

## A Question of Confidence

Paper prepared and delivered by Mary Ball, Director of Education, DAI  
Spectrum Conference, October 16<sup>th</sup>, 2010.

### ABSTRACT

Having a special learning need may be considered as an additional risk factor for the child's emergent sense of self. In this paper I propose to explore current understandings of the concept of self and one of its component features self esteem. I shall then look at the environments into which the child enters and mull over some theoretical and practical issues that appear to be critical in the child's development of a healthy sense of self.

Stephen Daedulus,  
Class of Elements  
Clongowes Wood College  
Sallins  
Co. Kildare,  
Ireland  
Europe,  
The World,  
The Universe

*James Joyce: Portrait of an Artist as a Young  
Man pp14-15*

If you walk down Dawson Street and stop at the Ariel Gallery you may admire the work of an artist, Simon McLeod. He has a particular interest in painting Sandymount strand, where like Joyce, one becomes aware of the wideness of the ocean, the depth of the sky and the insignificance of the human figure against such a backdrop. But if you look carefully at his 'figures', tiny as they are, they each have a stance that somehow makes them individual.

We are little people in a great universe, yet we have what philosophers and writers have celebrated and explored - the ability to be 'conscious' of ourselves, to reflect and bring about change. Psychologists strain to understand how we come to form a concept of self, (who we think we are as persons) and what is the relation between the concept of self we hold and the way we act.

We are part of a universe, motes in an ever-widening series of concentric circles of influence, bound to it by interwoven relationships as complex, varied and often invisible as the neural networks in the brain. . 'No man is an island, entire unto himself.....' wrote

John Donne. Who we are and what we do is shaped by many relationships, at the varying levels of existence, biological, cognitive and environmental.

This then is the subject of this hour's consideration: what we mean by a sense of self and how aspects in the environment foster a healthy sense of self. As I hope I can make clear, the concept we talk about so often and seem to understand, self-esteem, is but one factor in the wider concept of self.

### **The Concept of Self**

Self concept, self esteem, self worth, self evaluation, self respect, self confidence, self efficacy, self competency, self regard, self image.. these and probably several more, are used with slight variations in psychology, popular and academic, in relation to personal identity. While the media ask the question of celebrities 'who do you think you are?' and help them to explore their family trees, for each of us the question instigates without doubt a more internal and dynamic search.

If you are confused by all the 'selves' in the literature, don't worry so am I! I am not going to argue which ones are synonyms but will choose for you, instead, a set of those terms that seem to make sense to me. We will leave the finer distinctions to the academicians. What is more relevant in this context is knowing what contributes to the development of a healthy sense of self and to recognise what may be happening when a child's self-esteem is fragile, for example, or to identify the underlying motivation behind some unhelpful patterns of behaviour, which are in fact signaling a lost or unhealthy sense of self.

#### **The Self Concept may be seen as comprised of two dynamic elements: Self image and Self Evaluation.**

**Self image** is the picture or image I have of facts I come to believe about myself e.g. *I have blue eyes, I am musical, I can play sport, I cannot read.* Self image is a set of beliefs I have about myself.

**Self evaluation** on the other hand is the judgment I make about the importance of these facts or beliefs about myself. If blue eyes are important, then having or not having blue eyes may be very important to me. Reading is important; I cannot read...

What we generally mean when we talk about **self-esteem** is **self-evaluation with feeling**. I weigh up what aspects of my beliefs about myself are important and that evaluation is accompanied by a particular feeling. Feelings spark off a predisposition to respond in a certain way e.g. reading is something everyone learns. I cannot read. I respond to this evaluation in angry behaviour. Or my behaviour is directed inwardly: I cannot read so there must be something wrong with me. I protect my self by not trying or retreating into my shell . .....Or I cannot read, so what, I know I will.....

