

In Defense of Truth: A reply to 57 Reading Voices on the Issue of Dyslexia Steven P. Dykstra, PhD

Recently, a collection of professors and others wrote a letter to officials at the Public Broadcasting System, taking issue with reports on dyslexia that aired on PBS. The signers of this letter are a list of some of the best-known and most influential reading voices of the past several decades. They are past presidents and officials of the International Literacy Association, members of The Reading Hall of Fame, and authors of books and curricula found in most of the schools and nearly all of the universities in North America. The link to the letter below is hosted by the Reading Recovery Council of North America, purveyor of the widely-marketed Reading Recovery intervention program, completing the triangle with the ILA and university professors that has defined reading instruction and policy in this country for the past 40 years. The common purpose of these partners is to undermine the work of parents and grass roots organizations working to promote the science of reading in opposition to the discredited philosophies, ineffective practices, and failed products the 57 signers prefer. The letter found at this link is also included as Appendix A.

<https://readingrecovery.org/wp-content/uploads/2019/05/Concern-letter-to-PBS.pdf>

The letter makes two arguments: dyslexia is a vague and useless concept describing a condition which they imply may not be real, and there is no agreed upon treatment for dyslexia. They cite three sources in their argument: The American Psychiatric Association, Julian Elliott and Elena Grigorenko's book, *The Dyslexia Debate* (2014), and the International Literacy Association. It is important to note that many the 57 signers of the letter are or have been major leaders of the ILA, so they are essentially citing themselves. While there are many scientific sources which solidly dispute the claims in the letter, this reply is focused on the two independent sources the letter cites, which I will address one at a time.

Dyslexia, the DSM 5, and the American Psychiatric Association

The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM 5) is a publication of the American Psychiatric Association. The first substantive argument made in the letter is that the APA expressed ambivalence about the validity of dyslexia. ***“That ambivalence is reflected in the American Psychiatric Association's decision to drop dyslexia as a diagnostic category in the current edition of its Diagnostic Statistical Manual, that field's most respected and widely used reference source.”*** (page 1 of the letter).

Had the APA expressed ambivalence about dyslexia or removed it from the DSM, this would be an important argument. However, it is untrue, and no matter how many times the signers or their followers repeat it, it will remain untrue. The APA did not drop dyslexia from the DSM 5, and they freely use the term without ambivalence.

The source of their false claim is a 2013 document from the APA entitled, Specific Learning Disorder (Appendix B) that includes the following sentence: ***The DSM-5 Neurodevelopmental Work Group concluded that the many definitions of dyslexia and dyscalculia meant those terms would not be***

useful as disorder names or in the diagnostic criteria. Since that sentence was published 6 years ago, many who dispute dyslexia and reading science have latched on to it to claim the DSM does not include dyslexia and the APA finds the diagnosis problematic.

In fact, the sentence only refers to the decision to keep the previous taxonomic structure of the DSM, using the term “Specific Learning Disorder” as an umbrella category which includes more specific impairments in math, decoding, writing, and a variety of other specific skills. Rather than address each of these specific impairments as a category unto itself, the APA chose to maintain the previous structure that treats different learning issues as subtypes of Specific Learning Disorder.

This is abundantly clear if the sentence is seen in fuller context:

“Just as in DSM-IV, dyslexia will be included in the descriptive text of specific learning disorder. The DSM-5 Neurodevelopmental Work Group concluded that the many definitions of dyslexia and dyscalculia meant those terms would not be useful as disorder names or in the diagnostic criteria.”

As the document clearly states, dyslexia is included, just as it was in the past. The APA did not ***“drop dyslexia as a diagnostic category in the current edition of its Diagnostic Statistical Manual”*** as the letter claims. If any signers of the letter wanted to check, they could have looked at page 67 of the DSM 5, which includes the following guidance:

“Dyslexia is an alternative term used to refer to a pattern of learning difficulties characterized by problems with accurate or fluent word recognition, poor decoding, and poor spelling abilities.”

