

Understanding the Needs of Students with Dyslexia (and how to support them access the curriculum)

Dr. Sheetal Kini, PhD. (US)

Clinical Psychologist



THE LIGHTHOUSE
CENTER FOR WELLBEING



MENTAL HEALTH & WELLNESS

WHO WE ARE & HOW WE CAN HELP

We are a community mental health and wellness center providing quality psychological and psychiatric care to children, adults, couples and families.

We also work with corporations, schools, hospitals, and other institutions to promote mental wellness through our educational and training programs.

We are home to the Raymee Grief Center, a free-of-charge grief support service – the first of its kind in the region.



The background of the slide is a photograph of a desert landscape. It features rolling sand dunes in shades of light beige and cream, with soft shadows indicating a low sun. In the lower-left foreground, there is a cluster of several palm trees with green fronds and dark trunks. The overall atmosphere is serene and vast.

OUR MISSION

Is to lead the way in promoting
the wellbeing of the Middle East

through our accessible, quality mental health and grief support
services across the age range, informed by research and
committed to a culture of care.

OUR SERVICES



PSYCHIATRY



CHILD & ADOLESCENT



PSYCHOTHERAPY



ASSESSMENT



MENTAL HEALTH
FIRST AID



CORPORATE



MINDFULNESS



ACTIVITY THERAPY



PSYCHO EDUCATION



SPEECH & LANGUAGE
THERAPY SERVICES



RECOVERY



ADOPTION SUPPORT



GRIEF SUPPORT



SUPPORT GROUPS



WEB ASSESSMENT



MEDIA



OUR TEAM



DR. SALIHA AFRIDI
CLINICAL PSYCHOLOGIST
Managing Director



DR. TARA WYNE
CLINICAL PSYCHOLOGIST
Clinical Director



DR. VALENTINA FAIA
SPECIALIST PSYCHIATRIST



DR. SALMAN WAHID
CONSULTANT CHILD & ADOLESCENT
PSYCHIATRIST



DR. ROSE LOGAN
CLINICAL PSYCHOLOGIST



DR. SHEETAL KINI