Being consistent is important to my sense of self: the image I have and the evaluation I make is a guide to my behaviour, how I understand what happens to me or what I may expect. If my beliefs about myself are evaluated and accompanied by a feeling of satisfaction I am likely to behave in such a way that makes me feel even more satisfied and accepted, (healthy self esteem).

If on the other hand, I have formed faulty beliefs about myself, my behaviour and expectations, built on false premises, are likely to reinforce the false image and increase the uncomfortable feelings I have around my self (Low self esteem).

Coopersmith's study In the 1950s outlined the behaviours and attitudes that correlated with high and low self esteem.

High self esteem was associated with

- ✚ Having a positive, realistic sense of self
- ✚ Not being unduly worried by criticism
- ✚ Enjoying participation
- ✚ Setting realistic goals
- ✚ Willing to take risks

Low self esteem was associated with

- ✚ Feeling more isolated,
- ✚ more fearful,
- ✚ more reluctant to participate,
- ✚ over-sensitive to criticism,
- ✚ more self-conscious
- ✚ setting unrealistic goals

### **Children with Special Needs**

Is there evidence that children with dyslexia and, in the wider scheme of things, children with special needs of any kind or degree, have poorer self-concepts and lower self esteem than children who do not have difficulties to contend with?

There is some evidence that children with special educational needs are at risk of developing low self-concepts and self esteem. But beware of too easy an association. There is also evidence to suggest that they will not necessarily do so. Research by Robert Burden, for example, found that pupils with dyslexia in an environment where their disability was understood and where they were taught strategies to enable them to achieve academically had strong and healthy self-esteem.

And so I want to talk now about the kind of environment that fosters a healthy sense of self.. There is ongoing research both in this country and beyond into the kinds of formal learning environments where children with learning difficulties or special educational

needs thrive more than in others. The work of Dr. Therese Mc Phillips and psychologist, Mary Nugent have pin-pointed environmental factors in the ways we organise our educational provision for SEN children. The current philosophy of inclusion is based on a belief that we can provide a more holistic education for these children, though the evidence is not conclusive that there is only one way to do this. I do not want to get side-tracked into issues of appropriate schooling and to look more at the psychological, emotional environment that helps a child to develop.

The Coopersmith study in the 1950s, to which I have referred earlier, identified issues of attachment and parenting styles as being critical ingredients in the child's developing sense of self. He concluded that secure attachment and an authoritative parent style were strong factors in the development of healthy self esteem. When assessed on a Self-Esteem Inventory children whose parents were

- ✚ warm,
- ✚ affirming,
- ✚ had a clear structure of discipline;
- ✚ who encouraged autonomy and risk taking;
- ✚ who involved children in decision making

scored highest on the scale for Self Esteem.

On the other hand, children with low self-esteem were found to have parents who

- ✚ kept 'tighter' control and
- ✚ were more authoritarian and critical of their children e.g. *don't do that. You are not to... etc.*

In between is the whole gamut of 'medium' self esteem and probably styles of parenting.

The universality of research findings is always subject to the research population that was used e.g. if research was carried out on a family backgrounds that are similar the results could be interpreted as being skewed in favour of that population and not applicable to a wider cross-section of society or cultural diversity. Since Coopersmith, other more culturally diverse studies have obtained different conclusions around parenting styles. In spite of differences, however, it would appear that a healthy home environment will contain to a considerable degree the qualities of:

- ✚ Family warmth,
- ✚ openness,
- ✚ listening,
- ✚ consultation
- ✚ Authoritative structure,
- ✚ directing,
- ✚ guiding,
- ✚ setting boundaries,
- ✚ evolving levels of appropriate discipline and independence
- ✚ Cooperation and mutual support within the family

In short, those features that allow the young person to feel loved, accepted, respected and secure.

