

# Let's Talk Learning Disabilities

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## EPISODE 02

Welcome to Let's talk learning disabilities with Laurie Peterson and Abbey Weinstein. Laurie and Abbey spend their days talking about dyslexia, dysgraphia, dyscalculia, and ADHD. They talked to parents of struggling students and adults who have had a lifetime of academic challenges. They want to share those stories along with their own insights with you. So let's talk, learning disabilities.

**Laurie:** Welcome to today's episode of let's talk, learning disabilities. I am very excited about today's episode because with me today is my good friend, Melanie. She is a dyslexia therapist last episode, Abbey, and I talked all about dyslexia. And so today we're going to find out what happens when someone is diagnosed with dyslexia. So welcome, Melanie.

**Melanie:** Great. Thank you for having me, Laurie. Thanks.

**Laurie:** Absolutely. What do you know, how do you diagnose it? What are some of the characteristics, some of that just real basic stuff. So it'd be kind of interesting to hear your, how do you define dyslexia? How do you, if someone says, what is dyslexia exactly? How do you explain it to somebody?

**Melanie:** So when I get parents coming to me, after they have, you know, met with their diagnostician and they have this thick report, you know, they're overwhelmed with a lot of the information, you know, they sit and they listen and then it's like, all the questions start bubbling up.

And so when they come to me, they, some of them, most of them have kind of that deer in the headlights. Um, eyes. And so I really try to explain it in a way that's very, very, very simple. Um, so I tell them, you know, dyslexia is an inefficiency in how we hear sounds and connect those sounds in language. To symbols.

**Laurie:** Oh, I like that.

**Melanie:** Yeah. So, and I tell him, you know, just because your kid has dyslexia doesn't mean they can't learn how to read or spell. Right. They just have to learn it in a different way.

**Laurie:** So do parents then sometimes want to know, well, is it because we have a hearing problem or is it, you know, when you say the way you hear sounds and connect them, do parents automatically go to like, Well, maybe we need to get our ears tested, right?

**Melanie:** Yeah. Um, yeah. I have people that ask questions like that, like, okay, well, do they need those prism eyeglasses? Uh, do they have auditory processing issues and need the microphone or the teacher wears it up at the front and the voice goes straight into the, to the student's ear. Um, you know, did they fall?

And I didn't know. And I'm like, no, it has nothing to do with that. There can be additional complications, but when we're talking about dyslexia, it is a matter of processing. Okay. So it's a cognitive ability to process language, not speaking and hearing language processing, what we hear and what we see with the symbols. So when I see the letter B. I can see it just fine, whether I have 20/20 vision or not. Right. But it's what happens in my brain and that neurological pathway that my brain uses to retrieve the sound for B. Okay. And connect it to knowledge that I have with be like, Oh, B is the first letter in my name B stands for bed, you know, dang.

So there's a lot of cognitive processing and neurological. Pathways that we have to tap into to process what we hear and see with letters . So it's crazy to think about what all it takes to read a word.

**Laurie:** So how did you, I pray that you can answer this question for me, who started the rumor that B and D reversals mean dyslexia.

**Melanie:** That, that was something that, and, you know, I'm not a big history nut, so I might be a little off with this, it's a myth that happens. It's not that we see it upside down. It's how we process it. So if I see a B, or a D you know, this is gonna happen with P or Q.

I look at the letter and then I have to hold that letter in my working memory, and then retrieve it. I explain it to kids. I'm holding in the front of my brain. And then I have to go run to the very back of my brain and get the file cabinet out and fumble around for that, that letter. That's, you know, what is the name of that letter?

**Laurie:** That's where we get the confusion because B and D look alike and P and Q. And so it isn't that I'm seeing it wrong. I'm processing it wrong. I'm retrieving that name of that letter or the symbol for that sound incorrectly. And so, and that's probably too, um, is that's also probably why. Really pretty appropriate for kids to get those mixed up everybody dyslexia or not until, you know, and the second grade ish, because of just the way your brain is developing.