CLINICAL PSYCHOLOGIST
Couples Specialist



DR. CANDICE RENDER
CLINICAL PSYCHOLOGIST



DR. NIDA HUSSAIN
CLINICAL PSYCHOLOGIST



DR. ROBERTA FEDELE
CLINICAL PSYCHOLOGIST



DR. JAMILAH MOTALA
CLINICAL PSYCHOLOGIST



DR. NICHOLAS WAKEFIELD
CLINICAL PSYCHOLOGIST



DR. OTTILIA BROWN
CLINICAL PSYCHOLOGIST



JOAO LOURENÇO
CLINICAL PSYCHOLOGIST
Child Specialist



JUAN KORKIE
CLINICAL PSYCHOLOGIST



ROSS ADDISON
PSYCHOLOGIST
CBT Instructor



KATE MINOSORA
CLINICAL PSYCHOLOGIST



DANIELA SALAZAR
CLINICAL PSYCHOLOGIST



MADEEHA AFRIDI
COUNSELING PSYCHOLOGIST
Mindfulness Trainer



CHRISTINE KRITZAS
COUNSELING PSYCHOLOGIST



AISLING PRENDERGAST
COUNSELING PSYCHOLOGIST



MAŠA VALKANOU
COUNSELING PSYCHOLOGIST



REEMA BANIABBASI
COUNSELING PSYCHOLOGIST



FARAH DAHABI
CLINICAL SOCIAL WORKER
Raymee Grief Services Coordinator



ROGAIYAH HAMIDADDIN
SPEECH- LANGUAGE
PATHOLOGIST



SARAH SIDDIQUI
OPERATIONS MANAGER

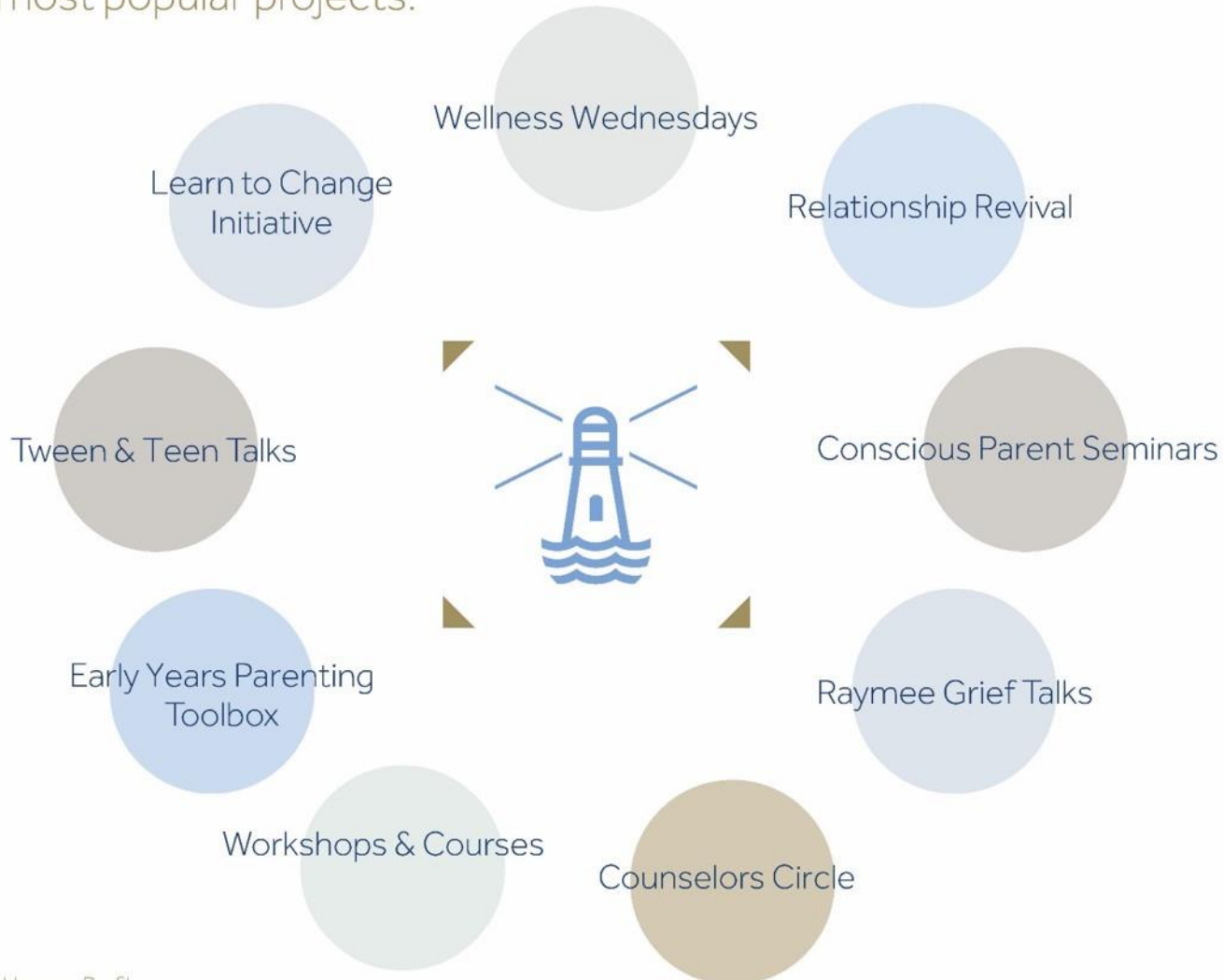


AHLAM HASHEM
PERFORMANCE CONSULTANT
Executive Coach



OUR COMMITMENT TO THE COMMUNITY

Our most popular projects:



AGENDA

- What is Dyslexia?
- Multi-Deficit Model
- Early Predictors of Dyslexia
- Assessment and Understanding
- Prevention and Intervention
- Accommodations



DYSLEXIA

- Dyslexia is a specific learning disorder characterized by:
 - Difficulties with decoding
 - Speed and accuracy of reading single words
 - Poor spelling
- Not a vision or hearing problem
- Psychological consequences and stigma



COGNITIVE FOUNDATIONS OF DYSLEXIA

Learning to read is a complex process:

- Relying on development of perceptual and cognitive skills that emerge even before birth.
- Early speech and language abilities are critical building blocks for developing phonological awareness, the ability to manipulate speech sounds within words (Yu, Zuk, Gaab, 2018).



