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Diagnosis: Dyslexia

Sitting in the backseat of her grandparents' pickup truck, 12-year-old Morgan Franzen scans for Volkswagens, eager to win a game of slug-bug, when she is interrupted.

"Morgan!" says 69-year-old Duane Franzen from the driver's seat, as he points to a large truck stopped in front of them. "What does that bumper sticker say?"

Morgan leans forward, scrunching her face in concentration.

"If ... you ... can ... read ... this ... thank ... a ... t ... t ..." She stops, momentarily defeated by the last word in the sentence, "teacher."

But Duane and Lois Franzen are too busy smiling to even notice Morgan's hesitation.

That simple statement, slapped on the back of an 18-wheeler, seems to describe the emotional journey that Morgan and her family have had to endure since she was diagnosed with dyslexia, a neurological reading disability, more than five years ago. Barely a year ago, the girl who is known for her never-ending smile and sharp wit could not have read a single word on that bumper sticker.

Morgan's startling transformation came after an intensive nine-week program at The Morris Center, a Gainesville medical clinic that uses an interdisciplinary team of medical professionals to treat children and adults with severe learning disabilities. With a near perfect success rate, the center has been credited with changing the lives of more than 700 people from all over the country.

So much so that the Franzens traveled in an RV nearly 900 miles from their hometown in Royal, Ill., to give their granddaughter access to a place they hoped would be the answer to their prayers.

Morgan's story

Morgan was in kindergarten when her family first knew something was wrong. Her difficulties with language were causing her to fall far behind the rest of her class. She was forced to repeat the first grade when a psychologist diagnosed her with dyslexia. From there, she was placed in remedial reading classes through her school's special education program.

"They were trying to do everything they knew how to do," said her

grandmother Lois, 63. "But it wasn't enough."

As Morgan grew older, the Franzen family watched with anxiety. Morgan was reaching an age where the inability to read was hurting her more and more. Her self-esteem was plummeting as her classmates ostracized her, calling her dumb.

Then, purely by chance, The Morris Center came into the Franzens' lives. Lois was at her church's quilting club, when a friend mentioned that her grandson had also battled dyslexia, and won, thanks to a Florida clinic that had the resources to tackle the neurological origins of the disorder, rather than the band-aid method most commonly used to merely work around symptoms.

Lois immediately snapped into action.

"Once you've heard something like that, there is no turning back," she said. "You have to take the risk."

Morgan's parents, Dr. Thomas Franzen and Teri Franzen, agreed, but picking up and moving to Gainesville for two months was made difficult by a busy work schedule and five other children at home. So Morgan's grandparents offered to make the trip in their fully equipped RV while Morgan attended the nine-week-program. It was the perfect solution.

Weeks later, the Franzens pulled their 35-foot Teton Fifth Wheel into an Alachua campground and hoped for the best.

The Morris Center

The Morris Center, which sits tucked away behind a cluster of trees on SW 75th Street, looks more like a quaint home than a medical clinic. There are shutters on the windows of the small brick house and flowers carefully planted out front. Inside, Fisher Price toys, children's books, and blocks that occupy a designated play area in the waiting room. A copy of The Journal of Child Neurology placed neatly on an end table.

Morgan's first session of the day is with language therapist Regina Mallini, also the Center's intake coordinator. The two enter a small room with almost nothing in it except for a desk and a large mirror propped up against the wall. As they begin, Morgan is handed a hot pink electric toothbrush she uses to gently brush over her lips and the insides of her cheeks.

"This is to break her mouth up," says Mallini, who explains the stimulation sparks an extra sense of awareness that allows Morgan to focus on how her mouth feels while she's saying certain sounds.

The LIPS program

One of the techniques that make the Morris Center so unique is the use of the Lindamood LIPS program. The language program created by linguist Charles Lindamood and his wife, speech pathologist Patricia Lindamood, helps develop what is known as phonological awareness, the ability to perceive the individual sounds in words. The LIPS program does this by not only concentrating on hearing sounds and saying sounds, but the way the mouth feels while forming each sound.

From day one, patients at the center are instructed to pay close attention to exactly what their mouths are doing. For example, saying the "l" and "r" sounds causes the tongue to hit the top of the mouth, giving them the name "tongue lifters." Saying the "m" and "n" sounds causes a stream of air to be pushed gently through the nostrils, hence the name "nose sounds." To help make the connection, the patients are provided with picture cards that illustrate the mouth as it forms each sound.

