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Dyslexia and the Workplace: Program for an Inclusive Society

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Abstract

Specific Learning Disorders (SLDs) denote a category of neurodevelopmental disorders. This paper, therefore, in addition to analyzing Specific Learning Disorders, also aims to offer practical insights and operational strategies to promote the inclusion and well-being of persons with SLDs in work system, as well as in society.

From DSAs there is no cure, it is important that this issue be given as much attention as possible to protect and guarantee workers' rights as well with dyslexia through a process of inclusion.

Therefore, this paper aims to examine and create as comprehensive an understanding as possible toward the experience of adults with dyslexia within the work environment and to emphasize that a diagnosis of DSA is not negative but only represents a characteristic of the person.

Keywords: Dyslexia, Inclusion, Work

Introduction

Dyslexia is a Specific Learning Disorder (SLD) that affects a person's ability to read. The etymology of the word comes from Greek and is composed of "dys" meaning missing or inadequate and "lexis" meaning word or speech. In common sense, dyslexia are still associated with poor intellectual abilities (IQ) or even cognitive delays. These misconceptions have no basis in scientific research, research, documents, how there is no connection. Dyslexia falls under the category of learning disabilities (LD). The causes of dyslexia are still uncertain but the scientific literature supports that it is due to a neurobiological cause with inherited characteristics. Sixty-five percent of children with dyslexia have a family member with the same disorder (1).

Studies in neurobiology, point to the origin of dyslexia in one of the associative areas of the brain, the parieto-temporo-occipital area (2).

This area is connected to the somatic cortical areas that send visual-auditory sensory information to the former; when this is received, the parieto-temporo-occipital area processes the sensory information and interprets it to understand language. Other studies attribute the point of origin to the striate or primary visual cortex used to recognize and encode visual stimuli (3).

Phonological Deficit Theory

Phonological Deficit Theory, attributes the 'main impediment to a gap in the language system, phonological awareness or phonological awareness.

People with dyslexia show difficulty in recognizing that words can be reduced into phonemes, the smallest phonetic units of language. The phoneme, is the minimal sound unit of language. It is at this level that the deficit that characterizes dyslexia is identified.

Reading requires operations that consist of: seeing the word, breaking it down into its basic phonemes, being able to recognize them and finally assembling them. People with dyslexia show difficulty in the process of breaking down and reassembling phonemes, thus making reading and consequently understanding individual words difficult.

In addition to the phonological factor, some studies support the link between working memory deficits and reading difficulties; a deficiency in verbal short-term memory has been identified in people with ASD (4).

Verbal memory is a component of working memory, responsible for metaphonological ability, that is, the ability to correlate a sign with a sound and memorize the association. Due to the deficit, this ability is lost and information retrieval becomes so difficult that it "overloads" short-term memory. Therefore, people with ASD show statistically lower scores in phonological short-term memory, reading, fluency and text decoding (5).

Dyslexia, dysgraphia, dysorthographia, and dyscalculia as specific learning disorders, hereinafter referred to as "SLDs," which manifest themselves in the presence of adequate cognitive abilities, in the absence of neurological pathologies and sensory deficits, but may constitute a major limitation for some activities of daily living".

Taking the acronym into analysis based on the single letter "D" refers to the term "Disorder" related to the clinical dimension that, signal how far they deviate from the norm in the areas of

reading, writing and computation. It is necessary to distinguish learning disabilities, from Specific Learning Disorders.

The Disorder is innate, it is not caused by the presence of environmental, social or emotional factors that may interfere with the proper acquisition of skills and abilities; learning difficulties, are consequent to general situations and conditions of discomfort and for that reason are considered transitory, since once the disadvantageous situation is rebalanced, they can resolve, therefore Specific Learning Disorders are a condition that will be present throughout his life. "S" is the second letter in the acronym and refers to "Specific." "Specificity" is really about a specific domain of impaired abilities that nevertheless leave overall intellectual functioning.