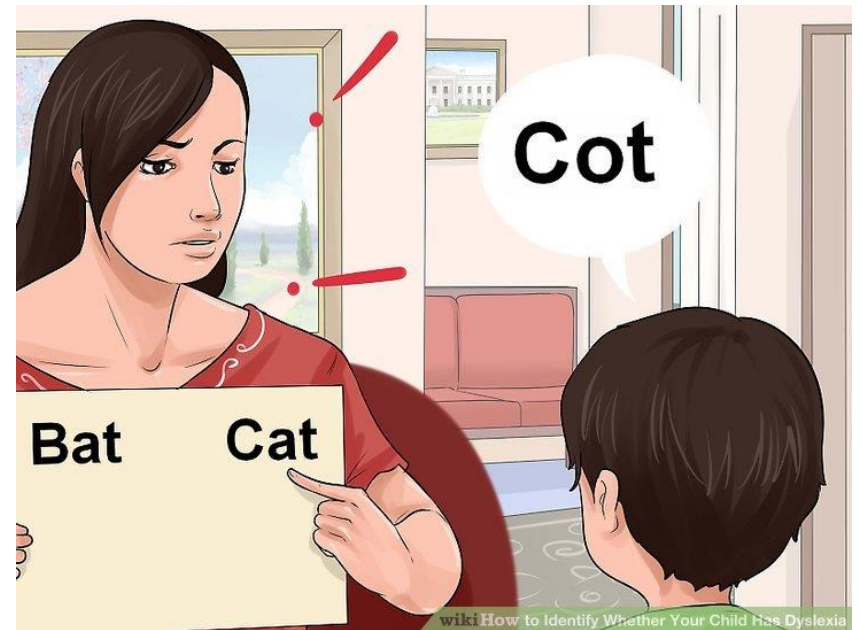
EARLY CLUES

- Research on preschoolers
- Auditory Distinction
- Core factors in children with reading and language problems:
 - **Memory skills**
 - **Attention skills**



EARLY PREDICTORS OF DYSLEXIA

- Most reliable marker: limited phonological awareness.
- Letter-sound knowledge
- Rapid automatized naming



A MULTI-DEFICIT APPROACH TO DYSLEXIA

- Genetics
- Environmental Factors
- Perceptual Cognitive Factors
- Brain Level Differences



GENETIC FACTORS

- Developmental Dyslexia is strongly heritable:
 - 50% of children with a sister, brother, mother or father with dyslexia will receive the diagnosis themselves
 - 68% in identical twins



