

## An Inside View: Q&A with Dr. Rinat Green

**PSYCHOLOGIST AND FOUNDER OF KOL KOREH, AN ISRAEL-BASED ORGANIZATION THAT PROVIDES A FRAMEWORK OF SUPPORT FOR CHILDREN, PARENTS, AND EDUCATORS DEALING WITH DYSLEXIA**

### WHAT WAS YOUR INITIAL ENCOUNTER WITH DYSLEXIA?

I have a background in psychology, with a doctorate in clinical and school psychology. But I became more involved in the field of reading disorders when my second child was in first grade. He was diagnosed with dyslexia, and at that point I had some suspicions about my daughter under him, as well, which were later confirmed.

### HOW DID YOUR CHILDREN'S CONDITION SPUR YOU TO TAKE A ROLE IN DYSLEXIA ADVOCACY AND TREATMENT?

When we moved to Israel from the States, because of my knowledge in the field, I knew what type of teachers and support to look for. Before we moved, I was able to get the support they would need. But once we got here, I saw that the issue was greater. Some of the kids sitting right next to mine were struggling in a similar way to my children and were being misunderstood. And even my children were misunderstood by their teachers. To many educators, dyslexia is a sign of reduced intelligence. It isn't. I was surprised by the lack of awareness from the school's perspective, as well as from the parents' perspective. Many parents think that tutoring will solve their child's problem, while dyslexia requires a very specific kind of intervention. My desire to help these children and provide them with the intervention they need, and my realization of the profound lack of resources and support spurred me to take a stand in the field.

### HOW DID YOU REACH OUT TO PARENTS TO LET THEM KNOW OF YOUR WORK?

I put out ads looking for these kids because I wanted to find a way to help them. Incredibly, I was flooded with phone calls, even from people in other neighborhoods. I kept hearing the same chorus from the parents—that they were spending lots of money on tutors, usually for more than one child in the family, but they weren't seeing improvement. Many parents were questioning whether to place their child in a special education classroom because they were struggling in basically every subject. But in those classrooms, they would encounter children with an array of other kinds of problems. Instead of receiving individualized support for their specific issue, which would improve their success in all affected areas, they would unfortunately end up in a problematic arrangement where it was impossible to cater to every child's different makeup.

Based on the number of phone calls I was receiving, I urged the parents to ask for support in arranging small classes specifically for language-based issues, rather than grouping them with the children who had other problems in the same class.

### WHAT KIND OF ADVOCACY DO YOU DO ON BEHALF OF CHILDREN WITH DYSLEXIA?

Through *Kol Koreh*, I advocate for kids who fall between the

cracks in the educational system. I urge lawmakers, educators and parents to give these children evidence-based interventions in a timely manner. Parents and educators are often not aware how early these issues can actually be detected so I'm working toward raising awareness about early detection followed by correct evidence-based intervention.

### HOW EARLY CAN DYSLEXIA BE DETECTED?

The risks for reading failure can already be picked out in kids by the beginning of kindergarten. These are the kids who typically don't have an advanced vocabulary. They end up mixing up long words like hospital for hospital and spaghetti for spaghetti. They have a hard time picking out rhymes, and they're not as sensitive to the sound system of language. The sound is not as crisp in the brain, so they have a hard time retrieving the correct sound even if they know it in their head. And this is all before we even start introducing letters.

### SO IF DYSLEXIA IS AN ISSUE IN THE BRAIN, IS IT AN AUDITORY PROCESSING DISORDER?

There is an auditory element to it, but dyslexia is a problem in the wiring of the brain. It's the inability to be able to differentiate between the different specific sounds that make up language. To dyslexics, for instance, the word cat is one sound, while it's really made up of three. They have to learn to tease apart the sounds that make up a word and then bring them together. This must all happen before they even learn to read.

### WHEN A DYSLEXIC KID LOOKS AT A PAGE, WHAT DOES HE SEE?

Dyslexia is not a visual issue. It's a myth that dyslexic people see letters backward. They see letters just like you and me. So why do they have a hard time reading? Let's understand it through the following example. If someone speaks to you in French, you hear every word. But if you're asked to repeat it afterward, you won't repeat it exactly right because you simply didn't process it right. It's not about the letters being backward or flipped. It's about the way the child processes the information. Unfortunately, because of this myth, many kids don't get diagnosed correctly. Their parents think that because they are not flipping all their letters they're not dyslexic, which is not true.

### HOW SHOULD DYSLEXIA BE TREATED?

One excellent approach that helps these kids master the English language is the Orton-Gillingham system, which was developed in the early 1900's by neuropsychiatrist Samuel Torrey Orton and educator and psychologist Anna Gillingham. These two professionals took the entire English language and dissected it, from the most common sound to the least common sound. This approach has four basic elements. It must be intensive, which means that it must be practiced daily for at least

three times week. It has be explicit, meaning that the sound is pronounced exactly the way it should be. For example, the letter /m/ is pronounced 'm' and not 'mah.' A third characteristic of this system is that it is direct. Contrary to how untreated dyslexic kids learn to tease out the meaning of words based on context or graphics, there is no guessing involved in this method. And lastly, it's multi-sensory, which means that the students use more than one modality to acquire the information. This system is very organized and predictable. Because the child knows exactly what to expect, he is able to slowly break the code and learn to read. It's important to note that dyslexia is on a continuum. Most kids can learn to read to a point, but it also depends on the severity of the dyslexia and the time and type of intervention.

