Wellington-Alexander CENTER

Fall 2010

Hi! For those of you who aren't familiar with the Wellington-Alexander Center, please let us introduce ourselves.

We are a neurodevelopmental assessment & treatment center for individuals with dyslexia and other language/learning disabilities.

Our treatment team includes:

Ann Alexander, MD, FAAP
Founder & Owner
Consultant, Developmental/ Behavioral Pediatrics

Jane Lawyer, M.Ed.
Center Director

Stacy Fretheim, MS, CCC-SLP
Director of Speech-Language Services/Assistant Director

Karen Backstrom, BS
Director of Academic Services/ Assistant Director

Debbie Borini
Administrative Coordinator

Lindsay Krumland, BS
Trained Language Clinician

Alison Moser, BS
Trained Language Clinician

Olivia Waltman, BA
Trained Language Clinician

Joann McFee, MS, OTR/L
Coordinator of Occupational Therapy

Sarah Stoll, MS, OTR/L
Occupational Therapist

Let's Be Literal

Right 'Connections' Key to Overcoming L/LD

New research has found that key areas in the brain for language and working memory involved in reading are connected differently in individuals with language/ learning difficulties than in those who are proficient in reading and spelling.

To explore brain connectivity, researchers from the University of Washington worked with 18 dyslexic children (5 girls, 13 boys) and 21 children in the 4th through 6th grades who were proficient readers and spellers. The study involved having the children judge whether letters in pairs of nonsense words could represent the same sound.

Following the study, the children with L/LD participated in a 3-week program that taught the children code for connecting letters and sounds and upon new examination of their brains with an fMRI (functional Magnetic Resonance Imaging) it was found that connectivity was normalized.

Researchers were focusing on a specific region of the brain, the left inferior front gyrus, that is considered to serve as the "orchestra conductor" for language. Neuropsychologist Virginia Berninger, co-author of the study and director of UW Learning Disabilities Center, said temporal connectivity, or the ability of different parts of the brain to "talk" with each other at the same time or in sequence, is key in overcoming L/LD.

Berninger likened having L/ LD to an orchestra playing with an ineffective conductor who cannot keep all the musicians playing in synchrony with each other: "You have all the correct instruments but, if the conductor is not doing his or her job of coordination, the right instruments are playing at the wrong time," she said.

Teaching children with L/LD, Berninger explained, "requires a different approach, one that stresses knowledge of spelling-sound relationships with a twist that tweaks the letter and sound processes to get connected in time in the brain."

While there is no cure for L/LD, intervention treatment aimed at improving the efficiency of language processing can help children cope with the challenges that accompany it.

Summarized from "Having Right Timing 'Connections' In Brain is Key to Overcoming Dyslexia" by Joel Schwartz of UW, 9-9-07, www.medicalnewstoday.com

Centers Provide Research-Based Help for Dyslexia

Dr. Ann Alexander always knew she wanted to work with children and help them reach their fullest potential.

The daughter of a very intelligent but dyslexic father, she wanted to delve deeper into the intricacies of the disorder that affects perhaps 15 to 20 percent of individuals in the United States. And she's been working toward that goal for the last 40 years with much success.

In 1986, she founded the Morris Center in Gainesville, Florida to provide comprehensive interdisciplinary assessments and treatment for individuals with dyslexia, other learning disabilities and language and sensorimotor difficulties. The treatment was based on neurodevelopmental knowledge and was delivered intensively and on a one-to-one basis daily.

Based on the results with dyslexic children, Dr. Joe Torgesen, a leader in the field of reading research, invited the Morris Center to conduct ten years of research funded by the National Institute of Child Health and Human Development (NICHHD).

The effectiveness of treatment for severe dyslexia in late elementary school-age children was evaluated, and the results confirmed that the systematic and intensive language therapy program resulted in robust gains in both spoken and written language.

Severely impaired children were able to improve their ability into the normal range not only for reading, but for receptive and expressive language as well.

