

What is DYSGRAPHIA and What are Effective Interventions?

A short article for parents, teachers and therapist.

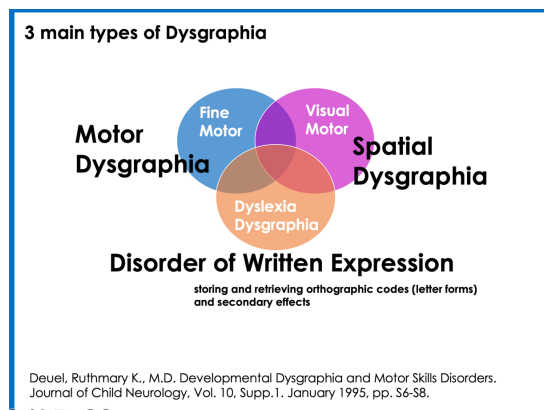
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www.TheHandwritingClinic.com

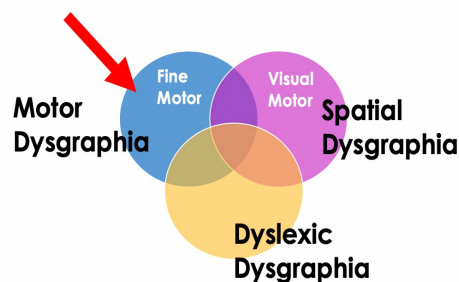
Definition and Characteristics of Dysgraphia (TEA Dyslexia Handbook 2018 update)

- ◆ Dyslexia and dysgraphia are now recognized to be distinct disorders that can exist **concurrently or separately**. They have different brain mechanisms and identifiable characteristics.
- ◆ The impaired handwriting may interfere with spelling and/or composing, but individuals with **only dysgraphia do not have difficulty with reading** (Berninger, Richards, & Abbott, 2015).

Dysgraphia Symptoms - A mixture of upper/lower case letters, irregular letter sizes and shapes, unfinished letters, struggle to use writing as a communications tool, odd writing grip, decreased speed of writing and copying, talks to self while writing, and general illegibility according to the Learning Disabilities Association of America website. When parents call and tell us their child has been diagnosed with dysgraphia, the first thing we tell parents is that we have no idea what dysgraphia means for their child! The reason is that general symptoms are very non-descriptive and almost any child that we work with may exhibit many of these symptoms! When we do screenings or assessments for our services, we look at three different areas to try to determine how we can help a student. Our focus at The Handwriting Clinic is not on diagnosing, but providing interventions for each of these subtypes. A student can have all components, a mixture of components, or just one component. The components are described in this chart.



The interventions that we do for each category, are individualized to a students age and grade level. While a student may struggle in one area, they do not have to always struggle in that area as there ARE interventions!



We do not see many students who fall into this category. A funky grasp does not indicate fine motor problems. There are efficient grasps that deviate from the norm. We look to see that grasp patterns are dynamic and do not cause biomechanical stress to a joint. In pre-K through kindergarten, we work to get improved fine motor skills with dynamic control as grasp and fine motor skills for handwriting develop through age six. Parents and teachers can download a free article for developing a fine motor program for the classroom, therapy or the home by visiting this link:

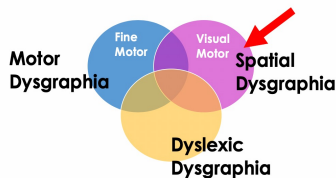
<https://www.teacherspayteachers.com/Product/Developing-a-Fine-Motor-Program-for-Classroom-or-Therapy-1532532>

For older students, unless a grasp pattern is static, or causing biomechanical stress to a joint, we rarely work on changing grasp. The Handwriting Clinic has The Fine Motor Store on Teachers Pay Teachers. There is a free video for How to Hold a Pencil. This free product also has downloadable fine motor pencil control activities for teaching a dynamic grasp. We often use the TIP grip protocol to get thumb IP joint flexion and these activities are shown in the video. The video also shows how to do the fine motor activities.

<https://www.teacherspayteachers.com/Product/How-to-Hold-a-Pencil-Activities-Freebie-4252489>

There is one component of fine motor dysgraphia that may need to be addressed at a traditional occupational therapy clinic. Some students have a developmental coordination disorder. These students may be clumsy, have difficulty with bilateral motor skills, and it can show in their handwriting. We refer to traditional pediatric occupational therapy clinics for students who may need help in this area.

Another component of dysgraphia is the subsection of Visual Motor Dysgraphia.



