

# **Controversial Treatments for LD**

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Many of the recent questions from parents were related to the "controversial therapies" that currently abound in our field. An unfortunate cottage industry of "quick fixes" is currently being promoted. Parents are being solicited by a wide range of "instant cures" for learning disabilities.

These therapies -- including computer software, one-size-fits-all reading programs, restricted diets, special glasses, etc. -- must be viewed with extraordinary caution and cynicism. Caveat emptor! Please know that the supporters of these therapies are very convincing and they tend to use effective and appealing marketing techniques. Below are some guidelines that parents should remain mindful of when considering any of these therapeutic approaches:

1. Promises of a "cure" or promises of specific amounts of progress/growth by utilizing the technique. The only thing more difficult than a DIAGNOSIS for a learning disabled child is a PROGNOSIS. You should be immediately suspicious of anyone who promises that the disability will "go away" or who commits to a specific, measurable amount of progress during a specific amount of time (e.g., "Your child is guaranteed to make one year's progress in the first six months.").
2. Use of manipulative "propaganda" techniques to market their products/approaches.
  - Name Calling -- being highly critical of other approaches (e.g., "Whole Language is a plot to weaken the minds of our young -- therefore, buy Speared by Phonics TODAY!")
  - Glittering Generalities -- associating the approach with something good (e.g., "Buy VITA-READ, the anti-dyslexia food supplement, and be a REALLY good parent.")
  - Guilt-using guilt to motivate or persuade the consumer (e.g., "If you really loved your child, you would put him on the sugar-free LDiet TODAY!")
  - Bandwagon -- using the "power of numbers" to lend credibility (e.g., "Over 100 school systems have adopted DyslexiCure Reading Program . . .")
3. Use of case histories and/or testimonials as the sole evidence of the technique's effectiveness. True scientists will present validated research to demonstrate the effectiveness of their approach (e.g., "We used this approach with 200 kids in Detroit, 420 kids in Boston, 195 kids in Honolulu and 220 kids in Baltimore. The results of our research was . . . etc.").

The Controversial Therapies have little independent research to support their theories. Therefore, they attempt to dazzle you with Case Histories (e.g., "Jenn Reichert of East Overshoe, KS made ten years progress in twenty minutes by using our software!") or Testimonials ("Mrs. Amanda B. Recondwith, Teacher of the Year in Wickedcold, Alaska, says 'Phoolproof Phonics is the BEST!'") Remember. . . Case Histories cannot be replicated and therefore are of limited value and reliability.

4. Misrepresentation of Cause-and-Effect. These therapies want 100% of the "credit" for any progress that the child makes during the period of the therapy. For example, "Billy Jones made two years growth in reading in the six months that he listened to his Roughhouse Reading Tapes." Perhaps the progress was related to other factors which occurred during those six months (e.g., new teacher?, increased motivation?, maturity?, cumulative effect of previous reading approaches?, etc.). What is the cause-and-effect?
5. Claims of medical and/or educational conspiracy. These Controversial Therapies will often claim that the Medical/Educational "Establishment" is attempting to discredit their breakthrough therapy because they fear the

competition. Does this really make sense? If there were a simple answer to Learning Disabilities, wouldn't the Education Field welcome and embrace it? Parents and professionals **MUST** become knowledgeable consumers regarding appropriate and effective approaches for our kids. Simple answers simply don't work! Remember the sage advice: "For every complex problem, there is a simple solution which is convenient, basic, succinct, direct, brief . . . and wrong!"

The solution to dealing effectively with a child's learning problem? A lot of hard work . . .by the parents, the teachers **AND** the kid!

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