

# Identidys

User's manual

English version



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**Caution:** It is important to note that denominations and care pathways may vary from country to country.

This manual was designed for France but can nevertheless provide advice and information as part of an approach to identifying neurodevelopmental disorders.

This manual is primarily intended for you, parents.

However, it can also be a collection of information for health/medical/paramedical professionals, socio-educational and education professionals, especially teachers... but it can also be addressed to your children!

Our will was to make the information accessible as widely as possible.

To do this, we have done a great deal of work to popularize the terms used in the neurodevelopmental disorder's clinic, more specifically "dys" disorders and ADHD.

In these pages you will find information on these disorders, ideas to better support your children with their difficulties, both at home and at school, whatever stage you are at in the in the treatment process.

This manual also describes how to use the IdentiDYS scale and thus, in a modest way, tries to simplify your journey and that of your children through the many steps to be taken.



### Don't forget!

The "IdentiDYS" scale is not a diagnostic tool but should be considered as a scale to help identify DYS disorders. You can download it at: [www.identidys.com](http://www.identidys.com)

# IdentiDYS

L'échelle d'aide au repérage des troubles Dys

### Who is IdentiDYS for?

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- It must be filled out by the parent(s) (or legal guardian) of the child for whom a language, learning disorder (DYS) and/or ADHD is suspected.
- It is for children aged 7 to 14 years.

It is important that you, parents, answer all the questions asked in the questionnaire. Do not hesitate to ask for help if you feel it is necessary.

### How to fill out the IdentiDYS questionnaire ?

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You must say, in relation to your child, if the situations / difficulties described are present:

- **YES** = very often (several times a week or even several times a day)
- **RARELY** = anecdotal ("can be counted on the fingers of one hand")
- **NO** = never (your child is never confronted with this situation/difficulty) You are free to associate a comment to one, several or even each question asked. This will allow the professionals who consult your answers to obtain a maximum of qualitative information concerning your child and his/her difficulties.

## What is in the IdentiDYS questionnaire?

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It is divided into 5 parts, each of which covers a specific domain/theme:

### - Domain A: **Attention / Hyperactivity / Impulsiveness**

Allows us to obtain an overview of the child's possible difficulties in concentrating, his motor agitation and impulsiveness that may be observed in his daily behavior. Children with Attention Deficit Disorder (with or without hyperactivity) have this type of difficulty.

*Attention Deficit Disorder with or without Hyperactivity-Impulsiveness (ADD/ADHD) can manifest itself through a lack of attentional stamina, disorganization, manifestations of hyperactivity and/or impulsiveness, etc. To make a diagnosis of ADD/ADHD, these difficulties must be present in both the school and private settings for more than 6 months (DSM-5).*

### - Domain B: **Oral language**

Allows to see possible difficulties related to oral language, both expressive (ability to express oneself, construct sentences) and receptive (understanding what is said). Children with oral language delay, verbal dyspraxia, pragmatics disorder or linguistic dysphasia have this type of difficulty.

*Dysphasia, or Developmental Oral Language Disorder, corresponds to a deficit in the process of understanding and/or producing oral language. It can take the form of hypospontaneity (which can be related to shyness), lack of words (regularly searches for words), paraphasia (uses one word for another) and sometimes leads to difficulties in social interactions. It is a severe and persistent disorder despite appropriate sensory stimulation.*

### - Domain C: **Written language**

Allows to see possible difficulties related to written language, whether it be reading (deciphering and/or comprehension of what is read) but also spelling and writing in certain contexts (taking notes, copying on the board). Children with a written language delay or dyslexia/dysorthography have this type of difficulty.

*Dyslexia or Specific Written Language Disorder is a disorder that impacts the identification of words in a reading situation.*

*This can lead to a slowness in deciphering, an alteration in written comprehension as well as spelling difficulties.*

#### - Domain D: **Motor skills / Spatial awareness**

Allows to see possible difficulties related to motor skills (fine, global, coordination, clumsiness, balance) and which impact certain activities of daily living (managing school tools, dressing, using cutlery). This can be combined with visuo-perceptives difficulties that hinder the child's ability to find his or her place in space (geometry, finding his or her way around a map, performing operations, etc.). For example, children with a Developmental Coordination Disorder (dyspraxia) have this type of difficulty.