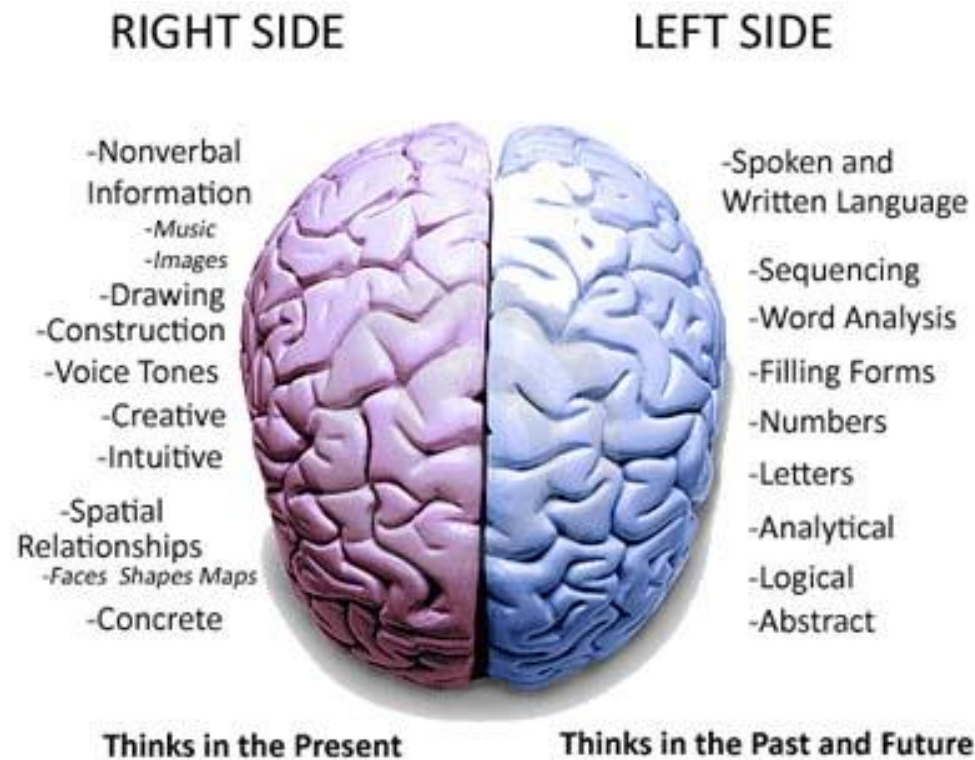
GENETIC FACTORS

- Scientists have identified several genes that are associated with dyslexia
- Variants in some dyslexia susceptibility genes have been linked to alterations in the neural circuits in the brain that underlie reading
- These genes interact with each other to contribute collectively to the genetic susceptibility to dyslexia.



BRAIN LEVEL DIFFERENCES

- Alterations in left hemisphere of brain
- Increased right hemispheric activation and reliance on bilateral brain circuits



Cognitive Perceptual Factors

- Working Memory & Processing Speed
- Atypical Language development
- Rapid Auditory Processing
- Inhibition Control
- Atypical Sensorimotor functioning