Including dyslexia as an alternative term should not be taken as ambivalence for the term. The DSM does not commonly allow alternative terminology. This example, along with similar allowances for dyscalculia and dysgraphia, are among the very few, possibly the only, such allowances. Far from distancing the DSM from dyslexia, it embraces the term by going well outside normal practice, as it did in the previous editions, contrary to the false claim in the letter.

This is all public knowledge, widely published and explained. It is found in the very document the signers so often cite, and the DSM 5 itself to which they refer, but apparently never read.

If the signers needed more evidence of the APA’s attitude toward dyslexia, they could have reviewed the 2018 APA document on Specific Learning Disorders (Appendix C) that lists the three types of Learning Disorders as “dyslexia,” “dysgraphia,” and dyscalculia. The APA uses these allegedly problematic terms with neither ambivalence nor apology. The document uses the term dyslexia eight times, preferring it to alternative terms which are used less often. Furthermore, the APA, recognized as an expert source by the signers of the letter, refers readers to the International Dyslexia Association, a source the signers disparage, for more information, but makes no mention of the International Literacy Association, a source the signers are trying to promote.

The APA not only doesn't take the position the letter signers claim. In important ways, they take the opposite position. This is most striking when we consider the APA's guidance on the treatment of dyslexia, found in the treatment section of 2018 paper:

“Research has shown that the most effective treatments for reading disorder are structured, targeted strategies that address phonological awareness, decoding skills, comprehension and fluency.”

This strikes at the heart of the signers' second claim: that no way of treating dyslexia has been shown to be most effective. The APA, one of only two independent sources cited in the letter, specifically names an instructional approach which the ILA and signers of the letter so often publicly dispute.

The Dyslexia Debate, Elliott and Grigorenko, 2014

This important work argues that the term dyslexia serves little purpose in the educational realm, and may do more harm than good by encouraging excessive effort to distinguish dyslexic children from other struggling readers. The authors do not, as the letter implies, dispute the existence of dyslexia. Instead, they take issue with the possible confusion of dyslexia with other causes of early reading difficulty. While many other scholars and scientists take a different view, there is no doubt The Dyslexia Debate (2014) is an important and serious work of scholarship.

It must be noted, however, that Elliott and Grigorenko are approaching the issue from both a scientific and practical perspective. Those are two separate debates, but the practical debate is worth understanding in reply to the letter.

The core of Elliott and Grigorenko's practical argument is that spending precious time and resources separating dyslexic children from other struggling readers is wasteful since they all need the same approach, tailored to the needs of each child, built on systematic instruction in the alphabetic principle. Elliott and Grigorenko are unambiguous as to what that instruction must include. Chapter 4 of the book is a systematic take down of whole language and so-called "balanced" approaches that minimize phonics and related skills.

“... the suggestion that a common balanced approach is suitable for all children is overly simplistic and potentially misleading...Irrespective of the child's skills, however, it is now widely accepted that a systematic phonics approach usually leads to superior skills when compared to a non-phonics or nonsystematic phonics approach.” The Dyslexia Debate, Elliott and Grigorenko, 2014, pp, 129-130)

Rather than trust my own understanding of their work, I wrote to Julian Elliot to check my interpretation of their position. I wrote:

“Here in the US, and elsewhere I believe, the diagnosis of dyslexia has been seen as the tool for unlocking needed intervention. Sadly, it does not in most cases. These children continue to get mostly the same instruction with a heavy dose of multiple cues and various strategies

which minimize and obscure the importance of the alphabetic code. As one reading specialist said to me, she teaches phonics to struggling readers if she sees they really need it, whenever they get stuck on a word and nothing else works. The idea of something more planned and systematic was offensive to her."

For me, the finite resources argument is pierced if we simply build the decoding aspect of instruction around those elements science tells us matter most (phonics, phonology, phoneme awareness, morphology, etc) and stop spending precious resources (including time) on approaches which do far less good."

Elliott replied:

"Quite agree, Steve."

While I did not reach out to Elena Grigorenko, it is worth mentioning that she serves on the Scientific Board of Directors of the International Dyslexia Association, an organization maligned by the signers.

