



# APPLEFORD FACTSHEET

Appleford School

## Dyslexia

It is fair to state that over the last 30 to 40 years dyslexia has been one of the most controversial issues in education throughout the UK. Vexed and often intemperate arguments have raged over term.

Pumfrey and Reason (1991) list twelve such arguments. Illustrative of such arguments are: "Does dyslexia exist?", "How is dyslexia defined?" (see below), "Is dyslexia a medical or educational problem?" (Critchley, 1970; Whittaker, 1981), "Are there subtypes of dyslexia?" (Miles and Miles, 1990), "Is dyslexia the same as specific learning difficulties or is dyslexia itself a subset of specific learning difficulties?" (Bryant, 1985; Rack and Snowling, 1985) and "Does dyslexia represent the extreme end of normal literacy development or does it represent a separate, abnormal development?" It is not the focus of this fact sheet to examine each of these questions in detail; however, an examination of just one such question will serve to exemplify the lack of agreement in this field.

The question which may serve as an exemplar of such controversies is the question of the problem of definition. It has been noted in the USA that:

"If a child diagnosed as dyslexic in Philadelphia moved to Bucks County, ten miles north, he would be called a child with language disorder. In Montgomery County, Maryland, a few miles south, he would be called a child with special or specific language problems. In Michigan, he would be called a child with a perceptual



disturbance. In California, he would be called either a child with educational handicaps or a neurologically handicapped child. In Florida and New York State, he would be called a brain injured child. In Colorado, the child would be classified as having minimal brain dysfunction." (Cruikshank, quoted in Cornwall, Hedderly and Pumfrey, 1984).

An expanded definition of the concept of learning disabilities, which has aroused as much controversy in the USA as has the UK concept of specific learning difficulties/dyslexia and, to this author, the UK and USA definitions appear to share many similar features is that provided by the National Joint Council on Learning Disabilities (1988):

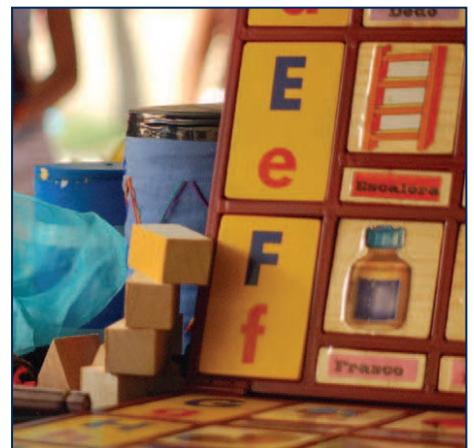
"Learning disabilities is a general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous dysfunctions, and may occur across the life span. Problems in self-regulatory behaviours, social perception and social interaction may exist with learning disabilities but do not themselves constitute a learning disability. Although learning disabilities may occur concomitantly with other handicapping conditions (for example, sensory impairment, mental retardation, serious emotional disturbances) or with extrinsic influences (such as cultural differences, insufficient or inappropriate instruction), they are not the result of those conditions or influences."

This introduction does not attempt to resolve the dilemma of defining dyslexia. Rather, it seeks to illustrate aspects of the dilemma for further consideration.

Three recent definitions of dyslexia are:

- i) "Dyslexia is best described as a combination of abilities and difficulties that affect the learning process in one or more of reading, spelling and writing.

"Accompanying weaknesses may be identified in areas of speed of processing, short term memory,



sequencing and organisation, auditory and/or visual perception, spoken language and motor skills.

"It is particularly related to mastering and using written language, which may include alphabetic, numeric and musical notation."

*British Dyslexia Association*

- ii) Dyslexia is evident when accurate and fluent word reading and/or spelling develops very incompletely or with great difficulty. The present working definition has no exclusionary criteria. Pupils with moderate learning difficulties or sensory impairments can also be described as dyslexic if they cannot read."

*British Psychological Society*

- iii) "Dyslexia is a condition that affects the ability to process language."

*Department for Education & Skills*

### The term 'dyslexia' in historical context

The term 'dyslexia' was originally used by a German ophthalmologist, Berlin, (1887) to describe a specific loss of the ability to read, referred to as 'word blindness', a term generally credited to Kussmaul, a German physician, in 1877 (Critchley, 1970). Within the United Kingdom, Pringle-Morgan (1896) a

# continued..



Seaford GP attendant upon a prep school, described the case of Percy F, a 14-year-old boy, described as one of the brightest in the class with exceptional talents in mathematics and whose oral responses were of a high quality but who experienced severe difficulties in reading, spelling and writing. He described some of Percy's spelling errors, including writing 'Percy' as 'Precy', 'seashore' as 'seasons' and 'song' as 'scone'.

