

Matt (host): Welcome back to the Nimble Youth Podcast. I'm your host, Matt Buttermann. This is part two of our dyslexia series with Doctor. Gretchen Hoyle. The last episode focused on recognizing dyslexia and understanding the diagnosis.

Today, we're talking about what parents really want to know, what actually helps.

Dr. Gretchen Hoyle: Yeah. Once we have a diagnosis, then the next question logically is, okay, now what do we do?

Matt (host): Right. So one thing that's, maybe a little bit counterintuitive is when you have that diagnosis, you think, well, we just need to practice, you know, reading more. Right. You know, we need, we need to make up for their, their deficits by doing more, but that's not necessarily enough. Right?

Dr. Gretchen Hoyle: Right. Right. So this is where it does get sort of tricky. But it is like, I'll use a metaphor from the swimming world, which is that, that if your stroke is incorrect and you just keep putting more and more like yardage on an incorrect stroke, it's just going to re-enforce that pathway in your brain. And what really has to happen is to try to work with the child's, decoding pathway.

So they are dealing with a decoding pathway that isn't very efficient. So asking them to just keep using that same pathway over and over again, is, you know, like asking someone to practice running on a sprained ankle. Effort alone doesn't fix the underlying problem. And so then there are some specific strategies instruction wise that can be helpful in creating different pathways that are more efficient and can help that child bridge the gap between their reading and that of their peers.

Matt (host): So kind of a clean slate, a tabula rasa in metaphor reviews a lot is fresh snow in the brain, right? Of learning how to make those grooves in the, in the neural pathways in a different, in a different track. So you've mentioned the term structured literacy several times. What does that actually mean?

Dr. Gretchen Hoyle: Right. So structured literacy refers to science based approaches to teaching reading that explicitly teach how language works in the form of sounds, symbols, patterns. And it doesn't assume that the kid has any intuition as to how language is going to work. So it is, and probably the most famous version of that is something called Orton Gillingham, which is probably the most commonly used, like structured literacy program that's used to help kids with dyslexia. But it's part of a broader family of structured literacy programs, but that one's the most commonly used one.

And it's the one that I personally have the most experience with. So, as I mentioned in the first episode, my son had a diagnosis of dyslexia around fourth grade. He went to a school subsequently that used Orton Gillingham as their way to instruct folks who have this diagnosis

and learning to read. And so reading was very much not intuitive to him. And I could compare that to some degree with my daughter where reading was very intuitive.

So as a parent, I could have seen both sides of that coin. They're very different. And so with with Orton Gillingham, there are some like core elements that are very, very helpful and effective that are not necessarily the same way that we sort of mass instruct folks in schools to learn to read. Because when you're doing mass instruction like that, there is some like expectation that there's some intuitive nature to it. I almost, when I've often talked to parents about it like this, where like, when you're looking at a young child, like a 12 old, who's learning to walk they will often do certain, you know, sort of pre walking behaviors and skills like being able to pull up or on the couch and get themselves into a standing position.

And then they'll be able to stand for some period of time and they'll be able to like push a toy. That's like a push toy, they're not completely independently walking, but there's multiple different steps. And for a lot of kids, those, you know, those sequential steps are very achievable for them and their brain kind of naturally is able to do that. But for kids who have dyslexia and it's not, you know, as smooth a transition from one step to another, it often has to be much more granular. So it'd be kind of like saying, okay, we're going to instruct this person who's learning to stand up or to walk.

Like, we're going to, you know, help you recognize that you need to be able to lean slightly forward and put your weight on this foot. And then you're going to gradually, slowly lift your other foot and you're going to use it at this angle and you're going to then swing it forward. And it's just very, very granular where for a lot of people, all of those, like that sequence of things that have to happen for you to walk just like kind of comes together almost magically, intuitively, innately. And for kids with dyslexia, as far as reading goes, you know, those things really need to be broken down much smaller than what the steps that we use, you know, in sort of mass educational, like reading instruction. Now there's a lot of, there's lot of schools of thought out there that feel like everyone would benefit from the type of instruction that a structured literacy program provides, but it is more intense and there's, you know, resources and like, how do we do that in school and all that.

