

# NEWSLETTER

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MDA wishes its readers a very happy and prosperous New Year.



## Remedial Kits



**Purpose of this Remedial Kit**  
This Remedial Kit focusses on the following:

- Reinforcing concepts and exercises in reading and spelling for children in the age group 7 to 12.
- Providing ease of learning through the usage of Multiple Teaching Aids
- Facilitating self-learning as well as instructor-led learning.



Tamil Kit

**Need for Remedial Kit**  
Children with learning difficulties need remedial instruction in the following areas:

- Reading
- Spelling
- Comprehension
- Writing
- Math

**Components of the Remedial Kit**  
The Remedial Kit consists of:

- Students Exercise Workbooks
- Teachers' Handbook
- Laminated Instruction Sheets
- Flash Cards



English Kit

**Users of the Remedial Kit**

- The Remedial Kit can be used by:
- Remedial Teachers
  - Resource Rooms
  - Children

### Remedial Kit to Teach English to a Child with Dyslexia



YouTube

### Remedial Kit to Teach Tamil to a Child with Dyslexia



YouTube

# Help for SLD Through Different Kinds of Therapy

Coping with learning challenges can be difficult, and it can make children experience anger, frustration and anxiety. These emotional issues can often compound and worsen the problem, and a counsellor or therapist can be of help. This issue deals with some of the different kinds of therapies which can help children with learning differences.

## Learning disability therapy approaches include:

**Occupational therapy** is for children who experience difficulty with motor skills, while educational therapists work to improve skills in reading, writing, and math.

**Speech and language** therapy focuses on an individual's attention and listening, comprehension, speech sounds, communication, and social communication.

**Solution focused therapy** via counselling is for older children who are aware of their difficulties. A solution-focused therapist will be able to support as they address a difficulty and help them determine what might work for them and what could be improved upon.

**Psychodynamic Therapy** is a long-term therapeutic approach based on the principles of psychoanalysis, where the therapist explores repressed emotions and desires that affect day-to-day thoughts, attitudes, behaviours, and relationships with others. As therapy progresses, one learns to better identify and resolve problems through a new lens of understanding, and improve interpersonal relationships. This approach is often used to treat depression, social anxiety, and eating disorders.

**Cognitive Behavioural Therapy** or CBT is a practical approach that helps in changing one's thoughts, attitudes, beliefs, and behaviour to solve problems. This type of therapy is typically short-term, goal-oriented, and is used to treat wide-ranging concerns that include depression, anxiety, substance abuse, and relationship problems.

**Collaborative and Proactive Solutions or CPS** views poor behaviour as a result of lagging cognitive skills

that include the inability to problem-solve, adapt to change, be flexible, and manage frustrations appropriately. This therapy offers interventions that are non-punitive and non-adversarial as a way to foster cognitive skill-building, collaboration, trust, and ultimately strengthening relationships with others.

**Sensory integration therapy** assists children with perception issues in sorting out mixed messages. It creates a physical environment that fosters participation in activities that depend on the senses.

**Family Therapy** is significant as family is a great source of support and has significant and long lasting effects on our development, identity, ability to relate to others and communication skills.

**Music therapy** has proved beneficial in language, speech, auditory, and learning recovery for cases with learning disabilities. Moreover, it was found that dyslexics are hindered in terms of quick temporal processing, pitch, and rhythm abilities, and all of which are improved by music training.

**Drama therapy** helps in the ability to learn to speak with confidence, work in groups, manage anxiety, problem-solving skills and increase the ability to identify emotions. Research has shown increase in happiness, satisfaction and decrease in a child's aggression.

**Dance and Movement therapy** provides an opportunity to display/express children's skills, as they can see their positive image in the eyes of their mentors. This is the positive self-image that this therapy tries to create in the child, which helps the child value relationships.

**Yoga therapy** teaches coping skills and is beneficial for the mind and body. It helps people learn to respond to stress, tension, anxiety, and depression. Yoga assists them in finding balance and harmony in their lives leading to improvement in confidence and self-esteem.

**Vision therapy** Eighty percent of learning is related to a child's visual capabilities. Vision therapy is individually-tailored with eye exercises to improve and strengthen visual functions and retrain the brain to interpret visual input more accurately. Vision therapy exercises improve contrast sensitivity,

focusing, hand-eye coordination, visual perception and tracking.

Therapy helps children understand that though learning disabilities are there for life, many methods of help and support are available to enable it to be managed and to live well with it.

### *The Editors*

## #Dyslexic Advantage Makes Me...



**Ramu Sundaram, Manager**  
*Sristi Builders*

I came into my family business of real estate two years back, assisting my dad. Our brand name is Sristi Builders. Currently we are building 230 apartments at Perumbakkam in the name, Sristi Millennium and 20 apartments at Madipakkam in the name, Sristi Arunachala.

I am independently managing two sites, besides also managing the entire sales, purchase and administration. I have done my bachelor's degree in Interior Designing from SRM University, Chennai and post-graduation in Geographical Information Science from Vancouver Island University, Canada.

During my school days, before joining Ananya, I was poor in academics. Besides being an average student, I had difficulty in learning and just about passed the exams. Even when I changed schools I couldn't continue there for more than a year. That is when my parents looked for a special school, got to know about and put me in Ananya. When I joined Ananya in my sixth standard, the whole atmosphere was new to me. I made new friends and met teachers who were very encouraging. Ananya was totally different from mainstream schools.

All thanks to my teachers, the subjects I thought were difficult to learn became easy. After a year, my parents and teachers observed me and asked me to undergo occupation therapy in Ananya itself. Here I gained strength, I got fit.

When all my friends left Ananya for higher secondary school, I joined Ananya NIOS, National Institute of Open Schooling, programme. The syllabus was very easy to learn because of the flexibility that NIOS in writing exams. I passed with great results. Now I am transformed totally.

Thanks to Ananya.



**Mohamed Haasim Sultan**  
Entrepreneur, owns a consulting  
company, Happy Valley

I did my primary schooling in my native place Koothanallur, a small town in Thiruvarur district in Tamil Nadu. After my elder brother, who is four years older than me, finished his 10th standard, our parents decided to move to Chennai for our higher education. My brother got admission in a reputed school in Mylapore at the first try. I appeared for entrance tests in many schools and was not selected anywhere. A family friend recommended Ananya to my parents. I joined standard six. I studied up to standard ten in Ananya. After the tenth I joined AMM Matriculation Higher Secondary School for my higher secondary schooling. Then I did Bachelors in Business Administration (BBA) in New College, Chennai.

Currently, I own a small consulting firm called Happy Valley where we undertake services such as interior designing, property management, investment management and consulting, business consulting, brand positioning and strategising, business marketing and social media marketing. I also work with my two brothers in their businesses – an export firm and a construction firm. Also, I am doing an MBA in Logistics and Supply Chain Management in the University of Madras through distance education.

Today, I am who I am only because of Ananya and my teachers.  
Thank you, Ananya.

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## Depression and Anxiety - The Other Side of SLD



**Arundhati Swamy**  
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In a society that places a high premium on exceptional academic performance, the pressure on children with Special Learning Disabilities is tremendous.

We love to see our children get good grades and coveted prizes and rewards for achievements – especially in academics. Nothing wrong with that, except that there is a section of children who don't stand half a chance of getting anywhere close to these accolades, and for no fault of their own. So, while there is much talk about equity in education, how equitable are we when it comes to children with SLD? Although we believe all this lies in the hands of policy makers and the powers that be, yet, there is a power in our hands, in us parents and teachers and school leaders. A power so strong, it can give children with SLD a head start in navigating their way through their learning challenges.

All children want to do well. Children learn best and strive to reach their potential when they feel loved, secure, capable and confident. While parents and teachers try to do their best, many lack the knowledge and understanding of SLD. Therefore, they expect all children to function at the same level and pace. Herein begins the struggle for children with SLD.

Often called out for being slow or lazy they begin to entertain negative thoughts about themselves:

"There's something wrong with me."

"Others are better than me."

"I'll never please my parents and teachers."

"Why am I so different from other kids?"

"I don't understand what's going on."

"I try so hard, but I still don't get it right."

"I can't read like the others. I feel ashamed."

"I hate to copy from the board. Writing is so hard."

"I always get scolded for not completing my work."

"I hate homework time. I hate going for tuitions."

"I don't know why I am like this."

"Nobody likes me. They think I'm no good."

"I hate myself."

"I get all red marks in my notebooks. I am useless."

"Why can't people see the things I am good at."

"I know I'm going to fail."

"I'm not worth it."

Now, imagine what it would feel like to have these thoughts running constantly in our heads? We'd start out feeling confused, worried and low. In time, we'd become anxious about going to school, failing in tests, being scolded by parents and teachers, and ridiculed by classmates. Gradually we'd begin to feel depressed. And this is exactly how a child with SLD feels. Low-grade depression or dysthymia often sets in during childhood, but it goes unnoticed because the child manages, though with great difficulty, to get by with an occasional spurt in improvement, for which the child has had to put in hours and hours of effort under great emotional stress. Depression and anxiety in children with SLD are often caused when homes and schools fail to recognise, or choose to ignore SLD. As children with SLD grow older the symptoms become more apparent.

#### **Depression – signs and symptoms**

- Sleep disturbances.
- Poor eating habits.

- Withdrawn, unusually quiet.
- Avoids people.
- Loses interest in activities they once enjoyed.
- Loneliness.
- Anger outbursts.

#### **Anxiety – signs and symptoms**

- Fears – test/exam anxiety.
- Avoidance – school.
- Giving up – stops studying.
- Stress.
- Physical complaints and ailments.

In support of parents, we must understand the trauma they undergo when their children underperform at school. Denial that a problem exists is an instinctive reaction, an unconscious ploy to block the pain of reality. Even when parents respond by having their child assessed for SLD, the diagnosis hits them hard, because parents hope against hope that the results will be negative. Therefore, we must first support parents through the shock, disbelief, shame and disappointment they often feel, and be patient as they gradually accept the reality, and finally become proactive in taking steps in the right direction for their children.