James Hinshelwood, a Glaswegian eye surgeon promulgated the concept of 'congenital word blindness' widely in medical literature over a period of several decades. Prophetically, it may now seem, he commented upon the relatively high occurrence of the condition, of its low rate of recognition and the subsequent harsh treatment of such pupils as 'imbeciles' or 'incurables' (1900), and upon the fact that the condition could sometimes be hereditary and that it occurred more in boys than in girls (1917). In the USA Samuel Orton, a neurologist, disagreeing with the 'word blindness' concept because:

"... there is no true blindness in the ordinary sense of the term nor, indeed, is there ever blindness for words" (1937)

preferred the term 'strophosymbolia' (literally 'twisting of symbols') having observed the

"... striking tendency to distorted order in the recall of letters shown in the attempts of these children to read a word or to spell it" (op.cit.).

He noted reading and spelling letter transpositions, i.e. b and d, p and q (so-called static-reversals), 'kinetic reversals', e.g. 'was' for 'saw' and spoken word transpositions, spoonerisms such as 'button cuffs' for 'cuff buttons', and, together with Anna Gillingham, pioneered the systematic multisensory teaching programme, developed later by Kathleen Hickey (1977) and Beve Hornsby (1975) amongst others, which represent the basis of present day literacy training programmes for teaching dyslexic students, with their emphasis on stressing cross-modal sensory linkages using visual, auditory and kinaesthetic sensory input of the visual symbol and its auditory (phonetic) representation.

## How can I tell if my child is Dyslexic?

There are many traits of the dyslexic child including the following:

He seems more intelligent than his reading, spelling or written work suggest (both boys and girls can be dyslexic, but boys tend to outnumber

girls by approximately 3:1 or 4:1, so the term 'he' is used throughout).

It may be that this boy:girl ratio is a true reflection of the situation. However, it may also be the case that boys with language difficulties develop acting-out behaviour and thus get themselves noticed, as compared to girls who tend to become more withdrawn.

## Symptoms which identify the dyslexic child include:

- He reads very slowly and hesitantly.
- He reverses letters - 'b' for 'd', 'p' for 'q', etc.
- He turns letters upside down - 'n' for 'u', 'm' for 'w', etc.
- He reads letters in the wrong order - 'left' for 'felt', 'act' for 'cat', etc.
- He reads words backwards - 'on' for 'no', 'was' for 'saw', etc.
- He writes letters in the wrong order - 'chidl' for 'child'.
- He has difficulty with rhyme.
- He may have been a late or poor talker and may still have immature speech.
- He may have been a late walker and may still not be well coordinated.
- He may have difficulty with short-term memory.
- He may have been late learning to tell the time or tie his shoelaces.
- He may have difficulty putting things in the right order.
- He may have difficulty knowing left from right.
- He may not be able to concentrate well.
- He may be poor at copying from the board.
- He may be poorly organised.
- There may be a family history of late reading or poor spelling.

Not all children will show all of these symptoms.

## The Dyslexic child may often have other associated difficulties

Some of these are:

### • **Dyscalculia**

Dyscalculia is a learning difficulty involving the most basic aspects of arithmetic skills. The difficulty lies

in the reception, comprehension or production of quantitative and spatial information. Students with dyscalculia may have difficulty in understanding simple number concepts, lack an intuitive grasp of numbers and have problems learning number facts and procedures. These can relate to basic concepts such as telling the time, calculating prices and handling change.

*Department of Education and Skills*

### • **Dyspraxia/Development Coordination Disorder (DCD)**

A student with Dyspraxia/Development Coordination Disorder (DCD) may have an impairment or immaturity in the organisation of movement, often appearing clumsy. Gross motor skills (relating to balance and coordination) and fine motor skills (relating to manipulation of objects) are hard to learn and difficult to retain and generalise. Writing is particularly laborious and keyboard skills difficult to acquire. Individuals may have difficulty in organising ideas and concepts. Pronunciation may also be affected and people with Dyspraxia/Development Coordination Disorder may be over/under sensitive to noise light and touch. They may have poor awareness of body position and misread social cues in addition to those shared characteristics common to many SpLDs.

*British Dyslexia Association*

### • **Attention Deficit/Hyperactivity Disorder (ADD or ADHD)**

Children with the disorder display inattentiveness and impulsiveness and those with the ADHD diagnosis, hyperactivity. There is a strong genetic basis but environmental causes including brain damage and food intolerances have also been associated with the disorder.

*Department of Education and Skills*

### • **Autism (Classical or Kanner's)**

Autism is characterised by the 'triad of impairments' – impairments of non-verbal and verbal communication, social understanding and social behaviour and thinking and behaving flexibly according to the situation. Onset is before 30 months. 75-80% of children with a diagnosis of autism will also have moderate or severe learning difficulties. Many children also have 'co-morbidities', such as epilepsy or ADHD. A small proportion of children with autism have islets of, sometimes exceptional, ability in areas such as drawing, music and mathematics.