In 2003, Dr. Alexander opened a sister center in Scottsdale, Arizona called the Wellington-Alexander Center. Their interdisciplinary team is carrying out the mission of the Morris Center with similar results. The goals now are to continue helping children and adults to end their learning struggles, to work with schools and to continue pursuing work on the prevention of school struggles and loss of self-esteem.

Wellington-Alexander CENTER

Assessment & Treatment of Dyslexia & Other Language/Learning Disabilities

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What is Sensory Integration Disorder?

For the average child, all senses develop and work together efficiently. However, 12 to 17 percent of children have trouble understanding their sensory signals and have what is known as sensory integration disorder (DSI).

Although DSI can be present in any child, studies indicate that approximately 70 percent of children with learning disabilities have sensory issues, and furthermore that DSI also may co-occur with ADHD and anxiety disorders.

The proper interaction of senses is what enables a person to function and feel comfortable; children with DSI are often uncomfortable, whether it be with the intensity (or lack of intensity) of light, sound, movement and/or touch.

A typical child with DSI may be under or oversensitive to sound and light. For instance, he may crave multiple sound stimuli or he may not be able to tolerate bright or flashing lights. Other symptoms of DSI include unusually high or low activity levels, coordination and balance problems, poor behavioral organization, and social/emotional problems.

Speech and language delays are another problematic symptom of DSI. Children with DSI may have poor academic performances and may also seem bored or unmotivated when it comes to schoolwork. Additionally, DSI may cause children to have difficulty making transitions, such as moving from playtime to dinnertime or even adjusting to the varying weather patterns.

Parents who suspect their child might be exhibiting symptoms of a sensory integration disorder should take notes regarding the child's behavior in order to present their observations to the child's teacher and pediatrician. The pediatrician may then recommend an evaluation by an occupational therapist (OT) and/or a language evaluation to assess whether or not the child is developmentally on target.

Summarized from http://www.childhoodanxietynetwork.org/htdocs/htm/sid.htm

Do you want to unlock your child's potential?

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We are offering a one-hour complimentary screening to assess language/reading ability.

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Call the Wellington-Alexander Center for a complimentary consultation.
480-629-4461

Unlike Speaking, Reading is Not a Natural Process

Learning to read is critical to a child's overall well-being. That's why the National Institute of Child Health and Human Development (NICHD) has been studying reading difficulties for 35 years.

The research has been centered around three basic questions:

- *How do children learn to read?*
- *What skill deficits and environmental factors impede reading development?*
- *Which instructional approaches are most beneficial and at which stages of development?*

To learn to decode and read printed English, children must have phonemic awareness. That is, they must recognize that spoken words are composed of individual sound parts, called phonemes.

Although spoken language is seamless, the beginning reader must detect the seams in speech, unglue the sounds from one another, and figure out which sounds (phonemes) go with which letters in order to read effectively.

For those with L/LD and phonemic awareness deficits, this is a very difficult thing to do.

While some educators and researchers maintain the perspective that reading is an almost instinctive, natural process, programmatic research over the past 35 years has shown that certain aspects of learning to read are highly unnatural. Unlike learning to speak, beginning readers must *consciously* appreciate what the symbols stand for in the writing systems they learn (Liberman, 1992).

Learning to read begins far before children enter formal schooling. Individuals who have stimulating literacy experiences from birth onward have an edge in vocabulary development, understanding the goals of reading, and developing an awareness of print and literacy concepts.

However, many children with robust oral language experience, average to above-average intelligence, and frequent early interaction with literacy activities also have difficulties learning to read. Why? Because of phonemic awareness deficits.

Without the foundation of good phonemic awareness, the development of solid phonics skills, speed and automaticity in reading fall behind.

Since it has been established that reading does not develop naturally, decoding, word recognition and reading comprehension skills must be taught explicitly, directly and systematically as early as possible.

From "Why Reading is Not a Natural Process" by G. Reid Lyon, 2000; www.ldonline.org