**Melanie:** Right. Right.

**Laurie:** So before we go much further, how did you end up in dyslexia? Like what landed you here? How did you get here?

**Melanie:** You know, so I have dyslexia. And I also have ADHD and so I had a background right? I tell the kids that I work with, I had to learn how to read and spell just like you are.

It has not changed. It's gotten better. We know a lot more, there's a lot more, very cool tools and resources and curriculums out there. But, you know, we all have to do it the same Orton Gillingham way. And so, um, as I was a teacher and loved being in the classroom, um, loved helping those kids who really struggled with their reading and writing and spelling.

So after I left the classroom and raised my own kids, I got really bored. Cause, like I said, I have ADHD and I needed a change. Like I couldn't fold laundry much more. And so I thought, okay, well I'll just become a dyslexia tutor thinking it was that easy. Right. You know, I'll go buy the kit, you know, off the TV that everyone can buy.

I'm sure everyone knows that name. And then I will just start being a tutor. But then I started thinking, nah, I want a certification. I want something to hang up on my wall that says I did some training. Right. So then I started investigating and I'm like, Oh, wow. Like this is a big deal.

Like to become a dyslexia therapist is a big deal. There's a lot of training and it's a very specialty niche within education. So that was it. I wanted to really do something to help kids. I wanted to not be boring and, you know, this is the only way there is an only way to do it, but I think you can bring a lot of energy to it.

A lot of perspective to it. I think I know what it's like to struggle with disabilities and you just want someone to tell you the truth, right? Like just tell

me why I'm doing this because this is ridiculous. I'm in eighth grade, I'm a senior in high school. I am a, you know, a sophomore in college pre-med and you're telling me to say "A, Apple ahh." That's insulting.

**Laurie:** So tell me though. I think it'd be fascinating to know what kind of training, I mean, do you have to go, is it, yeah, so I got my training. I mean, there's a lot of places out there. You know, Texas is the guru. We are the pioneers in plotting the course to make sure that kids.

**Melanie:** And adults alike who have dyslexia get exactly what they need. Um, so we have laws in place of what needs to happen and what's appropriate. So for me, I chose SMU. I went to SMU, and I went in to be a practitioner. That's all. I was like, all I need is the kit. I just need the curriculum.

I'll figure the rest out. And so then I get in there and they're like, Oh, well you can be a practitioner or a therapist. And I'm like, yeah, I'm not doing the two year therapy thing who wants to do that? And then my husband's like, no, yeah, you're going to do that. I'm like, Oh really? So I did it. And then mid-year in SMU, um, Texas, the law, some of the laws changed and they were saying that, you know, to be a therapist, you had to have a master's. And so they grandfathered us into the master's program at SMU. And we only had to take 12 core, masters of education, graduate hours. So again, who wants to do that? Just give me the kit and let me move on and do what I want to do. So then I come home and tell my husband, I'm like, who wants to do that?

He goes, Oh, you will do that. And he's like, I'm going to get my money's worth. He's my loan officer. So I'm like, okay. So I did it, I got my master's, from SMU, best thing I ever did for myself ever, ever, ever. I was, you know, mid forties, graduated with my masters. Being able to do something that I can be passionate about.

I can help people. So personally, it's kind of a giving back kind of a ministry that I can come alongside families and kids and young adults and say, look. Look at me, I went back to school and got my master's. I'm teaching kids how to read. I can't spell that word either, but I can sure try. I'll tell you how we're going to try.

**Laurie:** So your title is officially academic language therapist.

**Melanie:** Yes. I'm a certified academic language therapist through Alta, which is our licensure. And then I'm also a licensed dyslexia therapist through the state of Texas.

Laurie: So you can be one or the other?