*Dyspraxia is no longer a term used. The literature now refers to Developmental Coordination Disorder. This is a disorder that affects the ability to automate the processes of planning, organizing and coordinating movement. It can be characterized by difficulties in gross motor skills (e.g. sports activities) and/or fine motor skills (e.g. dressing), clumsiness, etc.*

#### - Domain E: **Executive functioning**

Allows to see possible difficulties related to memory (ability to retain oral or written instructions, involving mental arithmetic), planning skills (ability to anticipate and organize one's activities and actions), inhibition (ability to think before acting or speaking) and mental flexibility (ability to move from one activity to another, from one line of reasoning to another without losing the thread). For example, children with Dysexecutive Syndrome have these difficulties.

*The executive functioning disorder can be translated by an alteration of mental flexibility, working memory, inhibitory control or planning. A deficit in these functions can also constitute a more severe and generalized disorder called dysexecutive syndrome. This syndrome is generally manifested by a massive inhibitory control disorder, the most prominent symptoms of which are: environmental or endogenous "magnetization" (a tendency to touch everything around one or to be unable to restrain certain thoughts or reflections), a tendency to perseverate (in one's actions or words), and significant deficits in working memory (Mazeau & Moret, 2013).*



Children with an oral and/or written language disorder regularly have difficulties with working memory, which obviously has repercussions on this domain (and therefore indicates the presence of a disorder in this domain).

We have also observed that the presence of an oppositional disorder can also have a significant impact on this domain (and therefore indicate the presence of a disorder in this domain).

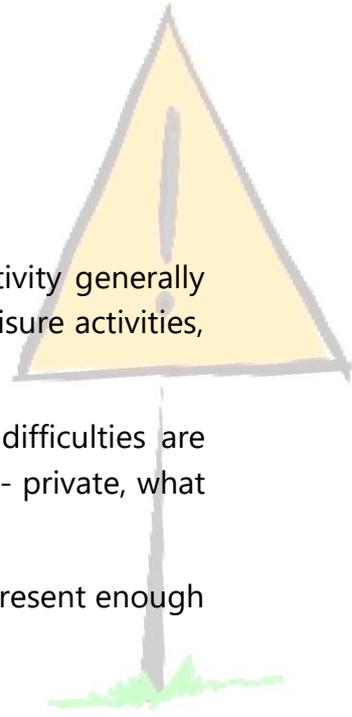
## Information note concerning domain A

The presence of an attention deficit disorder with or without hyperactivity generally concerns every moment of the child's daily life (at school, at home, in leisure activities, etc.)

In the case where ATTENTIONAL AND AGITATION / IMPULSIVENESS difficulties are absent or not very present in one of the two following domains: school - private, what to do?

At this point, domain A is considered invalid, i.e. the difficulties are not present enough to mask an attentional disorder.

Finally, it is as if the total score of domain A is equal to zero.



1. Once you have answered "YES" for both school and home, either for attention only, for agitation/impulsiveness only, or for both, you can calculate the points

### 1<sup>st</sup> example:

A lack of attention is observed in the school environment (school and homework).

YES /  Rarely /  NO

COMMENTS (optional)

A lack of attention is observed in the private sphere (leisure and daily activities).

YES /  Rarely /  NO

COMMENTS (optional)

Their restlessness / impulsiveness has been present in the school environment (school and homework) for over 6 months.

YES /  Rarely /  NO

COMMENTS (optional)

Their restlessness/impulsiveness has been present in the private sphere (leisure, daily activities) for over 6 months.

YES / Rarely /  NO

COMMENTS (optional)

2. On the other hand, if you answered "RARELY" or "NO" for either school only, home only, or both, for both inattention AND agitation/impulsiveness, you cannot calculate points. The total score for Domain A is equal to 0.

2<sup>nd</sup> example:

A lack of attention is observed in the school environment (school and homework).

YES / Rarely / NO

COMMENTS (optional)

A lack of attention is observed in the private sphere (leisure and daily activities).

