

FIVE MISCONCEPTIONS ABOUT LEARNING DISABILITIES

This article is an excerpt from the Learning Disability Association of America's online newsletter, [THE LD SOURCE](http://www.lda@multibriefs.com)(www.lda@multibriefs.com). It was originally published March 16, 2012 in the PBS NewsHour by Jason Kane.

In the classroom, it starts simply -- sometimes with a struggle to sound out simple words; sometimes with trouble telling time, memorizing the times tables or learning left from right. It often ends simply, too: with a troubling statistic.

One in five of the American students identified as having a learning disability will walk away from their education. That's compared to a dropout rate of 8 percent in the general population.

Just as startling: Close to half of the secondary students currently identified as learning disabled are more than three grade levels behind in essential academic skills. And it's widespread. Roughly 2.4 million students -- that's more than the entire population of Houston, Texas -- are known to struggle with it.

"Race, culture economic status -- LD doesn't discriminate. It's real and affects people of all ages," said Dr. Sheldon H. Horowitz of the National Center for Learning Disabilities, referring to learning disabilities by a common nickname, LD.

LD 101

Contrary to popular belief, autism isn't a learning disability. Neither is attention deficit hyperactivity disorder (ADHD), mental illness, or intellectual disability. The following dialogue is provided by Dr. Horowitz, who walks us through the five most common misconceptions regarding Learning Disabilities.

Misconception 1: The Term 'learning disabilities' is interchangeable with other disorders.

Learning disabilities (LD), are not one thing, but rather the name for a category that encompasses a variety of specific disorders that create real obstacles for success in school, on the job, and in life. It's an umbrella term that points to weaknesses in such areas as reading, writing, spelling, math, and other kinds of skills, and is presumed to result from faulty or inefficient ways that information is processed in the brain. By definition, individuals with a learning disability do not struggle because of low intelligence, poor teaching, lack of motivation or other such factors. Their underachievement is unexpected and unexplained, which is why the term is often misunderstood.

It's important to note that the term is also often confused with a number of other disorders, so let's set the record straight. Learning disabilities do not include problems that are primarily due to visual, hearing, or motor disabilities -- even though students with those types of disorders can also have LD. It doesn't include intellectual disabilities (formerly called "mental retardation"), emotional disturbance, or autism spectrum disorders, although children who fall within these diagnostic categories can also have learning disabilities. LD is not caused by cultural, environmental, or economic factors. And LD is not synonymous with ADHD, even though they often co-occur and share lots of the same features. They both require specialized, structured and carefully targeted instruction and support. But here's the big difference: ADHD can be treated with medicine; LD cannot.

Misconception 2: Learning disabilities are easily diagnosed.

There is no quick and easy way to know whether a child has LD. There's no blood test or X-ray that can be done as part of a child's annual physical. And even our most sophisticated brain scanning technologies and genetic studies can't (yet) predict LD. What we do know is that learning disabilities run in families, and that a family history of academic difficulties could be an indication of risk.

Determining whether a child has LD is a process that unfolds over time and must include information from multiple sources. Parents need to provide their impressions and family history information. Educators need to offer detailed information about the child's progress and how well they respond to instruction. Specialists need to document performance on assessments designed to tap academic skill and the ways that the child processes information. And other factors such as attention, behavior, and medical history need to be considered. Are there some early signs of LD to look for? Sure. In the area of reading, for example, watch for *slow or limited vocabulary, difficulty rhyming, trouble mapping the sounds of letters to their corresponding shapes* -- these might all be early warning signs of dyslexia, a specific learning disability in reading."

Misconception 3: Learning disabilities usually correspond with a low IQ.

If a person's intellectual capacity is below normal, their problems learning are not said to stem from a learning disability. Again, these are processing disorders that occur for reasons other than diminished cognitive ability. They're not due to poor vision, poor hearing, they're not caused by environmental or cultural factors. They aren't caused by 'dystachia' or a lack of opportunity to learn, and are not a result of a less than optimal home environment. Children with LD have the mental machinery to do well, but because of the unique ways that their brains are organized to receive, process, store, retrieve and communicate

information, they struggle to accomplish tasks that are necessary to success in school and in life.

The other thing I must stress is LD is absolutely not about laziness or a lack of motivation. These are real disorders -- with impacts that are felt every day and in so many ways. Imagine how you would feel if every time you read something new you needed extra time to sound out each word, re-read each sentence more than once to retain its meaning, and struggle to remember details and take notes. Now imagine the stress of the school day, worrying about whether you will be called upon to read aloud or write on the board, in effect being asked to put your LD on display. And the same goes for the workplace. The key is to help those with LD to circumvent the challenges of their learning disabilities so they can share what they know in ways that demonstrate strength, leveling the playing field so their difficulties don't define who they are and what they can accomplish.

Misconception 4: More students seem to be diagnosed with learning disabilities in today's society.

If you look at all of the nation's students who receive special education services and the 13 different educationally handicapping conditions listed in the Individuals with Disabilities Education Act, almost half -- 41 percent -- have a learning disability. The numbers of school-age students in each category have changed over time, with some categories growing and others shrinking in number, but most experts agree that somewhere between 4 and 6 percent of the population has a learning disability. Within the LD category, the vast majority of children will have significant difficulties in the area of reading. But remember, not everyone in society who struggles in areas of reading, writing, spelling and math will have LD.

And a word about 'learning differences' or 'preferences.' Do you know someone who is terrific at remembering names and phone numbers but who doesn't like to write things down? How about someone who is not a huge talker but who never forgets a face, is great with directions and likes things to be detailed and well-organized. Or how about someone who is hands-on, preferring to dive in and experiment without relying on printed instructions or verbal feedback. Most people have some of these characteristics, and some have strong preferences about how they organize their lives. While these styles or preferences can help us orchestrate activities of daily living, they don't get in the way of our doing things in other ways. That's where LD is different. People with LD are 'wired' to do things differently, and their struggles are not due to preferences or differences but

rather real brain-based disorders. This does not mean that LD is a prescription for frustration or failure. Quite the opposite. But it would be unfair and inaccurate to presume that they can push past their differences if they just tried harder or tried to be more flexible in their approach to learning.

Misconception 5: Learning Disabilities fade with time.

Learning disabilities do not go away -- they're with you for life. That doesn't mean someone with a learning disability can't achieve or even be wildly successful. They just need to find ways to circumvent or accommodate for the areas in which they don't do well. The more individuals know about themselves and how to get the help they need, the more they'll be able to succeed. A person who is diabetic can still be a world-class athlete, but they need to figure out how to balance the management of their medical condition with their training and completion needs. People who have learning disabilities can be (and are) Pulitzer Prize-winning poets, state governors and members of Congress, actors, economists, engineers, physicians... anything at all. They just need to understand their specific LD-related challenges, find ways to work around these pockets of weakness, and follow their dreams.

The sooner people learn to talk about their LD and how to be effective self-advocates, the better. There's some really interesting longitudinal data that shows success attributes among children with LD. Studies tell us that even more important than early recognition of LD, overall intelligence or how many years of special education help they received, the thing that had the biggest impact over time was how well they could articulate their learning disability to others. Starting in elementary and middle school, students should become really good at explaining their learning disability to teachers. By the time they're in high school, they should know the rights and protections they have and be able to share details of their IEPs or 504 plans -- documents that specify the services and supports they are entitled to receive."

For more information about all of these topics, as well as free parent guides and checklists, visit www.LD.org.