### **AS AN EXPERT IN THE FIELD, WHAT DO THINK IS THE KEY TO A DYSLEXIC CHILD'S SUCCESS?**

I have no doubt that it's early detection followed by correct evidence-based intervention. These two factors can greatly improve not only the child's reading ability but also his self-esteem and general success. Dyslexia affects 1 in 5, so in a class of 30 students, you will have 5-6 kids struggling with dyslexia. Ideally, during the first part of the kindergarten year, all kids should be given a quick assessment for phonemic awareness. This will check for their ability to tease apart the sounds that make up words before they learn to read. Questions that are usually asked during this assessment are, "What would this word be if I take out the beginning sound? The end sound?" There are specific tests for this purpose.

I also advise that the testing includes a rapid automatic naming exercise. In this activity, children are presented with pictures, letters, and numbers and asked to name them. Based on the speed of the answers, the educator will see how quickly the child can spit out words. By kindergarten, 80% of kindergarteners will intuitively know the answers while the other 20% will need to be taught.

### **HOW DOES THIS EXERCISE SHED LIGHT ON A STUDENT'S READING ABILITY?**

It's important to look at at rapid automatic naming because reading really involves two things: the ability to construct and break apart words and fluency. This exercise highlights fluency issues in the brain. Some kids struggle in only one area while some struggle with both. If the educator spots a kid with a difficulty, which she surely will based on the statistics, she can already start an evidence-based intervention in kindergarten so that when the child is in first grade she will be on a completely different footing.

### **WHAT HAPPENS IF DYSLEXIA IS LEFT UNDETECTED?**

By the time a kid is in fifth or sixth grade, it becomes too draining to compensate. The child can't pretend that she knows what's going on from the pictures because there usually are none, and she can't keep asking to leave the room when the teacher calls on her to read. At that point, the teacher or parents might think that the child has a behavioral or emotional issue because the child's self-esteem will be plummeting. Also,

an educator might attribute the problem to a reading comprehension issue, while the real reason for the child's blank face is because she can't read the text in the first place.

So even when attention is drawn to the fact that the child has a problem, she may not necessarily be correctly diagnosed. And if she gets help for the wrong problem, that only exacerbates her fragile self-image and desire to succeed.

I strongly believe that dyslexia and attention should be the first two issues to be ruled out as possible emotional trauma in any problematic academic circumstance before intervention is started.

### **DOES DYSLEXIA PLAY OUT DIFFERENTLY IN EVERY LANGUAGE? HOW ABOUT READING IN LASHON HAKODESH, YIDDISH, OR ANY OTHER LANGUAGE?**

If someone is dyslexic, the symptoms appear in all languages. *Lashon hakodesh* is a phonetic language, which means that there is a direct relationship between the spelling and the sound, as opposed to English which has a deep phonological system where it's possible for the same letter, such as the vowel /a/, to be pronounced in a number of different ways. The hard part of attaining the skill of reading and speaking *lashon hakodesh* is that more letters look similar to one another, like *reish* and *dalet*.

Also, in English, only a few words have the same letters flipped within a word, such as stop and spot, dairy and diary. In *lashon hakodesh*, it happens much more frequently. For instance, a simple change of a vowel turns *sefer*, book, to *sapar*, hairdresser.

### **IF DYSLEXIA IS TREATED PROPERLY, DOES IT HAVE AN EFFECT IN ADULTHOOD?**

The brain's neurological layout of individuals with dyslexia is different from those who are not dyslexic. Although individuals with dyslexia can get the proper support to strengthen the weak reading areas, their brains are wired in a different way from those who are not dyslexic, which also explains their typically strong creative side. When these individuals get the intervention they need they are spared the anxiety, embarrassment, repeated failures and diminished self-esteem that often plague those who are not identified. Yet, even as adults, their brains are wired toward dyslexia.

If someone has a tendency to be overweight, they will never be in the same category as someone who's naturally skinny. Sure, they can be thin, but they have to work harder to make it happen. In the same way, a person with dyslexia always has the condition, so these adults will always have to work harder to read or write, but it doesn't have to diminish their quality of life.

It's interesting to note that it's not uncommon for parents to come in to see me for a consultation because they're not quite sure what's going on with their child, and as we talk, it emerges that not only does the child have dyslexia but the parent does too. The parent will say, "You know something? I was wondering why I always had a hard time writing reports or reading a book. I was always bad with spelling." It may have been that the parent's case was mild, so he compensated, but then the child has severe dyslexia, which is much harder to cover up. ♥

*Dr. Green can be contacted through The WellSpring.*