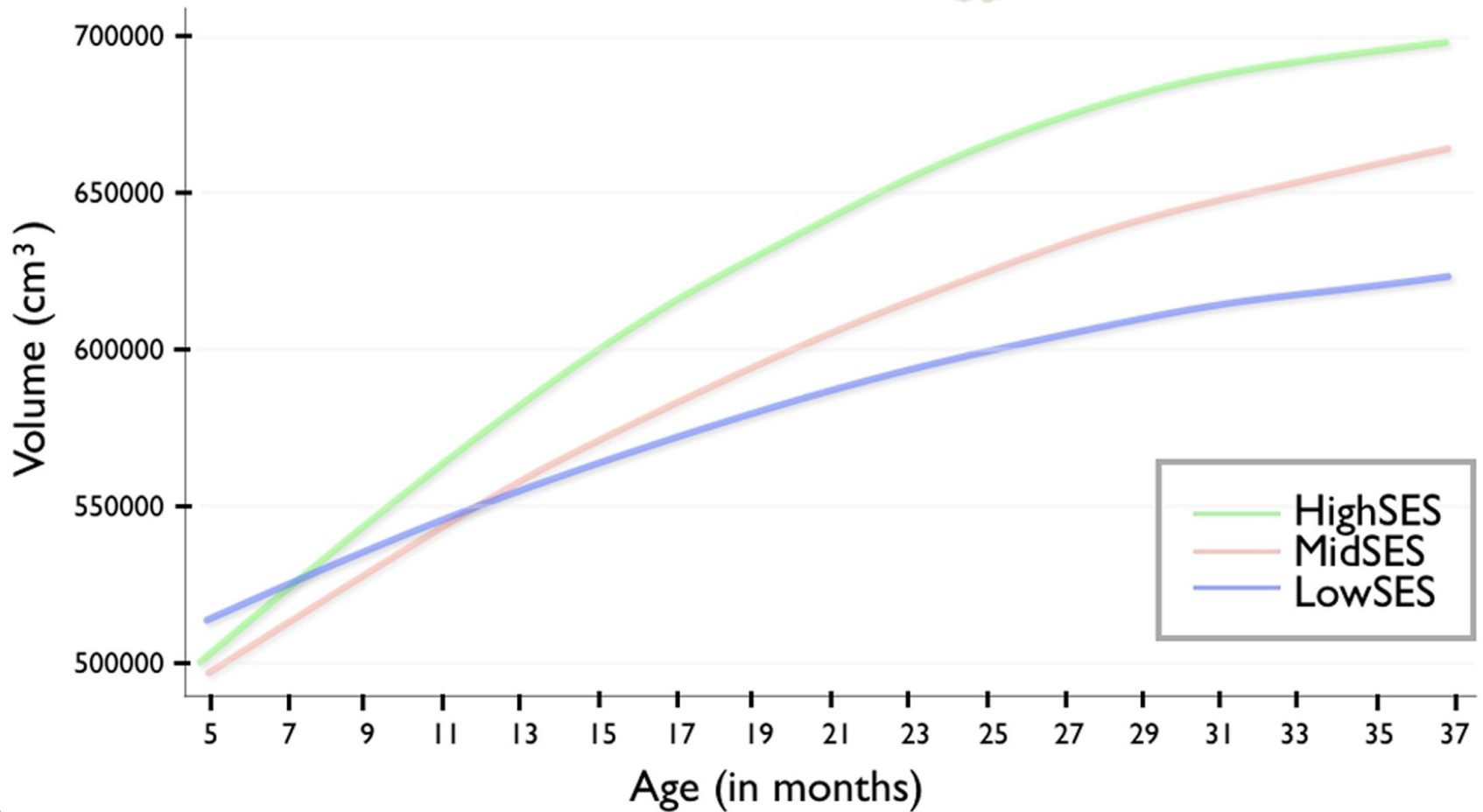
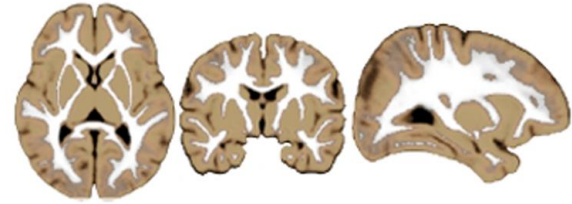


