

# **A Parent's Primer on Learning Disabilities**

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Approximately 3-10% of all school age children have learning disabilities, and such disabilities often lead to school failure, poor peer relationships, low self-concepts and limited work opportunities. Learning disabilities are frequently accompanied by deficits in attention and social behavior, but are considered different or distinct disorders from attention deficit disorders (ADHD) or conduct disorders. The term **learning disability** refers to a wide range of disorders in reading, writing, speaking, listening and mathematics.

The term **dyslexia** is usually reserved for severe **reading** disorders. Reading disorders represent the most common type of learning disabilities, accounting for 80% of all children diagnosed with learning disabilities. Reading disorders affect equal numbers of boys and girls, but school districts currently identify four times as many boys as girls.

## **How Are Learning Disabilities Diagnosed?**

A precise definition of a learning or reading disability has not yet been developed. There are over 50 different definitions in the professional literature. Different definitions are used by different school districts, different fields of professionals, different researchers, and different clinics or professionals within the same field. In fact, a student could be "cured" of his or her disability by simply moving from one school to another due to differences in definitions and/or eligibility criteria.

Most school districts use a definition which calls for a "severe discrepancy" between a child's measured intellectual ability and measured academic achievement. The discrepancy may be in oral expression, listening comprehension, written expression, reading recognition, reading comprehension, math calculations, or math reasoning. Other definitions include deficits in language, memory, processing speed, or fine-motor skills. The discrepancy or deficit is determined through formal IQ and achievement testing, although different professionals use different tests. Ultimately a multi-disciplinary school district evaluation team must determine eligibility for special education services based upon their district's policies, and state and federal regulations. If a student meets the specific criteria in his/her district, then s/he will be offered special education services. If parents agree with that decision, then the student's parent(s), teacher(s), school specialists, and if appropriate, the student must develop an Individualized Education Program (IEP) which specifies an education plan for remediation with measurable goals and objectives. Many students have mild delays in academics and are not eligible for special education services. They may, however, be eligible for other types of academic

remediation offered in their particular school. They would also benefit from home tutoring.

Recent research demonstrates that learning disorders occur along a continuum of impairment and that distinguishing between disabled students with and without an IQ achievement discrepancy appears to be an artificial distinction without merit. However, school district policies must conform to Federal and state regulations, and most regulations still include a “discrepancy criteria”. Other research demonstrates that learning disorders reflect a persistent deficit rather than a temporary or developmental lag. Over 70% of the third graders identified with reading disabilities will remain disabled into high school and probably adulthood.

### **What Causes Learning Disabilities?**

There is a growing acceptance by scientists that reading disabilities run in families and appear to be genetically determined. Researchers have demonstrated a strong link between **some** reading disorders and a chromosome abnormality. There are many other studies demonstrating abnormalities or “pathologies” in the brains of individuals with **severe** reading disabilities. There is much less known about the genetics or causes of less severe reading disorders, and other types of learning disabilities. Certainly, inadequate opportunities, disruptive behavior and/or poor teaching strategies can contribute to academic delays.

### **The Importance of Early Intervention**

The ability to read and understand what is read depends on the rapid and automatic recognition and decoding of single words. Slow and inaccurate decoding skills are the best predictors of reading comprehension problems, and future reading disorders. A co-occurring disorder in attention, such as ADHD, will usually exacerbate the severity of the reading disorder, and produce more cognitive and social problems. Since disabled readers do not easily learn the “phonic codes” due to their disabilities, they must be provided highly structured programs which explicitly teach the phonologic rules and letter sounds. Well designed research studies funded by the National Institute for Child Health and Human Development have convincingly demonstrated that systematic phonics instruction, **before the third grade**, will result in much more favorable outcomes for learning disabled students than reading approaches utilizing a “context emphasis” or whole-language approach. Effective reading programs also include intensive practice or repetition, comprehension and literature components, structured lessons, and emotional support or encouragement.

### **How Are Learning Disorders Treated?**

Besides early training in phonics, the only other intervention with research support is tutoring in reading and basic skills. This is usually provided through special education services as “pull-out” classes or in-class assistance, or by parents through private tutoring. Certainly a school and/or home reinforcement or reward system will keep students motivated and improve their effort to learn. Also, counseling about the

chronic nature of learning problems, study skills or learning strategies, and assistance with homework is helpful. Social skills training for peer relationship problems, supportive therapy for depression or frustration problems and family therapy for family stress and/or child behavior problems are also helpful. However, no other specific program, technique, or medication has ever been shown to cure or alleviate learning disabilities based upon **impartial** research studies.

Learning disabled students (and adults) often require accommodations or modifications in their school, work or home requirements. Such accommodations often include less home work or chores, shorter assignments or tasks, the use of tape recorders or computers, additional time to complete tests or assignments, peer “note takers” and alternative methods to “prove” one’s knowledge. The scheduling of “resource room” or “study skill” classes to allow students extra time to complete assignments or homework is also very helpful. Just as physically handicapped individuals are provided ramps and special considerations, learning disabled individuals need academic accommodations. It’s not only a good idea, it’s the law! The Americans With Disabilities Act (ADA, P.L. 101-336) and the Individuals with Disabilities Education Act (IDEA or P.L. 105-17, formerly P.L. 94-142) clearly require “reasonable accommodations” and a “free and appropriate” education for individuals with learning disabilities.

Hopefully as educators, employers, and the general public learn more about learning disabilities, fewer students will drop out of school early and face limited employment opportunities.

If you would like more information on learning disabilities, attention deficit disorder, or behavior problems, please call: Steven Waksman, Ph.D., Licensed Clinical Child Psychologist and Certified School Psychologist at (503) 222-4046. You may also receive information from your State Department of Education.

Additional copies of this pamphlet are available from the author at:

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