#### **Here are a few tips for parents:**

- Be watchful and alert to your child's persistent difficulties.
- Become curious about the difficulties. It helps you gain a better understanding of your child and the teachers. Not all schools and teachers are aware of SLD.
- Seek the right information about SLD from reliable sources.
- Be mindful of your own thoughts and emotions such as worry, disappointment and confusion. They are normal feelings.
- Be cautious of well-meaning family members who may insist that your child will outgrow the difficulties. It's easy to believe them because it makes you feel reassured.
- If there is history of depression in the family, your child with SLD may be predisposed to become depressive.
- If you are yourself an anxious person your child could easily pick up your anxious cues and internalize them.

To prevent depression and anxiety in children with SLD we must educate ourselves about SLD, provide children with the right assessment, diagnosis and intervention; and most importantly make them feel accepted, encouraged and valued. Children with SLD are mostly bright and intelligent, talented and normal in every other way. If only we could play on their strengths, focus on things they are good at, hone their abilities and skills. We would then accept these children and help them build self-esteem, self-worth and resilience based on their overall worth – all of which counteract depression and anxiety, build resilience and set children up for success in their own unique ways.

## Central Auditory Processing Disorder (CAPD)



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### Introduction to CAPD

Human information processing through the auditory modality is a major channel for communication and learning. If auditory modality is affected in children, it leads to childhood problems such as difficulty in focusing attention on tasks, language, hyperactivity, impulsiveness and also on academics.

Our inner ear acts as the initial point for sound waves to enter our sensory processing system. Along with the vestibular system and sensory input from our eyes and muscles, auditory impulses integrate with other sensory information via the brain stem and then travel to different parts of the cerebral hemispheres.

Our nervous system organises the information we take in - the sights, smells, touch, tastes, and noises - and processes it for us to use in our day-to-day lives. Difficulties in the processing of this information can lead

to numerous problems in sleeping, eating, paying attention, learning, disrupted motor coordination and functioning socially and emotionally.

The human auditory system is sensitive to a range of 0 to 140 dB Sound Pressure Level (SPL). Normal conversational speech falls within the range of approximately 55 to 77dB SPL. Children with difficulties in this area of function have a weakness in their ability to process sound in their environment. This does not mean they have a hearing problem. A child may be over-responsive or under-responsive to sound and therefore under-register auditory input.

### What is CAPD?

CAPD or Central Auditory Processing Disorder is manifest and more pronounced with auditory stimuli than in other sensory modalities, with hearing and listening problems, inattentiveness. The child tries to listen, but the pathway from the ear to the brain seems short-circuited (Boon, 1987)

CAPD is a modality –specific perceptual dysfunction not due to peripheral loss. CAPD as a deficit in one or more of the auditory mechanisms that come under a variety of auditory behaviours including:

- Sound localisation and lateralisation.
- Auditory discrimination.
- Auditory pattern recognition.
- Temporal or time related aspect of audition.
- Auditory performance with competing acoustic signals.
- Auditory performance with degraded acoustic signals that cannot be attributed to high order, more global cognitive or multimodal dysfunction.

### What are the characteristics of CAPD?

- Difficulty in orienting to sound – i.e. identifying where the sound comes from.
- Difficulty in identifying people based on their voice, as over the phone.
- Does not learn when information is only presented orally.
- Has difficulty with auditory discrimination or filtering out background sounds.
- Slow in processing orally presented information and responding. They can hear and comprehend the information well, but it takes longer to process the data and formulate a response.
- Inconsistent responses to auditory stimuli.
- Exhibition of short attention span and getting easily fatigued.
- Distractible by auditory stimuli.
- Having difficulty with auditory localisation.
- Need information to be repeated.
- Having difficulty in remembering information presented verbally.
- Having difficulty counting or reciting the alphabet or remembering the days of the week, month of the year or addresses and phone numbers.
- Difficulty in memory for verbal materials.
- Being reactive to allergens in the environment or media.
- Has a hard time listening and comprehending when there are background sounds.
- Speaks too loudly, always has to be told to lower his or her voice, likes to listen to loud music and TV.
- Only responds to and is aware of very loud sounds.
- Inappropriate responses to questions and in conversation.
- Slow response to questions.

### How to test?

A Speech and Language pathologist or an audiologist will do behavioural assessment and confirm the evidence for diagnosis via the following methods.

- Central auditory test battery.
- Central auditory nervous system (CANS).
- Test of auditory patterning/temporal ordering (APTO).
- Sensitised test of auditory function is commonly applied.
- Test of Binaural integration.
- Test of Binaural separation.
- Test of Auditory discrimination.
- Test of sound localisation/lateralisation.
- Test of Temporal Processing.

Other cognitive, social, cultural, linguistic, physiological and related factors should be carefully taken into consideration by the examiner.

### What is the management plan?

The goal of the management plan is to minimise the adverse effect of the disorder on the client's day-to-day life and to improve deficient skills.

- Multi-disciplinary approach via occupation therapy, speech therapy, educational therapy and psychological and behavioral management.
- Direct remediation.
- Environmental modification.
- Compensatory strategies.
- Instructional strategies.
- Individual education plan and resource.
- Assistive technology usage.

### Multi-disciplinary approach

This is one that first examines the child's present area of strength and weakness. A high level of cognitive language, learning and attention related ability should be employed so that the audiologist may enter into an auditory diagnostic evolution.

A multi-disciplinary team of speech and language pathologist, educator, occupation therapist and psychologist's contribution is necessary.

### Direct remediation

Remedial activities, adaptive training for behaviour modification, neuro-cognitive therapies, speech and

language training, Central Auditory Abilities(CAA) teaching programme, binaural processing training, temporal pattern training, auditory closure training, noise tolerance training, meta-memory skills training, self-advocacy skill training etc., are part of the recommended processes.

### Environmental modification

This includes classroom seating options, considerations and modifications, noise abatement or reduction processes, enhanced signal auditory process via assistive listening technology, change in the speaker's oral presentation.

### Compensatory strategies

This largely come in as increase in access to visual cues of signal, in form of written copies of verbally presented material, notes written in margins, reading aloud, reduced academic work, changes in the curriculum, highlighted text, diagrams and other visual aids, multisensory instruction.

### Instructional strategies

Phonemic decoding, phoneme analysis, vocabulary, word identification, spelling, memory, comprehension, writing composition, grammar, writing strategies, oral reading, organisational are instructional strategies for CAPD.

### Assistive technology usage

Assistive listening devices (ALDs), video recording or audio-recording of lectures, personal sound field system, desktop speaker, wearing earphones or ear buds come under this umbrella.

### Other recommendations

- Speech and language pathologist to focus on language, academic and compensatory auditory skills.
- Cognitive therapy that focuses on language improvement, auditory training and organizational skills.
- To enhance their social functioning, difficulty in processing social interpersonal information and behaviour skills.
- Suggestion of sensory techniques.
- Physical therapy evaluation.
- Sound therapy.
- Language based acoustic skills.
- Notes-taking skill.

- LISTEN i.e. Mnemonic strategies
- L- Look at the person with whom you are speaking i.e. eye contact
- I- Interest yourself in the conversation, which is Pay attention and listen fully.
- S- Speak less than half the time which allows more time to process and comprehend.
- T- Try not to interrupt or change the subject.
- E- Evaluate what is said. Do not simply hear information. Listen, assess and consider carefully; use auditory logic - Does this makes sense?
- N- Notice body language and facial expressions.

### Suggestions for school

- Class room modifications are required for active listening (e.g.: reducing classroom chatter, closing hallway doors, carpeting floors or shutting windows.
- Explain to know the purpose of listening task.
- To provide emotional and motivational support to children.
- Focus on the strengths rather than on weaknesses.
- Suggestion of various coping strategies.
- Decreasing the speech rate from 150 words per minutes to 110 words can improve comprehension.
- Scheduling of classes and therapy sessions to accommodate fatigue issues.
- Provide outlines, lecture notes or preview materials.
- Teaching techniques and styles may also be modified.
- Encourage participation in class activities.
- Teaching involves slow, sing-song, simplified speech accompanied by slightly exaggerated facial expression and gestures.
- Teacher should recognise that CAPD is often co-morbid with learning disability, attention deficit disorders.
- Pre-school age and at risk children display behaviours like ignoring the speaker, sensitivity to sounds or noise, word finding difficulties, cluttering, poor recall of rote memory rhymes.

### Suggestions for parents

Parents should recognise possible symptoms of CAPD that maybe demonstrated as:

- Need for statements or questions to be repeated.



- Problems processing in noisy or distracting settings.
- Slow response to questions.
- Poor self-esteem.
- Poor social skills/few friends.
- Easily distracted by ambient sounds.
- Difficulty attending to relevant auditory stimuli.
- Forgets what is said within a few minutes.
- Difficulties in language and academics.

### Conclusion

- At the end, everyone has strengths as well as challenges. CAPD is not related to intelligence.
- Tests and treatment for CAPD have been suggested over the years. However, evidence for the reliability and validity of test and efficacy of treatment are generally lacking.
- Parents, teachers and other speech language pathologists often implement appropriate management strategies.
- Multi-Disciplinary approach is necessary.

## Mental Health, Dyslexia and Other SLDs – Art Therapy



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In the MDA October, 2021 Newsletter, the initial content by The Editors encapsulated the “lens” I have witnessed, experienced and work with, with individuals and groups – Pre-school age through adulthood. What I understood and am in agreement with is the statement, “From the moment SLD is diagnosed, a new dimension is added to the family dynamics, one that is not going to go away or become better with time.” There are no cures for SLD, including Dyslexia. I am also in agreement and cannot express enough, the significance of this next statement “Apart from the academic issues, there are emotional and financial aspects which involve every member of the family.”

