Chapter 2

Dyslexia plus

The title of this chapter highlights the fact that dyslexia is only one of a number of developmental differences - sometimes termed specific learning difficulties. Moreover, these may also overlap with dyslexia, to varying degrees. The chapter briefly describes aspects of AD(H)D, dyspraxia and Asperger's syndrome - with the aim of furthering understanding of the increasing neurodiversity amongst students in higher education and the challenge this presents to traditional concepts of teaching and assessment.

INTRODUCTION

As more has been understood about dyslexia, with the acknowledgment that the dyslexic pattern varies between individuals, so there has been recognition that there are a number of other developmental differences of which dyslexia is only one. (Some theorists have used the term 'developmental anomalies', but we prefer the word 'differences' since we regard 'anomalies' as question begging.) Moreover, there is often some degree of overlap between them (see note 2.1).

There is, now, growing awareness of what is termed the 'neurodiversity' of university and college students (see note 2.2). There is also more - though perhaps not yet enough - understanding of how these differences may affect students' learning and achievement. It is known, of course, that, like dyslexia, they are unrelated to intelligence and, as with dyslexia, the patterns of difference may include strengths as well as weaknesses.

As a result of increased awareness in schools and widening access to higher education, there are now more students with dyspraxia - also termed developmental co-ordination disorder (DCD), attentional disorders (attention deficit disorder, or ADD) and attention deficit hyperactivity disorder (AD(H)D) - and Asperger's syndrome. There are also students who have been described as 'dyscalculic' (see note 2.3 and below). Many of these students have been previously recognised as dyslexic or dyspraxic, for example, and given appropriate support when they were at school. However, there are also students whose previous assessments may not have explicitly addressed the complexity of their difficulties, and still a large number who come to college with no previous formal assessment, despite having had varying degrees of difficulty during their time at school.

We have encountered many students who have entered college with previous assessments for dyslexia but who also have dyspraxic characteristics; others have been assessed as dyslexic but also have social and communication difficulties which perhaps lie on the autistic spectrum. One of the challenges for colleges and universities today is to increase understanding and awareness of this diversity, and to adapt their teaching, assessment and support so that these differences are catered for.

To ensure that these points are not neglected, we have added this chapter - Dyslexia plus - in the present book. We do not attempt to describe in detail how these differences affect a student undertaking higher education; that has been adequately done elsewhere (see note 2.4 for further references and useful material). It may, however, be of help to both tutors and students if we give a brief description of some of the indications, particularly since in some contexts understanding may be a more constructive response than blaming.
AD(H)D

AD(H)D has been described as a persistent pattern of inattention and/or hyperactivity, and impulsivity:

- attention – inattention may occur in academic, occupational or social situations; AD(H)D students may fail to give close attention to details or may make seemingly careless mistakes in written work or other tasks; work may appear messy and disorganised, as if it were carried out with no considered thought;
- staying on task – people with AD(H)D often have difficulty in sustaining attention and find it hard to persist with tasks, moving from one task to another before any of them are completed;
- staying focused – being easily distracted, people with AD(H)D may often appear as if their mind is elsewhere or as if they did not hear what was just said; hyperactive students may constantly fidget, appear restless and easily distracted;
- taking turns – impulsivity may show itself in impatience or difficulty in delaying responses, for example by blunting out answers before questions have been completed.

For a student, these persistent characteristics can mean difficulties with study, with time management and planning, and with relationships with other students and staff. The word ‘persistent’ is important here. We can all be impulsive or inattentive without this implying the presence of AD(H)D. As with all the developmental differences, it is the overall pattern which is important, not any one individual episode.

DYSPRAXIA

Dyspraxia was sometimes known in the past as ‘the clumsy child’ syndrome and presents itself in a variety of different ways. The core difficulty is with skilled physical coordination. This may affect speech, general movement, spatial perception and fine-motor skills such as handwriting, tying knots, using paper clips etc. Some dyspraxic students describe themselves as ‘still clumsy’ – bumping into things, spilling drinks and so on. Those with severe dyspraxia would probably already have been given a medical assessment and support when they were younger from speech or occupational therapists.

Dyspraxia also affects students in more unexpected ways:

- organisation – e.g. paperwork and filing, keeping things tidy;
- time-management – estimating how long it will take to do things, meeting deadlines, getting to places on time, getting started on work;
- memory – forgetting things, losing things;
- attention and concentration – e.g. being sensitive to and easily distracted by sounds or lights;
- sequencing symbolic information – being able to remember the order of things, e.g. maths operations, or getting the right flow of ideas in essays;
- speech – pronunciation being affected or speech noticeably fast, loud or slow;
- reading – difficulties with tracking print or skimming and scanning text for information, in books or on a screen.

ASPERGER’S SYNDROME

Asperger’s syndrome (AS) is usually regarded as being at the mild end of the autistic spectrum. AS students may be of high general intelligence but they have particular difficulties with social interaction and communication.

- social interaction – an AS student may have difficulty interacting with others, understanding what others are thinking
and feeling and understanding what is appropriate behaviour in different social situations;

- language – AS students may be very literal in their use of language: this affects their understanding of what others mean, and their own communication; they may not be able to pick up ‘between the lines’ hints or meanings in conversation, or ‘read’ meaning implicit in others’ facial expressions and body language;
- dealing with change – routine is very important to many of those with AS, who may be upset by unexpected changes or easily distracted by sounds, lights or by what others would think were unimportant details; related to this is the ability to become completely absorbed in topics of interest – almost to the point of seeming obsessed.

LUMPING AND SPLITTING

Researchers in these areas are regularly confronted with the problem of where to ‘lump’ and where to ‘split’, that is where to classify characteristics together, as exemplifying the same condition or syndrome, and where to separate them off. Thus, it is sometimes supposed that there is a separate syndrome, dyscalculia, for describing those with persistent and severe problems with calculation. The alternative view is that the manifestations which people call dyscalculia should all be regarded as part of the dyslexia syndrome. How to classify and where to draw boundaries is not made any easier by the fact that, as noted above, we often find overlap: a person may, for instance, have signs both of dyslexia and of AD(H)D. If a student appears to have difficulty in attending to what is going on in a lecture, this could be part of the AD(H)D picture, or it could be part of his dyslexia in that his memory becomes easily overloaded.

DO WE NEED LABELS?

The importance of a label is that it can – to an extent – explain why someone has a particular pattern of strengths and weaknesses, and indicate both what ought to be done and what to expect in the future. For many people, an assessment which explains to them why they have had particular struggles and difficulties can come as a relief after years of frustration and feelings of inadequacy. Not least, under the current funding system for higher education in Britain, obtaining the label may open the door to support.

In contrast, if the wrong label is given, the resultant misunderstanding can be disastrous. However, just because two people have been given the same label (such as ‘dyslexia’), it by no means follows that they have the same needs. It would be a serious mistake to promote a one-size-fits-all treatment for dyslexia – or for any other of the diverse conditions described here.

There is the further complication that sometimes the indicators may occur in a very mild form: unless they are causing significant inconvenience, no action is necessary. There is a risk, however, that what seemed like a minor inconvenience at one stage in a student’s career may, at another stage when demands have changed, give rise to major problems.

It is important, therefore, that the label should not be allowed to steal the show; the key question for universities and colleges is: ‘What are this person’s needs or, rather, what barriers to success does she experience in her studies?’ because the way she best learns – and can demonstrate her learning – is one that does not have an easy fit with traditional methods of teaching and assessment (see note 2.5). These ideas are discussed further in Chapter 5.