Melanie: Yes you can. You can be a practitioner or you can be a therapist and through Alta, you don't have to have your master's. Okay. I have heard that there's legislation that they're trying to change. That might make sense. But to be a licensed dyslexia therapist, you do have to have your masters to be a licensed dyslexia practitioner. You do not have to have your masters.

Laurie: So now that we know there's an extensive amount of training to become a therapist, right. To be able to really help these kids, what do you do that is so different than what they're getting in the classroom? Right? I mean, everybody at every school, theoretically is teaching kids phonics.

They're teaching them "A, Apple, Ahh." So why aren't they getting it there, but, and then they're able to get it with you. What's the difference?

Melanie: Okay. So I love it. That you're letting me talk about this. I think that there's two things. Okay. There's two ways I can answer it. There's what, what do all of us do?

Dyslexia therapists that's different than what they get in the classroom. And then I would love to share what I think, I think I do as a private dyslexia therapist versus what we're able to do in the classroom, in public school. Um, so first of all, I, this is how I explained it to my parents. You know, it's a slow drip, so if I have a pitcher of water and I have this jacket, you know, rigid rock.

If I pour that pitcher of water on top of that rock, what's going to happen. It's going to hit the rock and then spew off like a fountain. Okay, so the rock will get wet. Some of the water will hit the rock, but a lot of that water is going to go somewhere else. And it's not going to change the comp the, the, um, the look of the rock or the feel or the texture of the rock.

It's just going to make it wet. Right. Okay. So the picture of the picture being the phonics, the language knowledge, the knowledge of letters and sounds okay. When we pour that over our dyslexic kids, brain, it spews like the water. It gets the brain wet. They get it, they get a little bit out of it, which is why they can progress a little bit in school, but they don't get it all because it's not a slow drip.

So now think of a river rock. How that river rock cascades off the mountain and plops into the river. It is just as jagged and rough on the outside. As the rock I was

talking about before that, now it's in a river now it's getting a slow pouring, a slow pressure. Or if you will, with my pitcher analogy, I'm not just dumping the water on it now.

I'm dripping it one trip at a time. And what happens with that rock is over time, those rough edges smooth out now, something has penetrated the brain. Okay. And so that's what I tell parents. That's why it takes so long. I a lot of great teachers that we have in the classroom are doing phonics.

Phenomenally kids are learning to read faster than if they didn't do it, but for our dyslexic brains, because dyslexia is an enormous logical pathway issue, we have to take time to reroute those neurological pathways so that they can process the language. Either on the Autobahn or the scenic route.

Right. I can leave my house the same time you leave my house to go to Austin. You can drive the Ferrari and I can drive a brand new Lincoln SUV. Okay. We both have dynamic great cars. You're going to go on the autobahn and get to Austin in like, what two hours. Maybe I'm going to go the scenic route and I'm going to get there, but I'm going to have potholes and I'm going to have to get lost.

And there's a cow and there's a gas station. I have to go cause I'm, you know, but I'm going to get there, but I'm not going to get there as fast as you.

**Laurie:** So when. When, uh, when you work with a student and they finished the program, they end up at the same place. Everybody else has. They have all that. They've acquired all those same tools.

They've got, they've acquired them a different way.

**Melanie:** They have them, you know, but we have to remember. It's not remediation, right? Because some people will say, they need to do it to mastery. And then some people will say, yeah, but it's therapy. So I take both in my private practices is what we do. I go for mastery. I don't want to move on until we have a sufficient grasp with what I'm trying to help them understand with language. But at the same time, when it's all said and done it's therapy. So at the end of the day, how did that therapy stick with them?

What transformation was able to happen in their brain? Think about it when you go to physical therapy. Right? Right. They, you know, you go with a bummed out knee, you

know, they do the therapy that the research says to do. Right. And they don't release you until they feel like you have to master it to a certain degree.

The thing that they're working on with your knee, but then when you leave that therapy center, you're not running marathon. It's therapy after that, like we have to see what really transgresses you know, how did it really take? And that's what we have to remember. Even though we have the therapy, there still is going to be residual dyslexia. Cause it doesn't go away at times.