In addition to one’s Mental Health, in which “emotion” is just one component, there are social/interpersonal and behavioural aspects, which affect not only the individual who is experiencing learning challenges, but also the family, both individually and collectively. What affects one affects all. The financial aspects, or investments of specific resources, are in addition to the emotional and mental health of the individual and the connected family.

### The individual’s Mental Health

The child, no matter the age, “feels” different. Children are very observant and are aware of what their peers are doing and at what pace. This directly affects their sense of self, their sense of competency, self-esteem and confidence. Anxiety is fear of the unknown. This is a constant condition, experienced by individuals with learning challenges, because they know they will struggle, before an assignment or anything new is presented, which develops into avoidance.

These are real feelings and affect all aspects of a person's life and development, which lead to anxiety, depression, substance abuse, family/interpersonal problems, which results in low self-esteem and confidence, self-doubt, self-hatred, feelings of being "different", and not in a good way. Avoidant behaviours develop as one's self-esteem diminishes. And beginning around pre-adolescence, continuing through adolescence, substance abuse may develop as a means of self-medicating their anxiety and depression.

The focus within most educational settings is that the academic, educational "standards" must be maintained and taught to the "general student body". Students outside of the "general student body", become isolated and suffer academically, and then with all of the above mentioned. It takes a special teacher, willing and able to go beyond the mainstream, and the particular school's parameters, to meet the student's needs, additional resources and classroom assistants, and a list, which school districts overall cannot accommodate. Where does that leave us?

How to support the social, emotional and mental health needs of the individual?

- My first suggestion would be to discontinue the term "diagnosis" as it infers something is wrong and there is some sort of illness, or pathology. I provide assessments and assess the client, then explain that the child demonstrates characteristics of '.....'.
- I use the assessment information as the foundation, and to provide focus or direction for treatment and educational alternatives.
- Early assessment is essential to begin your child's educational journey that fit their individual needs.
- Have your child assessed by a trained child developmental or reading specialist, not by your physician or medical doctor. Someone related to the education field and who specialises in learning challenges.
- Acknowledgment and normalising with compassion and empathy comes next. Acknowledging that certain subjects such as reading is a frustrating, anger promoting experience, is one small part of who they are, that

works differently in MANY people. Acknowledging or normalising their learning challenge can reduce their anxiety and worry that something is wrong with them. Do emphasise that you are more than your difficulty with reading or whatever your learning challenge may be.

- Compassion and empathy go a long way.
- I cannot interfere with a school system and their curriculums or schedules. However, what I can suggest is less is more, in smaller increments, and if approved by your school administration, more freedom to read and write at one's pace, style and level. There is no cure for Dyslexia. There is though, the concept of personal self-expression and creative freedom. If anything, it builds self-esteem and provides a voice.
- I am coming from an American educational system where there is the very extreme of standardisation, from teaching to the test, to un-schooling and everything in between. Depending on the ability of the teacher and the type of school, the administration can structure a system where there can be more attention paid and alternative avenues for expression provided for students with learning challenges.
- Unfortunately, I would not look to the schools, for the support truly needed, especially the social, emotional and mental Health, unless the school is staffed with mental health professionals and trained "special educators".
- The individual struggling is in need of experiences of enjoyment, competency, learning and joy. These are the experiences which will heal anxiety and depression.
- Art Therapy, drama, music, movement therapies and sports, can all be instrumental in providing self-esteem building experiences, providing a voice, providing opportunities for personal empowerment. Creative and active opportunities which do not include reading or what the individual struggles with are the most effective in reducing mental health issues.
- This is also where the family or the collective can be involved in a growth-promoting manner for everyone, individually and collectively.
- Art Therapy provides a voice. You do not have to know how to read to create art.
- I would encourage any child, no matter the age, to express themselves through art in any way they want to, without any judgment of right and wrong.

In closing, the mental health of anyone struggling with SLD is vitally important to support. I encourage you to reach out to students struggling and have them explore a variety of experiences or opportunities, in order to find their voice. Look for the strengths, the skills, the talents, that may have been hidden behind the “diagnosis”.



## What is Dance Movement Therapy?



**Tripura Kashyap**

Co-founder of Creative Movement  
Therapy Association of India  
(CMTAI). <http://Tripurakashyap.info>

Dance Movement Therapy (DMT) is a discipline that falls under the larger umbrella of Creative Arts Therapies which includes drama therapy, music therapy and visual art therapy. DMT aids participants to recognise, acknowledge, express and release their feelings, thoughts, images, memories or experiences, etc., through their “personal movement language” which is, spontaneously produced body movements that might not belong to any dance form or style.

Apart from helping clients who undergo DMT engage with their self-expression, dance therapy is also restorative as it re-establishes lost mobility in bodies, enhances the body-mind synchronicity and self-awareness alongside physical reflexes and mental alertness. While moving with others in a group, participants also improve their imitation skills, social skills, and group coordination among many other therapeutic goals.

In other cases, adults who are totally un-communicative through words have found their expression through dance and movement. Relationships and

bonds between participants in groups are built almost instantly when people move and interact with each other. After a certain amount of trust is established within a group, people are able to open up verbally to share their innermost feelings or thoughts.

People seek DMT for a variety of other reasons. Not everyone is comfortable or articulate enough to express their personal conflicts or problems through verbalisation. In some cases, children who have undergone emotional or physical trauma find it less threatening to express their memories or feelings through movement, vocal sounds or art making.

A person who is trained and practices DMT is called a Dance Therapist or Dance Movement Therapist. They usually create a "Movement Activities Basket" consisting of several movement capsules or games. These are created under a wide spectrum of "Therapeutic objectives" such as "building attention span", "self-confidence" or "fine-motor and gross-motor skills" and others. There are approximately around 45 of these objectives. Under each of these, there are at least 4 to 5 pre-fabricated movement-based activities that can be used in sessions with clients.

On one hand, therapists extract certain movement ideas from dance forms, classical, folk or social and other physical traditions in India like Yoga or Martial Arts. On the other hand, they also encourage clients to create their own movement patterns through the use of "Creative Dance" in which the body moves to music or in silence while spontaneously creating a wide range of movements.

Initially, the primary goal is to unchain people's bodies from habitual movement patterns. In fact, any movement generated is the right kind of movement - there is nothing like a "wrong" movement! In that sense, DMT is developmental and adaptive. The content and flow of a session is created based on the already existing or non-existent movement capabilities of a client. Therapists at first assess the individual needs and issues and then help develop movement patterns necessary to enhance that factor that might be lacking in the child, say "eye-to-eye contact" or "group coordination ability".

In another instance, if a child with special needs who begins dance therapy can only open, shake their fingers in the first session, the therapist would begin with those movements and make variations and extensions of the same - attempting to make the movements bigger, faster, slower and thus further develop the movement repertoire in the child.

Dance therapy can be facilitated for a group of people or it can be done through one-on-one sessions with an individual client. Movement activities for each session are planned before hand, either taking from the movement activity basket or spontaneously created catering to the therapeutic needs that surface. For example, a lack of rhythm coordination and body awareness. Therapists use two kinds of techniques to facilitate their sessions. One is "directive"- teaching participants' specific ways of moving their bodies or body parts and the other one is "non-directive," in which clients are encouraged to create their own movements based on a particular theme or an emotion. For e.g., releasing anger.

Through both these approaches, participants are encouraged to discover their range of motion, physical limits, movement strengths and creative abilities. As the understanding of their own movement language grows, participants also begin to explore and expand their inter-personal movement skills with other group members through interactive activities.

For a dance therapist, the job is certainly not as simple as putting on music and asking people to move freely. Many participants would freeze on hearing such an instruction, at least in the initial instances. Therefore, therapists need to plan their sessions with care and gradually build and develop movement activities ranging from basic to more complex ones.

In a group session, for instance, the therapist might ask clients to express with their bodies, how they have been feeling for the past few days. By posing as statues, they signify with their bodies, whether they are sad, happy, scared, surprised or angry and so on. The clients might choose a personal emotion or two and portray them through statues. If there are ten people in the group, they may come up with

ten different stances indicative of their feelings. These gradually morph into movement patterns across space. These movement experiences and verbal reflections are channelled by the therapist to understand the deeper, more personal issues of the clients like anxiety, depression, fear, stress, loneliness etc. The therapist and client together work towards reducing these feelings through further movement expressions, if not in providing a complete cure.

DMT is used not only for people with special needs; it has been perceived that neuro-typical "normal functioning" people often have similar problems. For example, most neuro-typical people have trouble memorising and sequencing movements in a particular order, they are unable to coordinate their body parts to perform certain movements, they may have a lack of control over their fine motor skills, small movements, a full range of motions may not be possible due to rigidity in body parts or they may find it difficult to synchronise their movements with others or with music. Therefore, people without any special needs also undergo dance sessions that combine creativity, stress release activities, emotional expression, therapeutics and recreational physical exercises.

There are instances of people having danced till they reached a point of exhaustion, all the while letting go off their pent-up emotions like sadness or anger. Many invariably speak about feeling light and energised after these cathartic experiences. There is a rationale for this; the body's most natural urge to move is satisfied and special neurotransmitters in the brain, called endorphins are released and the

body becomes alive and alert, creating a sense of wellbeing. Blood circulation too gets enhanced, the body also releases certain toxins as it perspires, stress and tension accumulated in different body parts are released and people stop living in their minds and thinking, brooding for a while.

There are people who learn dance to become performing artists or choreographers. Many others desire to dance for themselves because it makes them feel positive and hopeful; in which case, it does not matter if a dance appears aesthetic or not, whether bodies are slim and streamlined or not and if bodies can make precise lines and shapes in space or not. DMT provides participants a safe space filled with trust and empathy to introspect and strengthen the connection with oneself and with others through movement and verbal reflection. DMT is an expressive experience in which absorbing the therapeutics of dance, rather than producing a complete choreographed product, is of prime importance.