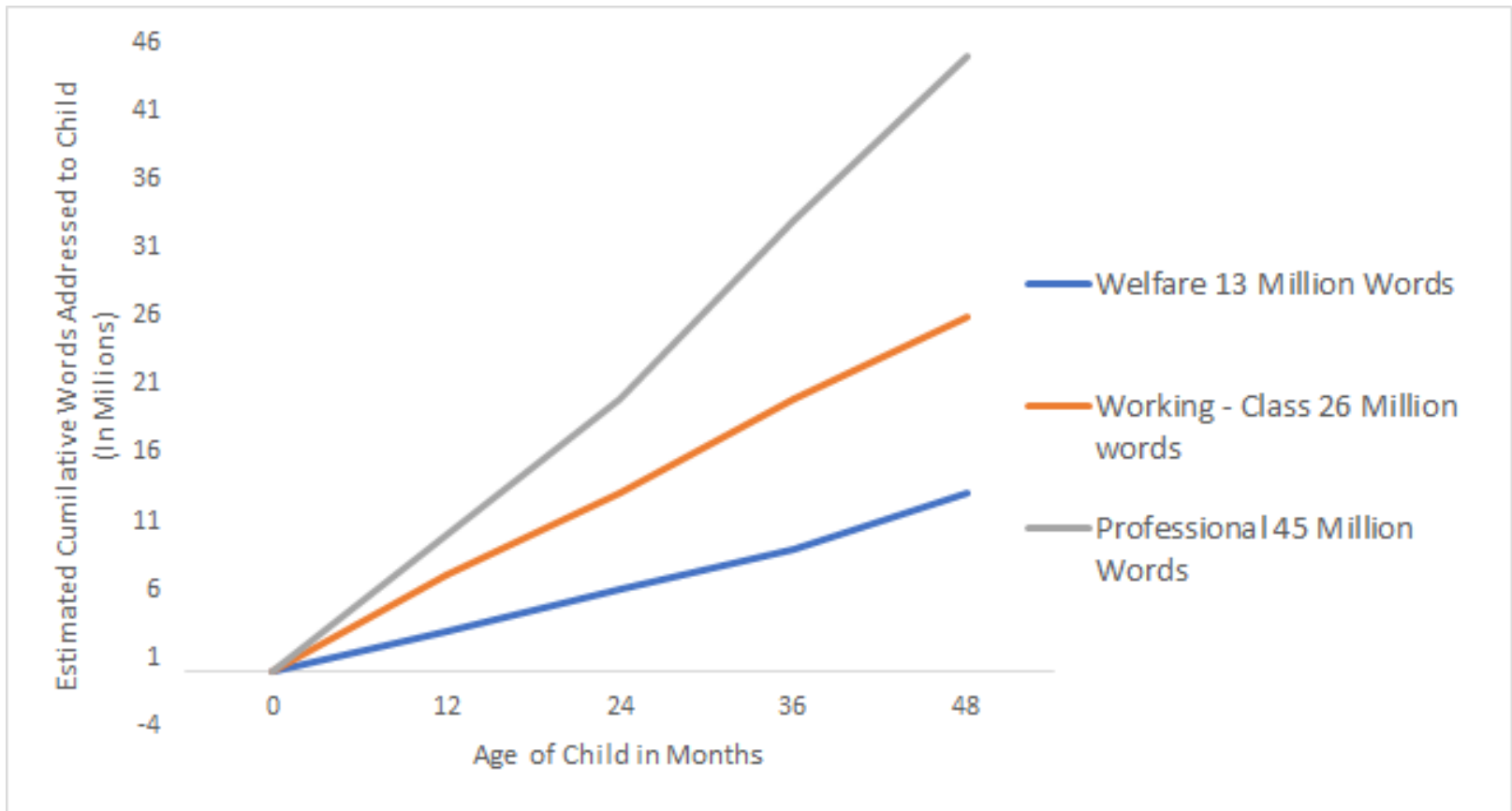
Environmental Factors

- Low SES
- Low home literacy
- Stress and other adverse experiences
- Ineffective schooling or interventions



Total Gray Matter





WHAT PARENTS CAN DO

- Observe your child's language development.
- Observe your child's ability to connect print to language.
- Notice if he is beginning to name individual letters
- Know your family history. Be alert to problems in speaking, reading, writing, spelling or learning a foreign language.
- Focus on strengths, not just weaknesses.
- Focus on reading out words that use rhyming or alliteration.



IS NEUROSCIENTIFIC RESEARCH USEFUL FOR EDUCATORS?

- Programs focused on cognitive skills and executive functioning skills:
 - After eight weeks, brain activation patterns can change and reading performance improves
 - Neuroscientific research has demonstrated that improved behavioural performance is coupled with changes in both brain function and brain anatomy.



STEP 1- ASSESS!

