

CENTER FOR DISABILITIES AND DEVELOPMENT*Iowa's University Center for Excellence on Disabilities*

CenterLines

FRONT AND CENTER WITH USEFUL NEWS FOR FAMILIES!

When Reading Is Hard: *Understanding Dyslexia*

What is Dyslexia?

Talking and listening come naturally to most children. However, reading must be taught, and some kids have a lot of trouble learning to read. We use the term "dyslexia" when a child has severe problems in reading, despite good reasoning skills and good instruction. Research has shown that

- As many as 15-20% of children have some type of reading disorder.
- Dyslexia is a brain disorder that often runs in families.
- The left side of the brain works differently in children with dyslexia.

Dyslexia is a disorder of language processing that involves a problem in linking phonemes (speech sounds) with graphemes (letter patterns). This results in poor word recognition. Comprehension is affected because so much time and effort are required just to figure out the words.

Not all kids read the same way. Some kids can recognize words fairly well but get confused when linking up words with meaning or remembering what they've read. Only a few kids with reading disabilities have mainly visual problems. Contrary to popular belief, most

kids with dyslexia can "see" the words on a page. They just can't name or decode the words. Reversals in reading or writing (such as confusing "b" and "d") are common, especially in young children. These errors are usually related to problems in recalling a verbal code and linking it to written letters.

Diagnosing Reading Problems

Early signs of dyslexia include problems in

- Speech and language
- Memory
- Naming
- Rhyming
- Breaking up words into separate sounds
- Learning to connect letters and sounds



Specific problems in reading and spelling become more obvious as kids grow older. These problems are more than you would expect for a child's age, ability, and schooling. Dyslexia can also affect a child's ability to express ideas in writing. When this writing problem is severe, it's called "dysgraphia."

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When evaluating dyslexia, it's important to know if a child has good reasoning and comprehension skills. If not, they may not understand what they've read. Also, we want to know about a child's visual and verbal memory. When memory is weak, sight words and reading content are hard to remember. If visual-motor problems are present, a child may write more slowly or make more mistakes. A child's overall cognitive profile thus plays a major role in deciding what help is needed for each child.

What Can Be Done To Help?

For most kids with dyslexia, the staff at the Center for Disabilities and Development (CDD) suggest using a phonics program (such as the Orton-Gillingham method). This helps kids "break the code" of reading and writing. Kids with dyslexia learn best when teaching includes both *remediation* to build up weak skills and *compensation* to bypass weak areas and use stronger skills.

More information about dyslexia may be found in the book, *Overcoming Dyslexia*, by Sally Shaywitz,

M. D. This book is available from the Disability Resource Library (DRL) at the CDD. You can call the DRL at 800-272-7713 (toll-free) or 319-356-1345 (local). You can also get information from the International Dyslexia Association by calling 410-296-0232 or visiting their web site at www.interdys.org.



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Summer Safety

As children count the number of days until summer vacation, health care professionals look at summer safety issues. Here are a few things to remember as the summer season begins.



Sunburn can be painful and even cause scarring. We now know that serious

sunburns in childhood and adolescence increase the risk for skin cancer later in life. Be sure to use a sun block of 15 or above and re-apply as necessary according to package instructions. You can buy special sun block just for faces that doesn't sting the eyes. Be sure to wear hats with bills and protective clothing if you know you will be in the sun for a long

time. You can also buy summer clothing that has sunscreen protection right in the material.

Spring and summer bring growing plants like **poison ivy**. It is important to learn to recognize and avoid poison ivy. Almost everyone has some reaction to it. Your reaction can get worse the more you are exposed. Most people think that poison ivy is only a woodland plant, and that it grows along the edges of woods and in tree lines. However, poison ivy can be found in your backyard, usually along fences and in bushes. You are exposed when you brush against the plant. Dogs or cats that rub against the plant can get the oil on their fur, so you can get poison ivy from your pets. You can also have a reaction to it if it is burned. If you think you've been

in contact with poison ivy, remove your clothing and wash it immediately, including work gloves and shoes. Poison ivy will continue to spread if the oil stays on your clothing. Wash your hands and any exposed skin with soap and water. If you have a lot of poison ivy growing near your home or if you have a strong reaction to it, you may want to buy special poison ivy soap and keep it on hand. If you do have a strong reaction, talk to your doctor about treatment.