As we move, express and transform ourselves we understand better the following definition 'Dance Movement Therapy (DMT) uses the psychotherapeutic framework to strengthen the mind-body interlink in individuals. Therapists engage with clients by utilising their personal movement language as well as elements from Indian physical traditions to enhance mental health and wellness of people. DMT contributes positively to each person's physical, emotional, cognitive, social and behavioural facets' (CMTAI 2018).

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# Indian Classical Music Therapy - Addressing a Wide Spectrum of Developmental Disabilities



**Rajam Shanker**

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“Music Therapy is an established healthcare profession that uses music to address physical, emotional, cognitive, and social needs of individuals of all ages. Music therapy improves the quality of life, meets the needs of children and adults with developmental disabilities or illnesses. Music therapy interventions can be designed to: promote wellness, manage stress, alleviate pain, express feelings, enhance memory, improve communication and promote physical rehabilitation. Research in music therapy supports its effectiveness in a wide variety of healthcare and educational settings”.  
[American Music Therapy Association]

Music Therapy is inviting increasing acceptance in the Indian environment because of its greater social acceptability - it has always been part of our social milieu and traditions. There is still substantial social reluctance to admitting to emotional, neurological and developmental disabilities and seeking possibly invasive medical intervention.

Musical notes are substantially therapeutic. An individual or group can consciously exercise a choice of playing or listening to a selected Swara (Note), Raga (Scale), or composition and interpret their own physical and emotional response to the same. This generalisation does not hold true when musical notes are employed as therapeutic intervention tools.

Appropriate scale, note, pitch and beat form the component ingredients of Music as a therapeutic tool. Different streams of music such as Carnatic, Hindustani, Tribal Indigenous, Folk, Western Classical or non-Classical are all choices available to the Music Therapist in consultation with the individual or group clientele.

Indian Classical Music, its infinite application variables and importantly, its spiritual connect are used by the Music Therapist as a means of establishing communication with the human body's main and subsidiary energy centres; it's extremely precise and elaborate structure of ragas (notes), swaras (scales), srutis (pitch variations) and talas (beats) largely facilitates the requirement of specific design and calibrated delivery of music as therapeutic intervention. Between Sa the base note and Ni at the apex, the whole edifice of music is built and the human body's rhythmic balance and functional harmony corrected and maintained.

Every individual's need and response to Music Therapy is unique. In therapeutic intervention, substantially, it is face-to-face, one-on-one. Clients could be verbal or nonverbal, communicative or otherwise, individuals or

groups, participation could be active or passive – the choice of techniques employed by the therapist will be determined by these variables. Preliminary evaluation helps determine what caused or triggered the disability and/or current state of distress. You deal with the root causes, not the symptoms. Therapeutic intervention is, I reiterate, calibrated and client specific – there are no one-size-fits-all-over-the-counter remedies.

### **A brief introduction into its employment and method in treating learning disabilities**

Dyslexia definitions describe a child with disabilities in the processing and acquisition of language in spite of normal intelligence, normal hearing, normal vision, no known neurological impairments or deficits, and appropriate educational opportunities. Phonological processing deficits are a hallmark of dyslexia and require explicit and systematic instruction (as well as repeated practice) to build up neuro-pathways. In my own experience, many dyslexics struggle to either split words they hear into separate sounds; for example, the word Alamelumanga has three separate sounds: Ala-melu-manga, or distinguish word sounds from one another; for example, finding it hard to tell the difference between Gajananambhoota and Bajanamampoota. Because of this they are more likely to struggle with reading and spelling

Use of Carnatic Music Components for Dyslexia  
Rhythmic auditory stimulation influences syntactic processing in children with developmental language disorders. Musical methods are being increasingly employed to treat both autistic and dyslexic children and adults. Teachers trained in Music Therapy employ Carnatic Music Components like JantaVarishai

and SaraliVarishai and variables of Taalams and Swarams - Beats and Notes - in the same way they usually break the words into syllables, and teach the student to clap and tap for each syllable as they go about repeating them. Clapping and rhythm can also be used to make sequencing and orders that are important in math classes and make the learning of the alphabet easier.

Music intervention aimed at improving both pitch and rhythm, auditory processing may be successful at remediating some of the behavioural and neural correlates of developmental dyslexia. Results of present studies and practices have shown that singing based music intervention helps children with language-based learning disabilities recover both, normal language and music skills. Music helps dyslexic children to concentrate on their auditory and motor timing skills in a simultaneous manner.

Music therapy sessions are designed to take advantage of the innate tendencies in all human beings to react, respond and resonate. Sessions are carefully planned, executed and evaluated based on the specific needs of each client. Evaluation of progress in the designated goal areas is completed on a regular basis.

The advantage of multi-disciplinary collaboration is that it provides for systematic evaluation and clinical validation of visible and perceptible changes observed. Each client's degree and extent of disabilities is distinctly individual which a detailed preliminary evaluation of a number of inputs establishes. Consequently, the Music Therapy protocol deployed is client specific, calibrated, monitored, modified and continuously evaluated.

# Occupational Therapy – An Important Intervention in SLD



**Pravitha Gopinathan**

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Dubai Health Authority  
M.O.T (Advanced Paediatrics) SI  
Certified, TLP certified Occupational  
Therapy (OT) perspective  
*integrates the theoretical basis of  
the profession with the current,  
accepted and common definition of  
learning disability.*

The prevalent definition is: "Learning disabilities is a general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical skills. These disorders are intrinsic to the individual and presumed to be due to central nervous system dysfunction. They may occur at any stage throughout the life cycle. Although learning disabilities may occur concomitantly with other limiting conditions, e.g. sensory impairment, mental retardation, emotional and social disturbance, psychiatric disorder or external conditions such as cultural differences, insufficient or inappropriate instruction, they are not the direct result of those conditions". (NJCLD, 1990/1994).

Relevance of Occupational Therapy (OT) for children with Specific Learning Disability (SLD)

Occupational therapists are concerned with the nature of the client's occupational identity as well as occupational performance. The goal of occupational therapy with people who have learning disabilities is to enable them to participate in the different activities and occupations that they want and/or must perform, in the various environments in which they function - physical, social, familial, cultural and institutional. Involvement in these occupations enables a person to integrate within the community and

function and participate in daily life activities as a basis for health, wellbeing, self-confidence and quality of life.

In concert with the theoretical base of the profession, occupational therapists are aware that learning disabilities differ in their severity and in the way they manifest in different individuals. Likewise, learning disabilities can affect not only academic performance but also the various functions in which the individual is involved. Thus, occupational therapists assist people with learning disabilities in coping with the effects of the disability on various activities and occupations, such as academic studies, activities of daily living, social participation, play, leisure, work and family life. Moreover, occupational therapists deal with the early identification and prevention of difficulties in functioning and in learning. The work of occupational therapists among people with learning disabilities is usually carried out as part

of a multidisciplinary team, with each profession contributing its unique knowledge and specialization.

Occupational therapists use Remediation, Accommodation and Modification strategies for managing dysgraphia. Commonly used occupational therapy treatment strategies include:

- Perceptual Motor training
  - Motor learning
  - Cognitive training
  - Sensory Integrative Therapy training
  - Biomechanical and Neuro-developmental training
- Children are frequently referred by teachers to school-based occupational therapists for handwriting difficulties in the classroom.

Occupational therapists are responsible for identifying underlying motor, sensory, cognitive, or psychosocial deficits that may interfere with the



development of legible handwriting, and for selecting intervention strategies to overcome those deficits.

They work to reduce the deficits in sensory-motor performance components such as eye-hand coordination, visuo-motor integration and in-hand manipulation that are significantly correlated with poor hand writing.

### Development of handwriting skills

- Handwriting is a complex skill which requires the maturation and integration of cognitive, visual, perceptual, and fine motor skills.
- Eye-hand coordination, visual perception, auditory perception, directionality, sequencing, and memory also develop with maturation and experience in the early years and are thought to be the underlying components required for handwriting.

### Tips to help children with learning disability in school

1. Positioning: When in class or at home, make sure the child's feet are supported when seated. Poor posture and poor balance occur when feet are dangling.
2. Establish organisation and routine: Plan ahead to choose outfits, breakfast, and packing lists for backpacks according to school schedule. Establishing a consistent routine means less rush in the morning.
3. Task completion: A visual schedule or checklist can help children participate in and complete tasks more independently. Example: visual schedule on the steps for hand washing.
4. Make time for practice: If your child is learning to do up fasteners, zippers, buttons, snaps, give extra time for them to practice independently. Start practicing on weekends and progress to weekdays.
5. Clothing confidence: Encourage easy on/off clothing such as pullovers, sweatpants, leggings and slip on or Velcro shoes especially when at school to increase your child's independence.
6. Multi-sensory learning: When helping with homework, remember that we all have different styles of learning, and often learn best when multiple sensory systems are involved. For example: practicing printing letters is much more meaningful when using fingers to print in foam or using chalk to practice.
7. School organisation: Support your child in keeping an organised agenda to have a routine to write down and check off homework. Establish consistency in keeping the agenda at the same place at school and home.
8. Encourage play: Promote playfulness in activities that are motivating or meaningful to your child. If kids are struggling with play, it can be adapted to make safe toys within reach, or simplify the activity. Try to introduce a new activity on an individual basis before doing it in a group setting.
9. School success: Connect with the teacher to review class rules and routines like recess, lunch, etc., so that your child is prepared and knows classroom expectations.
10. Sleep: Establish a consistent routine for wake and sleep times, and limit "screen time" - television, smart phone, computer and other devices before bed.