An important consideration for the child developing within the family is how their specific need is explained, talked about, and 'managed', for as you know, better than I do, the whole family is involved with the child's emerging sense of who he is. Sometimes we hear stories of how the special educational need is 'denied' by not wanting to name it, by keeping it 'within the family' by not making accommodations for special consideration and no acknowledgement made of the huge effort a child has to make to achieve the same as his siblings. ( I suppose I am thinking predominantly about children with dyslexia). If significant adults and peers do not adequately acknowledge the special learning needs and differences the child's interpretation of his 'difficulties and differences' are likely to be that this is in some way a negative thing. We are back now to how we form beliefs about ourselves – the first component of the self concept.

In addition, the self esteem of a child struggling to understand him-self may be low and not sufficiently robust for the exigencies of his life, if we fail to develop his autonomy, his ability to contribute to the discussion and decision-making of the family, in at least as equal an extent as do his siblings. 'Does he take sugar?' is as erroneous as 'killing with kindness'.

### **Self-Efficacy**

At this point I want to introduce what is, I believe a critical and relevant other concept, that of self competence, or self-efficacy. Bandura theorised that self efficacy - the belief that one has the competence to perform a task and to problem solve in the face of new tasks – is separate from self esteem. Mruk (1999) saw self-competence as an integral part, together with self worth (or value) of self-esteem. Other researchers argue that there is no difference between Bandura's self-efficacy and others' self competence. Either way, self-esteem and self efficacy seem to me to be part of the main power lines in the interconnected networks that create the sense of self. A positive feeling that not only am I 'worth it' but also that 'I can' is likely to fuel motivation, effort, autonomy and to lead to academic success. A negative feeling that I am not of value and /or that I cannot do is likely to lead to evasion, 'acting out' anger, depression, underachievement and self fulfilling prophecies of failure. The concept of self-efficacy, therefore, together with challenging false beliefs, is key to how we try to build up a strong, healthy sense of self. Prof Aidan Moran on the John Murray show recently when talking about how we direct our behaviour (or self regulate) restated that same message, that talk by itself will not change behaviour; it must be accompanied by some action. And to take another example from the particular area in which I work, dyslexia, all the nice words and encouragement around other accomplishments will not raise the child's self esteem about his academic ability unless you help him to find strategies to break the code.

I have already described self-efficacy as a belief in one's competence to carry out a specific task. The essence of the concept is belief about what I 'can' do. I believe this is at the heart of the matter when dealing with dyslexia, and I have no reason to doubt that

it does not also have a significant bearing on the development of self esteem in children with other special learning needs.

Self efficacy is always about perceptions/beliefs about what one can perform. You will recall that beliefs influence interest, motivation, relationships, behaviour. Recall too how beliefs are formed: through feedback from the environment; very often from how and what people who are important or significant to us respond and say ( *well done! You have accomplished that well, 'Go to your seat and stop looking for notice', 'what do you think you are doing?' you showed great perseverance there,*' )

The outward sign of an inner grace.... What we used to call a sacrament. We could use it also in psychology to interpret a child's behaviour: what he says and does may be indication or sign of how efficacious he believes himself to be.

Tutors and parents often tell me that their child's self-esteem has plummeted in the second or third year after they have failed to keep up with their peers in the classroom when learning to read. *'I am no good at .../ I am rubbish at reading' is cipher for 'I believe I cannot read' or 'I hate it that I cannot read' or 'I must be no good because I cannot read'*. If such is my belief and all around me people are 'screaming' what a good and important thing it is to be able to read, write and spell, it is a short step to devaluing my Self. The particular becomes the general and a kind of global self esteem is lost, as distinct from a loss in esteem as it applies to a particular area of 'my Self'.

### **The Education Environment**

In case I have lost you in the maze by now let me recap: we are discussing how self esteem and self efficacy affect each other. I have already described some of the features of a healthy psychological environment in which the child has best chance of developing a healthy sense of self. What was said about the family applied to other environments also, notably the school.