And so, so this, we're specifically talking about this today in the context of how do we help kids who have a dyslexia diagnosis. And so the first element of like the Orton Gillingham structured literacy program. And this is true for a lot of them. That is that it's explicit. So let's take these one at a time, Matt.

Let's do, so explicit, means that nothing is left to chance. And so like the way that this works is in an, in an Orton Gillingham lesson, the teacher tells the student the rule of what they are working on in the words that they are going to decode. Okay. And then they demonstrate that and then they practice it and then they check their understanding. And the way that this often works, like the way in the school that my son was in, the teacher is actually sitting in the center of a desk that's kind of half a donut shaped all the way around the teacher, and then the kids are on that outside road.

And so, they are very close in proximity and the teacher can see really what is happening on each of their papers and what is happening basically in their brains. And so, there's a very specific way to make sure that these connections are made. So for example, that example of being explicit is instead of, instead of just saying, okay, here's a list of words you figured out, then it's more like today we're going to learn about the way that some words have two vowels that walk together. And sometimes the first vowel does the talking and sometimes the second vowel does the talking. Well, those are things that, you know, we may somewhat remember from, from learning to read and, you know, early elementary school.

But for kids with dyslexia, especially if they're going through this type of instruction, they will work on that concept for weeks sometimes, right? I mean, to be, because that is a really challenging concept, and so this is especially important for them. It just is not something that they're going to naturally infer from patterns the way that typical readers do. So that's the first one.

Matt (host): Right. The next one is what we call sequential, right? In other words, another term for it is one brick at a time as you're building a wall of a house. You know, there's a method to that. So let's talk about what that, step looks like.

Dr. Gretchen Hoyle: Right. And so in some ways, you know, I always think about this concept as being like the way that we teach math. So you would not just like walk in to first grade and say, okay, we're going to do long division, right? Like you have to learn addition first, preferably with, you know, single digit numbers, and then we're going to move on to multi digit numbers, and then we're going to introduce the concept of subtraction instead of addition, and then we're going to start talking about multiplication. And then, you know, where it's a sequential thing, right?

So there are, there's, you do have to do it in sequence. And so these types of literacy programs really do like recognize that there is a sequence that works best for kids who have this challenge. And so for example, Orton Gillingham starts with vowels, with words that have short vowel sounds. Okay. And then they'll move on to the words that have long vowel sounds.

And then they'll start with, you know, they'll, they'll, as far as consonants go, they'll start with single consonants first. And then they'll move to the blends and then they'll do the digraphs and then they'll do vowel teams. It's a very sequenced approach because kids with dyslexia really need that level of granularity to be able to put it all together. And so nothing is introduced before the child has a full foundation for each skill. And that prevents gaps, which, you know, in the typical classroom, they're often, you know, they kiddos, especially kids who have this problem, they have a lot of gaps in their learning because one or part of these sequences was not completely solid for them before it got, they moved on.

And so that is really where this type of learning is really helpful because we just like.

Matt (host): Yeah. And that leads nicely into the next step, which is cumulative. And the catchphrase for that is nothing disappears, right? As you've built the sequence of bricks, it doesn't fall out from under it, right? So let's talk a little bit about the cumulative step.

Dr. Gretchen Hoyle: Right. So this is like, okay, we were building this wall with bricks, but we're going to go back and look at the first row every week. And then we're going to look at the second row and then we're going to look at the third row and then we're going to add a fourth row and then we're going to look back at the first row. And then it's just, it's like this idea that you're going to revisit the skills that you learned several weeks ago. Because again, these kids, the way that this maps in their brain, it's just more challenging for them.

And so you can't just assume, okay, we got that skill, check it off, move forward. We have to keep revisiting those early skills to make sure that they're solid, that you're on a solid foundation, and then you'll layer on a different, you know, different ones. And you just, you know, you have to keep revisiting things like spelling rules from earlier lessons. Know, lot of strange things about the English language that are rules that, you know, you can memorize a rule, but then there's always exceptions. And so, you know, you have to kind of keep reinforcing that.