### Effectiveness of Occupational Therapy in the School Environment

#### According to S. Shahagian Whalen, 2003:

Research evidence to date supports the effectiveness of occupational therapy in the school setting with students experiencing occupational performance challenges. OT is effective in helping children attain goals and develop skills in areas underlying and supporting school performance. Occupational therapists help in reframing the views and expectations of the student by the adults in the environment. Collaborative consultation with parents and teachers appears to be an essential component of the service delivery to maximize effectiveness of and satisfaction with the intervention provided by the occupational therapist. The evidence presented relates to a variety of diagnoses and needs, including students with physical disabilities, developmental coordination disorder, fine motor difficulties, developmental delays and learning disabilities.

# Speech and Language Therapy



Dr Zainab Millwala

**“The things that make me DIFFERENT are the things that make ME”- Winnie the Pooh**

Speech and language is a crucial indicator for identifying children at risk for dyslexia.

The terms speech and language are interchangeably used during normal communication, but for a Speech Language Pathologist (SLP) they have different connotations.

Before we explore this topic, it is important to understand what is dyslexia and the distinction between the terms speech and language and its relation in development of literacy skills.

## What is Dyslexia?

As defined by Web MD “Dyslexia is a learning disorder that involves difficulty in reading due to problems identifying speech sounds and learning how they relate to letters and words (decoding). Also called reading disability, dyslexia affects areas of the brain that process language.”

## What is Speech?

Speech is the spoken medium of language. In simple terms, speech means talking. Production of speech requires precise muscle movement and coordination of the tongue, lips, jaw, and soft palate along with rhythm and voice to produce the sounds we hear. When young children are growing, they develop speech sounds in a predictable order. Such as, some sounds like “m”, “p”, “b”, “w”, are acquired before sounds like “ch”, “j”, “l”, “sh”.

## Speech is made up of two components:

- **Articulation-** the motor act of producing the vowels and consonants. E.g. the lips need to close to produce the sound “p”, and the tip of the tongue has to touch behind the upper teeth to produce the sound “t”.
- **Phonology-**the knowledge of the different speech sounds, along with the ability to group sounds together to form meaningful words and also the skill to distinguish one sound/word from another to produce the speech we hear. E.g. To be able to tell the distinction between “k” and “t” sounds to say “kite” instead of “tite” or knowing how to sequence the syllables “cro”-“co”-“dile” to produce the word “crocodile”.

## What is Language?

Language is a medium we use to communicate with each other. It can be broadly divided into:

- **Receptive language:** ability to comprehend the meaning of what is being communicated either through speech or written form. E.g. ability to follow a command such as “wash your plate and then keep it on the rack”.

- Expressive language: ability to express oneself verbally via speech or non-verbally by writing, gestures. E.g. pointing towards a tree and saying "look at the cat".

**Furthermore, language is finely divided into four components:**

- Phonology, a component of language, is mentioned under "speech skills", as it is the brainwork of producing sounds, and lack of its knowledge i.e. phonological awareness affects the overall clarity of our "speech".
- Semantics refers to the meaning of words and the ability to use the words appropriately in relation with each other according to the context. E.g. Understanding that the word "bottle" means a container that can hold any liquid.
- Syntax is the knowing of how to order the words to form grammatically correct sentences. E.g. the ability to understand that "the wall sat on the cat" is a grammatically incorrect sentence and also to understand that the sentences, "The boy plucked the flowers" and "The flowers were plucked by the boy," have the same meaning although the order of words is changed.
- Morphology is the understanding of the smallest units of words, i.e. morphemes - the base/root words, prefixes and suffixes - and the ability to manipulate these morphemes to alter meaning of words. E.g. The ability to understand that by adding "ed" to the root word, it becomes the past tense.
- Pragmatics refers to understanding and use of language in conversation and different social contexts. In simple words, it is the knowing of what to say, how to say and when to say it. E.g. To understand that the language used to speak with a parent is different from that used with a friend.

The above information helps us to understand the distinction between "speech" and "language". If a child has a delay in developing either of these skills they are diagnosed as having a speech disorder/language disorder or both. Further, as per the definition of "dyslexia", it can be noted that the components of speech and language are involved in the development of reading skills.

Children whom we have diagnosed to have receptive and expressive language delay, are deficient in one or more language skills such as:

- Phonological processing, as in slow naming of colours, numbers, letters, objects in pictures, problems in segmenting words into sounds, slow rate of speech, difficulty in saying rhymes.
- Word finding difficulties.
- Poor ability to learn new vocabulary; be it nouns, verbs, pronouns, adjectives.
- Poor ability to understand that words could have more than one meaning, e.g. star in the sky vs he is a star.
- Difficulty with retelling stories.
- Trouble in comprehending spoken language and following verbal commands.
- Difficulty in asking questions and formulating sentences.
- Difficulty in understanding use of plurals, tenses, prefixes.

Simultaneously, parents reported that children who had the above issues in language were also seeking help from a special educator for difficulties with reading and writing skills. This is in contrast, to children with specific language difficulties, especially phonological difficulties, in just producing sounds, i.e. articulation disorder, their parents had no such concerns. In addition, longitudinal studies have shown that children who have been diagnosed with dyslexia during their primary and secondary school years, had a history of language disorder as pre-schoolers. Children are referred to a SLP mostly between the ages of 2-6 years (pre-school years), which is also the same age range that children initiate development of reading and writing skills.

**In conclusion,**

- Children with any form of language deficit are at a much higher risk of having literacy issues compared to children with speech and articulation issues.
- Early identification of any speech and language deficit becomes crucial in identifying children who are possibly at a risk of developing difficulties in learning to read.
- Finally, early intervention could be pivotal in reducing the chances of children having learning issues in the future.

# Theatre as Therapy



**V Balakrishnan**  
Theatre Nisha

Healing the world is an absolute necessity, before we can embark on the more arduous task of providing equity, so that we can grow together as a species. The challenges we face as mentors and educators, to make sense in a world torn apart by conflicts and disparities, can only be addressed from a space where we can provide the necessary tools to motivate, energise and empower those scarred and marred by experiences of trauma, defeat and hurt.

One of the most potent tools we have is our ability to play and to seek solidarity within the inequalities that plague us. Theatre has given birth to and created one of the most powerful healing mediums in Drama Therapy and in its emergence as pedagogy, it stands uncontested by any educator on its importance and efficacy in a classroom.

Theatre has become ingrained in all our psyches, whether we realise it or

not. We love to narrate, we love to gossip, we love to instruct, we love to watch and observe human endeavour and we love to participate. Many, many years ago it was around a fire; today, it is in the warmth of our homes, surrounded by our loved ones in front of a television or in the dark comforts of an auditorium watching a play or a movie.

Theatre is one of the basic building blocks of how we have developed and evolved into who we are. It originated to create a communion with the cluster after the hunt. It delegated itself to become a morality enforcer and a lawmaker. And now, we revisit theatre to explore it in its original form of being a communion, a space to provide safe exploration, and a propeller of liberation.

The stage is a place to speak the truth and hear the truth being spoken. It exorcises the demons, much like the olden rituals that employed ritualistic fervour, believing the process to be more essential than the actual chasing of a demon. We have experienced cleansing and purging rituals in temples, mosques and churches, within the realms of social communion, where there is a participation in a singular truth, evoked by physical or emotional singularity. It is an experience that has led us to return to those realms for repetitive gratification.

Here, I would like to point out the presence of a space made sacred by choice, a ritual made important by cultural advocacy and a catharsis enhanced by the experience. The space we call Theatre.

Humans were born with or have developed along the way the ability to be intuitive, impulsive, instinctive and the greatest power of them all, imaginative. Where the first three are celebrations of being in the moment and being able to respond to stimuli without censorship and judging oneself, imagination is the power to see reality in a self-created dimension. It has the powers to evoke responses, both physical and emotional, which in turn lead to catharsis - purgation of the soul.

We have, in this era of instant gratification, lost the ability to exercise the four I's and have started following well-laid plans, even while responding to each encounter of life. Unless we revert to surrendering to our primal skills, and disassociate from the intellectual and rational, for taking "in the moment" decisions, the oppressive forces that rule our consciousness will not be defeated. Theatre affords one an opportunity to go beyond consciousness and unleash the honesty of responding to stimuli, as and when they occur. The craft of Story-Telling, being as ancient as humans, now serves as an intentional use to achieve therapeutic goals.

Aiding the attainment of these goals, are the games and exercises actors play to channel one's complete potential in healing, transforming and empowering oneself to lead an emotionally improved life. Theatre facilitates the student to raise questions, but with a purpose of self-evaluation and self-learning that empowers them to engage with all the problems and possibilities in this stringent society with confidence. Through the process of role-play they open up to unusual explanations to what is the truth and what is not, what is latent and submersed within their psyche and whether it must be afforded a vent to be liberated for self-development. Imagination and narration are not placebos, but highly articulate human intervention to bring us back to a space where we once again control our

powers to respond, adapt and act. The power that we see is being affected not only by political conflicts, and inflicted trauma, but also by the affectations of the invisible force of media. The media is rapidly desensitizing us, and is a strong source of peer pressure to conform and social pressure to adhere. It reiterates our own misguided and misconstrued ideas of what it is to belong.

Theatre in its healing role is not a new fangled idea of the modern world. Its persistence in rituals, ceremonies, healing practices and warfare allows us to know that we are only recreating its inherent puissance to explore a playful way of curing ourselves. As the adage goes - To be self-reliant is happiness, to depend on others is sadness, and no other characteristics of either exist, but this.

## Role of Yoga in Children with Learning Disabilities



**Dr Karthyayini**  
Consultant, Child  
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Institute

Learning is a process which starts for a child as soon as they are born. The child's limbs are guided by the developing brain and in turn, the limbs educate the brain. Initially the limb movements are seen as stereotypical towards certain stimuli. These are the primitive reflexes which the foetus learns in-utero to protect itself when it is born, being exposed to the world from a much-protected environment. These primitive reflexes are mastered, integrated through the sense filled world with each achieved milestone.