The optimum environment for the developing child is one that is warm, respectful, accepting, supporting and consultative. As the child develops and tasks (or learning challenges) become increasingly more complex the recurring question is not only how much do they know (information known facilitates the learning of the new), but what can they do (i.e. have they the tools to access further knowledge). In the context of today's session a critical question to pose is *what does each one believe he can do*. One of my main tasks, as teacher, is to provide the set of skills that will help the child to move from 'I believe I cannot..' to 'I believe I can..' How I do this is also critical. Warmth, respect, acceptance, support are abstract nouns. The effective teacher must make concrete by his/her behaviour these abstractions. When I hear reports of children being afraid to make mistakes or even go to school I worry that the function of education has been subordinated to the acquisition of facts, or a return to the Gradgrind philosophy exemplified in Dickens' *Hard Times*

The school is in many ways a microcosm where the salient influences include adult-child relationships, peer relationships, learning skills, negotiating all of which is a sometimes

insurmountable obstacle for the child, particularly where the emerging sense of self may be somewhat fragile and confused by difference and difficulty. Sound psychological thinking would suggest that self efficacy developed in the classroom is a sine qua non for developing self esteem and that the ethos and practice at all levels within the school proclaim the intrinsic 'value' of each child. The school and classroom must be a secure base for every child, where difference is respected, individual needs are attended to, and the atmosphere is generally inclusive and caring.

Security is shattered by denial of one's difference (especially learning difference), uncaring or inconsidered feedback, assumptions about intentions, motivations and effort. Children are not mini-adults; they do not have the range of experience to interpret the whole range of actions or expectations of an adult or the skills to handle nuances of language. A failure to respect may be a failure to protect.

One of the risk factors to his concept of self for a child with special learning needs is the danger of 'dumbing down' our expectations of what he can do. One of the biggest fears that I have encountered in parents whose child has been diagnosed as having dyslexia, is that his future may be limited by his disability. When significant players in the child's life make up their minds that this is the limit to which he can aspire it usually happens that that is the limit. Unrealistic expectations from a parent, caregiver or teacher may signal to the child 'I don't believe she can..' On the other hand, one of the values of having a full assessment is the wide information it gives about a child's potential and about the difficulties that become the jumping off ground for appropriate intervention. Too often I believe these reports are used only to confirm a diagnosis and not as teaching instruments.

Constructive teaching/education matches the task to present attainment but pitches new work marginally outside that 'comfort zone'. Thus the work progresses step by step, each step being attainable with guidance. In this way the esteem-destructive pattern of learning-failure-repeated failure is avoided.

Anything that reduces the fear of failure is appropriate i.e. an understanding by all that errors and mistakes are accepted to be part of the trial-error-strategy-success aim of the task; discussing what went wrong and encouraging the child to grow in the practice of monitoring how they proceed through a task; giving honest, constructive feedback as immediately as possible; never exposing a child before the class; never allowing/accepting 'put down' comments from other members of the group or class.

Apart from the responsibility to manage one's classroom for the good of all, the teacher very often is challenged by the behaviour of the child with special needs. Millar and Daniels make the point that it is important to identify/recognise less acceptable behaviours that are in danger of being misinterpreted and which are in fact the child's way ( albeit unacceptable) of signalling his loss of self worth or self competency. Sometimes behaviour where a child is achieving well but insists on drawing attention to the fact continually is in fact a cover for poor self worth, while another is disruptive because he is not achieving but has plenty of confidence in his worth.

## **The Efficacious Student**

Earlier, I gave a profile of the behaviours of children with high and low self esteem. Here, I want to conclude with a profile of the efficacious student.

The efficacious student

- ✚ is able to monitor himself through a task; i.e. give himself feedback. He will do this for himself when he has been shown the building blocks that he needs
- ✚ Is persistent and persevering: remember the old adage 'if at first you don't succeed, try again. Or Kipling's description if you can meet with triumph and disaster and treat them both the same.... You'll be a man, my son' What is the ethos around success and failure, in your environment, for example
- ✚ Ready to experiment , try out new strategies and reflect on how useful/adaptable they may be. Creativity is not only genetic, it has huge environmental influence: remember parenting styles e.g.– openness, discussion, encouragement, stimulation.