And you have to keep like looking at previously mastered words because the brain is, it's easy to forget. If you're, if you're, those connections are not super solid, then it's easy to lose those if, if, if it's been a while since you've looked at it. So they are sort of, you know, it's almost like that song about a partridge in a pear tree, the Christmas song where you go back and you do all of them each time and just add a new one, you know, the twelve days of Christmas, I guess.

Matt (host): It's a test of your memory too.

Dr. Gretchen Hoyle: Right? Yeah, right. Exactly. And so you're, you're revisiting all of that. You're pretty like routine.

So.

Matt (host): Yeah. Yeah. And you, you brought up the, the point about English having all these exceptions and being very difficult to learn. I was thinking, you know, I wonder if it's easier in other languages to deal with dyslexia than it is in English with all its various, you know, exceptions.

Dr. Gretchen Hoyle: That's great question.

Matt (host): To look at. Yeah. Let's move on to number four, the fourth step in the Orin Gillingham method, and that is multi sensory, which, just means engaging the whole brain. Right?

Dr. Gretchen Hoyle: Right. Right. And it, and different pathways in the brain. So there is, you're engaging the visual cortex, which you know, is where you're bringing in information from your

vision, your field of vision, and you are mapping that onto your brain. So you're involving that, you're involving your auditory cortex, which is where you're getting information from your ears and what you're hearing.

And so there's a lot of things like, we're going to like say the sound out loud, and then we're going to trace the letter on the page. And this is where that circle, that like half donut shaped, like table is helpful that the teacher can really see what's going on with everybody, what they're tracing the letter correctly. So they're trying to getting into their brain as they say the letter, tracing it too, so you can get the shape of the symbol, the written symbol. And then, you know, writing while speaking the sound and then they did this. The kinesthetic pathway is like sort of touch and movement.

And so they would often tap it out. So they would tap out different words and what their syllables were. And that was like very interesting. Like, you know, in the times that I would go to parents' night at the school where my son was, they would show us kind of this kind of aesthetic pathways that they were doing and how they would tap out words. And it just helped get it into your brain and other pathways.

And so it is a multisensory experience and that really strengthens the neural connections and creates redundancy. And so if one path is weak for that child, another path can support it.

Matt (host): Right. And so that's how the Orton Gillingham method is broken down. That's kind of how it works. I guess the wall analogy really plays out well here because for a lot of parents, the whole process can look very slow and maybe laborious at times, but it's all about building that very strong foundation that doesn't wash out and collapse later, right?

Dr. Gretchen Hoyle: That's correct. Yeah.

Matt (host): Yeah. So let's talk about how it's implemented in the public schools, which is an issue certainly. And maybe you can talk a little bit about some of the issues that arise there.

Dr. Gretchen Hoyle: Right. So this is going to come to as a surprise to absolutely no one, but like my opinion is that, you know, the public schools are very funded. And I'm coming to that from like being a child of a teacher and being a parent of a teacher and like having lots of friends who are in education and I like, you know, have a lot of interest in this area. And it's amazing what people, you know, in education are able to do with the resources that they have. But in reality, like, what usually happens in the public school setting is that, without access to a private psychologist, which a lot of parents have is not really an option for them to pay out of pocket.

So, they're gonna get the public school psychologist is gonna do the child's testing. It's gonna take a while to get that done. When it comes back, it rarely actually has a formal diagnosis of dyslexia on it. Like, I don't know that I've ever seen that. Because the problem is that there's

very good evidence that one of these sort of structured literacy programs like Orton Gillingham is really the best way, it's the most appropriate way to address a diagnosis like dyslexia.

And so that diagnosis on a child's evaluation would, somewhat require the school to provide that. And it's just really not possible. And so that's one of those things that we don't like to talk about a whole lot, but I do try to have that conversation with parents and it depends on where you are and what school system and what other resources they have. And if there's folks who are volunteering, all sorts of different things, different variables, but, and it's definitely not about them not caring. It's just that there's like, you can imagine that to be able to deliver this type of instruction, it takes a lot of training and that's expensive.