**Laurie:** Do you feel like when you, when you get a kiddo and start in kindergarten or first grade, by the time you're finished, they tend to, or they're able to move forward and apply better than if someone you start with in sixth grade and finishes in eighth grade or whatever.

Like, do you feel like there's a difference in what. And what they're able to do when the program is over?

**Melanie:** I don't like to answer that because it's like, they're all different and we don't degree dyslexia. There's not mild, moderate or severe. It's just dyslexia because it presents itself differently for everybody just as it shows itself lifelong for everybody. So it's very, very tricky. I think that we do kids and parents a disservice by setting this expectation that they're going to be cured. And then they're going to be on grade level and they're going to read and spell and write forever because they had two to three years of therapy, intensive therapy. And that is not always the case. We would love that to happen. I've never met a therapist that says I'm going for mediocracy and let's just see how it goes. And Oh well, good job. Good luck out there. Right? What we do is we, monitor their progress. We reassess those things that can give us a measurement, and then we make decisions on what supports they need and maybe other interventions that they need.

After therapy. That makes sense. It's a little, you know, until we get them to that place, that they don't need the supports as much, or that they know how to just utilize those supports in a five Oh four for say, for instance, and can be successful in spite of their lifelong diagnosis of dyslexia.

**Laurie:** Okay. So a word that we hear a lot about the dyslexia programs and dyslexia learning is multi-sensory yes? What, what does that mean from your point of view?

**Melanie:** So multi-sensory means that we are engaging the whole brain. We are utilizing all pathways to get information into our brain and process it as well and output it as well.

Okay. So for dyslexia therapy, what we strive to do for multi-sensory is using the auditory, the visual and the kinesthetic or tactile learning. If I can utilize those three senses or those three modalities or, you know, lots of different ways to explain it, but then if I'm using those three pathways, Then I am helping to create those new neurological pathways that need to get over to the parts of the brain, that process language letters and sounds.

**Laurie:** And so dyslexic brains respond better to the multisensory than a, than a neuro-typical brain or a non dyslexic person, I mean everybody does really.

**Melanie:** A neuro-typical brain is going to thrive with multisensory too. It's just going to be more impactful on their brain. You're going to get better long-term memory. So multisensory is good for everybody. For dyslexia. What we're trying to do is create. Pathways for them to process that language, the letters and sounds, and multi-sensory does that it pushes it to those parts of the brain. Okay. That makes total sense. So, so for example, okay. When I have a kid, um, do their spelling.

Okay. We have procedures that we use all the time for spelling. It's part of the therapy. So we look and listen. They look and listen to me, say the word. I don't know, cat. Right? So that's, multi-sensory, they're looking with their eyes. They're listening with their sound with their ears. They look and listen.

They echo. So now they're doing it well, when they echo it, they have a mirror and they're looking at their mouth. They're feeling it in their voice box. They're feeling that air, is it a puff or stream of air coming out? Are my lips closed together? Are my teeth closed together? So they're feeling the sounds of cat.

That's very cool then. So they look, listen, they echo, they, you know, name, they un-blended, they named the letter. So now we're going to write it. Well, we use cursive. Cursive engages muscle memory. It does. There's some research out there that it is very good for language development. So when they're writing in cursive now they're kinesthetically learning also.

So having to connect because they have to look at it. They have to say it, they have to see and then write it. They're engaging everything where if we're in the classroom, the typical way the teacher says the word, no one talks and the kid spells

it. Well they're not doing the unblending out loud. They're not using the mirror. They're not able to put their hand on their voice box and see it, you know? So we're missing a huge piece that has to be there for my dyslexic students.