# continued..

*Department of Education and Skills*

## • Autism Spectrum Disorder

The term autistic spectrum disorder was suggested by Wing in 1996 to acknowledge that there are different subgroups, and that all individuals within these subgroups share the triad of impairments.

*Department of Education and Skills*

## • Asperger's Syndrome

Asperger's is similar to autism except that children with the syndrome have higher intellectual abilities and better language development than the majority of children with a diagnosis of autism. There is a theoretical debate over whether Asperger's syndrome is the same as high-functioning autism. The main clinical features of Asperger's syndrome are a lack of empathy and difficulties in understanding the reciprocal nature of conversations and relationships. Individuals can be pedantic with repetitive speech and develop an intense fascination for certain topics. Many also are clumsy and have coordination problems and difficulties in attending to more than one aspect of a task simultaneously. Diagnosis is usually later than for children with autism.

*Department of Education and Skills*

## • Sensory Integration Dysfunction (Sensory Processing)

Sensory experiences include touch, movement, body awareness, sight, sound, and the pull of gravity. The process of the brain organising and interpreting this information is called sensory integration. Sensory integration provides a crucial foundation for later, more complex learning and behaviour.

For most children, sensory integration develops in the course of ordinary childhood activities. Motor planning ability is a natural outcome of the process, as is the ability to adapt to incoming sensations. But for some children, sensory integration does not develop as efficiently as it should. When the process is disordered, a number of problems in learning, development, or behaviour may become evident.

*Sensory Integration International*

## • Semantic-pragmatic Disorder

This is a term originally coined by speech and language therapists for children who have difficulties

in understanding the meaning of language and its social use, which affects their communication. These children also have difficulties with social interaction and imaginative play and have restricted interests. Like those with Asperger's syndrome, children with semantic-pragmatic disorder will have average and above average intelligence. There is debate currently as to whether children with semantic-pragmatic disorder and children with Asperger's syndrome are the same or different subgroups within the autistic spectrum.

*Department of Education and Skills*

## • Specific Language Impairment

This has been defined by the International Classification of Diseases (WHO, 1993) as:

Language skills, as assessed on standardised tests, are below the two standard deviations limit for the child's age.

Language skills are at least one standard deviation below non-verbal IQ assessed on standardised tests. There are no neurological, sensory or physical impairments that directly affect the use of spoken language, nor is there a pervasive developmental disorder.

A distinction is made between receptive language disorder, where comprehension is more than two standard deviations below age level and expressive language disorder, where only expressive language is severely affected, and where understanding and use of non-verbal communication and imaginative language functions are within the normal range.

The American Psychiatric Association's Diagnostic and Statistical Manual (1994) definition is similar to the above and also includes mention that the language difficulties interfere with academic or occupational achievement or with social communication.

Specific language impairment (SLI) is not a homogenous disorder. It can affect the various subcomponents of language to varying degrees, resulting in each child presenting with a different profile of difficulty. The subcomponents affected can



be receptive language, expressive language, attention and listening, word finding, auditory memory, speech/phonology and pragmatics.

*Royal College of Speech & Language Therapists*

## • Specific Speech Impairment

Child speech disorders may be developmental or acquired. Developmental speech disorders are distinguishable from speech delays by unusual patterns of speech development as evidenced in speech data analysis.

*Royal College of Speech & Language Therapists*

## The Assessment Process

For nearly twenty years Appleford has provided high quality education for dyslexic children. With appropriate treatment many of our young people have gone on to achieve their ambitions and to become happy, fulfilled adults after an unpromising start.

Now there is a new opportunity for parents worried about their children's education and developmental progress. Appleford can now offer parents a specialist, professional assessment service for the diagnosis of dyslexia, dyscalculia, ADHD, dyspraxia and other coordination difficulties, autism, Asperger's disorder and speech and language disorders including semantic-pragmatic disorder.

Parents can opt for a complete, multi-disciplinary assessment encompassing all of the above or a targeted assessment of one or more conditions.

All the available research indicates that the earlier a child's difficulties are diagnosed and treated the more optimistic the outcome for the child. So, it is sensible to have your child assessed as early as possible.

## Professional Staff

These assessments are conducted by some of the leading practitioners in their fields in the U.K.

**Dr. Peter Gardner**

B.A., DipPsych., M.A., Ed.D., A.F.B.Ps.S., M.I.Mgt., F.Inst.D.Chartered Psychologist

Peter gained an Honours Degree in Psychology from Nottingham University, a postgraduate diploma in Academic Psychology from University College London, a Master of Arts Degree in Therapy and Counselling from Antioch College, U.S.A. (London Branch) and a doctorate from the University of Bristol.