Symptoms might be:

Pre-K/Kindergarten

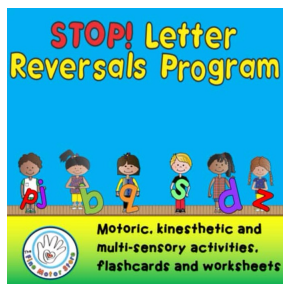
- Difficulty learning symbols
- Sizing, placement in lines
- Spacing of Letters
- Reversals
- Mixture of Upper/Lower Case
- Sequencing of Letters

Elementary

- Inconsistency of size of letters
- Spacing
- Continued reversals

This is an area where we provide some exciting interventions that will often significantly help a students. First of all, we recommend solid and explicit handwriting instruction for beginning learners! So many students just did not have explicit instruction early on! Handwriting has been pushed down to teach skills to four and five-year-olds even though the norm for readiness skills is age 5.5 years of age. Even a slight delay in visual motor skills means a child was less ready to learn handwriting skills. Compound this in older students who may have had initial instruction for handwriting during the pandemic, and there are many students who have significant difficulty with handwriting skills. Some may be diagnosed with dysgraphia, some not. We can help! For younger students, we explicitly teach handwriting using a multi-sensory approach. We teach letters large motor, medium motor in giant handwriting lines to get understanding of line placement and then do small motor activities. We work on MOTOR patterning of the letters by grouping letters by their first stroke. We use scribble sheets – basically cardstock with so much crayon wax on there that a student cannot see the letters as they write. We practice letter groups on the scribble sheets to get motor patterning and visual memory of letters and reversal techniques. Letter and number reversals can be significantly helped with our reversals strategies.

Teachers and therapists can purchase our reversals programs in The Fine motor Store.



<https://www.teacherspayteachers.com/Product/Sale-Letter-reversals-curriculum-for-handwriting-686402>



<https://www.teacherspayteachers.com/Product/Sale-Number-Reversals-Curriculum-722756>

At our clinic, we integrate teaching the reversal strategies as we teach beginning print. For older students, we can usually teach the strategies for letter or number reversals in just a few sessions.

There is a window for teaching correct sequencing of letters. That window closes around the middle of first grade, and even earlier for very proficient students. We will do an intensive session for first graders to attempt to change sequencing of incorrectly sequenced letters. From the end of first grade forward, we do not attempt to change sequencing (ex. bottom to top) of letters as it is just ineffective. A student can change the sequencing for a short moment as we work on letters, but the letters are habitually formed incorrectly and the student goes back to their incorrect pattern.

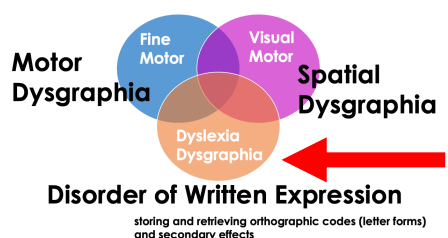
Our beginning handwriting program focuses on fine motor skills, grasp, letter formation, integrates reversal strategies and teaches line placement. We have very good success with the First Strokes Multi-sensory Handwriting Program. This is for sale on Teachers Pay Teachers or from our clinic catalog, for teachers and therapists that wish to use our program. For our private therapy students, , we can streamline this and teach all these skills in about 12 sessions.

For our older students, 2nd grade and above, we use the First Strokes Print Legibility Program. We have used this for students with dysgraphia for many years. If a student is weak in visual motor skills when they learned handwriting, usually their visual motor skills are higher by 2nd grade. We have this program in The Fine Motor Store on Teachers Pay Teachers for 2nd grade and above, as well as a teen version for 5th/6th grade and above. We use this program when we work with students with dysgraphia because we focus on remedial print skills. The primary legibility problem for all students in second grade or above, is inconsistently sized letters and spacing. We work to get sizing on a special paper, transfer skills to notebook paper and we work to generalize skills to fill in the blank worksheets. We can streamline this program in our private therapy sessions to go through the curriculum in about 10 sessions (with a home program for practice).

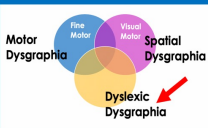
Students double the speed of their handwriting between first and second grade, and then double it again between 3rd and 4th grade. Students and adults can write faster than they can legibly write! While we do not ask students to “slow down”, we do ask students to use their skills. We find their medium speed of handwriting and do some explicit practice. We also teach students to grade handwriting and recognize common speed handwriting errors such as poor closure on letters.