The letter cites Elliot and Grigorenko without understanding their work. It takes their questions about the term dyslexia out of context and ignores the reasoning behind them. Elliott and Grigorenko support the kind of instruction many of the signers reject, the kind of instruction the signers say is not especially effective in addressing reading difficulties. The only way you can accept Elliot and Grigorenko's argument about dyslexia is to also accept their clear argument that all struggling readers, and all beginning readers, benefit from the same systematic, code-based instruction the letter says is unproven and the signers of the letter have spent their careers resisting.

Summary

The 57 signers of the letter made a number of false claims, including that the APA rejects dyslexia, that the DSM-5 dropped dyslexia as a diagnosis, and that there is no agreed upon best approach to remediating dyslexia. By promoting this misinformation, the signers themselves are responsible for creating much of the confusion over the term "dyslexia" that they decry. While Elliott and Grigorenko do question the term dyslexia (but not the existence of the disorder) and make important arguments against its use, they do so because all children who struggle to read need the same thing, an approach the letter disputes and many of the signers have worked against for most or all of their careers.

We must consider what it says about the state of reading instruction and scholarship that a letter so thick with lies and so thin with facts could attract so many signatures from so many people of influence. By making claims about the DSM and reading instruction which are so clearly untrue, by building an argument on lies and half-truths, the signers have revealed the source of major problems, and it is not in the use of the term "dyslexia."

Appendix A

Paula Kerger, PBS, President and CEO pakerger@pbs.org

Sara Just, Executive Producer, PBS NewsHour viewermail@newshour.org

Dear Ms. Kerger and Ms. Just,

We, the undersigned, write to express concern about the PBS NewsHour segment on dyslexia, broadcast on April 30. As experienced senior scholars in the field of reading and literacy education, we found this segment to be inconsistent with the NewsHour's stated aim of balanced and trusted reporting.

Our professional work is devoted to studying literacy and how it can be developed in schools to enrich the lives of all students. So, we well understand and share parents' and others' anguish and frustration when children are identified as experiencing reading difficulties. Competent reading and writing are fundamentally important in and out of school, and difficulties can shape children's concepts of themselves as learners, while affecting virtually every aspect of their everyday experience.

Our concern is that the NewsHour received inadequate and incomplete scientific advice when producing the segment on dyslexia. The result perpetuates inaccuracies, misconceptions, and distortions related to reading, how it is taught, and the complexity of reading difficulties. It suggests erroneously that there is scientific certainty about dyslexia and how it should be addressed instructionally. In fact, the research evidence is equivocal and there is much room for debate about whether dyslexia is an identifiable condition, whether it can be reliably diagnosed, and whether there are instructional approaches that are uniquely effective in ameliorating it.

That ambivalence is reflected in the American Psychiatric Association's decision to drop dyslexia as a diagnostic category in the current edition of its *Diagnostic Statistical Manual*, that field's most respected and widely used reference source. Further, dyslexia is viewed, and often defined, differently in different countries, language groups, and cultures. Ambivalence is also evident in a [research advisory](#)

[\[http://literacyworldwide.org/docs/default-source/where-we-stand/ila-dyslexia-research-advisory.pdf\]](http://literacyworldwide.org/docs/default-source/where-we-stand/ila-dyslexia-research-advisory.pdf) about dyslexia posted by the Literacy Research Panel of the International Literacy Association, a respected professional organization that for many decades has served professionals who teach reading. It cautions that many assumptions about dyslexia remain unsettled and that research does not support a

single certifiable approach to addressing reading difficulties, including some popular, widely used instructional approaches aimed at children identified as dyslexic. An [addendum](#)

[\[http://literacyworldwide.org/docs/default-source/where-we-stand/ila-dyslexia-research-advisoryaddendum.pdf\]](http://literacyworldwide.org/docs/default-source/where-we-stand/ila-dyslexia-research-advisoryaddendum.pdf)

that addresses objections to the advisory from the International Dyslexia Association provides a more detailed glimpse into the uncertainties surrounding dyslexia. One of the most highly regarded, thorough and least biased contemporary analyses goes further. Elliott and Grigorenko (2014), in their book *The Dyslexia Debate*, concluded that the term dyslexia is so misunderstood and misinterpreted that its use may hinder rather than support successful teaching and learning. These are only recent examples of a long history of controversy and debate about dyslexia that have been on-going since its emergence as a hypothesized condition in the late 19th century.