YES /  Rarely / NO

COMMENTS (optional)

Their restlessness / impulsiveness has been present in the school environment (school and homework) for over 6 months.

YES / Rarely /  NO

COMMENTS (optional)

Their restlessness/impulsiveness has been present in the private sphere (leisure, daily activities) for over 6 months.

YES / Rarely / NO

COMMENTS (optional)

## What to do once the questionnaire is completed?

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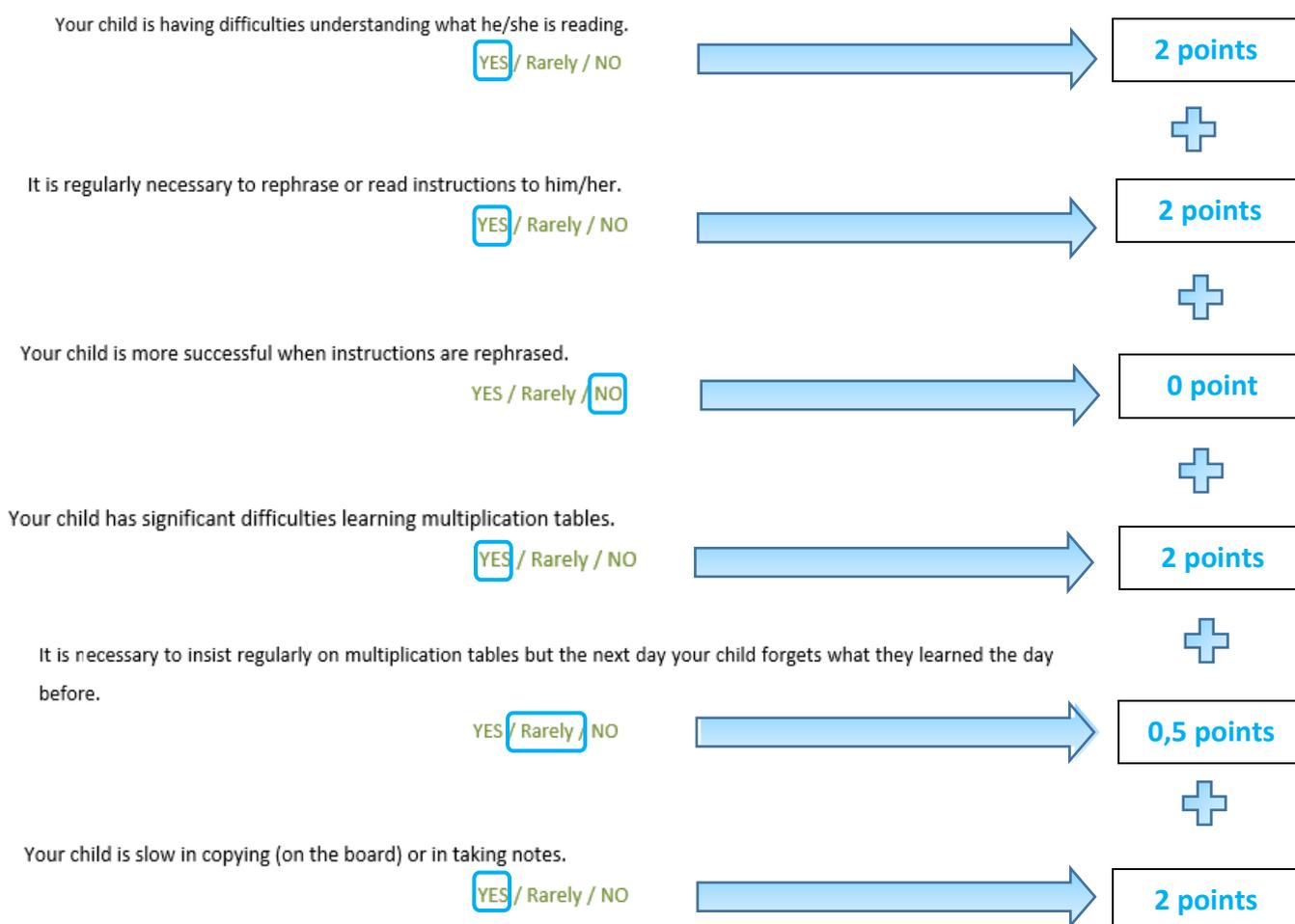
Once you have completed the questionnaire, you must add up the points corresponding to the types of answers, as follows

- a. YES = 2 points
- b. RARELY= 0.5 points
- c. NO= 0 points

Each part/domain contains 12 questions, which can add up to a total of 0 to 24 points.