Students who have difficulty with visual motor skills usually have improved weak visual motor skills enough to be ready for some intervention strategies!

There are a subset of students who have difficulty with vision processing. They may have a convergent disorder, vision related learning problems, trouble maintaining eye contact with the paper, or trouble with tracking. We refer these students to vision specialists who may provide vision therapy or other specialized interventions. We do work together with the vision specialists and we have some techniques to significantly help these students. Handwriting is guided by the visual system as students first learn handwriting. After handwriting has become generalized, we do not necessarily use our vision as much. Darker lined paper might be a strategy that may help. Many of these students also have trouble with reading across lines, tracking, and skipping lines as they read. Vision therapy has significantly helped many of our students.



The last subset of dysgraphia is even more complex! There are so many different areas and components of this. Some students have difficulty with phonics and spelling. Writing sentences is challenging because these students are more focused on how to spell a word. They might use simpler words even though they have an advanced vocabulary, because they simply do not know how to spell a word. Some students have difficulty with sentence construction, grammar or story organization. These students have a very hard time with functionally writing ideas down. The following chart discusses keyboarding as a great solution so that students can edit their work and can use spell check.



Solutions

"dyslexic/disorder of written expression":

Keyboarding only AFTER explicit instruction of handwriting – keyboarding is IMPT to all kids but only in a very few is it in lieu of handwriting.

Keyboarding does enrich skills for composing and is important to all students. Assistive technology puts students on their cognitive level, not their spelling or handwriting level.

In order for this to be effective, students need to be TAUGHT keyboarding. We do keyboarding instruction a little differently than schools teach it. All instruction is one on one! We do on and off keyboard activities with an emphasis on motor patterning, keyboard reaches, CORRECT finger placement and visual memory of the keyboard. Our students can “air type” sentences without looking at the keyboard! We can teach keyboarding skills in about 12 sessions (a little more for students with poor motor planning). We also sell this program in The Fine Motor Store on Teachers Pay Teachers.

<https://www.teacherspayteachers.com/Product/First-Stroke-Multi-sensory-Keyboarding-Program-and-Manual-Individual-License-1088571>

After a student has learned keyboarding THEN we may recommend assistive technology. So many schools go straight to speech to text solutions, but we feel that a student needs keyboarding skills at a functional level first. If a student is not fluent in keyboarding, the cognitive overload is not helping their ability to get thoughts out on paper! We recommend Co-Writer (<https://learningtools.donjohnston.com>) for students who significantly struggle with spelling.

One final intervention is cursive. Most students in public school do not functionally learn cursive well enough to use it. Students in the dyslexia programs often do learn cursive and we like to provide some instruction on legibility, speed of cursive, speed errors, and sizing with generalization to notebook paper and fill in the blank lines. We work on visual memory of upper and lower case letters. Students in private schools are given explicit instruction and are required to use cursive. We love to work with students in private schools that are struggling with cursive visual memory or legibility – we can augment the instruction so the students catch up to their peers and have good legibility and speed. We would like to see students legibly write lower case a – z in 40 – 50 seconds or less before being required to functionally use cursive! We sell the First Strokes Cursive program to school districts via our website/catalog or through The Fine Motor Store on Teachers Pay Teachers. Cursive instruction takes about 12 sessions.

Our clinic was established in 2002. We saw over 300 students each summer in summer camps and then about 80 students per week during the school year. In 2020 when the pandemic hit, we were also up for our lease on our building. At that time, we switched to teletherapy only. All students are seen 1:1 over Zoom. We have had tremendous results and very much like the individualized format versus our previous group classes. For young students in pre-K through 1st, we request that a parent sit in with the child. Most students in 2nd grade and above can handle the sessions independently with a parent close by. We do require a home program to work on skills!

A brochure for our sessions can be found at www.TheHandwritingClinic.com. We are limited to seeing students in the state of Texas due to licensure requirements. We may see a few students for curriculum only, as tutoring, from out of state. These students need curriculum only with no individualization for adaptation of skills.

For students that are out of state, we have our handwriting programs online through our Zenler platform. It guides a parent on how to use our program and gives the necessary materials. The courses are fairly in depth for a parent to learn, but the instruction is all there.

Visit The Handwriting Clinic to see all about our teletherapy programs, a link to over 300 products for fine motor skills and handwriting in The Fine Motor Store, our online courses, and for workshop information.

<https://www.thehandwritingclinic.com>