We are particularly concerned about the dyslexia segment's suggestion that a narrowly conceptualized instructional approach is unequivocally effective, not only for individuals categorized as dyslexic, but for all individuals learning to read. Such a suggestion perpetuates a view that there is a single approach guaranteed to transcend the incredible diversity of factors and individual characteristics that might explain why learning to read is easy for many but incredibly difficult for some. It is widely accepted that learning to read English texts entails instructional attention to sound-symbol correspondence and other phonemic aspects of reading. But, the amount and form of that attention, how it is balanced with other aspects of reading and learning to read such as motivation, and how it might deal with the orthographic irregularities of English spelling, cannot be reduced to a single, narrow, unquestioned approach. In particular, we worry that such a narrow view might divert teachers from attending to other scientifically based facets of good literacy pedagogy, such as attention to oral language, knowledge acquisition, motivation and self-efficacy, and sheer exposure to print. Again, such issues, in one form or another, have periodically blossomed into public controversies across decades and are often nurtured among the general public by shallow or misleading media reports such as the NewsHour's segment.

We are also dismayed that the NewsHour segment implicitly questioned, even if unintentionally, the professionalism of teachers and American schools in regard to teaching reading. It was suggested that teachers were ignorant of or resistant to the scientific certainty of dyslexia and how reading can be effectively taught, not only to those children diagnosed with dyslexia, but to all children. Beyond the absence of such certainty, as we have explained above, the segment unfairly provided no opportunity for a rebuttal from qualified representatives of those groups. They could have pointed to a complementary body of scientific research that supports alternative explanations of reading difficulties and instructional approaches that have been shown to be effective for a wide range of students with reading difficulties. That lack of balance was exacerbated when the segment included emotional comments about how children's needs were not being met.

Finally, we believe that PBS and the NewsHour missed an opportunity to do more in-depth, balanced, and accurate reporting about dyslexia. Beyond the perspectives we have outlined here, such reporting could examine the conditions that have allowed dyslexia to remain such an amorphous, shape-shifting, yet resilient, explanation for reading difficulties for more than a century. Nuanced and balanced reporting is also needed to critique the increasing number of states passing arguably ill-advised legislation about dyslexia.

We ask that you consider options to rectify what we believe has been an unfortunate disservice to parents, to students, and to professionals dedicated to helping all individuals learn to read. Doing so, we believe, would be an excellent opportunity for PBS and the NewsHour to demonstrate clearly the strength of its commitment to

accurate, balanced, and unbiased reporting. We stand ready to assist in such an effort in any way that might be helpful.

Sincerely,

[Note. All of the following senior scholars and leaders in the area of reading and literacy have independently approved adding their names, thus indicating that they agree with this email/letter. Please feel free to contact any of them directly using the emails provided. To send a general response, you may reply to this email and I will forward it to all. On behalf of all of the individuals below, David Reinking, reinkin@clemson.edu]

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Specific Learning Disorder

The upcoming fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) takes a different approach to learning disorders than previous editions of the manual by broadening the category to increase diagnostic accuracy and effectively target care. Specific learning disorder is now a single, overall diagnosis, incorporating deficits that impact academic achievement. Rather than limiting learning disorders to diagnoses particular to reading, mathematics and written expression, the criteria describe shortcomings in general academic skills and provide detailed specifiers for the areas of reading, mathematics, and written expression.

Characteristics of Specific Learning Disorder

Specific learning disorder is diagnosed through a clinical review of the individual's developmental, medical, educational, and family history, reports of test scores and teacher observations, and response to academic interventions. The diagnosis requires persistent difficulties in reading, writing, arithmetic, or mathematical reasoning skills during formal years of schooling. Symptoms may include inaccurate or slow and effortful reading, poor written expression that lacks clarity, difficulties remembering number facts, or inaccurate mathematical reasoning.