**Laurie:** How do you feel like research has come along over the years about dyslexia and how dyslexic brains learn?

Do you feel like what's been learned and discovered has changed the way it's taught in the classroom at all? Do you feel like they've adopted any of this stuff? Because clearly, like we said, all brains learn well from multi-sensory. So do you feel like that they've taken any bits and pieces or are they just thinking they've got this. That's just for the dyslexic kids.

**Melanie:** That is a very complicated question. And, you know, it's kind of one of those questions where, you know, like where do you pitch your tent? Cause there are different camps to hang out in with this that I'm going to. But, you're asking me. So I'm going to give you my personal, kind of view.

I think our teachers do a great job. I think most teachers. Are very, well-educated, very well-trained. I think they're very cognizant of what their students need. I think in the early, early years they are doing phonics, I think they are, they're incorporating a lot of different things because they have a lot of different kids in their room.

Okay. They're having to, um, You know, support so many different ways of learning with kids. It is in so many different places in their learning. So yeah, they're doing phonics, but yeah, they're also doing this, that and the other and everything else in between, right. Because that's what they have to do.

What I know. And I also know that with the research and, um, just the awareness that's been created around dyslexia, the brain research that's been done, connected with dyslexia. Um, the pioneering that my wonderful state of Texas has done, continues to do that other States model after us and are doing a phenomenal job.

You know, we know now what teachers need and training and, they need to understand dyslexia. It is real, and it occurs a lot with kids. So yes, they're, they're doing what they can do. But remember it's a slow drip, right? I can't provide that in a classroom though. I can't provide a slow drip, even if I've got reading groups, even if I pull small groups, even if I have, beginning school, after school tutoring, I still can't provide that slow drip that they need and go as fast as they can, but as

slow as they need to, because I have to keep up with a curriculum. I have to make sure all my other kids are moving along too, right?

**Laurie:** So we get a lot of calls from parents who want us to test their child for dyslexia and they'll call and their child will be five years old, even four years old. There's a family history of dyslexia. They're already struggling to remember their letter names. Developmentally, is it appropriate to start a therapy at that age? Or when is there a right time to start dyslexia therapy?

**Melanie:** So, you know, there's laws in place now for our dyslexic kids, but you know, we're seeing that early detection is valuable. Their brain is still so, malleable now you've all, I always say that word because I'm dyslexic. I always say that word. I butcher it. So anyway, I just always end up going into like, you know, their brains are still so moldable, moldable and flexible, but anyway, so yes. Getting them early on, we have to remember that's what we're doing. We're transforming, and creating new neurological pathways to process language. Letters and sounds, symbols and sounds efficiently okay.

As well as they can do. So, you know, if their brain is still growing and developing and maturing, I have a better chance of getting in there to do something with it than if I wait until they're in third, fourth or fifth grade to do something. Okay. So that's why we've got all this early screening going on now.

Kindergarten, first grade, second grade, you have to screen for any red flags that you would say, not just with dyslexia, but the screening tools that we're using will help filter out some of that. What I'm finding and, and I've made a call to one of my teachers that trained me to just kind of say, okay, now remind me again, is this really the right way?

Is it really gonna work? You know, because they are young, right? So cognitively, their world is still expanding. Right? So it's gonna, in some kids, take a little bit longer. That slow drip is going to be a little bit slower. I think that the curriculums that we have out there are wonderful.

We know a lot about phonological awareness. There's a lot of great things on the market to help with it. But I think that that's where you start is the phonological awareness piece. And I think you can start at an age five.

Rhyming, blending, segmenting, playing, having fun with language, right? A lot of those early years lend itself to having a fun time with language because a 10th

grader thinks that's silly. It's babyish until I show them their brain and I will not their real brain, but you know, a picture of the brain.

And I start to explain to them what this is doing and look, trust me. I get it. Who wants to do this, but if you will trust me and trust this process, I promise you, you will not regret it. And they don't, they get it after about a few sessions. So it takes a little bit more than that, but they get it and then they're like, okay, they see that the carry over and it's working.

