



NEW 2 LETTER

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The focus of this issue is on support for Specific Learning Disability.

Even before the child gets an assessment for a diagnosis for learning difficulty, it's most important that the child gets unconditional support and understanding from the parent about the child's condition. Every child who has navigated dyslexia through school and college has had a supportive parent who has stood behind them through academic, social and emotional difficulties throughout. This will help the child grow into a confident adult when they join the workforce. Therefore, parent support is crucial and of paramount importance, even before the child begins their academic journey.

In addition to parents' support, children with SLD benefit from different kinds of therapy. In this issue we focus on two areas of support for children with SLD: Cognitive Behaviour Therapy (CBT) and, receptive expressive language skills.

We wish our readers a happy and prosperous Tamil New Year.

The Editors



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communication).*

Parental support with reference to LD child

Each family needs to concentrate on communication with their children, which is the key to adept parenting and my speech is about this communication with their children, particularly with a child with special needs. Living with a child with special needs means constantly moving towards approximating the norms of the society, norms in terms of developing predictable responses and implementing conflict resolution. Dr. Kilhar of George Town University calls this the 'Strategies that encourage the esteem of the individual and family', which I think is the most appropriate quote here. My speech is going to deal with this role of the family and its significance to children with Learning Disability.

Above all, in families with an LD child, we find that 'acceptance' is the main issue and the parents need more counselling than the child, to recognise the fact that 'early intervention' is the key to their child's normal development. We find that it is very hard for parents to accept

the fact that has been communicated to them by the teachers of their children right from the kindergarten classes; that their child needs special care. They would have been alerted by these teachers that their child was not reading or writing, but they will be misguided by their elders at home that this is 'a natural phenomena', which will just 'fade away with time' and by the instances of this or that relative 'being' the same way! This wrong guidance of 'fading away with time' dissuades them from looking for a counsellor or medical help until it is too late. Mostly they come to affirm whether what they have been told is true and by that time the damage has been done to the self-esteem of the child. The mother of the child will be doing most of the talking, while the father will look as if he has been dragged into the session/situation about which he has nothing to do. He has been very 'busy' lately and only 'she' deals with it. 'She' needs counselling as she even 'cries'

about it and not 'me'! The major problem lies in these attitudes of the parents. Though I do think that parents are not to be blamed entirely as they constantly compare them to the 'normal' children from the mainstream, their handwriting, spellings and language expression etc., are the only norms available. This pulls the parents down, makes them feel inadequate and they pass all this to the child. They bombard them with a mass of questions about the school, class and homework, allowing the child no respite to think or answer.

The cornered mother wants to somehow set things right by reacting hastily from her blind corner, when nothing else works, unaware of the lifelong harm done to the child. Finally, she 'gives up' and they end up running from pillar to post in search of a cure.

Approval by key adults, self-achievement and self-expression are the cornerstones, the nourishment for any child's growth. The parent must understand that the emotional needs of any child, with or without LD, can be provided only by the key adults (parents and family) and it is on their approval that a child's healthy development lies. I would like to give one example of this situation here. A child would have done its best, finished some tasks committed in the counseling session. While we review it, I would look at the work done by the child, while

the parent will keep complaining about the part not done. They will comment: "The child is committed to doing, but did not". They do not understand that the child tries their best, but is not appreciated for their effort.

Parents should understand that the child's time and effort alone need appreciation and should not always worry about the results. They should be sensitive about the child's longing for approval, as approval is the delightful thrill that boosts their self-achievement and thereby their self-esteem. If the child is good in other fields, appreciate them and please do not pass terrible comments like, "Who wants this prize?" "Remember what marks you got in maths". The child gets frustrated when their achievement is minimised by the parent.

Self-expression gets stunted when there are siblings who may not have this problem. The child compares themselves to their siblings even when the parents do not. They decide that they are not capable, simply because they cannot do what the siblings can do. So, the following conclusions are clear from the above situation: Parents start getting angry when they cross the threshold of their patience and the impact of their verbal/physical abuse on their child is serious. The child is humiliated and stops behaving because of fear as they interpret their anger as withdrawal of love. So, the child learns an aggressive

model of behaviour.

I want to bring your attention to what happens to the child during the whole process. The impact of punishment is very detrimental to the child and they form negative impressions about the parents' love, not understanding that the anger arises out of concern. The child thinks the parent loves the neurotypical sibling more than them, even though the parents do not discriminate between the two. The child starts believing that and perceives their anger as lack of love. So, parents who shout are surely giving the wrong message to their children. The child interprets their shouting as 'I am withdrawing my affection for you'. By shouting or physically punishing, firstly we are humiliating the child. Secondly, we are hurting their ego and damaging their self-esteem. In the future this is going to become a pattern. You shout and the child obeys. Or the child is going to lie. The parents' disapproval is going to make the child do dishonest things. This unpleasant and aggressive model is going to be the base of the child's future activities.. Parents should not forget that a child learns by imitating, not only their actions, but also their words.