As Morgan and Mallini sit side by side during their private session, Morgan starts work on her "chains," a technique the center uses to aid their students in the decoding process of certain multi-syllable words. First, Morgan is provided with three brightly colored felt squares placed in a row. The first and third squares represent the beginning and ending syllables of a word, while the middle square contains a syllable with individual sounds represented by blocks.

As Mallini says two words aloud, Morgan must repeat the words while watching her lips in the mirror before her. Each word only differs slightly, and it's up to Morgan to identify which sound has changed. Morgan uses her knowledge of the LIPS program to help her through the series.

"Goodbye wind sound," says Morgan as she takes away a block from the chain and "hello tongue lifter," as she replaces it with another. No matter what sounds Mallini throws at her, Morgan flies through her chains with confidence and authority. This is a sight nobody thought they would see just a few months ago.

The missing link

Contrary to what many might think, dyslexia is not simply seeing words backward or a lack of intelligence, says Dr. Ann Alexander, developmental/behavioral pediatrician and director of The Morris Center.

Instead, dyslexia is a neurological learning disability that is characterized by difficulties with word recognition and poor spelling and decoding abilities. These difficulties are often caused by a deficiency in phonological awareness, which is the real root of the problem.

According to Alexander, those suffering from dyslexia are missing the

big picture - they can hear the sounds, but they don't know how to separate them. The part of their brain that processes language has not been developmentally organized as well as their peers. Without the ability to distinguish the parts that make up the whole, these children are missing out on the basic foundation of language development.

"I think of it as the instant replay on football," Alexander explains. "I can watch the football game, but I don't know where that ball exactly is until they slow it down for me."

That's where the LIPS program comes in. Unlike traditional phonics programs that break words down into the auditory and visual senses, LIPS includes an additional sense of feeling. When Alexander first went out to California to meet with co-creator Patricia Lindamood and learn about the program first-hand, she knew that this might be the missing link.

"When I saw what they were doing, I realized that by bringing in the perception of the mouth, the feeling, they were adding one more sense, and the more modalities you have coming in at the same time the more likely something is to imprint," Alexander said. "We tried it with the most severe patients, the most severe we could think of, and saw that they could actually acquire phonological awareness. The thinking was that dyslexics would never be able to acquire phonological awareness."

Of course, intensive therapy does not come without a price. Different for the varied needs of each patient, the cost attached can be a considerable amount for any family.

However, according to Alexander, the treatment is classified as speech and occupational therapy and is oftentimes covered by insurance.

Also, the center has established a financial teaming partner to assist families with financing options. In the end, said Alexander, the cost is far less per hour than if a child was to have the one-on-one attention of several different medical professionals for the amount of time they are treated at the center.

The treatment is also more effective and time-efficient, added Dr. Alexander, because it is given by an interdisciplinary team in one facility instead of scattered treatment once or twice a week.

The spark

Alexander lights up when she talks about the medical advances that have allowed her and her staff to tackle the unthinkable. Twenty years ago, this was all just an idea.

Alexander was at the University of Florida College of Medicine, working with children with developmental disabilities such as autism and

cerebral palsy, when she met Jeffrey Gertner, a preschooler with Down syndrome. His grandfather, Bernard Morris, expressed great concern after seeing the stress his daughter went through while having to transport her young son to several different locations to receive the care he needed. He wondered why there wasn't a center where special-needs children could be treated in one place by a team of qualified professionals. Alexander wondered the same thing.

Unfortunately, it wasn't long after Alexander decided to make Morris' wish a reality that Morris became very ill with cancer. In lieu of flowers at the time of his death, he asked that contributions be made to the center to help with start-up costs. What was once an idea was now The Morris Center.

"I really feel like he epitomized what family means," Alexander said. "He was the spark that initiated everything."

The 'whole' child

Three years after the Morris Center came to be in 1986, Alexander and her colleagues concluded that the need for interdisciplinary treatment among developmentally disabled preschoolers was being met by the school system. It was time, they decided, to turn their attention toward a need that wasn't being met in Gainesville -- reading disabilities.

In keeping with their goal to provide interdisciplinary treatment, the center pulled together a team to service "the whole child."

More than 50 percent of children with dyslexia have co-occurring problems in areas other than language," Dr. Alexander said.

Those areas include problems with attention, sensory motor skills and behavior. Thus the treatment team at the center consists of medicine, language, education, psychology and occupational therapy professionals.

Later in the day, after Morgan has completed intensive sessions with a language therapist, math teacher and a psychologist, she moves on to meet with occupational therapist Fred Sabback.

