

Kevin T. Blake, Ph.D., P.L.C.  
5210 East Pima, Suite 200  
Tucson, AZ  
85712  
U.S.A.  
Voice: 520-327-7002  
E-mail: [kblake@theriver.com](mailto:kblake@theriver.com)  
Website: [www.drkevintblake.com](http://www.drkevintblake.com)

May 25, 2012

**GENTLEPERSONS:**

As a psychologist who has diagnosed and treated children, adolescents and adults with dyslexia for over 25 years and as an adult with dyslexia myself I was appalled to discover the DSM-5 working committee on neurodevelopmental disorders recently dropped dyslexia as a diagnosis and replaced it with “specific learning disorder”. I have worked with 100s of individuals with dyslexia who have been stymied in their education and employment because school administrators and employers did not “believe” in dyslexia. Additionally, I have seen how school special educators who did not believe in dyslexia continued to use whole language techniques instead of multisensory synthetic phonics approaches like Orton-Gillingham with children with dyslexia who had not learned to read even though the research had demonstrated such techniques do not teach dyslexics to read. Finally, I know how much difficulty I had while I was a student with dyslexia requesting reasonable accommodations from educational administrators who did not believe in dyslexia. It is my opinion if dyslexia is not included in DSM-5 you will be relegating as much as 15 percent of the general population, those with dyslexia, to even a more extreme version of the same treatment because the DSM-5 will have endorsed it.

Additionally, 10 states have laws declaring dyslexia exists and other are working on laws, the United States Congress has a dyslexia caucus and the Yale Center for Dyslexia and Creativity is petitioning the United States Congress to create a dyslexia law. Among stipulations the national effort for a dyslexia law includes are that dyslexia is a legitimate diagnosis and that those with dyslexia must be provided the appropriate adaptations and accommodations in academic settings (<http://dyslexia.yale.edu/LegalizeDyslexia.html>).

As I mentioned above, I am sure the members of DSM-5 neurodevelopmental disorders working committee are familiar with the research that has been done in the United States alone, but I would like to recap some of it here. In 1965 the National Institutes of Health's (NIH), National Institute of Child Health and Development (NICHD) was tasked by the United States Congress to conduct The Research Program in Reading Development, Reading Disorders and Reading Instruction. To date over 50,000 research subjects have participated in the study and over 30,000 proctored journal articles have been generated by this one research program. Additionally, in 1997 the United States Congress asked the NICHD to form a panel of experts to review all the research written in the English language from 1966 to 2000 regarding what types of reading curriculum is efficacious in teaching non-dyslexic and dyslexic children. On April 13, 2000, after reviewing over 100,000 articles from proctored journals the National Reading Panel shared its findings in testimony to the United States Labor, Health and Human Services, and Education Subcommittee of the U.S. Senate Appropriations Committee.

The compilation of the above indicated the following. Dyslexia is an unexpected developmental neurobiological disorder which significantly effects phonemic awareness, single word decoding, reading fluency, and orthographic processing. If a child is not able to read at grade level by the time they reach fourth grade they will often not be able to catch up to their non-impaired peers in literacy skills by the time they reach age 18. Many will drop out of school and those that successfully graduate often will be relegated to a lifetime of menial jobs due to the poor quality of their literacy skills. The IQ-Achievement discrepancy method of diagnosing dyslexia does not hold up to scientific scrutiny and should not be used in diagnosing dyslexia. The academic curriculums used to teach dyslexics to read should be those based on the synthetic multisensory see-it-say-it-trace-it methods similar to the Orton-Gillingham method.

For a synopsis of the above I refer you to the following:

Fletcher, J.M., Lyon, G.R., Fuchs, L.S., Barner, M.A. (2007). Learning Disabilities: From Identification to Intervention. New York, NY: Guilford.

Pennington, B.F. (2009). Diagnosing Learning Disorders: A Neuropsychological Framework, Second Edition. New York, NY: Guilford.

Lyon, G.R. (March 5, 2009). The NICHD Research Program in Reading Development, Disorders and Instruction. New York, NY: National Center for Learning Disabilities. From website: <http://www.ncl.org/ld-basics/ld-aamp-language/reading/the-nichd-research-program-in-reading-development-reading-disorders-and-reading-instruction>.

Alexander, D., Langenberg, D.N., McGuire, C.K. and Cochran, T. (April 13, 2000). Teaching Children to Read Labor, Health and Human Services, and Education Subcommittee of the U.S. Senate Appropriations Committee. From National Reading Panel website: [http://www.nationalreadingpanel.org/Press/congress\\_testimony.htm](http://www.nationalreadingpanel.org/Press/congress_testimony.htm).

In light of the above I believe those using the DSM-5 would be better served if dyslexia was included as a “Specific Learning Disability” and the definition of dyslexia used by NIH and International Dyslexia Association be included in the manual which is as follows:

“Dyslexia is a specific learning disability that is neurological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge.” (International Dyslexia Association (April 20, 2005). IDA/NIH Adopts A New Definition of Dyslexia. From website:

[www.interdys.org/serlet/compose?section\\_id=8&page\\_id=69](http://www.interdys.org/serlet/compose?section_id=8&page_id=69), Page 1 Of 2).

I believe dyslexia is a reading disorder syndrome of difficulty with phonological processing, rapid automatized naming (fluency) and orthographic processing. I also believe that there are other reading disorders that are not dyslexia. For example, the person who is not dyslexic but does not have sufficient visual-spatial working memory to be able to read and simultaneously visualize what they are reading, hence they have no memory/comprehension of what they have read. This type of reading disorder is often found in those with AD/HD. And the child with autism spectrum disorder who can word-call a college level textbook, but has no understanding of what they have read. For this reason I applaud the working committee for including issues with slow and inaccurate reading, problems with comprehension, poor spelling and written expression. However, I believe the Neurodevelopmental Working Committee would be making a tremendous disservice to those with dyslexia and to the mountain of dyslexia research if it does not include dyslexia in the DSM-5.

I thank you for your time and the effort you have been and will be putting into developing an inclusive, evidence-based, clinically relevant diagnostic tool that will further our understanding of mental health issues and the provision of efficacious services to those with mental health disorders.

Sincerely,

Kevin T. Blake, Ph.D., P.L.C.  
Licensed Psychologist  
Adult with dyslexia