Current academic skills must be well below the average range of scores in culturally and linguistically appropriate tests of reading, writing, or mathematics. The individual's difficulties must not be better explained by developmental, neurological, sensory (vision or hearing), or motor disorders and must significantly interfere with academic achievement, occupational performance, or activities of daily living.

Because of the changes in DSM-5, clinicians will be able to make this diagnosis by identifying whether patients are unable to perform academically at a level appropriate to their intelligence and age. After a diagnosis, clinicians can provide greater detail into the type of deficit(s) that an individual has through the designated specifiers. Just as in DSM-IV, dyslexia will be included in the descriptive text of specific learning disorder. The DSM-5 Neurodevelopmental Work Group concluded that the many definitions of dyslexia and dyscalculia meant those terms would not be useful as disorder names or in the diagnostic criteria.

Broader Approach for Targeted Care

Broadening the diagnostic category reflects the latest scientific understanding of the condition. Specific symptoms, such as difficulty in reading, are just symptoms. And in many cases, one symptom points to a larger set of problems. These problems can have long-term impact on a person's ability to function because so many activities of daily living require a mastery of number facts, written words, and written expression.

Early identification and intervention are particularly important. The broader DSM-5 category of specific learning disorder ensures that fewer affected individuals will go unidentified, while the detailed specifiers will help clinicians effectively target services and treatment.

DSM is the manual used by clinicians and researchers to diagnose and classify mental disorders. The American Psychiatric Association (APA) will publish DSM-5 in 2013, culminating a 14-year revision process.

APA is a national medical specialty society whose more than 37,000 physician members specialize in the diagnosis, treatment, prevention and research of mental illnesses, including substance use disorders. Visit the APA at www.psychiatry.org. For more information, please contact APA Communications at 703-907-8640 or press@psych.org. © 2013 American Psychiatric Association

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2 • *Specific Learning Disorder*



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What Is Specific Learning Disorder?

Specific learning disorder (often referred to as learning disorder or learning disability, see note on terminology) is a neurodevelopmental disorder that begins during school-age, although may not be recognized until adulthood. Learning disabilities refers to ongoing problems in one of three areas, reading, writing and math, which are foundational to one’s ability to learn.

An estimated 5 to 15 percent of school-age children struggle with a learning disability. An estimated 80 percent of those with learning disorders have reading disorder in particular (commonly referred to as dyslexia). One-third of people with learning disabilities are estimated to also have attention-deficit hyperactivity disorder (ADHD).

Other specific skills that may be impacted include the ability to put thoughts into written words, spelling, reading comprehension, math calculation and math problem solving. Difficulties with these skills may cause problems in learning subjects such as history, math, science and social studies and may impact everyday activities.

Learning disorders, if not recognized and managed, can cause problems throughout a person’s life beyond having lower academic achievement. These problems include increased risk of greater psychological distress, poorer overall mental health, unemployment/under-employment and dropping out of school.

A note on terminology: Specific learning disorder is a medical term used for diagnosis. It is often referred to as “learning disorder.” “Learning disability” is a term used by both the educational and legal systems. Though learning disability is not exactly synonymous with specific learning disorder, someone with a diagnosis of specific learning disorder can expect to meet criteria for a learning disability and have the legal status of a federally recognized disability to qualify for accommodations and services in school. The term “learning difference” is a term that has gained popularity, especially when speaking with children about their difficulties, as it does not label them as “disordered.”

Diagnosis

Learning disorder can only be diagnosed after formal education starts. To be diagnosed with a specific learning disorder, a person must meet four criteria.

1) Have difficulties in at least one of the following areas for at least six months despite targeted help:

1. Difficulty reading (e.g., inaccurate, slow and only with much effort)
2. Difficulty understanding the meaning of what is read
3. Difficulty with spelling
4. Difficulty with written expression (e.g., problems with grammar, punctuation or organization)
5. Difficulty understanding number concepts, number facts or calculation
6. Difficulty with mathematical reasoning (e.g., applying math concepts or solving math problems)

2) Have academic skills that are substantially below what is expected for the child's age and cause problems in school, work or everyday activities.