You will then obtain 5 additions (scores), corresponding to the sum of the points obtained for each of the 5 domains.

Example: Sum of points for domain C (written language).



**For the moment we have 8.5 points, we move to the other page ...**

Your child makes many spelling mistakes and may write the same word in different ways.	<input checked="" type="checkbox"/> YES / Rarely / NO		<b>2 points</b>
			<b>+</b>
Your child has difficulties writing (messy handwriting/poor quality) but manages to write correctly when given time.	YES / Rarely / <input checked="" type="checkbox"/> NO		<b>0 point</b>
			<b>+</b>
Your child does not like to read AND/OR does not read.	<input checked="" type="checkbox"/> YES / Rarely / NO		<b>2 points</b>
			<b>+</b>
Your child does not have functional time management skills (time management, confusing days, months).	<input checked="" type="checkbox"/> YES / Rarely / NO		<b>2 points</b>
			<b>+</b>
Your child does not manage to write down all of his/her lessons.	<input checked="" type="checkbox"/> YES / Rarely / NO		<b>2 points</b>
			<b>+</b>
Your child is unable to reread their lessons because their handwriting is very poor.	<input checked="" type="checkbox"/> YES / Rarely / NO		<b>2 points</b>

**8.5 points on the first page and 10 points on the second page.**

**The total equals 18.5 points for the domain of written language.**

Reproduce this for all the domains present on the questionnaire.

## What to do now that we have all 5 scores?

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We will now build the child's profile on the last page of IdentiDYS by placing the sum obtained for each domain on the scale.

Example: Total points for domain C (written language) = 18.5 points

### Domain C : Written language



I am in the **green** zone on one or more domains, what to do?

"IdentiDYS" does not highlight any difficulty on this domain.

I am in the **"orange"** zone on one or more of the 5 domains, what should I do ?

" IdentiDYS " highlights a moderate risk of specific difficulties in this area. These difficulties should therefore be monitored and we encourage you to get in touch with a professional specialized in these difficulties.

I am in the **"red"** zone on one or more of the 5 domains, what should I do ?

" IdentiDYS " highlights a certain risk of specific difficulties in this area. Referral to a professional specialized in these difficulties is strongly recommended.

## The golden pedagogical arrangements

### To be implemented even before the diagnosis ...



Supporting children with learning difficulties also means knowing how to adapt their schooling in order to help them compensate. Please note that the following list of accommodations is not exhaustive but will allow the teaching team in charge of the identified child to adapt his/her learning as best as possible while waiting for the diagnosis.



#### **Caring is the first and most important adaptation.**

"The Dys child is a little genius who suffers from not being able to meet the teacher's requirements. JB

#### **Red zone on domain A: Attention / Hyperactivity / Impulsiveness**

-The child with an attention disorder cannot mobilize his attentional and cognitive resources over the long term. Propose regular "brain breaks" and lower the quantity requirement / give priority to quality.

-A child with hyperactivity will have difficulty learning without moving. Suggest that he/she participate in certain tasks in the classroom (handing out, picking up papers, etc.). Allow him to move around in his chair; "the more he moves, the more he learns".

#### **Red zone on domain B: Oral Language**

-A child with an oral language disorder may have significant comprehension difficulties. Ensure that instructions are understood by rephrasing, segmenting and simplifying the vocabulary used.

-These children often need more time to complete the work required. Logically, offer them extra time or reduce the number of exercises.

-Finally, multiplication tables are difficult to grasp: offer a memory aid.

### **Red zone on domain C: Written language**

- Children with a written language disorder have difficulties in decoding reading and spelling. Do not read aloud, do not penalize spelling.
- These children often need more time to complete the required work. Logically, offer them extra time or reduce the number of exercises.
- Finally, multiplication tables are difficult to grasp: suggest a memory aid.