Thereby, the child can have purposeful movements. The environment facilitates this sensory motor integration. Children who are born pre-term, in a non-conducive environment, fail to integrate the primitive reflexes into purposeful movements easily. This causes deviation in the developmental milestones resulting in more and more children with Learning Difficulties and Disabilities.

### Role of Yoga in Children with Learning Disabilities

Yoga has eight limbs. They are:

- Yama - One's attitude towards the world.
- Niyama -One's attitude towards oneself.
- Asana - Special body postures.
- Pranayama - Regulation of breath.
- Pratyahara - withdrawing from sense filled world.
- Dharana- Focus.
- Dhyana - Concentration/Meditation.

**Samadhi** - state of mind achieved through meditation.

In the limb of **Yama** - Children wake up the society through their various needs. A child with learning disability wakes up the teacher to change the teaching pattern and be more creative.

**Niyama** - By making the children follow specific rhythm in their eating, sleeping and activity time, their nutrition and sleep get better for being present for any activity.

**Asana** - Moving the children dynamically and with challenging sequences wakes up children in their limbs and to the present. Also, moving them in repetitions with certain sounds (Sounds/Mantra, serve as their breath) connecting the movement, empowers their habit body. Asanas are done with children moving into certain postures and can be made to stay, hold the position by either counting numbers backwards/reciting verse/rhymes etc., to hold their attention.

**Pranayama** - This is practised by connecting movement with sounds/rhymes/verse.

**Pratyahara** - The children's interest is understood and accordingly activities are drawn up. Thereby the child gets engrossed in the activity and **Dharana, Dhyanam** - happens gradually.

Last three come as a package. When we keep them engaged, the child gets into the state of oneness with the activity.

Children learn from the environment. Those who are with the children - parents, teachers and care givers - need to follow that which they want the children to follow and be worthy of their imitation.

## Our Donors



*Kanu Krishna Warriar*

Madras Dyslexia Association is a boon and miracle to children that shines light on their own abilities and potential. It shows the path with smiles and the child blooms. The child in full bloom is a gift to the world!

MDA has been working since 1992, developing and evolving methods to enable timely identification and guidance that returns children to the mainstream. MDA works with the child's ecosystem, parents, teachers and schools, by conducting assessment, counselling, remediation, teacher workshops and helps set up resource rooms in schools. MDA spreads awareness by talks at public platforms, schools, radio and television, social and print media.

Kindly spread awareness about MDA as you can, thank you!"



**Lakshmi Mohan**  
Music Therapy

## இதம் தரும் இசைதெரபி

இசை மனிதனின் பிரிக்க முடியாத ஒரு அங்கமாகும். இசையச் செய்வதால் அதாவது அதனுடன் ஒன்றிச் செய்வதாலேயே அதற்கு இசை என்று பெயர். வேத காலத்திலிருந்தே நம்முடைய முன்னோர்கள் 'நாத யோகம்' மூலம் இசை சிகிச்சை கொடுத்து வந்துள்ளார்கள்.

பல்வேறு நரம்பியல் கோளாறுகளால், நம்மிலிருந்து பிரித்து அறியப்படும் அசாதாரணத் தன்மை கொண்ட மாற்றுத் திறன் கொண்டவர்களுக்கு சிறப்புக்கவனம் கொடுக்கப்படவேண்டும். அவர்களுக்கு இசை சிகிச்சை செய்யும் அற்புதங்கள் அளவிட முடியாது.

ஸ்ருதி என்றால் வேதம் என்ற பொருளுடன் கேட்பது என்ற அர்த்தமும் கொடுக்கும். பொதுவாக எந்த ஒரு கற்றலுக்கும் அடிப்படை கேள்விஞானம் ஆகும். அதனால்தான் திருவள்ளுவரும்

“செல்வத்துள் செல்வம் செவிச் செல்வம் அச்செல்வம்  
செல்வத்துள் எல்லாம் தலை” என்று சொல்லி இருக்கிறார்.

நம் இசைப்பயிற்சியும் செவி வழிப் பயிற்சி தான். இப்போது அறிவியல் தொழில் நுட்பசாதனங்களால் அதில் மாற்றம் பல வந்தாலும், ஆசிரியரின் எதிரே அமர்ந்து அவரது வாயைப் பார்த்து உதடுகளின் இயக்கம், முக பாவனை இவற்றை உள் வாங்கிக் கொண்டு ஒரு வருடத்தில் நான்கு கீர்த்தனை கற்றுக் கொண்டாலும் அதன் மறைமுக பலன்கள் சொல்லில் அடங்கா.

இப்போது இசை சிகிச்சைக்கு வருவோம். இசை வகுப்புக்கும் சிகிச்சைக்கும் என்ன வித்தியாசம்? வகுப்பில் ஆசிரியர் சொல்லித் தரும் பாடலைத் திருப்பிப் பாட வேண்டும். ஆனால் சிகிச்சையில் அவ்வாறு இல்லை. ஏனெனில், சிகிச்சைக்கு வாய் பேச முடியாத மற்றும் ஓரிரு வார்த்தைகள் மட்டுமே பேசக் கூடிய என்று பல்வேறு வகையான மாற்றுத் திறனாளிகள் வருவார்கள். அவர்களை எதிர் கொள்ளும் நிலையில் அவர்களை நாம் பாட நிர்ப்பந்தம் செய்ய இயலாது.

அவ்வளவு ஏன்? இசையில் ஆர்வம் இருந்தாலும் ஓரிடத்தில் சேர்ந்தார் போல் ஐந்து நிமிடம் கூட உட்கார முடியாமல் எத்தனையோ ஹைப்பர் ஆக்டிவ் குழந்தைகளும் உண்டு. இவர்களுக்கெல்லாம் இசை எந்த விதத்தில் உதவி புரியும்? சற்று விரிவாகப் பார்க்கலாம். இசை என்பது லயத்துடன் ஒன்றியது. அதாவது தாளத்தையும் இசையையும் பிரிக்க முடியாது. இசை சிகிச்சை என்பது குரலை பயன் படுத்துதல், பாடுதல், வாத்தியங்களை இசைத்தல், இசையை உள்வாங்கிக் கொள்ளுதல், ரசித்தல் என்று பல பரிணாமங்களை உள்ளடக்கியது. அதனால், இசை சிகிச்சை எடுத்துக் கொள்ள திறமை ஏதும் தேவையில்லை. இசை பிடித்தாலே போதும்.

இசை பிடிக்காதவர் யாரேனும் உண்டா? இல்லை. ஏன்? பிறந்த குழந்தை அழும் போது, பாடும் தாயின் குரலுக்கு அழுகையை நிறுத்தி விடுகிறது. ஏன்? இயற்கையிலேயே, வார்த்தைக்கும் இசைக்கும் வித்தியாசம் அறியும் திறன் மனித மூளையில் நடை பெறுவதால், மனிதன் இசைக்கான ஆர்வத்துடன் பிறக்கிறான். அவ்வளவு ஏன்? கருவிலேயே ஒரு குழந்தைக்கு இசையை ரசிக்கும் தன்மை உண்டு. அவன் வாழும் குடும்ப, சமூக சூழ்நிலைக்கு ஏற்ப அவன் ரசிக்கும் இசை மாறுபடுகிறது. சரி. இனி ஒவ்வொரு பிரச்சினைக்கும் இசை சிகிச்சை எவ்வாறு உதவுகிறது என்பதை பார்ப்போம்.

### ஆட்டிஸம்: (Autism)

இசை சிகிச்சையில் முதலில் இவர்களைப் பற்றி பேசுவதற்கு இரண்டு காரணங்கள் உண்டு.

1. பிற மாற்றுத் திறனாளிகளை விட இவர்களுக்கு இசையில் அதீத ஆர்வமும் திறமையும் இருக்கும்.
2. இவர்களைப் புரிந்து கொள்வதும் வளர்ப்பதும் கையாள்வதும் சமுதாயத்தில் இணைப்பதும் சற்று கடினம்.

இசை தெரபி பல அற்புதங்களை இவர்களுக்கு அள்ளித்தரும். பெரும்பாலான ஆட்டிஸ்டிக் குழந்தைகள் (ADHD) கவனக் குறைவுடன் அதீத சுறுசுறுப்புடன் ஓடிக்கொண்டே இருப்பார்கள். இசை சிகிச்சையில் ஓரிடத்தில் உட்கார்ந்து தெரபி எடுத்துக் கொள்ளப் பழக்கும் போது ஓட்டம் குறைந்து அமைதியாக ஓரிடத்தில் உட்கார் ஆரம்பித்து விடுவார்கள். உட்கார்ந்த பிறகு தன்னைச் சுற்றி நடப்பவற்றை உற்று நோக்க ஆரம்பிப்பார்கள். இப்போது புரிதல் பலப் படும். இது நாள் வரை பெற்றோர், ஆசிரியரின் சின்னச் சின்ன கட்டளைகளுக்கு செவி சாய்க்க மறுத்தவர்கள் இப்போது அதனைப் புரிந்து கொண்டு உடன்பட ஆரம்பித்து விடுவார்கள்.

பள்ளியில் வரிசையில் காத்துநிற்க பழகிக் கொண்டு விடுவார்கள். அது மட்டுமா?

பெரும்பாலான ஆட்டிஸ்டிக் குழந்தைகளுக்கு பேச வராது. அவர்களுக்கு இசை ஒரு வரப்பிரசாதம். குறிப்பாக, மிக விரைவில் (early intervention) மூன்று வயதிற்குள், பிரச்சினை கண்டறியப் பட்டவுடன் இசை தெரபி கொடுக்க ஆரம்பித்து விட்டால், பேச்சு வருவதற்கு வாய்ப்புக்கள் அதிகம்.