A distinction must be made between specific and nonspecific disorders. The former occur when there are specific skills impaired: deficits in reading (dyslexia), deficits in writing (dysgraphia/ dysorthography), deficits in mathematical calculation (dyscalculia). The latter, on the other hand, concerning when the child has developmental deficits in all areas of learning and has difficulty in acquiring various knowledge (e.g., cognitive disabilities, autism, ADHD, etc.).

The acronym "A" refers to "Learning" i.e., the acquisition of basic school skills that relate precisely to the first exposure the formal teaching of written, spoken language and computation. ASDs are not a disease, they do not relate to an organic impairment, but are due a different neuro functioning of the brain is a constitutional condition with a genetic component.

In ASDs, it is called neuro diversity, and it causes problems of slowness during information processing in different aspects: reading, writing, mental calculation, working memory (a very important feature in school learning activities, which will accompany individuals throughout their lives; from specific learning disorders one does not "recover," but these difficulties can be compensated with time and the right tools.

Specific Learning Disorders: Definition, Causes and Characteristics

Specific Learning Disorders (SLDs) denote a category of neurodevelopmental disorders. It is initially crucial to distinguish the term learning difficulty from the term specific learning disorder. The former refers to any school difficulty that can be modified with targeted interventions, the latter term implies the presence of a more severe and innate deficit, and is the result of a diagnostic process. By Specific we define processes concerning the need to learn generally automatic activities. By Learning we indicate those processes that increase a given ability due to experience and external social context.

In Italy, with the publication of Law 170/2010 (6), a Consensus Conference was held in Rome on December 6 and 7, 2010, which showed that specific learning disorders affect about 3 percent of Italian pupils. These disorders are neurobiological in origin; they interfere with the normal process of acquiring reading, writing and/or calculation. Environmental and social factors, such as school and family context, are intertwined with neurobiological ones and contribute to determining the disorder and the degree of maladjustment.

The international diagnostic manuals that define ASD are the ICD- 111 in which ASDs are classified within neurodevelopmental disorders.

The DSM 5 (7) in which ASDs are framed dimensionally as disorders of reading, written expression and computation.
The disorders, involve a specific skill domain, global intellectual functioning remains intact, they are called "specific" in that, based on the skill involved they take on a specific connotation thus classified by their respective codes in the ICD - 10 diagnostic manual:

- F81.0 Specific reading disorder,
- F81.1 Specific arithmetic skills disorder,
- F81.2 Specific spelling disorder.

In the DSM - V diagnostic manual the disorder codes as follows:

- 315.00 Specific learning disorder with impairment of reading,
- 315.1 Specific learning disorder with impairment of computation,
- 315.2 Specific learning disorder with impairment of written expression. Following the publication of the DSM - V (APA, 2014).

Three levels of severity of ASDs were introduced:

- Mild level by which is meant a simple adaptation of teaching to the needs of the student.
- Moderate level which is the most frequent condition with marked difficulties that need help or support,
- Severe level in which difficulties are evidenced with insufficient learning despite compensatory tools.

The diagnostic guidelines in the area of ASDs provide five basic criteria to be met: First criterion: there must be a clinically significant degree of impairment of the specific skill, second criterion: the impairment must be specific, in the sense that it must not be attributable only to a mental retardation, third criterion: the impairment must be developmental, it must be present in the early years of schooling and not acquired later as a result of, for example, cerebral palsy, fourth criterion: there must be no external factors capable of explaining the schooling difficulties, such as a family trauma, fifth criterion: the impairment must not be directly due to uncorrected defects in vision or hearing.

At the Italian level, the Consensus Conference in January 2007 in its Recommendations indicated as a crucial element for the identification of DSAs the criterion of the "discrepancy" between ability of the specific domain concerned (deficient in relation to expectations by age and/or class attended) and general intelligence (appropriate to chronological age) (8).