And I believe the efficacious student will have high self esteem and a healthy sense of self to face the challenges beyond.

## **SUMMARY**

In today's talk I have attempted to analyse, from the research literature some of the features we associate with the concept of self. Integral to developing a healthy self-concept are the baseline beliefs we hold about ourselves and the evaluations, with associated feelings, that we make about these beliefs.

It was seen that certain conditions in the environment, especially warmth, security and acceptance within the family and among peers; understanding, acceptance and skills within the education environment; are important influences that foster a healthy sense of self. When a child experiences difference arising out of their special need this is a potential risk factor for developing low self esteem. Because self esteem and self efficacy are inextricably interwoven, the most effective way of developing healthy self esteem is by helping the child to change the crippling belief 'I cannot..' to a realistic and positive belief that 'I can..'

*'In my end is my beginning...'* when Eliot wrote this in *Four Quartets* he might not have foreseen how his words might be quoted and so with due apologies for trivialising it I borrow his words to bring this to a conclusion. The '**Question of Confidence**' refers not only to the child developing confidence in his Self but to yours in providing the healthy and supportive environment in which he can thrive and realise his potential.





### Session 3.

All the world's a stage,  
And all the men and women merely players,  
They have their exits and entrances,  
And one man in his time plays many parts,  
His acts being seven ages. At first the infant,  
Mewling and puking in the nurse's arms.  
Then, the whining schoolboy with his satchel  
And shining morning face, creeping like snail  
Unwillingly to school.

Who do you think you are?

- Carl Rogers: View self with a fundamental sense of value and competence
- 'Positive Self Regard'- deep-rooted belief in problem solving ability
- 'Negative Self-regard'- not important, not competent, underestimate self
- Gap between how one sees self and potential  
From the inside....
- I like myself
- I am a competent person
- I know how to get around this difficulty  
The child in my classroom is...
- Confident
- Happy

- Problem-solver
- Leader
- Self motivated.....

Coopersmith study: behaviours  
Low Self Esteem

- Isolated, feeling and being
- Fearful
- Reluctant to join in
- Self-conscious
- Over-sensitive to criticism
- Seeks approval
- Sets unrealistic goals

...or?

- Underachieving
- Bullying
- Acting out
- Frustrated
- Can't read, doesn't read; doesn't read, can't read.
- Giving up
- unsure of what he knows.

- Doubts ability to learn,

From the inside....

- I must be stupid
- I feel on the outside
- I am ashamed
- I am embarrassed
- What problem?
- The dog ate my homework!

Self Concept: Global and Specific  
Self Image is...

- Set of beliefs about various aspects of ourselves:
  - How we look
  - How we get on with others
  - How we see ourselves at school work etc.

Self Esteem is

'a dynamic complex of attitudes held by each person towards themselves

- we evaluate these beliefs about ourselves

### Self Esteem...

- Internalises a belief system
- Associates feelings with situations

### Feeds on...

- information from significant people
- information conveyed directly and indirectly

### The Self Esteem Cycle Response to evaluation..

- Messages we give ourselves
- Statements of fact (or opinion?)
- Bottom line statement becomes rule by which I live
- Driven by how strongly we feel beliefs matter to us

### Medium Self Esteem

- As before but more conforming
- Less sure of self worth
- More anxious for social acceptance

### High Self Esteem

- Positive, realistic sense of self
- Not unduly worried by criticism
- Enjoy participating
- Sets realistic goals
- Willing to take risks

### Effect of Dyslexia on self-esteem

- Is there a cause-effect relation between reading difficulty and self esteem, especially low self esteem?