You know, these are very, you know, professional folks. And so it's just not something that's all that available in, like in the regular public school setting. And so, and so that is a reality that I often, you know, discuss with parents about what we're going to do going forward. Now, a lot of times, what, you know, what we, what we were able to do was, was to do a school, a special school that taught via Orton Gillingham instruction. And that was, I feel like really transformative for him.

He's a teacher now and it's really helpful to kinda hear his take on it and, you know, all these years later. But there are other ways to access Orton Gillingham instruction. And typically that's when the OG tutor. And so I'll often have resources for families where they can get a tutor who can do these types of like instructional methods with a child in the afternoon after school. A lot of times summer's a really good time to do that.

Of course, kids don't love doing any of that, but at the same time, it's a really good time to do it because they can do it in the morning when most kids don't have as much fatigue, if they can get a lot done during the summer with an Orton Gillingham tutor. And they're often, you know, like they're closing the gap over the summer between them and their peers. And so really, we will work on that a lot if we have the option. Would say that, you know, just having had that sort of social overlap with other families who had children in the special school that my son was in for dyslexia, it wound up making it so that I was seeing a lot of these same kids in clinic. I developed pretty good relationship with these other parents and then a relationship with the school.

And so then that meant that a lot of the kids that went to that school were seeing me in clinic. And I would say roughly half of them what had a comorbid diagnosis of ADHD, or I would have some proportion of them on medicine for ADHD. And it was almost as if like, I sort of felt like in my head, I was like, well, you know, these kids have sort of a steeper hill to climb to be able to learn to read fluently. So, it's hard to, like the Orton Gillingham process is going to try to make, reduce the steepness of that hill, but sometimes having a stimulant on board, typically a stimulant medicine or ADHD medication on board, is going to just give that child a little more stamina to be able to hang in there and focus a little bit longer again on what we would consider to be a non preferential task for them. It's just not something that they really want to do, so it's

not super rewarding, you know, And so they're going to have to, you know, attend to someone else's agenda for the majority of the day.

And a lot of times we can help make that possible for them with, by treating their concomitant ADHD. And so that was, yeah, that was often what we did.

Matt (host): Yeah. I was just going to say, you know, the treating the ADHD, it doesn't flatten the hill, but it just gives the kids endurance to be able to get to the summit. Right. So let's talk a little bit about assistive technology. And we we've had our issues with technology on this podcast before, but this is a very useful and beneficial contribution of technology to children's lives in this particular instance.

Right. So let's talk a little bit about how that can help.

Dr. Gretchen Hoyle: Yeah. I mean, I think we're specifically talking about text to speech tools and like audio books and that kind of thing. I mean, I will say one of the things that, that we found really helpful early on for my son was that, especially when we were, as we're getting into high school for the best example that I have is AP US history. So that APUSH class that a lot of, you know, folks who are college bound will take And it's a great big textbook for it. And so it would have been, and then the reading of course is extremely important.

So it would have been exhausting for him to have to try to decode all of that. Even though he had had Orton Gillingham for years and had had, you know, fairly solid like rehabilitation of his ability to read, it was still not the same level of fluency that his peers had. And so what we did was either me or my mom would read him the chapters out loud. And that was when he was doing his homework. Like, would read that to him, talk about it, which was helpful.

And then also, you know, he would take notes and that would sort of reinforce it in his brain as what was happening. And so he was able to do pretty well in that class, even though there was a lot of reading. And so I really think that as we are having more and more access to ways to convert text into audible listening, like being able to listen to it. Sometimes I'll have folks listen to it and read it at the same time. Like you're listening to an audio book and reading it on text at the same time.

Those are really super helpful for folks who have this challenge. And they often get really good at remembering things that they've heard audibly, even if they may or may not have been able to recall it from written

Matt (host): Yeah. So let's, let's perhaps wrap up today's discussion by talking about your own clinical approach to treating dyslexia and you have various steps that you take or protocols that you use to, to, to approach it. So let's talk a little bit about what those are.