### புலன்களின் ஒருங்கிணைப்பு (sensory integration)

இவர்களுக்கு அசாதாரணமாக இருப்பதால், சிலர் எப்போதும் காதை மூடிக் கொண்டே இருப்பார்கள். சிறு சத்தத்தைக் கூட அவர்களால் தாங்க இயலாது. இவர்களுக்கு இசை தெரபி நல்ல ஒரு தீர்வாகும். இவர்களில் சிலர் பேச முடியா விட்டாலும், நல்ல லய ஞானத்துடன் இருப்பார்கள். அதாவது தாள அறிவு இருக்கும். பல விதமான தாள வாத்தியங்களை இவர்களுக்குப் பயிற்றுவிக்கலாம். இவர்கள் எல்லோருக்கும் இசை கண்டிப்பாகப் பிடிக்கும்.

இவர்களுக்கு ஏன் குறிப்பாக இசையில் அதீத ஆர்வம் இருக்கிறது என்பதற்கு பல்வேறு ஆராய்ச்சிக் கட்டுரைகள் கிடைத்துள்ளன. இவர்கள் மனதின் எண்ணங்களை வெளிப்படுத்த முடிவதில்லை. இதனால் இவர்களை புரிந்து கொள்ள முடிவதில்லை. இதனால் இவர்கள் மிகுந்த மன இறுக்கத்திற்கு ஆளாகிறார்கள். மன இறுக்கத்திற்கு மிகச் சிறந்த மருந்தாக இசை தெரபி அமைந்துள்ளது. இப்படி, இவர்களது மனதுக்கு அமைதி அளித்து லகுவாக்கி



மகிழ்ச்சியுடன் வளைய வர வைக்கும் இசை தெரபியின் பலனை சொல்லிக் கொண்டே போகலாம்.

### பெரு மூளைவாதம் (Cerebral Palsy)

பொதுவாக, வில் சேரில் வளைய வரும் இத்தகைய குழந்தைகளுக்கு ஒரு ஏக்கம் இருக்கும். தன்னை ஒத்த குழந்தைகள் ஓடி ஆடி விளையாடுவதைப் பார்க்கும் போது தன்னால் ஓட இயலவில்லையே என்ற ஆதங்கம் இருப்பதும் இயல்பான ஒன்றே! அத்தகைய எண்ணங்களைத் தவிடு பொடியாக்கிவிடும் இசை தெரபி.

எப்படி? இவர்களுக்கு பல விதமான சிறு தாள வாத்தியங்களைப் பழக்கலாம்.

இவர்கள் ஆட்டிஸ்டிக் நிலையாளர்கள் போல் அல்ல. நண்பர்கள் உருவாக்கிக் கொள்வதில் ஆர்வம் இருக்கும். அவர்களைக் குழுவாக இசை தெரபி கொடுத்து, பாட முடிந்தவர்களை ஊக்குவிக்கலாம். முடியாதவர்களைத் தாளத்தில் ஊக்குவிக்கும் போது, பாடும் தன் நண்பர்களுடன் அரை மணி நேரம் தாளம் இசைத்தாலே, ஓடி விளையாடிய திருப்தியை இசை இவர்களுக்குக் கொடுத்து விடும். சீரான இசைப் பயிற்சி இவர்களுக்கு மிக மிக அவசியம்.

### கற்றல் குறைபாடு (Learning Disability)

கற்றல் குறைபாடுக்கு அடிப்படை காரணம் என்ன?

கவனத்திறன் (Attention) , அறிவாற்றல் (cognition), ஞாபகத்திறன் (Memory), ஊக்கம் (Motivation) இவை இயல்பாக இவர்களுக்கு இல்லை. கற்றலுக்கு இவை அனைத்தும் இன்றியமையாதவைகளாகும்.

இசை ஒன்று தான் மூளையின் பல்வேறு பகுதிகளையும் ஒரே நேரத்தில் தூண்டும் ஆற்றல் உடையது. இவர்கள் பாடும் போதோ, இசை வாத்தியங்களை வாசிக்கக் கற்றுக் கொள்ளும் போதோ, மூளையில் கவனத் திறன், ஞாபகத் திறன், அறிவாற்றல் திறன் ஆகியவற்றுக்கான அனைத்துப் பகுதிகளும் ஒரே நேரத்தில் தூண்டப் படுகிறது. இதனால் அவர்களது கற்கும் திறன் அதிகரிப்பதைக் கண்கூடாக காணலாம்.

### அறிவுத்திறன்குறைவு (Intellectual disability)

இவர்களுக்கு ஞாபகத்திறன் (Memory) , சமூகத்தொடர்பு (social interaction), சுயமதிப்பு (self-esteem) இவை எல்லாம் இயல்பாக இருப்பதில்லை.

இசைதெரபி , குறிப்பாக தாள இசைக் கருவிகளைக் கையாள ஊக்குவிப்பதால், இவர்களுக்கு மேற் கூறிய பிரச்சினைகள் குறைய வாய்ப்புள்ளது. இதனால் பொதுவாக அறிவுத் திறன் அதிகரிக்கிறது.

### டவுன் சிண்ட்ரோம் (Down Syndrome)

இயற்கையாகவே இவர்கள் கலையில் அதிக ஆர்வம் கொண்டவர்கள். பாட்டு, நடனம், ஓவியம் என எல்லா வகை கலைகளுமே இவர்களுக்கு மிகவும் பிடிக்கும்.

இது குரோமோசோம் குறைபாடு. குறிப்பாக பேச்சில் அசாதாரணத் தன்மையை இவர்களிடம் பார்க்கலாம். அறிவுத் திறன் வீழ்ச்சியும் காணப்படுவதுண்டு.

மேலே பார்த்தவாறு இசை தெரபி இவர்களுக்கு பல வகையில் உதவி புரிவதுடன் இவர்களை மன ரீதியாகவும் ஊக்குவிக்கிறது.

### டிஸ்லெக்சியா (Dyslexia)

இதுவும் மூளை நரம்பியல் மண்டலத்தில் ஏற்படும் ஒரு அசாதாரணத் தன்மைதான். மேலே பார்த்த அனைத்து நிலையாளர்களுக்கும் இவர்களுக்கும் மிகப் பெரிய வித்தியாசம் ஒன்று உண்டு.

அது என்ன? மேலே பார்த்தவர்கள் பார்வைக்கோ, நடத்தையினாலோ, பழகுவதினாலோ பிரித்தறியப் படுவார்கள். ஆனால் இவர்கள் எந்த விதத்திலும் பிரச்சினை உள்ளவர்கள் என்று பிரித்தறியப் பட முடியாது.

இவர்கள் கற்கும் போது மட்டுமே பிரச்சினை அறியப்படும். இதனாலேயே இவர்கள் சரியாகப் புரிந்து கொள்ளப் படுவதில்லை. அதனால் மிகவும் மன அழுத்தத்திற்கும் மனச் சோர்வுக்கும் ஆளாகிறார்கள்.

மேலே பார்த்த படி, சிகிச்சையாளரின் எதிரே அமர்ந்து இசையைக் கேட்டுக் கற்றுக் கொள்ளும் போது, இவர்களுக்கு குரல் ஒலிசார்ந்த (phonetical) அறிவு அதிகரிக்கிறது. இதனால் இவர்களது மொழித்திறன் அதிகரிக்கிறது.

அது மட்டுமின்றி, கவனம், ஞாபகம், அறிவாற்றல் என அனைத்துப் பகுதிகளும் மூளையில் தூண்டப் படுவதால் கற்றல் எளிதாகிறது. இசைக் கருவிகள் பழகுவது, தாளக் கருவிகள் பழகுவது என அனைத்துமே இவர்களுக்கு அதிக பலன் தரும். மேலும், மனது உற்சாகமடைகிறது. இதனால் கோபம், முரட்டுத்தனம், ஆர்ப்பாட்டம் என அத்தனையும் குறைந்து ஒழுக்கத்தையும் இசை தெரபி கொடுக்கிறது.

# செய்தித் துளிகள்

## MDA

ஆன்லைன் மூலம் நடந்த பயிற்சிகளை காட்டிலும் நேர்முக பயிற்சிகள் அதிகமாக நடந்தது .இது சிறப்பு பயிற்சியாளர்களை மகிழ்ச்சியில் ஆழ்த்தியது

### நடத்தப்பட்ட பயிற்சிகள்

- எங்களின் பெருமைக்குரிய தீவிர ஆசிரியர் பயிற்சி திட்டம் (ITTC) சிறந்த முறையில் நடந்து கொண்டிருக்கிறது
  - நடைபெற்ற பயிற்சிகளின் விவரம் 6 நாள் பயற்சி
  - சம்ஜுபென் கபூர்சந்த் பரேக் விவேகானந்தா வித்யாலயா
  - முஸ்லீம் மேல்நிலைப் பள்ளி, திருவல்லிக்கேணி
  - ஸ்ரீ நிகேதன் பாடசாலா, திருவள்ளூர்- இப்பயிற்சி லேடண்ட் வியூவின் ஆதரவுடன் நடத்தப்பட்டது
  - ஆர்ஷ வித்யா மந்திர்
  - பயனுள்ள கற்றல் திட்டம்
  - தமிழ்நாடு முஸ்லீம் கல்வி நிறுவனங்களின் சங்கங்களின் அமைப்பு (OMIEAT)-இந்த திட்டம் லேடண்ட் வியூவின் ஆதரவுடன் நடத்தப்பட்டது
- ஆரம்பகாலத்தில் கண்டுணர்தல் மற்றும் உதவுதல்  
OMIEAT- லேடண்ட் வியூவின் ஆதரவுடன் நடத்தப்பட்டது