From a standpoint of causes and period of onset, dyslexia can be divided into: acquired or developmental (7). Acquired dyslexia refers to those reading disorders that arise as a consequence of brain damage, in individuals in whom reading skills were originally in the normal range. In contrast, developmental dyslexia is a specific disorder that inhibits the normal process of reading acquisition that may be associated with a simple slowing of the developmental process.

The procedures needed to define specific reading decoding disorder reported by the Consensus Conference are:

1. The administration of standardized tests that examine reading, obtaining results related to accuracy and speed in reading words, non-words and passage
2. The joint evaluation of the parameters of speed and accuracy in performance

3. The detection of a significant distance from the expected mean values for the class attended by the child in at least one of the two parameters rapidity or accuracy.

The minimum age at which a diagnosis of specific reading disorder can be made coincides with the completion of the second grade of elementary school.
In DSM V5 (7) the guidance for making diagnoses of dyslexia indicates that these criteria must be met:

1. The level achieved in reading is substantially below what is expected based on the subject's chronological age, psychometric assessment of intelligence, and age-appropriate instruction;
2. The disorder described significantly interferes with learning school and/or with activities that require reading skills;
3. If a sensory deficit is present, the reading difficulties must go beyond those usually associated with the sensory deficit in question.

In summary, normal variations in reading skills should be differentiated from dyslexia, which can be diagnosed only if the individual has been provided with adequate educational and cultural opportunities, if his or her IQ is average, and if he or she has no sensory deficits that can alone explain reading problems. In the dyslexic student, difficulties are not only related to working memory (retaining and retrieving information), but also to limitations related to lexical access, that is, the inability to remember the name of an object or a place. If short-term memory is impaired, information is lost even before it is processed.

Dysorthography and Dysgraphia Specific writing disorder is divided into Dysorthography and Dysgraphia, depending on whether it affects spelling or handwriting.

Dysorthography is the difficulty in translating corresponding sounds into graphic signs, while possessing adequate language in terms of lexical pronunciation and expressive skills. Thus, the same errors are manifested at the spelling level that dyslexia presents in reading.

Dysorthographia concerns the use, when writing, of the correct application of grammatical rules. (7).

The term dysgraphia, that is, the difficulty in making graphic gestures, refers to a disturbance in the process of transforming phonemes into graphemes; the dysgraphic person has messy, unclear handwriting accompanied by a difficulty in mastering drawing tools. Therefore, using spaces correctly or orienting the writing of the paper may represent a discomfort.

Individuals with specific writing disorder, fearful of being judged for the errors they might make, avoid using complex terms or elaborate sentences, making their writing meager and poor in vocabulary.

For diagnostic assessment, it is necessary to administer standardized tests; specifically, for dysorthographia, the assessment parameter of correctness, consisting of the number of errors and their percentile distribution, below the fifth percentile is shared, while for dysgraphia, it seems to be a consequence of motor execution disorders of the dyspraxic order.

According to ICD -10 and DSM V to make a diagnosis of Written Expression Disorder, these criteria must be met:

4. Writing ability, as measured by individually administered standardized tests (or a functional assessment of writing ability), is lower than expected based on the subject's chronological age, psychometric assessment of intelligence, and age-appropriate education;
5. Written expression abnormality significantly interferes with school learning or daily activities that require writing skills.

Dyscalculia

The DSM - V in accordance with the ICD - 10 identifies calculus disorder as characterized primarily by underperformance based on the subject's chronological age in calculus skills, as measured by standardized tests administered individually in subjects with cognitive abilities of learning in the normal range. This is therefore referred to as basic ability to learn calculus. Dyscalculia is among the least studied and recognized DSAs because it has a lower incidence than the other specific learning disorders. For diagnostic evaluation, as with the other disorders described above, standardized tests are needed that provide parameters to assess correctness and speed. According to the two diagnostic reference manuals, the diagnostic criteria for numeracy disorder are: correctness and especially the parameter of rapidity, in that the clinician must be shown to be slow enough to support the hypothesis that the process is not automated. In addition, memorization of arithmetic facts and correct mathematical reasoning are also referred to, although there is general agreement in excluding difficulties with mathematical problem solving from the diagnosis of a computation disorder, it is recommended that the components involved in problem solving be investigated further.