Dr. Gretchen Hoyle: Right. So typically the way that this presents is often like an elementary aged kid who, is just not doing well in school. And so a lot of times that's a pretty, that's kind of a

wastebasket term for like, oh, well, I can do all sorts different things. But I will, you know, I think the very first thing to do is to get a really good history and be able to listen to folks, tell their story, get a lot of family history. I think that's super helpful in all these conditions to be able to talk about other folks in the family that you understand maybe how this child's brain works.

And so doing that kind of then helps me start to prioritize which diagnostic tools I want to use, which pathways I want to go down. So a lot of times pretty standard though, is I'll get information that would help me make a diagnosis potentially of ADHD and anxiety. And we've talked about those measurements before. And then, you know, I will often engage my team. So we have a team that works under the collaborative care model, and that team can help get additional information from the patient and the parent, and then also from the school.

So, from the teacher, guidance counselor, all of the formalized information that we can obtain is super helpful. And so, then we will decide sort of based on how that process goes, whether it's time to do additional testing with a psychologist, we can ask for that at the school level, we can make referrals to folks in the community who can do that type of testing. And that is often, you know, like sort of the linchpin in getting this figured out. And so it's really helpful to have a good relationship with the folks who do this kind of testing and kind of know who is going to be able to help us get some clarity on what this child has or needs. And then we just help the parents interpret the results.

The good news is that psychologists will typically meet with the parents for often, you know, hour, a couple of hours to sort of go over what the results are and what they mean. And that's super helpful. And then they'll provide us with a report and we can read that and evaluate it and talk about it with the parent. And then we start really working on, well, what's going to be our management plan. And that's sort of a part of it is can be medical with medicine for ADHD, if that's part of the picture.

And then some of it is going to be working with the school and getting, you know, formal, like accommodations in place with a five zero four plan or an actual IEP, an individualized education plan, and get those things set up for the child. A lot of times what happens in an IEP with young children who have dyslexia is that what they're often getting is small group instruction in reading, and hopefully multiple times a week, if that's possible. They may not really be getting quite what we would love for them to get as far as a structured literacy program, but it is very helpful to be in a smaller group where a reading like specialist can help determine what best, what are the best ways to help that child. And so the sooner we get those things going, the better typically. And so that is part of why I always say just like with everything, that basically, if you're worried, then you probably ought to come in and talk about it.

Cause the sooner we get a handle on stuff, the better. And I will say like, my son was in fourth grade before we got a diagnosis and I would be pediatrician. And so it's not unusual that this stuff can sort of fly under the radar. And, but we know even a lot more about it than we did at that time. And so I do really recommend folks to find like to start, if you're concerned, especially

with the checklist that we talked about in the previous episode, it's time to reach out and get some additional help.

Matt (host): Yes. And this is where your collaborative care approach, really bears fruit because, you need all the pieces that we talked about the, the Orton Gillingham method, you know, putting all the pieces in place and it's the same way to sort of dealing with dyslexia. You need to have all these pieces in place and, having someone as a sort of central figure to enable that happening is really important. And just going back to what you said about the public schools, I think it's important to underscore that it's not that the folks that work there are incompetent they don't have expertise just as always, or at most times anyway, a matter of funding. It's just, they don't have the resources.

Dr. Gretchen Hoyle: And so that's the sort of macro level of this is to really advocate for better funding and support for everyone who is in public education.

Matt (host): Absolutely. So I guess the bottom line is dyslexia is challenging, but with the right instruction and support, kids can thrive as your own son is, is, evidence of that certainly. So we'll see you next time on Nimble Youth. Until then, please visit our website, www.nimbleyouthpodcast.com. Find and review us on all major podcast platforms, and you can watch video recordings of our episodes on our YouTube channel at NimbleYouthPodcast and find us on social media, Facebook and Instagram at NimbleYouthPodcast as well.

Please take care of yourselves and the young people in your lives. We'll see you next time.