### Dyslexia

Research demonstrates that people with dyslexia likely to suffer

- poor academic self concepts
- Weak sense of self efficacy

- feelings of learned helplessness
- Tendency towards depression

Academic self-image (*Bob Burden*)

- ? ‘Academic self-image grows as a result of success/failure in early school, mediated by reactions of significant others’
- Later, positive/negative image of self as learner
  - affects motivation,
  - Influences sense of self-efficacy
  - Or encourages learned helplessness

Self esteem and self image in a child with dyslexia

- E.g.

- Negative self image re literacy
- Positive evaluation of one’s ability to cope with it

?

- ‘ There is no action that a teacher can take that a child with a negative self-concept cannot interpret in a negative way. For this reason merely providing praise or other forms of positive reinforcement will not be sufficient to change that child’s view of him/herself. It takes much more deep-seated action to bring about change in how we see ourselves’. Bob Burden, in reference to Burns :*Self Concept Development and Education*

Building Self esteem

- Aim is self belief in own competency
- Realistic parental expectations
- Realistic expectations of self
- Maintaining perspective – difficulty particular not global  
Assuring the child about literacy

- - explain why they do what they do  
i.e. processes of brain are different,
- - reading not a ‘natural’ activity.
- Assure them that they will learn to read and write in time

Match your teaching to the child’s learning

A word about Identification/Assessment

- Important for self concept
- Important for learning

The language we use

- People with dyslexia

- Dyslexics

### Some Suggestions

- Change by doing
- List positives, daily. 'Positives' notebook
- Encourage effort
- Increase the range and type of activity
- Question negative statements
- Reframe negative perceptions

### Suggestions

- Tasks cut to measure
- Tasks seen to be valuable
- Realistic, achievable goals
- 'Zone of Proximal Development'
- Ask why something went wrong; suggest alternative approach
- Teach strategies

### Suggestions

- When child is frustrated, explain what is happening
- Get him back in the driving seat
  
- Stand back when it's not working for you!
- Reward yourself when it works!

Co-existing Conditions  
All children learn differently

### Co-existing Conditions

- Dyspraxia/DCD
- Dysgraphia/Written language Disorder
- Specific Language Impairment/SLI
- ADD/ADHD
- Autistic Spectrum Disorder/Asperger's Syndrome
- Visual Stress/ Irlen Syndrome
- Dyscalculia

### Dyspraxia/DCD

- A disorder of the higher cortical processes involved in the planning and execution of learned, volitional, purposeful movements in the presence of normal reflexes, power, tone, co-ordination and sensation . (Miller 1986.)

- 'Getting our bodies to do what we want when we want to do it'.

### Dyspraxia

.....Environment

### Features in common with dyslexia

- Language development
- Laterality
- Memory/attention
- Sequencing/organisation
- Direction/orientation
- Clumsiness
- Getting started
- Anxiety/sensitivity/self esteem

### Dyspraxia

- Cognitive profile...Lower PRI, PSI
- Articulation
- Poor PE, Art
- Hand grip: pencil, cutlery, buttons, scissors
- Social skills, 'on the edge..'
- Writing

### Dyspraxia in the classroom

- Writing: use large scale movements, guide lines
- Suitable furniture e.g. sloping desk, fits the child
- Sitting posture – fully into chair, feet on ground, arms supported on desk
- Correct pen grip, chunky pens, use of word processor

### Dyspraxia

- Selective marking of errors
- Alternatives to written homework
- Reduced volume of writing

Suggestions for movement programmes to be incorporated, *cf. Madeleine Portwood manual.*

### Dysgraphia/Written Language Disorder

- Spacing
- Letter size, inconsistent
- Speed of writing, copying
- Pen grip

### Specific language Impairment

- Delay in the development of expressive language
- Delay in both receptive and expressive language, not resulting from LD, autism, hearing loss, or other
- Difficulties may occur at level of phonics, meaning, syntax, fluency, appropriate usage.