"OT is everyone's favorite," Morgan explains as she enters the large, open room that could serve as a dream playground for any child. Giant exercise balls line the bright blue mats that make up the floor. Tire swings and rope ladders hang from the ceiling, beckoning to be jumped on. What looks like a large gray inflatable raft is referred to as "the whale," and Morgan wastes no time plopping down on the enormous structure, careful to balance herself as she teeters from side to side.

But what seems like a luxurious playroom is really a treatment facility

to further develop the fine and intrinsic motor skills of the center's patients.

"The fine motor areas, the mouth, the eyes and the fingers are right next to the language area in the brain," Alexander said. "So sometimes those areas can not be wired as effectively."

Because of this weakness, dyslexic children can have difficulties with handwriting, articulation and even simple tasks such as tying shoes or cutting with scissors. To combat this, Sabback takes Morgan through a series of activities that are designed to strengthen everything from her bilateral and hand-eye coordination to her alertness level. On this afternoon, a spirited cup-stacking competition focuses on Morgan's sense of speed and sequencing, an exercise with brushes awakens her tactile senses, and a game of balloon volleyball improves her ocular tracking abilities.

But to Morgan, the complex medical terms and treatment strategies are unimportant. Because for the first time since she had been here, she has finally beaten Mr. Fred in a game of cups.

The rewards

It is the drive and dedication apparent in the Morris Center staff that Alexander credits for their success. Their rewards are not in the salaries they receive, which are below those of teachers, said Alexander, but in the transformation they see in their patients. They rejoice when a child like Morgan can be given the gift of confidence, the sense of "I can do it." The relationships and bonds that are formed from one-on-one instruction are strong, and several of the staff members tear up when talking about Morgan's last days before going home.

"It's a mission to them," Alexander said of her staff. "One of the teachers in the school said 'What is it, pixie-dust or something?' and I said 'No, elbow grease, patience and perseverance.'"

That perseverance is what has allowed Morgan to return home with a sense of pride she has never known. Several months after her time at the center, she is reading to her little sister, playing with her classmates and impressing her teachers with her continued improvement. So much so that Morgan's teacher, along with the superintendent of schools and the director of special education for her district have all made cross-country trips to the center in an effort to learn from Dr. Alexander and her staff. They were so amazed by her revolutionary techniques that they invited Dr. Alexander to come to Illinois to teach a seminar in hopes that the program can be implemented in their own school system.

But it is Morgan's family who expresses the most joy, as they can finally breath a sigh of relief. Even now it is hard to hold back the

emotion when Morgan does something as simple as read a road sign.

"It's something you want so badly for your child," said Lois. "And when it happens, it's almost magical."

Catch them before they fall

Prevention is the key to dyslexia. If children are identified and treated early - preschool to first grade - it will require much less time for them to acquire the phonological awareness they need to read at their grade level. In addition to family history, look out for these vital warning signs.

Listening

Does your child:

- Show little interest in books or alphabet?
- Have trouble appreciating rhyming and sound or word games?
- Have trouble following multi-step directions?

Speaking

Is your child:

- A late talker?
- Slower at learning words quickly; does he or she hesitate, search for words?
- Slower at learning correct grammar - verb tenses, plurals?
- Having difficulty telling an event or story in order?

Motor skills

Does your child:

- Have difficulty learning to cut with scissors, use a pencil, tie shoes and/or blow nose?
- Tend to be more clumsy with gross motor skills such as hopping, skipping, bike riding?

Behavior

Does your child:

- Tend to be difficult to manage?
- Have a short attention span?
- Tend toward excessive activity and distractibility?
- Tend to overreact to some senses - sound, light, smell, light touch?



Dr. Ann Alexander, director of The Morris Center, works with Erik Viovode, 5, reassessing his phonological awareness. The Morris Center has gained nationwide attention for the enormous strides it has made in treating children who have dyslexia.

About dyslexia

- What is dyslexia? Dyslexia refers to a cluster of symptoms, which result in people having difficulties with language skills, particularly reading. Students with dyslexia may experience difficulties in spelling, writing and speaking. Dyslexia is a lifelong status; however, its impact can change at different stages in a person's life.
- What causes it? The exact causes of dyslexia are still not completely clear, but anatomical and brain imagery studies show differences in the way the brain of a dyslexic person develops and functions. Moreover, people with dyslexia have been found to have problems with discriminating sounds within a word, a key factor in their reading difficulties. With appropriate teaching methods, dyslexics can learn successfully.
- How widespread is dyslexia? Current studies suggest that 15-20 percent of the population has a reading disability. Of those, 85 percent have dyslexia. Dyslexic parents are very likely to have children who are dyslexic. Some people are identified as dyslexic early in their lives, but for others their dyslexia goes unidentified until they get older.