### **Red zone on domain D: Motor skills / Spatial awareness**

- Children with visuo-praxic disorders often have difficulty finding their bearings in space. Do not penalize performance in geometry, in locating on maps, in performing operations.
- These children also have motor difficulties. Do not penalize writing (reduce the quantity requirement - propose course materials), nor difficulties related to the management of school tools (compasses, etc.), nor physical performance in sports.

### **Red zone on domain E: Executive functioning**

These children have short-term memory problems. Segment oral instructions, avoid double tasks and use memory aids.

- They have difficulty organizing and planning their activities. Suggest work routines and reduce quantity requirements.

Double-tasking is difficult for them. Do not impose note-taking (offer course materials).



## Who to turn to?

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### First of all !

Make sure that hearing and ophthalmological check-ups have been carried out (language difficulties can for example appear following a hearing deficit).

Furthermore, the referral to a doctor (neuro-paediatrician / child psychiatrist / general practitioner) will be in our opinion important in order to ensure the coordination of the follow-up and the care. It should be noted that several of the professionals mentioned only practice on medical prescription.

Finally, a consultation with a clinical psychologist may be considered, but should only be carried out after a thorough cognitive investigation.

### **Red zone on domain A: Attention / Hyperactivity / Impulsiveness**

-A neuropsychologist to evaluate intellectual and attentional capacities by means of a quantitative and qualitative assessment.

-A speech therapist for a quantitative and qualitative assessment of oral and written language.

### **Red zone on domain B: Oral language**

A speech-language pathologist for a quantitative and qualitative assessment of oral and written language.

### **Red zone on domain C: Written language**

A speech-language pathologist for a quantitative and qualitative assessment of oral and written language.

### **Red zone on domain D: Motor skills / Spatial awareness**

-An occupational therapist / psychomotrician. For a quantitative and qualitative assessment of motor, visual-perceptive and/or graphic skills.

-An orthoptist. For a quantitative and qualitative assessment of ocular and neurovisual motor skills.

### **Red zone on domain E: Executive functioning**

-A speech therapist for a quantitative and qualitative assessment of oral and written language.

-A neuropsychologist to evaluate the executive and attentional intellectual capacities by means of a quantitative and qualitative assessment.



## Who are these professionals?

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### Speech-Language therapist

You need a medical prescription Speech therapy is reimbursed by Social Security (all or part of it depending on the country)

The HAS (Haute Autorité de Santé) recommends speech therapists as the professionals to consult first in case of suspicion or proven language disorder. This should not be confused with speech therapists, who may provide a different type of treatment than other professionals.

#### Generally speaking

The speech therapist (or logopedist) is interested in communication disorders, the construction of oral and written language, but also speech and articulation disorders or mathematical logic.

#### The assessment

The speech therapist (or logopedist) is interested in the evaluation of communication disorders, the construction of oral and written language, but also speech and articulation disorders.

This assessment is the first step towards understanding your child's difficulties, and sometimes leads to the implementation of re-education, school adaptations and home training.

#### The treatment

The speech therapist helps your child to develop skills that are not sufficiently acquired for his/her age and/or school level. This follow-up allows your child to progress and to feel more at ease with his difficulties.

The speech therapist also helps your child to build pragmatics, which is what allows him to give "meaning to language" to make him effective in exchanges with others.

The speech therapist also takes care of calculation, reading and spelling problems and helps your child to better understand what he/she reads..

In collaboration with speech therapists:  
Tiphaine CAILLET – Stéphane LEMAIRE - Sophie MURE  
Maria NESMES – Stéphanie ZAAROUR

## Neuropsychologist

You do not need a medical prescription

Neuropsychology is not reimbursed by Social Security

It should be noted that he is a clinical psychologist specialized in the practice of neuropsychology.

### In a general way

From tests but also thanks to the observation of your child and to individual interviews with you, parents (and sometimes even with teachers), the neuropsychologist allows to better understand the psychological, cognitive and emotional functioning of your child.

His or her mission is to help you better understand the way your child learns and understands the world around him or her.