Summer is also the season for bugs, and there are some you want to avoid like Iowa deer **ticks**, which carry Lyme disease. There are diseases associated with brown and spotted ticks as well. Wear long sleeves, socks, and



hats when you walk through the woods. Use insect repellent that works on ticks. If you have been in the woods or fields with tall grass, be sure to check your skin for ticks as soon as you get home. If you have picked up any they may not have attached yet. Remove an embedded tick by slowly pulling it out with tweezers. This will keep the tick's head from remaining under the skin. Wash your skin with soap and water and keep watch on the bite for a bulls-eye rash. If a rash develops, contact your doctor.



Hungry **mosquitoes** can carry West Nile, encephalitis, or Bird Flu viruses. Call your children inside at dusk to avoid the time when mosquitoes are most active. Be sure to use insect repellent. Remove any sources of standing water from your yard. There are a variety of foggers and devices that work to eliminate mosquitoes. If you live near a water source, there are pellets or tablets you can buy to float in the water to help eliminate mosquitoes at the source.

Bee stings can be painful but they can also cause severe allergic reactions. To avoid stings, try not to wear heavy perfume when outside. Bees are also attracted to sweetened foods or beverages. Watch for them landing on food or plates and check opened cans of soda for a bee hiding inside. Insect repellent does not work on insects like bees and wasps. If you have a severe reaction to a bee



sting, check with your doctor about getting an EpiPen. The medicine in these devices reverses the allergic reaction. You should make sure that the EpiPen has not expired and you should carry one with you at all times. It doesn't do you any good at home. Once you've used the EpiPen, get immediate medical treatment.

EpiPen: a device that automatically injects epinephrine into the muscle for temporary, emergency treatment of an allergic reaction.

Anaphylaxis: Anaphylactic reaction or shock is a severe allergic reaction. Symptoms can include problems with breathing, swelling of the throat, hives, sudden drop in blood pressure, and fainting.

Drowning or water related injuries could be a danger during the summer months. Be careful when swimming or boating. Young children must be supervised around water at all times. Even a child's pool in the backyard is a hazard to your toddler. City pools with lifeguards on duty are safer than the local pond, stream, or lake. When at the pool obey the rules. Don't run on slippery surfaces or dive in no-diving zones. If you are swimming at a pond or lake, don't dive into shallow or murky water. You could easily receive a head or spine injury by hitting the bottom or landing on something hidden by the water. These injuries can result in permanent paralysis or brain injury.



You and your children should wear **safety helmets** and other protective equipment when you are out bicycling, skateboarding, or roller blading. A helmet can make the difference between a skinned knee and permanent brain damage. Kneepads and elbow pads can prevent painful breaks or other injuries when you fall. When you are out bicycling in the warm spring weather be careful of cars. Drivers haven't had to share the road in the winter months and may not be as alert to cyclists.



Susan VanWye
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Summer Fun

Summer is just around the corner. Days are getting longer and warmer, while kids are waiting for the end of school. Before too long, every parent will probably hear those dreaded words – I'm bored! You can ward off boredom by enrolling your son or daughter in camp.

Summer camp can be a fun, inexpensive way to entertain kids of all ages and all abilities. Some camps are general while others are focused on specific areas of interest like sports, music, or art. Some camps are geared toward specific issues like cancer or diabetes.

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Some are coed; others are for boys or girls only. Kids can go to day camp or stay overnight.

You may be interested in summer camp for your child but not know where to look. Here are some suggestions to help you find the right camp. First, contact your parent/educator coordinator with your local area education agency. These folks should keep a list of camps available to your child with special needs. Next, check with your

local recreation center or YMCA to see if they offer summer programs for kids.

You can also go on the Internet to find out about summer camps. Try the American Camping Association at www.acacamps.org/. Go to "Find a Camp," then select "Special Needs/Special Clientele." You can then choose from a number of options to find a camp.

Also try the National Dissemination Center for Children with Dis-

abilities at www.nichcy.org/pubs/genresc/camps.htm. They offer a 5-page list you can print, with general and disability camp information. They also list other camp resources and websites. Both websites have up-to-date information for 2004.



Here's to a summer of happy, healthy, bored-proof kids!

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The role of the information in this newsletter is not to provide diagnosis or treatment of any illness or condition. We strongly encourage you to discuss the information you find here with your health care and other service providers.

CenterLines for families, the newsletter of the Center for Disabilities and Development at the University of Iowa Hospitals and Clinics, is published three times a year. It provides families with current information on child and adult development, issues affecting people with disabilities, and CDD resources available to them and their families. The newsletter is available in print, and also online at w.uihealthcare.com/cdd → *Centerlines for Families*.

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