Punishment in any form does not produce a positive change in a child. In adolescence, fear becomes rebellious behaviour. Even a docile child can become aggressive.

How can a family involve themselves in the development of an LD child?

- Participation by every family member.
- One window.
- Family responsibilities to an LD child, making academic activities interesting. Praise and encouragement. No verbal 'put downs'.
- Support groups.

As parents of LD children, they must follow the above consistently as a supportive measure. Associations like MDA, counsellors, special needs instructors are available to the parents. Multiple parenting will confuse the child. For example, watching T.V. While the mother permits the child to watch, the father disagrees and they start quarrelling in front of the child.

The LD child should understand that they have responsibilities to fulfill. For example, homework. The parents go out of their way to find out about the homework, which in turn helps the child shirk the task. The challenge here is for the parents to make it interesting.

Encouragement is very essential for an LD child. Resilient children do not need it so much. A child whose self-esteem is very low, who is hopeless in dealing with academic difficulties, has to make up for what they have lost, encouragement is crucial. Avoid verbal 'put downs' under any, even trying circumstances.

Styles of parenting

- Effective communication
- Listen actively (use magic words)
- Validate feelings
- Effect of words you use: 15%, your tone: 30%, your body language: 55%
Maintain eye contact.
- Be observant about non-verbal clues

Never ignore their excitement. Be interested in whatever they want to say. Validate their feelings. For example, when a child complains that their bus driver yelled at them, and everybody laughed at them. Perceive the hurt feelings behind the statement. Label it and give it back as a paraphrase to the child.

Ask questions like - 'Were you embarrassed?', 'Did you feel awkward?'. This will let him know that you have understood and are empathizing with him, which will help him to open up more with you. E.g. 'Ayesha is moving away and she is my best friend'.

Questions by the parent: 'Are you feeling sad?' 'Are you missing her?' Hug her and that will soothe her feelings more than just words. Body language can express and convey your feelings much more than words ever can.

Always be aware of how you are projecting yourself on to the child. They are very smart and will assess and validate you by your actions. They can understand you by the very way you communicate. Remember that a democratic parent, a balanced parent should be very effective in communicating. Scars that happen when you put them down because of your words or actions will take a very long time to heal. Whatever your anger, frustration, turn them into positive words/actions. E.g. "I like the way you do things. But if you could do it better it would be fine!" Make DON'T messages into DO messages.

I would like to end my talk with an anecdote- There was a girl called Wilma, from a poor family from Tennessee. She was affected with polio when she was four years old, but her dream was to participate in the Olympics as an athlete. Everyone who heard this laughed at her, but her mother did not. She encouraged Wilma to such an extent that she went on to win in the Olympics at the age of 16. Her mother often told her, "Ability is what God has given you. The letter 'Dis' is added by man. You forget it. You have the ability to run and you will do it." Wilma went and did it because she had a parent who believed she could do it.



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Supporting Children with Dyslexia through Cognitive Behaviour Therapy

Children with dyslexia often face emotional challenges that extend beyond their struggles with reading and spelling. Cognitive Behaviour Therapy (CBT) is emerging as a powerful approach to support their emotional well-being, building confidence and resilience alongside academic skills. Tailored to address the specific needs of children, CBT offers tools to navigate anxiety, low self-esteem, and frustration, empowering them to thrive in both school and life.

What is CBT?

CBT is a structured, time-limited therapy that focuses on the relationship between thoughts, emotions, and behaviours. By identifying and reframing negative thought patterns, it helps individuals develop healthier perspectives and coping strategies. Widely used to address anxiety, depression, and stress, CBT can also be adapted to support learning-related issues, making it an invaluable resource for children with dyslexia.

How CBT helps children with Dyslexia

Dyslexia impacts a child's ability to read and spell accurately and fluently, often leading to academic struggles that affect their emotional well-being. Many children with dyslexia experience feelings of inadequacy, anxiety, and social withdrawal. CBT targets these challenges by fostering positive thinking and emotional regulation.

Various researches conducted globally have led to the conclusion that CBT has helped in significant improvements in reading, managing anxiety, enhancing self-esteem and in improved emotional well-being.

Key areas of focus include:

Building Self-Esteem: Dyslexic children may see themselves as less capable than their peers. CBT helps challenge negative beliefs such as "I'm stupid" and replace them with affirmations like "I'm learning in my own way."

Managing Anxiety: School-related tasks, such as reading aloud, can provoke significant stress. CBT introduces

relaxation techniques and cognitive reframing to alleviate these fears.