### The assessment

The assessment focuses on how your child functions by evaluating various "cognitive" functions, such as intelligence, memory, attention, executive functions, etc. through interviews, questionnaires and tests.

The intellectual assessment can be part of this evaluation and allows the neuropsychologist to ensure the absence of more "global" difficulties (intellectual disability). The neuropsychologist generally adds to this intellectual evaluation other tests that allow a more detailed evaluation of certain skills, for example: attention.

### The treatment

Cognitive remediation: this allows for the stimulation and re-education of certain attentional and executive skills that may be weak points in your child.

Tools and methods of compensation are also offered to your child, notably by working with him/her on "metacognition". Metacognition" will simply allow your child to better understand how he/she functions, thus giving him/her the keys to better compensate for his/her difficulties on a daily basis.

Parental guidance: BARKLEY-type protocol

Cognitive behavioral therapy (CBT): see page dedicated to the psychologist

In collaboration with a neuropsychologist:

Patrice GUEIT

## Occupational Therapist

You need a medical prescription

Occupational therapy is not reimbursed by Social Security

### In general

The occupational therapist is interested in the activities that your child wants or needs to do, whether it be in his daily life, his leisure activities or at school.

### The assessment

It allows to understand what prevents or hinders your child to do the activity in question, while taking into account his abilities, his habits and the environment in which he evolves.

### The treatment

The occupational therapist is the professional who allows your child to use the computer (tablet) in the school setting in an autonomous and efficient way to compensate for his difficulties in writing (slow writing and/or graphic clumsiness).

Depending on your child's situation, the occupational therapist will also suggest other technological and human aids and even adjustments (whether at home or at school).

All in all, the occupational therapist's mission is to make your child more autonomous when faced with activities that he/she cannot or cannot partially perform.

In collaboration with an occupational therapist:

Sylvain THAMIE

## Clinical psychologist

You do not need a medical prescription

Psychology is not reimbursed by Social Security

Please note: in order to simplify things for you, the parents, we have distinguished between the neuropsychologist and the clinical psychologist. In reality, the diploma is the same and some skills overlap.

### Generally speaking

He is the mental health professional. He is interested in your child's psychological and emotional state.

He/she takes charge of his/her suffering when he/she feels overwhelmed by his/her emotions, anxieties and/or thoughts.

In simple terms, the clinical psychologist deals with "what's going on and what's going wrong" in your child's life.

The psychologist may practice, among other things, cognitive behavioral therapy (CBT). CBT helps to understand how thoughts, emotions and behaviors work. The goal is then to find strategies to reduce the person's symptoms.

In collaboration with psychologists:

Jérémy BRIDE

Rocky VIVES

## Orthoptist

You need a medical prescription

Orthoptics is reimbursed by the Social Security

### In general

The orthoptist is interested in the way your child's eye and brain see the world around them. He works in collaboration with ophthalmologists and opticians.

### The assessment

The orthoptist uses a series of tests to see if your child's eyes are moving correctly and if his or her brain understands what is being captured or seen by the eyes.

The assessment is multiple :

- a sensory assessment: this allows us to verify good vision (visual acuity), what is seen by the eye (visual field), color vision, relief vision (in 3 dimensions),
- an oculomotor check-up: this allows us to verify if the eye is moving correctly (gaze motor),
- a functional assessment: this allows us to check how your child finds his way in space, how he reads or how he explores the world around him.

### Care and support

The objective is to help your child train his visual abilities. It also allows us to explain to the parents the sometimes confusing visual functioning.

## Doctor

Medicine is reimbursed by the Social Security

For the simplest cases: to be preferred before any other approach!

Your child's doctor (general practitioner - pediatrician) may be trained to identify neurodevelopmental disorders / learning disabilities.

He or she will prescribe the actions to be taken as a priority and will be in charge of monitoring your child's progress. He or she will direct you to the most appropriate professionals in the city.

Our little tip: don't hesitate to ask for advice and to give him the results of the Identidys questionnaire that you will have completed either in paper or online version.

For more complex cases: when there is a strong suspicion of a disorder

The second-line doctor (specialized in neurodevelopmental disorders) advises and coordinates different types of treatment.