But yeah, I think in the early years, the focus is phonological awareness. When they've got that great foundation down. Everything else is going to come easier. I think that for a lot of kids, um, even the older kids need that time and phonological awareness. And unfortunately, for whatever reason, it's, we're just not always giving it. At least with what I see in my world.

**Laurie:** I do think there is still the tendency for a lot of people, therapists, teachers, whatever, to say that's too young to start. Like you haven't given me a chance as the teacher to teach them phonics, how do I know they won't get it? Right.

And I do think we have gotten so much better about that, right? But I think there's still that, but just give me a chance. Before we jumped ship, which is probably usually what needs to happen. So you see a lot of dyslexic kids and you've seen them over the years. What do you think, or what do you see as being some of the more common coexisting thing conditions? Right. Some kids are just dyslexic right? But then what are some of the other things you see pretty frequently that kind of come along with dyslexia?

**Melanie:** Okay. So, you know, I'm an ADHD coach as well. And my niche tends to be more with, you know, middle school, high school, and early young adult students. I hands down, see a lot of ADHD. I see a lot of kids who come in, especially younger kids who come in with a lot of speech, um, services being provided. That start a lot of times at a very, very early age. That makes sense though. Right? If you can't say the word right then you're not gonna spell it.

So I see with the younger kids, I see a lot of speech services already in place. And with the whole gamut of kids, I see a lot of ADHD. Um, I see visual processing and auditory processing disorders, but I really don't see those as often. And in what I have found in my own experience, the auditory and visual processing concerns in time, kind of improve with the therapy. I don't, I don't broadcast that. I'm saying it on this podcast, but it's not like something that we need to bank on right? And it

definitely cannot be treated through dyslexia therapy. It is a separate condition that needs its own separate therapy. Make that very clear, does it ever impede the progress of their dyslexia therapy?

**Laurie:** So if there are things besides obviously visual processing and auditory processing, if you can't hear and you can't see. What you need, then that's a problem when it's a multisensory program. Are there other things that you see that you're like, okay, this kid is not progressing. Like they should, based on everything we've done. Everybody learns differently. Are there other things that impact progress?

**Melanie:** So, I mean, I've had kids that have come to me who are on the autism spectrum that are dyslexic. I've had kids come to me who were on the autism spectrum, who aren't diagnosed with dyslexia, but are really struggling with reading, writing, and spelling. And we have done the therapy. Not needing it to be as intense as a student with dyslexia therapy, but definitely using huge therapy pieces with the varying curriculum, you know, they just don't need it.

If you don't have the diagnosis, you don't need it as intensely, but the therapy will benefit anybody. So do you understand what I'm saying? I don't want anyone to hear this and think that, Oh, I think dyslexia therapy is for everybody, it's not, but there are pieces of it. And ways to, to incorporate it with other kids, like kids who are struggling with reading, writing, and spelling who are autistic, that it can help, but I have seen through my own experience. But not every kid that comes to me with autism needs, dyslexia therapeutic intervention with reading, writing, and spelling. I really think the biggest kiddos that I get, adults as well, is the ADHD, you know, you've got poor working memory. I mean, we just were talking about this.

We've got poor working memory, which completely wreaks havoc on their full and logical awareness. You've got kids who are in and out, you know, because they're focused and then they're not. So I always refer to it as a Swiss cheese learning. They just have holes in their learning. You know I'm trying to teach this really big concept, and we're trying to practice it. If you don't get it. And you're not with me, you're not getting the concept of the process, right?

**Laurie:** You could talk all day long, but if someone's not listening to you, they're not going to make any progress

**Melanie:** They're not going to progress as fast...

**Laurie:** But don't you think too, that an ADHD brain responds very well to the multisensory because the more senses you attack, the less likely they are to drift off.

**Melanie:** Totally! completely. And you know, it's an hour of intensive therapy. You know, it's not all day, right? It's a one-shot deal. Like, here we go, let's go. And we move around and we bumped from one skill practice to the next.