Taking these aspects into consideration, it is useful to define the degree of the pupil's academic functioning, as no child with dyscalculia is identical to another. One has to analyze each child on an individual and specific level in order to design a tailored rehabilitation intervention.

Parents and teachers can do much to facilitate the development of numerical competence in the child: from games to compare quantities, add, take away, divide (in kindergarten).

During the elementary school years, one can help the child with mathematics by dealing with tangible materials, dividing sheets, using a number line, the support of calculations through hands. It is very important that parents and teachers follow a single teaching guideline.

Specific learning disorders, as analyzed so far, have a genetic basis for this reason difficult to modify and sometimes to improve. It is important to make the child with ASD understand that he should not blame himself, he should strive like his peers, with the help of available tools, teachers, and clinicians, he should strive and figure out which study method is most congenial to him.

Dyslexia and Adulthood

Studies on dyslexia, mostly concern, children and adolescents often still students. Only recently have studies looked at adults. In the 2014 study by Nergård-Nilssen, T. and Hulme, C., (9) the researchers subjected a group of adults with suspected ASD and a control group to a series of verbal tests and then compared the results. The dyslexic group reported a marked decrease in scores

on spelling, word identification, phonological decoding, and scores that were at least moderately lower in all reading-related texts.

There was no difference between the two groups' scores in text comprehension and cognitive skills, the result confirming the hypothesis that dyslexia does not affect IQ.

However, the main factor that differentiates the two groups the most is not reading, but spelling, followed by reading efficiency and accuracy. These symptoms are therefore significant in how much dyslexia can affect the quality of adult life. Moreover, most adults with ASD cannot recognize these symptoms in themselves. Dyslexia causes great emotional impact not only in school-age children and young people, but also in adults especially in the work environment.

The importance of diagnosing dyslexia at school age, carried out no earlier than the end of the second grade, is recognized. This stems from the need to Allow the child to develop according to his specific needs as soon as possible and avoid blaming him for his shortcomings. There is still not much awareness of dyslexia among adults; getting a diagnosis is necessary to ensure that people with ASD have greater satisfaction in both private and working life. The influence of the disorder is not only limited to the work environment but can also involve recreational activities and personal relationships (10).

Dyslexia is a specific learning disorder that affects almost 3 million citizens in Italy, many of whom, enter the working world. The issue, is particularly focused on in order to protect and guarantee the rights of workers, to ensure a process of inclusion for all.

In Italy, the quality of working life for people with DSA in Italy is alarming. The survey on access to the world of work for people with DSA carried out by the Italian Association for Dyslexia (AID) in 2021, reports that 70% of people with dyslexia surveyed have difficulties in their work attributable to DSA, 70% of participants reported receiving reprimands for errors attributable to DSA, 37% have experienced detriment in their pay, career, or job duties, and 12% report having been fired for their dyslexia awareness of dyslexia is needed to promote job inclusion.

Law 25 of March 28, guarantees all workers with dyslexia access to compensatory tools both during work hours and during all types of tests with assessment. This represents a process toward the inclusion of people with learning disabilities, but the law is still far from perfect.

In fact, it is important to note that all these rights are guaranteed only for people who have an official diagnosis. In Italy, As Martino states, "The diagnosis of dyslexia in adults still appears to be somewhat limited in Italy, as diagnostic services in the developmental field cannot take on subjects who are over 18 years old, while services that make neuropsychological diagnoses in adults rarely deal with dyslexia" (11). It is therefore possible to clearly understand that the problem of diagnosis also lies in the difficulty of being able to find a diagnostic service for people over 18.

Dyslexia in The Work Environment

The challenges that people with dyslexia face in their adult lives are numerous, but the context where they are concentrated is the workplace.