This doctor should be consulted if your child's progress is not sufficient or if the difficulties he or she is experiencing are more complex (for example, when your child has difficulties of several types: oral language + attention).

For even more complex cases: when the diagnosis cannot be made by the specialized doctor or when your child is not progressing or is progressing only slightly

In this case, there are reference centers which are services specialized in neurodevelopmental disorders and which are attached to the University Hospital Centers.

These centers are composed of a multidisciplinary team that intervenes in the most difficult situations - that is, when everything that has already been put in place for your child remains insufficient.

**ATTENTION:** it is not necessary to consult these centers if you wish to submit a file to the MDPH (Maison Départementale des Personnes Handicapées).

In collaboration with a doctor :

Dr Fleur ACROUTE VIAL

## Psychomotrician

You need a medical prescription

Psychomotricity is not reimbursed by Social Security

### In a general way

The individual is considered in his globality, as a whole composed of motor, cognitive and psycho-affective domains. These domains are in constant communication with each other.

The goal of psychomotricity is to work on the balance between these domains while working with the individual's environment.

### The assessment

It allows to make a general point on the psychomotor capacities of the individual. For example, a writing problem may be related to an excessive contraction of the hand and wrist muscles. It can also be caused by other difficulties that the psychomotrician will study during the assessment.

### Management

An individual may need psychomotor therapy for different reasons. Here are some examples (the list is obviously not complete) of what can be worked on by the psychomotrician, most often in a playful way so that the exercises are more interesting for the child.

- Gross and fine motor skills: for example, the child can make motor courses alone or with some obstacles and exercises on his way (hoops, ball, tunnel, etc.)
- Body awareness: for example, with games such as "1, 2, 3, Sun", the child with ADD/ADHD will learn to use his or her brakes to stop at the right moment; this is called body inhibition.
- Planning of the gesture: for example, to do a roll, the child must ask himself "how should I position myself to start?" or to do a jump rope, he asks himself "at what moment should I jump to succeed?"
- Visual analysis and problem solving: for example, the child will work on his observation skills with maze games. These games are done either on a sheet of paper or in real life using the objects in the room!

In collaboration with psychomotricians:

Juliette LANDELLE  
Hélène NICOULIN

## Graphic therapist

You do not need a medical prescription Graphotherapy is not reimbursed by the Social Security

### The assessment

The graphotherapist observes and identifies writing difficulties that may explain slowness, pain (in the hand, wrist or lack of legibility) and quality.

### The treatment

The graphotherapist proposes to correct and restore the writing gesture so that it is more efficient. This allows your child to have a fluid, clear and legible writing.

In collaboration with a graphic therapist:

Muriel DE PAZ

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## Orthopedagogue

You don't need a medical prescription.

Speech therapy is not reimbursed by the Social Security

The orthopedagogue helps all people with learning difficulties, whether or not they are linked to disorders. He/she identifies the possible levers to be used so that the person can overcome his/her difficulties and develop his/her potential to learn more easily and effectively.

### The assessment

First, an evaluation and an interview with the student and his/her parents allow the remedial teacher to set up a personalized action plan.

### The accompaniment

The support is tailored to the child's needs and helps him or her to better understand his or her own learning mechanisms. It also helps the child to implement effective strategies to regain the pleasure of learning independently..

In collaboration with the president of the "Union des orthopédagogues de France"

Christelle Coronet

## Do you have financial difficulties?

Intellectual evaluations can be carried out in the school setting by the psychologist of the French National Education - contact your school!

Some mutual insurance companies cover the costs partially or totally.

There are also public structures that can welcome you and take care of your child free of charge (fully reimbursed by Social Security), such as the CMP or CMPP (Centre Médico-Psychologique - Centre Médico-Psycho-Pédagogique - contact your CMP/CMPP referent!)

For more information on your reception structures, go to

<https://annuaire.action-sociale.org/>



[www.identidys.com](http://www.identidys.com)

« YOU NOW HAVE IN YOUR HANDS  
A COMPASS TO GUIDE YOU  
THROUGH THE LABYRINTH OF THE CARE PATHWAY »