Dyslexia
By Amy Bentley

10-15% OF THE U.S. POPULATION THAT HAS DYSLEXIA

WHAT IS DYSLEXIA?
“Dyslexia is a fancy word for a developmental reading disability. It’s quite common,” says Dr. Jonathan Romain, CHOC clinical neuropsychologist, “and it has nothing to do with intelligence.” Basically, there is a misperception that children with dyslexia see things backwards. In reality, these children are struggling with distinguishing speech sounds. For example, most children with dyslexia confuse “b”s and “d”s not only because they look similar, but they sound similar too. They can’t hear the difference between the “b-uh” and “d-uh” sounds. So, they often write the letter “d” when they meant “b” and so forth, which gives the impression that they are “flipping” the letters.

IDENTIFYING EARLY READING STRUGGLES
“First of all, we want to make sure the child knows that she is a bright and capable child, who just happens to struggle with reading, and this doesn’t mean she is a bad student,” Dr. Romain says. “It is important to identify reading difficulties early on, as the greatest gains tend to be made in the first few years of elementary school. In the pre-reading years, we want to look at general language development and more specifically whether the child is rhyming, imitating parents, and labeling.

60% OF THOSE DIAGNOSED WITH ADHD ALSO HAVE DYSLEXIA

As children get older, we want to look at how well they can sound out words and whether they can read well enough to understand what they are reading. “Flipping” numbers and letters (termed transpositions) are actually pretty normal until around age 8 or 9, but if this continues it may indicate an underlying reading disability, which needs further evaluation. Reading disability assessment is pretty straightforward and can usually be done in the school. However, reading disabilities can also be seen with other developmental problems and I recommend more detailed assessment for these children.

PRACTICE MAKES PERFECT
“Outside formal reading recovery programs offered in the schools and not-for-profit community based reading programs, the best thing children with dyslexia can do is practice, practice, practice,” says Dr. Romain. The goal is to get them to enjoy reading and have success with it. If the reading level is too challenging, they’re just going to shut down.” The goal is to find things they can read while making very few errors. “If their reading for school is just too challenging, read with them or to them so they can spend more time on comprehension than sounding out the words. Lots of practice helps kids learn commonly used basic words and builds their automatic sight word vocabulary.”

Jonathan Romain, PhD, has expertise in neurological conditions including developmental learning disabilities, attention deficit hyperactivity disorder, epilepsy and traumatic brain injury. He provides neuropsychological evaluations within the CHOC Comprehensive Epilepsy Program and the CHOC multidisciplinary concussion clinic. Dr. Romain completed his internship at Franciscan Hospital for Children in Boston and a two-year fellowship in pediatric neuropsychology at Medical College of Wisconsin. He is an active member of the American Academy of Clinical Neuropsychology.

Dr. Romain’s philosophy of care: “Every child brings with them a unique set of experiences and there are many factors that can contribute to school and community success. As a neuropsychologist, I feel it is my job to identify strengths and challenges early to ensure the child is on the right path. What is the right path? When it comes down to it, I have never met a family who hasn’t wanted three simple goals: they want their child to be happy, healthy and independent.”

EDUCATION:
PhD and master’s degree in Clinical Psychology, emphasis in Clinical Neuropsychology, from California School of Professional Psychology, Fresno

BOARD CERTIFICATIONS:
Neuropsychology and Pediatric Neuropsychology

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