These difficulties may be due to the symptoms of dyslexia or a non-inclusive work environment. It is a common attitude not to tell anyone about one's condition because of fears of negative repercussions; in the common sense, dyslexia are still very much linked to prejudice and stereotypes, and people are often judged negatively for their condition.

Morris and Turnbull (12), report that not wanting to disclose one's condition at work stem from fears of being ridiculed, victimized, and concerns about not being understood.

Dyslexia is one of the hidden disabilities, that is, a disability that is not seen, this leads many people to believe that the impact of the condition is not that important or even believe that it does not exist.

If the worker, does not declare his or her dyslexia, he or she will not be able to seek the appropriate compensatory tools. However, not seeking the appropriate tools may in the long run lead to negative consequences in the person's mental health.

In the meta-analysis conducted by De Beer et al. (13) it is reported that not using the necessary compensatory tools can cause a negative impact on stress levels. It is reported that "unsupported dyslexic people have higher levels of stress and anxiety." If this state is prolonged over time, it is possible to incur chronic stress situations that then go on to afflict the individual for a long time.

The challenges each person with dyslexia faces at work are related to the type of work he or she does, the role he or she plays, or the work context. However, there are also common difficulties that relate to the work environment: "time management," organization, planning, structuring written communications, and presenting information (14).

Complex tasks that cause too much workload, places that are too noisy or have too many distractions where work can be done have been reported as particular difficulties by Morgan and Klein (2000) (15).

Inclusion in The Work Environment

An inclusive work environment is fundamental to ensuring a satisfactory standard of living for all, and means always keeping in mind and making the most of everyone's characteristics. It is essential that the person feels understood and listened to as much as possible and not judged.

In order to eliminate barriers due to discrimination based on stereotypes, it is useful for there to be knowledge, about dyslexia and what it implies, this will create a general climate of mutual understanding. Furthermore, creating an inclusive system not only benefits the person with DSA but will bring positive consequences for all involved. When inclusive projects are put in place, there is not only an improvement in internal cohesion within the work group but also an increase in productivity (14) Beetham and Okhai (14) conducted a study focused on the development of an inclusion project targeting staff at Imperial College London.

This project involved professors and staff with dyslexia to take advantage of a coaching service targeted toward their DSA-related needs. This program showed that eventually participants reported an increase in levels of self-awareness or self-awareness, improvement in organization and work performance, more self-confidence and a general feeling of feeling "in control." The result of the study underscores the need to implement in the work environment a contact person to whom people with dyslexia can turn and who protects and promotes access to compensatory tools for workers with ASD.

In addition, Costantini et al. (16) pointed out that initiatives designed to assist people with dyslexia in developing their strengths and self-management strategies can be beneficial not only for adapting to work but also for other types of transitions that may be experienced in adult life.

In Italy to promote inclusion, a recognition for companies sensitive to the issue, the "Dyslexia Friendly" label, has been created by AID (Italian Dyslexia Association). The "Dyslexia Friendly" recognition represents a commitment by the company toward the inclusion of employees with DSA. This is organized as a twelve-month pathway to train staff to value people with DSA and promote the use of compensatory tools, especially at the selection and job placement stage. Thus, this recognition can be a step in the right direction to raise awareness of dyslexia and inclusion in work settings among larger companies.

The Occupational Choice

It is also important to understand whether a diagnosis of dyslexia may influence occupational choice. Indeed, it is possible that having an ASD may predispose people to opt for some occupations instead of others (17).

In fact, according to some researchers, low levels of psychological resources such as self-esteem and self-efficacy, which often characterize people with ASD, may be an obstacle toward broader occupational choice (18).

To test whether people with dyslexia tend to choose some jobs over others, Taylor and coworkers in 2003 (17) conducted research comparing the occupational choices of adults with and without dyslexia. This analysis showed a significant difference between the two groups considered. In fact, the group of people with symptoms of dyslexia had a lower probability of entering scientific fields such as computer science, management or finance. The experimenters hypothesized that the reason for this might be the very nature of these types of occupations. In fact, the jobs listed are characterized by the use of skills such as writing, number crunching and constantly having very short deadlines to meet, all skills in which people with dyslexia seem to be more or less deficient.