- Screeners:
 - GL-Dyslexia
 - Dyslexia Quest
 - Dyslexia+student profiler

- SLT Screenings
 - CELF-5

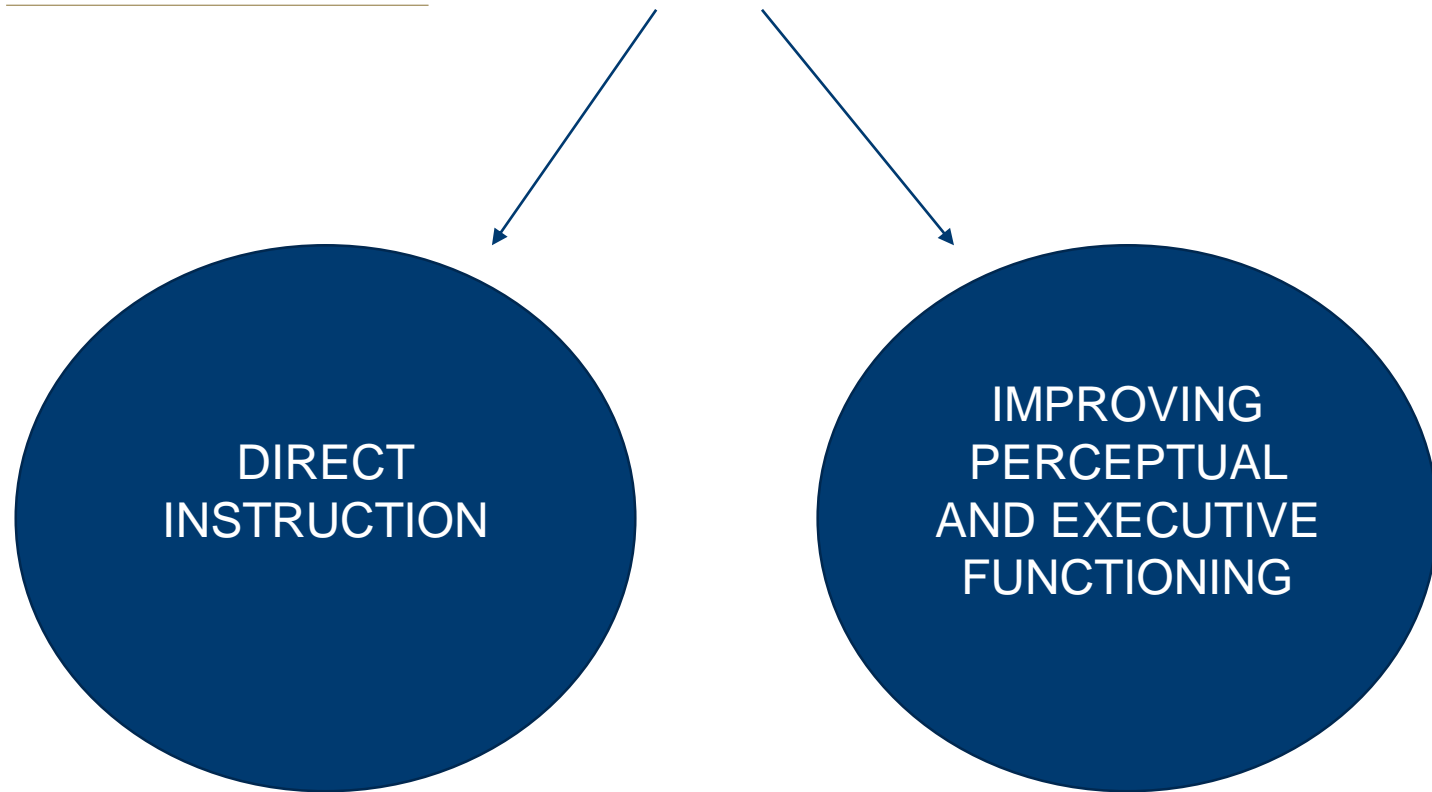


Full Psyc-Ed Assessment

- Language Assessment: GORT, CTOPP, CELF
- Cognitive Functioning: WISC, WPPSI, WAIS
- Academic Functioning: WJ, WIAT
- Executive Functioning: WISC, D-KEFS, NEPSY, WMS



Two Kinds of Intervention



AIMS OF THE READING INTERVENTION

(Direct Instruction)

- Direct instruction on phonics and decoding
- Multisensory approach to Letter-Sound relationship
- Increasing vocabulary
- Providing instruction on morphology and grammar



AIMS OF THE READING INTERVENTION

(Improving the cognitive-perceptual functioning)

- Builds speech sound perception skills
- Focuses intensively on oral language skills
- Works on Visual and auditory processing
- Building auditory working memory and auditory attention
- Works on Improving Inhibition control



Intervention Options for LSTs/LSAs: Direct Instruction

- Crazy Cursive Letters
- Montessori Words
- Writing Wizard
- Dyslexia Quest
- Open Web
- Simplex Spelling Phonics