3) The difficulties start during school-age even if in some people don't experience significant problems until adulthood (when academic, work and day-to-day demands are greater).

4) Learning difficulties are not due to other conditions, such as intellectual disability, vision or hearing problems, a neurological condition (e.g., pediatric stroke), adverse conditions such as economic or environmental disadvantage, lack of instruction, or difficulties speaking/understanding the language.

A diagnosis is made through a combination of observation, interviews, family history and school reports. Neuropsychological testing may be used to help find the best way to help the individual with specific learning disorder.

Types of Learning Disorders: Dyslexia, Dysgraphia, and Dyscalculia

Dyslexia is a term that refers to the difficulty with reading. People with dyslexia have difficulty connecting letters they see on a page with the sounds they make. As a result, reading becomes a slow, effortful and not a fluent process for them.

Problems in reading begin even before learning to read, for example when children have trouble breaking down spoken words into syllables and recognizing words that rhyme. Kindergarten-age children may not be able to recognize and write letters as well as their peers. People with dyslexia may have difficulty with accuracy and

spelling as well. It's a common misconception that all children with dyslexia write letters backwards or those who write letters backwards all have dyslexia. ^{4/20/2019} What Is Specific Learning Disorder?

People with dyslexia, including adolescents and adults, often try to avoid activities involving reading when they can (reading for pleasure, reading instructions). They often gravitate to other mediums such as pictures, video, or audio.

Dysgraphia is a term used to describe difficulties with putting one's thoughts on to paper. Problems with writing can include difficulties with spelling, grammar, punctuation, and handwriting.

Dyscalculia is a term used to describe difficulties learning number related concepts or using the symbols and functions to perform math calculations. Problems with math can include difficulties with number sense, memorizing math facts, math calculations, math reasoning and math problem solving.

Learning disorder can vary in severity:

- Mild: Some difficulties with learning in one or two academic areas, but may be able to compensate
- Moderate: Significant difficulties with learning, requiring some specialized teaching and some accommodations or supportive services
- Severe: Severe difficulties with learning, affecting several academic areas and requiring ongoing intensive specialized teaching

○ **Treatment**

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More information

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[Learning Disabilities Association of America: Parent Resources](#)

[Center for Parent Information and Resources](#)

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Diagnosis

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Treatment

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Treatment: Getting Help

Though there is no “cure,” specific learning disorder can be successfully managed throughout one’s life. People with specific learning disorder can go on to become skilled learners and may be able to build on strengths that often are associated with their learning differences. People with dyslexia, for example, are often particularly creative and able to think outside-of-the-box. Having a learning disorder does not mean a person is limited in their choice of career or the opportunities for success.

Early intervention is key for people with learning disorder. If problems are identified early, intervention can be more effective, and children can avoid going through extended problems with schoolwork and related low self-esteem.

Under federal law, the Individuals with Disabilities Education Act (IDEA), students with learning disorders are eligible for special education services. The law requires that if a child is suspected of having a learning disability, the school must provide an evaluation. Those found to have learning disorder are eligible for special education services. A team, including school personnel and parents, will develop an Individualized Education Plan (IEP) for the student. Parents should specifically ask for evaluation if they are concerned. The federal law also requires that free appropriate public education (FAPE) be offered to all students, including those requiring special education.

Special education services can help children with learning disabilities improve reading, writing and math. Effective interventions involve systematic, intensive, individualized instruction that may improve the learning difficulties and/or help the individual use strategies to compensate for their disorder. Education for a person with learning disabilities often involves multimodal teaching – involving multiple senses.

Research has shown that the most effective treatments for reading disorder are structured, targeted strategies that address phonological awareness, decoding skills, comprehension and fluency. Treatments for writing problems are in two general areas: the process of writing and the process of composing written expression.

Students with learning disorders also benefit from accommodations, such as additional time on tests and written assignments, using computers for typing rather than writing by hand and smaller class size. Successful interventions, strategies and accommodations for a child may change over time as the child develops and academic expectations change.

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