**Laurie:** Um, so this question, I know you get a ton. I get it all the time. Um, this isn't something that insurance ever covers, is it.

**Melanie:** No, it's not. And it's very, very, very, very unfortunate, very frustrating as a therapist, a private therapist, because it's not cheap. You know, it's expensive. Well, you to be infidelity with the program, you have to give it multiple days a week and it can't be for just 15 hours.

**Laurie:** And why is that? Why can't it be one time a week?

**Melanie:** Neurological rerouting of the brain. It's like physical therapy. Again, you don't go once a week and you're cured in a month. It's a commitment. It's a commitment on all parts. It's a commitment for me that I'm going to commit to your kid or to this adult.

That, you know, it's a commitment that to me, to keep up with the, the curriculum, the trends, and it's not trends, but you know, the, the law, the, the trainings, the research, everything, I have to make a commitment to my families that I'm going to do that and be the best that I can be for their kid. That's, you know, that's what you're paying for.

It's a commitment that the parents have to bring them. It's a commitment. It's a commitment more than the inconvenience that it is to the parent. It's a commitment to, Oh, this could just choke me up. It's a commitment to the kid. Right? It's a commitment of the kid. They're saying no to say yes to me and to their therapy.

So I need to show up as my best and, and, you know, I'm having, you know what I. Going back to a question you asked at the beginning, I gave a one part and I said, I was going to give a two-part, but you know, what, how do I do it? You know, I do. I feel like I, I really have a family approach just like ADHD does not just affect the kid at school.

It affects the kid at home and in their friendships and their relationships, their social interactions as they get older, their job, their marriage. So I have to have a holistic approach myself. And I do that with my therapy, with dyslexia. I helped my parents. I help them talk to their teachers. I help them read their evaluations.

I help them understand what dyslexia is. I help them understand how to help with self-esteem issues, how to help with not having their kid feel embarrassed at school. You're really like a full service therapist. I mean, yeah, but dyslexia, right? But I mean, you know, when you think about all this, if you're having to deal with, but I love it and you know, what.

That I, I did this in, in the schools for two years. I worked at a school and I was the dyslexia therapist there. And it was, it was a very pivotal thing for me to do in my career. I didn't have to do it. I had plenty of business. I was, I was doing great. Um, I didn't need the, um, you know, I didn't need the experience.

At least I didn't think I needed it. And now I'm like it hands down. It was something the best thing I could have done because I get it. And I know what, I couldn't give those kids. I can give those kids in those families that now, but you know, there's only one of me. Right, right. There's so there's only so much I can do as a private therapist.

In terms of taking in all of the amount of load that I would love to be able to manage, but you could take in so much less. In the schools, because you only have these kids for 30, 45 minutes a day. That's if they showed up in there and I had a billion kids who all had such different needs, who needed me to go slower sometimes who were bored and were like, come on, can we go faster?

You know, that they would leave me and then go back to the classroom. And there was, how do you bridge that gap? I mean, I tell you. It's not easy. It's not easy as a private therapist and it is not easy as a teacher in a school. It's, you know, it's but the therapy does work and it makes a difference. And, um, and I'm just so grateful that we have the research.

I'm so grateful to live in the state of Texas with, you know, All the things we have Scottish Rite hospital, you know, Shelton, all of the great, you know, therapy centers that train us incredibly and educate us. You know, there are so many parents and families and adults alike that need this therapy and they don't know how to access it.

**Laurie:** Um, what are some resources that you know of that, you know, some, somebody in anywhere in the country really could go and find out more about dyslexia therapy and, and those kinds of things.

