dyspraxia but his difficulty with social skills may tick the box for mild autism spectrum disorder (ASD). A nice clear identification of, say, dyslexia or dyspraxia can make things feel easier to understand and easier to manage, but in reality many children show a mix of difficulties.

The terms which are generally used to describe this overlap of specific difficulties are co-occurrence or co-morbidity. It is not just practitioners like myself who have noted this overlap; there is extensive research that shows the extent of the phenomena and how common it is. In fact, co-occurring difficulties may often seem to be the rule rather than the exception.

In my experience there is generally a primary or lead problem but with additional difficulties in the frame. Consequently, I have frequently found myself explaining to parents that while I think that their child is experiencing dyslexia or dyspraxia (or whatever), he does, in addition, appear to be showing traits associated with an additional area of difficulty.



**Figure 1.1** The overlap of behaviours associated with dyslexia, dyspraxia, ADHD and ASD

From time to time I have seen children who are confusing everyone because they have a bit of this and a bit of that and no clear label seems to really fit. This can be difficult for parents. It is so much easier to be able to explain to the rest of the world that a child is dyslexic or dyspraxic than to have to describe their differences. I remember talking to the parents of such a child and saying that, frustratingly, there really was no good 'label'

or shorthand for their child's difficulties when his mother laughed and said that they had been discussing this with their GP who had suggested that 'spaghetti soup' would be the best description. What was actually much more important than the label was being clear as to how this child's various difficulties could be addressed.

Another mother whose son's difficulties did not fit neatly into one category or another gave some interesting insights. First she stressed the damage that can be done to the child–parent relationship if the parents continue to seek a 'diagnosis' and to tout the child from professional to professional in the search for one. However, she then said that without a clear label it is difficult to communicate the child's needs to school.

### **Why naming these areas of specific learning difficulty is generally helpful**

The learning difficulty labels do help in that they provide socially and academically acceptable shorthand as to what the child's key difficulties are. If a teacher is told that a pupil in her class is dyspraxic or dyslexic then she can make the necessary arrangements to support that child. She can make sure that she does not ask the dyslexic child to read aloud in class. She can encourage rather than chastise the dyspraxic child when he is last to get his clothes on after PE. At the very least the teacher knows that she may have to modify her teaching and give well-targeted support.

A named difficulty can also be of value to individual children. Many children with a particular learning difficulty have started to feel in some way inadequate or lacking in ability. For these children it can be a huge relief to know that they are bright and capable but that they have a recognised area of specific difficulty which is not their fault and which they can be helped to manage. It can also be a relief to know that their teachers can be helped to understand them better.

Despite this it can still feel miserably frustrating to need this special treatment.

It is important that children do not start to feel that they are defined by their learning difficulty label and that this is who and what they are. They need plenty of opportunities to shine in other areas, and we need to remember that while a particular child may experience a specific learning difficulty which is extreme and which may make learning a real struggle, this child's disability is only a handicap within certain situations (mainly school) and during certain activities. I cannot sing in tune, but as it is not a required daily activity no one has so far suggested that I have a developmental singing disorder and neither have I been identified with dyscantatia.

It is also important that adults who live and work with children with an area of learning difficulty are thoughtful about the language used to describe the issues. It is, for example, preferable to talk about the identification of a difficulty rather than diagnosis.

The word diagnosis has medical connotations and it is not necessary to regard the specific learning difficulties discussed in the following chapters as illnesses or disorders. They are information processing and behavioural differences, which can impact to a greater or lesser degree on educational progress and social interactions. It is unfortunate, too, that several of these areas of difficulty have been appended with the word disorder.

The identification of a difficulty is so much more positive than the diagnosis of a disorder. Difficulties can be overcome.

## **Case studies**

The 30 or so case studies and the examples that pop up within various chapters are based on real-life children and parents. In order to ensure that they cannot be identified, names and personal details have been changed and details blended. Some of these case studies are composites (but remain true to real-life experiences). Others are more personal, and where the case story has been specific to a particular child and family I have obtained permission from all involved.

I am immensely grateful to the parents and pupils who have given me permission to use their stories which bring these areas of difficulty alive. Their willingness to talk with me, in some cases many years after the initial assessment, and to share their experiences, illustrates the profound impact that a learning difficulty can have on child and parents alike. It has also been very evident that parental involvement and support are absolutely central to children's progress and success.

## **Writing style and gender issues**

I have endeavoured to keep jargon down to a minimum but this is not always easy or indeed possible. I have used words and terms such as 'multisensory', 'cognitive processing', 'information processing', 'working memory', 'phonological awareness' and so forth where it has seemed necessary and to add to precision. I have tried to ensure that there is a clear explanation of what these terms mean both within the text and in the glossary.

Many authors now write in the plural using they and them rather than him or her. I have found this too clumsy. In some chapters I use the pronoun he and in others she. These are interchangeable and I am not suggesting that the content of the chapter refers only to boys or only to girls, except where stated.

## **How to read this book**

This book is not intended to be read from cover to cover. The individual chapters do stand alone but can usefully be cross referenced. For example, the reader of the chapter on dyslexia may also find it helpful to look at the chapters on reading and ideas for teaching literacy skills.

## **Terminology for stages and ages**

Within the book I make reference to the main phases of education – primary (infants and juniors) and secondary – as classified in the UK. Appendix 1 shows how these groupings relate to our key stages and year groups. It also shows how these match up with grade levels in the USA.