

**IDA Position Statement:**

**DYSLEXIA TREATMENT PROGRAMS**

The IDA board and branches are frequently asked to endorse or review treatment programs for the prevention and remediation of dyslexia and other reading-related problems. Although IDA does not publish formal reviews of programs, or endorse a specific approach, it has published a Matrix of Multisensory Structured Language Programs [<http://www.interdys.org/ewebeditpro5/upload/MSL2007finalR1.pdf>] that have a strong track records of clinical and classroom success. These programs differ in specific techniques and materials, but they all include structured, explicit, systematic, cumulative instruction designed to promote understanding, memory, recall, and use of spoken and written language. They also have multiple components that focus on such areas of instruction as phonological skills, phonics and word analysis, spelling, word recognition and oral reading fluency, grammar and syntax, text comprehension, writing, and study skills. Effective programs vary in the extent to which they claim adherence to Orton-Gillingham practices: Some do claim this historical link and some do not (see IDA Fact Sheet: "[Multisensory Structured Language Teaching](#)"). The IDA recognizes the high-quality work of the [Florida Center for Reading Research](#) which has published reviews of educational products and programs including summaries of research that may exist to support their efficacy of these approaches with certain groups of students.

The IDA Board of Directors, a multi-disciplinary group of scientists, parents, clinicians, and school-based educators, cautions parents and others to consider the following when treatment decisions are being made:

- a) Evaluations for dyslexia should directly and thoroughly evaluate the presence or absence of the common symptoms this condition, as described in the definition (see IDA Fact Sheet: "[Definition of Dyslexia](#)"). Screening should be used to identify students who are struggling with learning and those at risk for learning disorders, and educational diagnostic evaluation should be used to pinpoint children's instruction and treatment needs.
- b) The core symptoms of dyslexia should be identified and assessed using a carefully selected battery of formal and informal measures appropriate to the profile of individual students. No single test or common battery of measures is recommended for all students. Furthermore, dyslexia is not diagnosed with testing in the areas of vision, sensory-motor skill, or auditory processing, nor is it determined solely by medical screening or psychological/IQ testing alone.
- c) While requirements vary state to state, professionals providing diagnostic evaluation and treatment services for dyslexic individuals should have a broad based knowledge of clinical assessment that includes assessment of cognitive and learning disorders, as well as significant diagnostic experience, not exclusively limited to, but including diagnosis of dyslexia, as dyslexia brings a variety of challenges that impact understanding of the student and his/her educational needs. Pediatricians may provide an initial screening. Typically psychologists with a focus on learning disorders, reading specialists, learning specialists, and Speech-Language Pathologists are engaged to provide diagnostic services, each discipline requiring a minimum of a masters degree which includes clinical and assessment coursework together with clinical practicum experience with supervised clinical practice.
- d) Professional practitioners, including teachers or therapists, should have had specific preparation in the prevention and remediation of language-based reading and writing difficulties. Teachers and therapists should be able to state and provide documentation of their credentials in the prevention and

remediation of language-based reading and writing difficulties, including program-specific training recommended for the use of specific programs. References should be available for parents and professionals who want more information about their background and professional services.

- e) Private practitioners or fee-for-service treatment programs and schools should charge a fair and equitable rate; should state realistic goals; should monitor progress objectively and frequently; and should communicate with parents regularly. Parents should be able to withdraw a child from treatment at any point.
- f) Individual tutoring or educational therapy has not been shown to be more effective than small group (2-5 students) instruction if the students are well matched. Students with severe reading disabilities can often make as much progress in a very small group as they can in an individual treatment program.
- g) Technology-based instruction should not be used as a substitute for a relationship with a knowledgeable, trained teacher or educational therapist. Technological innovations, however, may be extremely helpful in providing practice and reinforcement, access to information, and alternative routes of communication. Parents should be wary of excessive claims that sound simplistic and too good to be true, especially if the claims differ substantially from those of conventional treatment programs.
- h) The program or treatment selected should be sensitive to the individual's age and life circumstances; for example, it is inappropriate to place an adult in a program designed for 1<sup>st</sup> graders, even though the same concepts might need to be taught.
- i) Treatment (or instruction) must be intensive enough and continue long enough to have a positive effect that will endure. This usually involves instruction that continues for at least a year, and often, longer.

In conclusion, while there are many programs and therapies available to address language based learning disabilities, not all have the level of duration, intensity, or methodologies that assure desired results in a timely fashion. Overcoming most severe kinds of dyslexia may require many years of instruction, accommodation, and adaptation of educational programming and requirements. Parents and other supporters of the individuals with learning disabilities must be prepared to expend considerable time, energy and resources to access the most effective evaluation protocols and benefit from the types of treatment that provide individuals with dyslexia the best chances for successful outcomes in skill development, in academic settings, in the workplace and in the home and general community.

IDA cautions parents who are looking for instructors, clinicians, schools, and programs to be very thorough in their review of programs and services that claim to treat dyslexia or "cure" dyslexia. In this era of internet advertising, claims are frequently made about therapies and treatment programs that have little or no scientific merit. Claims about the effectiveness of some widely advertised programs and/or their components may be unsubstantiated by objective, independent research, and the practitioners of those programs and methods may not have met customary standards for training in the field.

IDA recommends its website ([www.interdys.org](http://www.interdys.org)), publications, local and regional branch publications and conferences to individuals seeking more information about dyslexia, reading difficulties, and other learning disabilities.

*The International Dyslexia Association (IDA) is a 501c-3 non-profit, scientific, educational organization dedicated to the study and treatment of the learning disability, dyslexia, as well as related language based learning difficulties. The IDA, founded in 1949, publishes results of outstanding educational, neuro-scientific, psychological, genetic, sociological and medical research on dyslexia, language, and literacy, and sponsors national and regional interdisciplinary conferences. It publishes and distributes books, periodicals and brochures of interest to parents and professionals.*