The data analysis also pointed out that people with ASD were more likely to be in person-oriented roles such as nursing or buying and selling. Therefore, it would be interesting to investigate whether this tendency to avoid certain job categories is due to the characteristics of DSA or arise from a barrier that prevents people with dyslexia from freely choosing a job occupation. Furthermore, it is relevant to point out that in addition to the common difficulties people face during the transition from school to work, people with ASD often encounter problems related to work culture. In fact, there is currently found to be a strong difference between the school culture, which in the last decade has begun to understand people with ASD, and the work culture where, on the other hand, there is not much information on the topic (18).

Horn et al. in 2020 pointed out that people with dyslexia still show to this day that they are afraid of being discriminated against for their characteristic by the labor market and that there is a significant difference between wages of person with dyslexia and among people without any DSA. Madaus in 2006 (20) conducted significant research that highlights how important it is to have a college degree for people with DSA.

Although most students with dyslexia prefer to go directly from high school to work (21), many decide they want to continue their educational careers especially in recent years due to laws protecting their rights to compensatory tools. In fact, data collected by Madaus show that postsecondary education can be a very important means of obtaining meaningful employment for people with ASD. For students who had decided to continue their academic careers, factors such as employment rate and salary levels were very similar to those of non-SDA persons. They also showed that they were able to access any type of employment occupation, without any specific preference. Unfortunately, these data are no longer so favorable when people with DSA who chose not to pursue post-secondary education are also considered.

In fact, discussing Price and Gerber's 2005 research findings, where some of the respondents had not gone to college, the investigators state that people with dyslexia "are often un-employed or under-employed, with erratic job histories that include multiple entry level jobs with minimum wages and few benefits." These findings thus lead us to clearly see how much difference access to postsecondary education can make for people with ASD. To do so, some authors have highlighted the importance of increasing the use of assistive technology, defined by Dawson and collaborators in 2019 as "services and devices that enable people with disabilities to accomplish daily living tasks; assist them in communication, education, work, or recreation activities; and ultimately, help them achieve greater independence and enhance their quality of life." According to recent research, the use of these tools can greatly improve the quality of education, which will increase the likelihood of being able to access postsecondary education, which for people with ASDs can prove crucial (22).

It is therefore critically important, in order to make all types of work accessible to all, to continue to protect and guarantee the rights not only of students but also of workers with dyslexia.

Conclusion

Adults with dyslexia who are unaware of their condition may often find themselves in jobs below their abilities or occupations that do not require them to use the knowledge they acquired in school. Others, however, over time, manage to develop compensatory strategies to overcome weaknesses and find work appropriate to their skills. In these cases, however, it should be remembered that the person never accesses compensatory tools and may face more obstacles in his or her work career.

Having thoroughly understood the issues faced by working adults with ASD, it is necessary to identify the results achieved. This analysis has revealed a significant need for a broader process of inclusion and awareness of the issue.

In addition, the literature highlights the need to include within the work environment a figure who is responsible for ensuring the rights and compensatory tools for employees with DSA and who can inform as clearly as possible all workers about what dyslexia is in order to avoid discrimination.

In fact, it is important to make as many people as possible understand what the symptoms of dyslexia are, how to recognize it, and that these can have a significant impact on a person's entire life. A representative figure for workers with ASD could simplify the process of requiring a diagnosis from adults.

Thanks to Law 25 de March 28 (23), many rights are more protected at work but only for those who can obtain an official certificate. It is essential to ensure that workers use the necessary compensatory tools and highlight the strengths that accompany this characteristic to create the most collaborative environment possible.

Thus, we can conclude that an inclusive activity through the establishment of a reference figure for DSA workers could help contain many of the issues investigated in this review.

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