Enhancing Emotional Regulation:

Frustration is common when tasks feel overwhelming. CBT equips children with strategies to identify triggers, understand their emotions, and adopt healthier responses.

Improving Social Skills: Fear of embarrassment often leads to social withdrawal. CBT incorporates role-playing and social skills training, helping children interact more confidently with peers and adults.

CBT techniques tailored for Dyslexia

CBT for children with dyslexia integrates creative, child-friendly techniques to suit their developmental needs:

Psycho-education: Teaching children about dyslexia in an age-appropriate way helps them understand it as a unique learning style, not a deficit.

Cognitive Restructuring: Encouraging children to replace negative thoughts with constructive ones, such as shifting “I’ll never be able to read” to “I can improve step by step.”

Behavioural Interventions: Setting achievable goals and celebrating progress can motivate children and boost their confidence.

Relaxation Techniques: Introducing mindfulness exercises and breathing techniques helps children manage stress during challenging tasks.

Problem-Solving Skills: Teaching children to break tasks into manageable

steps fosters a sense of control and accomplishment.

The Thought Diary: This CBT tool helps children identify and challenge negative thoughts. Using visual aids and simple language, it encourages them to reflect on their emotions and adopt positive perspectives.

Elaborating on the Thought Diary

The Thought Diary is a cornerstone of CBT for children with dyslexia, offering a structured way to explore and transform their thinking patterns. It consists of the following steps:

1. **Identify Triggers:** Children are encouraged to write down situations that cause them distress, such as reading aloud in class or struggling with a spelling test. Visual aids, like drawings or emojis, can help younger children communicate these triggers effectively.

2. **Record Automatic Thoughts:** They document their immediate thoughts in these moments, such as “I’ll never get this right” or “Everyone is better than me.” This step helps them become aware of unhelpful thought patterns.

3. **Explore Feelings:** Children describe their emotions, like embarrassment or frustration, and rate their intensity on a scale of 1 to 10. For younger children, feelings can be represented with emojis or colours to make the process engaging.

4. **Challenge Negative Thoughts:** With guidance, children question the accuracy of their thoughts. For example, “Is it really true that everyone thinks I’m

bad at reading?” This step helps them develop a more balanced perspective.

5. Replace with Positive Thoughts: They are encouraged to reframe negative thoughts into constructive alternatives, such as “I’m making progress” or “Mistakes help me learn.” Writing down these positive thoughts reinforces their impact.

6. Track Outcomes: Finally, children reflect on how their new thoughts influenced their emotions and actions. For instance, they might note feeling less anxious and more willing to try reading aloud.

The Thought Diary can be tailored to suit each child’s age and abilities. For younger children, it might involve stickers or drawings, while older children can use written entries.

Rewards for completing entries can also help sustain motivation and engagement.

The role of Parents and Teachers

CBT is most effective when supported by a child’s environment. Parents and teachers play a crucial role in reinforcing the strategies learned in therapy.

- **Parent Training:** Educating parents about CBT techniques enables them to provide constructive feedback, model positive thinking, and create a supportive home environment.

- **Teacher Collaboration:** Training educators to use CBT-compatible approaches, such as positive reinforcement and reframing challenges can foster a more inclusive and encouraging classroom atmosphere.

CBT offers numerous benefits for dyslexic children, including improved emotional well-being, enhanced academic engagement, and stronger social skills. However, it’s important to tailor the approach to each child’s developmental stage and address any coexisting challenges, such as ADHD or anxiety disorders. Consistent practice and collaboration between therapists, parents, and teachers are key to achieving lasting results.

By addressing the emotional and psychological hurdles of dyslexia, CBT helps children build resilience and self-confidence. When combined with academic interventions, it transforms how children perceive themselves and their abilities, paving the way for a brighter, more confident future. For children with dyslexia, CBT isn’t just a therapy—it’s a pathway to empowerment.



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From Words to Wonder: Supporting Receptive and Expressive Language Skills- SLP Perspectives

Language is essential for communication, learning, and social interaction. For children with dyslexia and other language-based learning differences, challenges with receptive and expressive language can be significant, yet often misunderstood. Understanding these two facets of language is crucial to provide appropriate support. Language disorder can be defined as persistent language problems that can negatively affect social and educational aspects of an individual's life (So & To, 2022). It refers to impairment in the comprehension or use of spoken, written, or other symbol systems. It may involve difficulties in:

1. **Form:** Phonology (speech sounds), morphology (structure of words), and syntax (grammatical sentence structure).
2. **Content:** Semantics, or the meaning and vocabulary of language.
3. **Use:** Pragmatics, or language in social contexts

This framework, established by Bloom and Lahey (1978) and Lahey (1988), continues to guide understanding and interventions for language challenges.