**Melanie:** Okay. So [www.altaread.org](http://www.altaread.org) Alta Read has a site where if you're a therapist, you can put your name on there and you can stay, you know, what area, region of the, of the, world, state, city, town, whatever you're in. And so that's a great resource to find people who are therapists or practitioners. You can also tap into IDA (international dyslexia association). They have a website as well. You can also call the training centers. Call these places that are training dyslexia, therapists and practitioners, they have to have hours. Okay, they need them. If you are in a school and you're the teacher and you have a class of six kids, you can't count those six kids as six hours. They have to have so many hours in training. Yeah. So you can find someone who's in training, who, you know, I don't know how much they're going to charge you. I would think maybe a little bit less than a therapist that's already done the training and is now doing their own private practice.

But I would, I would do that as a resource. That's a great idea. Ask your tech dyslexia therapist at your school. See if they will do it. Um, But I do, I do want to say there are a lot of educated, experienced, incredibly gifted, talented teachers that aren't therapists and aren't practitioners. And to just be careful, right?

**Laurie:** Because teaching the same way and the same things that were done in the classroom. Isn't dyslexia therapy. No, and it's kind of the definition of insanity, right? Keep doing the same thing over again, thinking you're something different. They don't need more of the same. Right? These kids don't need to be retained because another year, first grade doing it the same way.

**Melanie:** No. If that gets to that point where they do not need to be retained. They need more support and they need more time. Right.

**Laurie:** They need more specific, uh, interventions, like, like sit there, but therapy to address those issues, but doing the same thing over and over again. No useless. No. Okay. So if people have questions for you, yes. How did they find Melanie?

**Melanie:** Okay, so they can find me, um, at [Melanie@gatewaygrowth.net](mailto:Melanie@gatewaygrowth.net). That's my, my email. I also have a website [www.gatewaygrowth.net](http://www.gatewaygrowth.net). Um, and there's a way to be in touch with me through my website. I am an ADHD coach, all ages. I do dyslexia therapy, all ages. Um, I did parents support all ages. Um, yeah, I mean, I really, I want, if I don't know it, I want to go find it out. Right. I want to help and

support. I know what it's like to not have someone champion your kid. And get your kid, and I know what it's like to do it on your own.

Right? And so I want to turn that around. I do champion the kids that I work with, and I do want to support my parents and let them know you're not alone. I'm going to help you figure this out. And if I can't do it. I will not let you go until I place you into the hands of someone else that I know will, will take you the rest of the way.

**Laurie:** Right. That's awesome. So I'm pretty sure we'll probably come back another time and talk more about this. Talk more about the ADHD coaching you and I can talk about ADHD until the sun goes down because we both live it. Um, thank you so much for doing this for us today. This has been awesome. I hope that, um, Parents adults, anybody with dyslexia walks away just feeling like they've got a little bit more information and you know, our goal with this whole thing is just to get a little bit of hope. Like it's not, it's not a lost cause there's there's help.

**Melanie:** There is help. I just want to thank you for being you and providing parents this platform, to be able to hear what's out there and be able to connect hopefully with other parents on your blog. You know, we are a village, it takes a village. We are not on an Island. And when it gets hard, we have to reach out and we have to go and find what's out there or ask someone to help us find what's out there.

**Laurie:** And the help is there. You just have to know where to look. So thank you. Thanks so much, Melanie. And thanks to everyone for being here today. If you have any questions you can reach us at [let'sstalklearningdisabilities@gmail.com](mailto:let'sstalklearningdisabilities@gmail.com). All of Melanie's information, her website, all of our contact information will be in the show notes. So you can go there to, um, if you want to reach out or just read more about what she does. Otherwise, you guys have a great day and we'll see you at the next episode. Thanks so much.

Thank you so much for joining us today. In our show notes. You can find information about today's talk as well as links to resources and other episodes. If you have questions about today's talk, have ideas for future episodes, or just want to stay connected, you can contact us through diagnostic learning services on Facebook, Twitter, LinkedIn, and Instagram. So let's keep talking to learning disabilities. This podcast is sponsored by E diagnostic learning. You can find more information at [www.ediagnosticlearning.com](http://www.ediagnosticlearning.com).

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