Intervention Options for LSTs/LSAs: Direct instruction- Zoowhiz

- Morphology
- Grammar
- Punctuation
- Spelling
- Vocabulary



Intervention for LSAs/TAs: Cognitive-Perceptual functioning

- Utilizing on-site SLT/ OT in helping build speech-sound perception as well as fine motor skills/hand eye coordination (if necessary)
- Flash drills in recognizing word sounds
- Flash drills in remembering words written as they sound
- Auditory Discrimination tasks or games



Intervention Options for Classroom teachers

- Attention Training
- Metacognition
- Difficulty with Decoding: Utilizing No Red Ink (<https://www.noredink.com/>)
- Observing Signs of Disengagement/Inattention
- Collaborate with SLT within the classroom setting



Apps and Games

- Lumosity
- 30/30
- Elevate
- Peak
- Telephone
- Musical chairs
- Red Light/ Green Light
- I Went Shopping



Learning Environment (Accommodations)

- Provide extra time on all assignments and a quiet place to work/test if needed.
- Reduce the amount of words on a spelling list.
- Provide various ways for a student to demonstrate his/her understanding (oral testing, video projects, etc).
- Do not ask the student to read aloud in class
- Break assignments into smaller tasks
- Reduce clutter or unnecessary objects on worksheets and homework
- Provide, in advance, an outline of class lectures, a copy of class notes, organizers, and/or study guides



Learning Environment (Accommodations)

- Avoid penalizing a student for spelling or provide a separate grade for content and one for spelling
- Use oral directions or simplified written directions
- Visual prompts or cues (e.g., arrow pointing on page or Highlighted text)
- Allowing for more frequent breaks during tests or class (as appropriate)
- Changing order of tasks or subtests during tests
- Allowing the use of Speech-to-Text software or Text-to-Speech software



Learning Environment (Accommodations)

- Look at the individual child and what he/she can add to the class
- Value creativity
- Use discussion / discovery instruction
- Have fewer transitions during the day but provide plenty of opportunity to move around.
- Have regularly scheduled times to ask for extra help
- Have a frequent parent communication system in place
- Collaborate among grade level teachers to insure student progress



Questions or Comments



CONTACT US

To book an appointment, please contact us via phone at the clinic or email us at: reception@lighthousearabia.com

T. +971 (0)4 380 2088

T. +971 (0)4 321 7786

T. +971 (0)4 380 9289

To inquire about bringing one of our experts as a speaker to your facility, please email info@lighthousearabia.com or ssiddiqui@lighthousearabia.com

The LightHouse is located at:
Villa 1, Al Wasl Road
Al Safa 2
P.O. Box 334273
Dubai, UAE



@lighthousearabia

lighthousearabia.com





Mental Health First Aid Training

FOR ADULTS

THIS EVIDENCE-BASED COURSE IS RECOGNIZED IN MORE THAN 22 COUNTRIES AND IS NOW OFFERED IN THE UAE EXCLUSIVELY THROUGH THE LIGHTHOUSE ARABIA.

Learn a little, help a lot.

MENTAL HEALTH FIRST AID TRAINING IS THE EQUIVALENT OF PHYSICAL FIRST AID TRAINING BUT FOR MENTAL HEALTH.

The course is ideal for individuals who want to learn more, in preparation for increasing their confidence and competence supporting others with mental health difficulties such as depression, anxiety, psychosis, substance use problems, and eating disorders.

THIS COURSE IS ESPECIALLY USEFUL FOR:

- MANAGERS
- HR PROFESSIONALS
- INDIVIDUALS WORKING IN EDUCATION (TEACHERS, COUNSELORS, COACHES)
- HEALTHCARE (DOCTORS, NURSES)
- THE PUBLIC SECTOR
- PARENTS



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Mental Health for Everyone, Everywhere

CME/CPD

Credit Points from DHA and a Certificate of MHFA Accreditation (valid three years)

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AED 1,550 per person (excludes 5% VAT)

ADOLESCENT MENTAL HEALTH FIRST AID TRAINING

We are pleased to offer this course, ideal for adults working or living with adolescents (12 - 18 yrs old)

UPCOMING EVENTS

- List key events for the coming weeks here (refer to Events Calendar at www.lighthousearabia.com – PDF is downloadable)

