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Multi-Level-Model of Dyslexia for the Explanation of Reasons and Intervention Methods

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Abstract

If you want to discriminate reasons and symptoms, and in addition the chronological times than you can use this multi-level-model for the describing of the complex phenomena "Dyslexia". This model allows the order of assessment and intervention methods.

Introduction

The model is a scientific basic of the order of assessment and treatment methods for dyslexic individuals (Figure 1).

		Assessment		Intervention
	<i>Primary</i>	Biological factors	Risk	Compensatory Training
Reasons				
	<i>Secondary</i>	Partial Deficits	Performance	Training of Basic functions, Prevention programs
	<i>Primary</i>	Reading and Writing Tests		Rehabilitative Exercises and Training Programs for Reading and Writing
Symptoms				
	<i>Secondary</i>	Personality Questionnaires, Observations		Complex Training, Psychotherapy

Figure 1: Multi-level-model of Dyslexia [1,2].

Assessment Methods

If you want to differentiate the reasons of dyslexia from the symptoms than you can see the discrimination in the model. In addition you see a differentiation between the times of coming out. So, we can observe the primary reasons very early in the genetic pool of the person. On this basis will be developed in the first years, before the entrance to school, the partial performance deficits. From the first days of school lectures the symptoms are coming out and can be measured by reading and writing tests. After the normal interaction with the teachers and peers in the classroom the secondary symptoms may develop in the sense of anxiety and abnormal behavior which can be observed or measured by personality tests.

Intervention Methods

The intervention methods can be ordered into the same levels. On the level of primary reasons you can observe intervention methods which want to compensate or to reduce the biological risk factors during the first years in the development. Later, on the basis of the secondary reasons we can integrate here programs for the training of basic functions as prevention for the school failure. From the first days of school entrance the help functions for learning of reading and writing are in the focus of attention. Rehabilitative programs for reading and writing can be used during the school time and later. If secondary symptoms are developed it is useful and necessary to implement psychotherapeutic programs against anxiety and abnormal behavior.

Conclusion

The multi-level-model is a scientific good fundament to order necessary assessment and intervention methods.



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