Receptive Language and Expressive Language

- **Receptive Language** is the ability to understand and process spoken or written language. This includes understanding vocabulary, following instructions, and interpreting grammatical structures.
- **Expressive Language** involves using words, sentences, gestures, or writing to communicate thoughts and ideas. It requires structuring sentences, vocabulary selection, and organizing thoughts coherently.

Children with dyslexia may experience difficulties in one or both areas, affecting their academic performance and social interactions.

Signs of Receptive Language Challenges

- Have difficulty following multi-step commands.
- Frequently ask for repetition or clarification.
- Struggle to grasp the meaning of new words or complex sentences.
- Having difficulty interpreting complex questions or directions.
- Show delayed responses during conversations or in classroom settings.

Signs of Expressive Language Challenges

- Have a limited vocabulary compared to peers.
- Struggle to form grammatically correct sentences.
- Use filler words (e.g., “um”) or pause frequently when speaking.
- Find it hard to narrate events or stories sequentially.
- Avoid speaking in class or participating in discussions.

Impact on Academic and Social Life

Receptive and expressive language challenges can lead to academic struggles, particularly in reading, writing, and comprehension tasks. Socially, these difficulties may cause frustration, low self-esteem, or withdrawal, as children might feel misunderstood or unable to express themselves effectively.

Strategies to Support Receptive Language Development

1. **Simplify Instructions:** Breakdown instructions into simple, comprehensible steps using concise language.
2. **Encourage Active Listening:** Engage children in listening activities like storytelling or games requiring them to follow instructions.
3. **Visual Supports:** Reinforce spoken instructions with visuals like flashcards, charts, or gestures to link words to actions or objects.
4. **Pre-teach Vocabulary:** Introduce and discuss new words in advance to build familiarity.
5. **Repeat and Rephrase:** Restate or rephrase sentences wherever necessary to help children better process and understand language.

Strategies to Support Expressive Language Development

1. **Model Language Use :** Demonstrate correct sentence structure and vocabulary by speaking slowly and clearly. Provide structured, interactive examples for children to listen to and learn.
2. **Encourage Story Telling/ Narration of events :** Ask children to share stories or describe activities; provide prompts to guide them if needed.
3. **Expand Sentences :** If a child uses a short sentence, expand on it. For example, if the child says, “Dog runs,”

respond with “Yes, the dog is running fast in the park.”

4. **Use Role-Playing Games:** Engage in pretend play that involves conversation and dialogues to develop communication skills.

5. **Provide Choices :** Encourage verbal responses by offering options, e.g., “Do you want to play with blocks or draw?”

6. **Self-talk and Parallel talk:** Describe your own actions, such as saying, “I’m building with blocks,” (self-talk), or narrate the child’s actions as they play (parallel-talk). These techniques demonstrate how to connect actions with language.

7. **Extensions :** Add semantic details to the child’s remarks. For example, if a child shows a car, say, “You have the blue car with big black wheels.”

8. **Build up and breakdown :** Show sentence structure by breaking sentences into smaller parts and then rebuilding them.

Role of Educators and Therapists

Teachers and speech-language pathologists play a crucial role in addressing language challenges. A language-rich classroom environment, along with tailored interventions, can make a significant difference. Therapy

sessions focusing on specific language goals can help children improve their communication.

Parental Involvement

Parents are central to fostering language development. Reading aloud, engaging in conversations, and playing language-based games at home can reinforce the skills children learn in school or therapy. Encourage patience and positivity, as children need time and consistent support to build confidence.

When to Seek Professional Help?

If a child exhibits persistent difficulties with understanding or expressing language, consulting a speech-language pathologist is essential. Early intervention can significantly improve outcomes and help children excel academically and socially.

Building a Supportive Environment

Creating an environment where children feel safe to express themselves is important. Celebrate small victories in communication and encourage consistent practice. Be attentive to their frustrations and offer reassurance to boost their confidence.

Happenings at MDA

Ananya Learning and Research Center

Sports Day was held with a lot of fervour and gusto. Children, accompanied by



their parents, came in to the Ramakrishna Mission School playground with a lot of team spirit and sportsmanship. The chief guest for the event was Ravi Venkatramani, CEO Kriyadocs.

The children were cheered and encouraged by the parents and the other members of the organization. Children were delighted to receive their medals and cups on the victory stand - a big boost to their morale.





It was a splash of colours at the Learning Center as children celebrated the festival of Holi.

Here's a group photograph of the children holding up their creations of block printing.



Training

SDJS and Aakruti schools were very happy to receive training on Wonder Exercises from Madras Dyslexia Association. It was informative and enjoyable.

The new batch of Intensive Teacher Training Course started on April 3, 2025.