He has been a lecturer in a number of universities and was a tutor at the Child Guidance Training Centre, London, responsible for post-graduate training of educational psychologists on a British Psychological Society – and Department of Education and Skills – accredited course.



# continued..

He is a Chartered Educational Psychologist, a Chartered Forensic Psychologist and a Chartered Counselling Psychologist of the British Psychological Society. He is a Full Practitioner Member of the British Psychological Society Division of Neuropsychology. He is a registered Psychotherapist (United Kingdom Council for Psychotherapy) and was a committee member of the Psychology and Psychotherapy Association.

Much of his work is legal work, including the preparation of detailed court reports and submission of oral evidence, working for Crown Courts, Magistrates Courts and Guardian ad litem panels. He acted as an expert witness in the precedent-setting *Phelps v London Borough of Hillingdon* education negligence case in the High Court in July 1997 and was described by Mr. Justice Garland as "particularly well qualified, careful and fair." His legal work is split roughly 50:50 between Claimant and Defendant work.

He is a founder of both Appleford School and of Daneswood, Shipham, near Cheddar, a care home for young adults with severe, profound and multiple learning difficulties, which is registered with and approved by CSCi.

## Patricia H. Rush

B.A., B.Sc.O.T.(C), S.R.O.T., M.B.A.O.T.

Independent State Registered Occupational Therapist

Patricia has 24 years working experience since qualifying from Queen's University in Canada in 1982, with a B.Sc. in Occupational Therapy. She also has a B.A. Psychology from the University of Western Ontario (1980) and a post-graduate qualification in Neurodevelopmental Therapy (Bobath), which is a specialised method of assessing, treating and managing people with Cerebral Palsy. She has undertaken training with Sensory Integration International and is qualified to administer the Sensory Integration Praxis tests. She has also received post-graduate training in the provision of Sensory Integration Therapy.

She has cared for clients, particularly children and

adolescents, in hospital and community settings. Initially she worked in a children's treatment centre in Chatham, Canada where she assessed and treated children with a variety of disabilities. Her next position was in a children's rehabilitation and long stay hospital where she assessed and treated children of all ages for the first year and then concentrated on providing a service to the infant and preschool unit; most of these patients had neurological problems, Cerebral Palsy etc. For the next three years she worked in the community in Kent assessing and treating children/adolescents in a home or school setting.

For the past 18 years, she has worked in her own private practice in Somerset working with children/adolescents in specialist and mainstream schools with a variety of diagnoses. Her present work involves assessing and treating children in a specialist, residential school offering specialist therapy provision for children with Specific Learning Difficulties and associated difficulties like dyspraxia, ADHD, ADD and Asperger's Syndrome. She works with children individually and in groups, and team-teaches in the classroom when appropriate. She is currently involved in providing assessment and treatment for children in other local schools.

She has provided expert witness reports for many solicitors over the past 10 years both Claimant and Defendant for personal injury cases and medical negligence. Patricia continues to be instructed by parents and solicitors to assess and provide detailed reports for Educational Tribunals. Oral evidence is also often required.

## Nancy P. Arnaud

B.Sc., Reg. R.C.S.L.T., MASLTIP, Reg. HPC  
Independent State Registered Speech & Language Therapist

Nancy qualified from Leeds Polytechnic with a B.Sc. in Speech Therapy in 1983 and has worked with children for the past 23 years.

After qualifying she worked for the Health Service in both general and specialist posts in paediatrics for 5



years, including working at a Child Development Centre. Her final position was to develop a service for pre-school children in Thanet.

She is currently working in her own private practice in Somerset. Her clients include children with many different speech and language difficulties, as well as those associated with learning and physical difficulties, for example Cerebral Palsy. She has also provided a service to a residential school for children with severe learning difficulties, physical disabilities and challenging behaviour. She has also worked in two schools specialising in providing for children with Asperger's Syndrome and is currently providing Speech and Language Therapy at a specialist school for children with dyslexia and additional needs.

She has provided expert witness reports for many solicitors, both Claimant and Defendant, over the past 12 years and provides written and oral evidence for Special Educational Needs Tribunals. She has undertaken further training in the role of the expert witness devised by the Royal College of Speech and Language Therapists and the Association of Speech and Language Therapists in Independent Practice.

## Contact

To make an appointment for your child or you to be assessed, please contact:

**Appleford School**  
Elston Lane  
Shrewton  
Salisbury  
SP3 4HL

Tel: **01980 621020**  
Fax: **01980 621366**  
e-mail: [secretary@appleford.wilts.sch.uk](mailto:secretary@appleford.wilts.sch.uk)  
website: [www.appleford.wilts.sch.uk](http://www.appleford.wilts.sch.uk)