### விழிப்புணர்வு

இந்த காலகட்டத்தில், டிஸ்லெக்ஸியா குறித்து விழிப்புணர்வை ஏற்படுத்தும் பயிற்சியை, பள்ளி ஆசிரியர்களுக்கு மட்டுமல்லாமல், கார்ப்பரேட் நிறுவனங்களின் ஊழியர்களுக்கும் அளிக்கப்பட்டது. அதன் விவரங்கள் இங்கே பட்டியலிடப்பட்டுள்ளது:

- வித்யா நிகேதன் பள்ளி-பெங்களூரு
- சேது பாஸ்கரா மெட்ரிக் மேல்நிலைப் பள்ளி
- Pay pal நிறுவன ஊழியர்களுக்கு

### வள அறைகள் Resource Rooms

- விவேகானந்தா கல்விச் சங்கத்தின் (VES) 10 பள்ளிகளில் வள அறைகளுக்காக எம்டிஏ உடனான தனது தொடர்பை புதுப்பித்துள்ளது.
- பின்வரும் பள்ளிகளில் வள அறைகளை அமைப்பதற்கான புரிந்துணர்வு (MOU) ஒப்பந்தத்தில் கையெழுத்திடப்பட்டுள்ளது

-ஸ்ரீ நிகேதன் பாடசாலா-திருவள்ளூர்

-ஹர்ஷ வித்யா மந்திர்

## பகுதி நேர சிறப்பு பயிற்சி

- தீபாவளி பண்டிகை கொண்டாட்டங்கள்
- குழந்தைகள் தின விழா கொண்டாட்டங்கள்

## அனன்யா முழு நேர சிறப்பு பயிற்சி.

நேர் முக வகுப்புகள் தொடங்கப்பட்டது ஆசிரியர்களுக்கும் மாணவர்களுக்கும் மிக உற்சாகத்தை கொடுத்தது

MDA Remedial Centre குழந்தைகள் மற்றும் சிறப்புக் கல்வியாளர்கள் இந்த ஆண்டு அக்டோபர் 30 ஆம் தேதி onlineலில் தனித்துவமான முறையில் தீபாவளியை கொண்டாடினார்கள். தீபாவளி தீப மற்றும் இனிப்புகளின் திருவிழாவாகும். தீயில்லாமல் சமைப்பதற்கு குழந்தைகள் முயன்றனர். சாக்லேட் கேக் செய்ய தேவையான பொருட்களின் பட்டியல் அவர்களிடம் முன்னதாகவே கொடுக்கப்பட்டது. குழந்தைகள் வழிமுறைகளைப் பின்பற்றி, கேக் செய்து அதை அலங்கரித்து மகிழ்ந்தனர். குழந்தைகளுடன் சிறப்பு ஆசிரியர்களும் கலந்து கொண்டனர். குழந்தைகள் பெருமையுடன் கேக்குகளை காட்சிப்படுத்தி, அவற்றை உண்டு மகிழ்ந்தனர். அவர்கள் சொந்தமாகச் செய்ததில், இந்த அனுபவம் அவர்களுக்கு ஒரு பெரிய சாதனை உணர்வைக் கொடுத்தது. அவ்வழியில் இந்த தீபாவளி அவர்களுக்கு சிறப்பு தீபாவளியாக அமைந்தது. வண்ணமயமான தீபாவளி போஸ்டர்களையும் அவர்கள் தயாரித்தனர்.

குழந்தைகள் தினத்தை ஓர் நாள் முன்னதாகவே நவம்பர் 13 அன்று ஆன்லைனில் கொண்டாடினர். இம்முறை இந்தியாவில் உள்ள பல்வேறு மாநிலங்களை பற்றிய தகவல்களை பவர்பாயிண்ட் பிரசன்டேஷன் வடிவில் வழங்குவதே கருப்பொருளாக இருந்தது. விளக்கக்காட்சிகள் வண்ணமயமாகவும், கவர்ச்சியாகவும், பல்வேறு வகையிலும் இருந்தன. இது குழந்தைகள், பெற்றோர்கள் மற்றும் ஆசிரியர்களின் உதவியால் நடந்தது. குழந்தைகள் அதை மிகுந்த ஆர்வத்துடனும் நம்பிக்கையுடனும் வழங்கினர். இந்த நிகழ்வு நிச்சயமாக அவர்களின் மன உறுதியை உயர்த்தியது மட்டுமன்றி, அவர்கள் அனைவருக்கும் ஒரு பெரிய சாதனை உணர்வை ஏற்படுத்தியது. ஒவ்வொரு குழந்தையும் இந்தியாவைப் பற்றிய பல உண்மைகளைக் கற்றுக்கொள்ள இது ஒரு சிறந்த முறையாக அமைந்தது. ஆசிரியர்களுக்கும் இது ஒரு அற்புதமான அனுபவமாக இருந்தது.

# Happenings in MDA

## Training Programme for Samagra Shiksha Special Educators, Tamil Nadu

Madras Dyslexia Association conducted a six-day programme for 2,500 Tamil Nadu Samagra Shiksha special educators. This programme was held under the aegis of Samagra Shiksha, Tamil Nadu, as a part of the Disability Week drive to address the issue of learning loss.

As a part of this programme, at first a dyslexia awareness session was conducted, followed by sessions on the difficulties faced by a child with dyslexia in reading, spelling, writing, and mathematics and appropriate strategies that could be used to teach a child in order to help them cope with these difficulties. The session on the last day covered strategies that could be used to develop language skills in children and a detailed discussion on the use of a checklist to help identify a child struggling with academics probably because to dyslexia. This checklist would hence aid early identification followed by early intervention.

- Samjuben Kapurchand Parekh  
Vivekananda Vidyalaya
- Muslim Higher Sec School, Triplicane



- Shree Niketan Patasala, Tiruvallur -  
A program supported by Latent View
- Arsha Vidya Mandir
- Effective Learning Program
- Organisation of Muslim Educational Institutions and Associations of Tamilnadu (OMIEAT) - A program supported by Latent View
- Pre-primary

### Training programs

Our Special Educators are glad that the share of the in-class training programs was far more than the on-line classes. The training programs were:

- Intensive Teacher Training Course (ITTC) our flagship training program is in progress
- 6-day programs



### Awareness

In this period, we spread awareness on dyslexia not just among teachers of select schools, but were also invited by corporates to spread awareness to their employees. The detailed list is as given here:



- Vidya Niketan School-Bangalore
- PayPal
- Sethu Bhaskara Matriculation Higher Secondary School

### Resource Rooms

Vivekananda Educational Society (VES) has renewed its association with MDA for the resource rooms in 10 schools

The following schools have signed MOU for the setting up Resource Rooms

- Shree Niketan Patasala-Tiruvallur
- Arsha Vidya Mandir

### After School Remedials

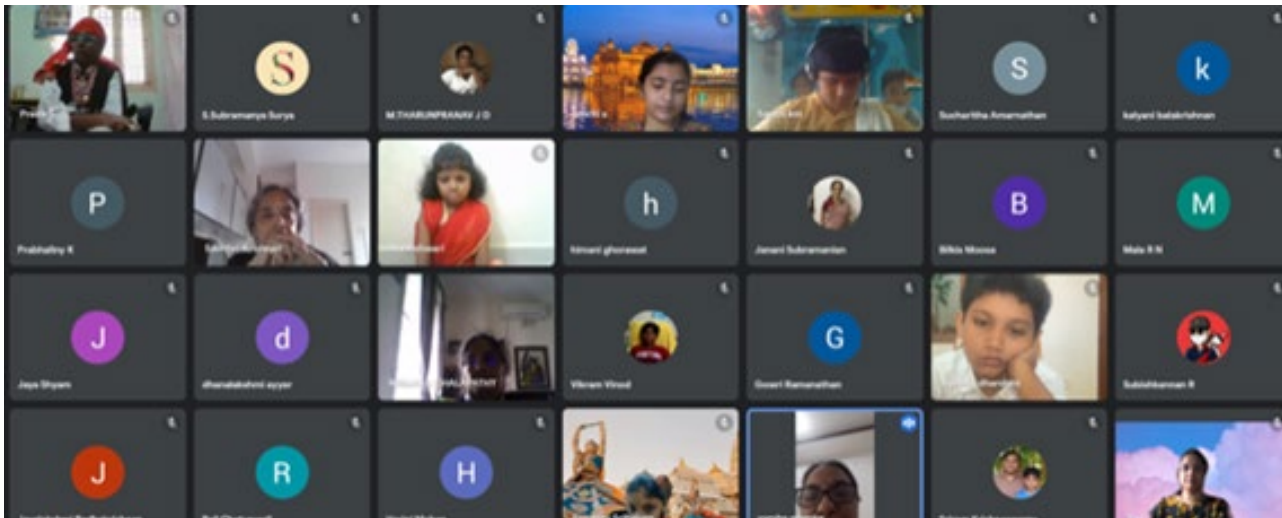
Diwali celebrations



The children and special educators of MDA Remedial Centre had a virtual gathering this year on 30th October to celebrate Diwali in a very unique way. Diwali is a festival of lights as well as sweets. The children tried their hand at fireless cooking.

The list of ingredients was posted to them and they came prepared to make a chocolate cake. The children followed the instructions and thoroughly enjoyed making the cake and decorating it. The special educators also participated along with the children. The children proudly displayed their cakes and also enjoyed eating them. This activity gave them a great sense of achievement since they made the special Diwali sweet on their own. They also made colourful Diwali posters.

## Children's day Celebration



MDA Remedial Centre celebrated Children's Day on 13th November online. This time the theme was to present the various states in India in the form of PowerPoint presentation. The presentations were colourful, attractive and had variety. The entire programme involved a lot of work by the children, parents and teachers. The presentation involved a great deal of research by the children and they presented it with great enthusiasm and confidence. This event surely boosted their morale and all of them felt a great sense of achievement. It was a great learning for every child to learn so many facts about India. It was a wonderful experience for teachers too, as they discovered India through the eyes of the children.

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