#### SLI in classroom

- Assessment by Speech and Language therapist
- Identify specific area of difficulty

#### Asperger's Syndrome

- Referred to as 'High functioning autism'
- Term first used by Lorna Wing (1981), resembling characteristics of patients of Hans Asperger (1944)
- Pervasive Developmental Disorder – cerebellum implicated
- Characterised by a triad of impairment: 1) social relations -lack of social skills; 2) Communication - limited ability to have a reciprocal conversation and 3) Repetitive behaviour and cognition - an intense interest in a particular subject.

#### Asperger's Syndrome

- Co-ordination and balance difficulties
- Cognitive profile – discrepancies especially between social awareness/understanding and factual information
- Lack of flexibility
- Visual thinking

*Reference: Tony Attwood, Asperger's Syndrome*

#### In the classroom

- Guide child to watch what other children do
- Co-operative games
- Model for other children way of relating
- Guide them to ask peers for information and help
- Monitor behaviour in playground and noisy, less structured situations

#### Asperger's Syndrome

- Role play
- Story time

- Language: monotone, pedantic
- Learn appropriate comments
- Teach cues for turn-taking
- Encourage use of wide/unique vocabulary

#### Asperger's Syndrome

- Minimise the noise
- Block out noise with headphones

- Be aware that certain clothes may irritate
- Avoid intense light
- Low pain reaction/reporting: stress need to report  
ADD/ADHD
- Genetic
- More than usual difficulty maintaining attention for length of time
- Highly distractible,
- Disorganised
- Forgetful
- Restless
- Overactive
- Impulsive

#### In the Classroom

- Reduce clutter
- Reduce task length
- Seat near teacher's path
- Place reminders on desk
- Establish eye contact before giving instructions
- Allow alternative seating
- Reward structure, earn tokens
- Have 'survival kit' at the ready

#### ADD/ADHD

- Traffic Light System
- Response cost- lose points rather than gain them
- Time-table stuck on desk
- Target Diary
- Catch the child doing it right!

#### Visual Stress

- Meares (1980) Irlen (1983) found that coloured lenses and filters can help some people with dyslexia.
- Irlen (1991) – 'scotopic sensitivity'
- Martin and Lovegrove (1988) found evidence of deficits in visual processing system
- Stein (2000) Magnocellular Deficit Hypothesis to explain dyslexia

#### Visual Stress

- Experience visual discomfort when reading
- Lines blurr
- Difficulty focussing on text
- Eye strain, sore eyes, rubbing after reading
- Print 'moves'
- Aware of white 'gaps' rather than print
- Headaches and migraine-related
- Coloured filters and overlays reduce stress

#### Visual stress/visual difficulties

- Not the same as dyslexia but co-morbid 30-35% in population of people with dyslexia; 15-20% in general population
- 
- Visual difficulties can arise in the areas of convergence, accommodation, tracking.
- If in doubt refer to optometrist

### Dyslexia , Maths and Dyscalculia

- Dyscalculia can be defined as dysfunction in the reception, comprehension or production of quantitative or spatial information.
  - Difficulties arising from language, sequencing and memory
  - Difficulties arising from number concepts
- Dyslexia/Dyscalculia
- Link not proven, no clear criteria for classification
  - IDA: 60% of persons with dyslexia

### Alternative Interventions

Alternative Interventions

- Programmes are usually based on a belief about what causes dyslexia and seeks to address specific aspects of the syndrome.
  - Main causal theories may prove to complement one another. They offer explanations at different levels of functioning.
  - Interventions often address other than cognitive aspects
- DAI
- Information Office – helpline, publications, www.
  - Assessment and tuition
  - Lobbying for disability rights and resources
  - Branches- Parent support, workshops
  - Public Meetings, Information talks
  - Liaising with other bodies e.g. NCBI, DFE, Ahead, BDA
  - Conferences
  - Parent and Teacher Courses
  - DAI/FAS course for adults