CHAPTER I
LEARNING DISABILITIES

When told that a child is not learning well and may have a learning disability it can be a very disturbing event. The first questions that come to mind are: What is a learning disability? What causes a learning disability? What does this mean for my child? Now what do I do?

What is a Learning Disability?

In the United States and Canada the term learning disability (LD) refers to a group of central nervous system disorders that affect a broad range of academic and functional skills.

Learning disabled children are characterized in common by poor academic achievement. It must be understood that these disorders do not prevent learning they simply require different teaching methods, and perhaps some modifications to the classroom setting to accommodate any developmental delays that make it difficult for the child to benefit from traditional teaching methods.

Usually these special modifications have to be adapted to the strengths and weaknesses and unique learning style of each individual child. Because they are adapted to special needs, programs designed to meet these special needs are called special education. Currently almost 1.9 million school-aged children in the US are classified as having specific learning disabilities and receive some kind of special education support.

Learning problems that are primarily the result of poor vision or hearing, motor disabilities, mental retardation,
autism, emotional disturbance, or environmental, cultural or economic disadvantage may be eligible for special services but are not considered to be a learning disability. For a child to be identified as having a learning disability he must meet very specific criteria outlined by law.

**Legal Definition of Learning Disability**

In order to be identified as having a learning disability, a child must demonstrate average or above average intelligence, and the child’s level of achievement must be significantly below what his average intelligence would suggest that he should be able to achieve.

In the law, it is stated that a significant discrepancy must exist between intellectual ability and level of achievement, and achievement and intellect must be measured by standardized tests in the following areas:

- Oral Expression
- Written Expression
- Basic Reading skills
- Reading Comprehension
- Mathematical calculation
- Mathematical reasoning

Secondly, the severe discrepancy between ability and achievement must be due to an identified deficit in one or more of the following basic psychological processes:

- Attention
- Visual Processing
- Auditory Processing
- Sensori-motor skills
- Cognitive abilities including association, conceptualization and expression
How Learning Disabilities are Diagnosed

Given the above guidelines, learning disabilities are identified by a combination of intelligence testing, academic achievement testing, classroom performance, social interaction and aptitude. Other areas of assessment may include perception, cognition, memory, attention, and language abilities. Test outcomes depend not only on the child's actual abilities, but on the reliability of the test and the child's ability to pay attention and understand the questions.

Each type of learning disability is diagnosed in slightly different ways. To diagnose speech and language disorders, a speech therapist tests the child's pronunciation, vocabulary, and grammar and compares them to the developmental abilities seen in most children of the same age. A psychologist tests the child's intelligence. A physician checks for any ear infections, and an audiologist may be consulted to rule out hearing problems. If the problem involves articulation, a doctor examines the child's vocal cords and throat.

In the case of academic skill disorders, academic development in reading, writing, and math is evaluated using standardized tests. In addition, vision and hearing are tested to be sure that the student can see words clearly and can hear adequately. The specialist also checks the child’s school attendance to be sure that he has received sufficient instruction to be able to achieve at grade level. Once the evaluation is complete, the basic approach is to teach learning skills by building on the child's abilities and strengths while correcting and compensating for disabilities and weaknesses.

Causes of Learning Disabilities

At one time, scientists thought that all learning disabilities were caused by a single neurological problem, but
research has demonstrated that the causes are more diverse and complex. New evidence seems to show that most learning disabilities do not stem from a single, specific area of the brain, but from difficulties in bringing together information from various parts of the brain. A leading theory today is that learning disabilities stem from subtle disturbances in brain structures and functions.

While learning disabilities are very real limiting conditions in the central nervous system which significantly impact the ability to learn, there is overwhelming evidence that most forms of learning disability are caused by trauma. The trauma, either unidentified or neglected, interferes with the normal development of the central nervous system, or prevents its normal function.

Some possible causes may be due to heredity. Often learning disabilities run in families, so it is not uncommon to find that people with learning disabilities have parents or other relatives with similar difficulties. Learning disabilities may, also, be caused by illness or injury during or before birth. They may also be caused by drug and alcohol use during pregnancy, low birth weight, lack of oxygen and premature or prolonged labor.

Head injuries, nutritional deprivation and exposure to toxic substances can also contribute to learning disabilities. Natural disaster, grief, loss or abandonment by a non-nurturing parent, or child abuse and neglect are all distressing experiences which may lead to learning disabilities.

There are other more serious injuries to the central nervous system which cause learning problems, but these injuries are not classified as learning disabilities. Other designations identified as eligible for special education include other health impaired, emotionally disturbed, deaf or hard of hearing, mentally handicapped, auditory processing disorder, language impaired, and physically handicapped.
Evidence suggests that even these more serious conditions can be modified with proper intervention, or they could have been prevented with proper care. Therefore, while emphasis in this writing is upon learning disabilities, many of the accommodations suggested at the end of each chapter apply equally as well to other conditions requiring special education.

What This Means for the Child

While learning disabilities are not uncommon, they appear to be more common in boys than in girls.1 There are many theories about why this is so, but none have been proven conclusively. Both boys and girls have similar experiences with learning difficulties and their consequences.

A learning disability is not just a minor problem that simply goes away as a child matures. These conditions must be identified and treated early. If they are, there is a greater chance that children having difficulty learning will reach their potential. Teachers and parents must work together to help students with learning disabilities to develop the skills that they need. A recent report from the National Institutes of Health showed that 67% of young students who were at risk for reading difficulties became average or above-average readers after receiving help in the early grades.

Early intervention prevents the development of more serious learning problems resulting from long-term neglect and/or untreated trauma. In the event that the trauma continues over a long period of time and brings about significant change in behavior, the problem may require a change in designation. For example, a neglected or abused child may have learning problems, but with continued neglect and abuse, the child’s psychology and inappropriate behaviors may require a change in designation from learning disabled to emotionally disturbed. And the longer the trauma goes
untreated, the more difficult it will be to prevent the long term consequences.

What to Do

When a person has a disability, the impact on the family can be even more devastating than on the person’s academics or work. Coping with and compensating for processing deficits at school or work can be exhausting, yet many people are far more successful at dealing with their difficulties in a structured school or work environment or in public than they are at home.

Frustrations that were suppressed at school or work may be transferred to family members at home. Sheer exhaustion may make for a grumpy, tearful child; a sullen, withdrawn teenager or an angry adult.

For these reasons, a large percentage of families with a handicapped child wind up divorced. The handicapped child needs parent advocacy and support, but so does the rest of the family. Parents should be careful to not become so involved with the handicapped child that the rest of the family is neglected. Parent and child need an intact family now more than ever.

There are too many possibilities to pin down the cause of the disability with certainty. It is far more important for the family to move forward in finding ways to get the right help.

In order to develop a comprehensive approach for each child, the law requires any school receiving Federal aid for education to develop Individual Education Plans for all children requiring a special education. Parents are encouraged to participate in the process of designing the individualized education plan.

Parents are additionally encouraged to become involved in rearing children in an environment free of trauma that may
have the potential of interfering with the child’s developing central nervous system.

That is why parents and school psychologists, therapists, or other practitioners, will want to explore the exact nature of the child's problem and the contributing factors. Parents should talk with teachers about what the child is doing in the classroom and compare that information with observed behavior at home, so that learning plans and classroom modifications and accommodations can be designed to enhance the child’s achievement while identifying specific stressors which might be contributing to the problem.