

Learning Disabilities

Frequently Asked Questions

Q. What is a Learning Disability ? A. A learning disability is typically indicated when a child has difficulty "retaining" learned information. However, the real issue is determining the reason behind this learning difficulty and how it can be corrected.

Q. What is a Learning Disability from a classical point of view ?

A. From a classical or traditional point of view a "learning disability" is considered to have a biological (genetic) root. The memory or perceptual systems are underdeveloped or slow in processing. From this same point of view, children, adolescents and young adults may receive a "learning disabled" label if they exhibit certain symptoms, such as low scores on achievement tests with poor or inconsistent behavior. These symptoms are reported by parents or teachers and are subjective in nature. Additionally, from an allopathic (MD) point of view, a learning disability is considered a disruption of the prefrontal lobes and thalamic regions of the brain and needs to be regulated with medication. Children labeled as learning disabled, hyperactive, or neurologically impaired are typically assigned special class placement. Each year, new classifications arise for those individuals who do not fit into the regular, normal classroom. More and more children are being identified and placed in these programs, and as a result, the number of "special" programs has increased. From our experience, many of these children are being inappropriately labeled and placed in special classes. Unfortunately, due to the "Learned Helplessness" factor, a learning issue often becomes a reality.

Q. How is a Learning Disability determined from a classical point of view?

A. It is important to note that the classifications are administrative and are not a diagnosis. There is no such disease as hyperkinesia, hyperactivity, learning disabled, etc. These are symptoms of a problem, they are not the problem itself.

Many times, when children are placed in special-education categories, they become stigmatized. The label often segregates these children into an abnormal environment that makes it virtually impossible for them to learn normal, appropriate behaviors.

Obviously, a child is incapable of learning normal behavior in an abnormal environment. Accordingly, many of these children have less of a chance to succeed.

Q. What is a Learning Disability from neurodevelopmental point of view?

A. We view learning disabilities as developmental delays and as an underdeveloped nervous system. This underdevelopment may be located in the Central Nervous System (brain and spinal cord) or in Peripheral Nervous System (the supporting neuropathways) which brings information to the brain. We need to determine which part of the nervous system is adversely affected and how the brain receives, processes, integrates, stores, and expresses information. From this, the real issue/s begin to emerge leading the way to a non-medicated solution.

After proper identification, exercises, activities and therapies can be designed to help develop the part of the nervous system effected, which in turn allows those adversely effected areas to mature. At that point, many individuals can overcome the "label" of learning disabled.

Q. How is a learning Disability determined neurodevelopmentally?

A. A NeuroGeniSys assessment which includes a qEEG, cognitive abilities assessment, neuro-processing assessment, neuro-function assessment, auditory processing assessment, neurodevelopment assessment, and speech and language assessment if needed.

Q. What are some of the behaviors associated with Learning Disabilities?

A. If the child/adolescent/young adult lacks right or left hemisphere dominance, the brain will typically be disorganized, due to the influx of disorganized information to the brain. For instance, for an individual who is right side dominant s/he may take in visual information through the right eye and store it in the left hemisphere. If eye dominance has not established, then the information can be placed in either the left or right hemisphere, which can interfere with the efficient processing and retrieval of information. Firm pathways in the brain have not been established. Another way to look at this would be to view the brain disorganization as a room filled with filing cabinets. If the cabinets (brain regions) are properly organized and all of the files (pathways) are in alphabetical order, information can be added or retrieved efficiently. If however, the cabinets (brain regions) are disorganized and the files (pathways) are not alphabetized or information is improperly stored or missing this can make it difficult to find the information. The information may in fact be there, but retrieval of that information is difficult and frustrating at best and often times impossible to find.

These kids are typically the ones who study for a test at night, only to fail when they take the test the following day. They took in the information, but lost it when they attempted to retrieve it. When you place these students under any type of stress (like test taking), the system immediately begins to fall apart, and their processing function diminishes. This vicious cycle eats away at confidence and the ability to achieve.

These are the same kids who won't/don't remember a homework assignment from the previous night, yet they can remember what color dress their mother wore on Christmas two years previously. These individuals are not lacking innate intelligence. They just cannot properly take in information, assimilate it, process it, and retrieve it appropriately.

Q. What are some of the Behavioral Problems?

A. If an otherwise bright child, is disorganized and not functioning at the same level as his/her peers, they will often question their own intelligence and dwell upon what is wrong with them and why they are different. A large portion of these children (beginning about the third grade level) will eventually develop behavior problems. While these behavior problems can generally be managed with a proper neurodevelopment program it can be a severe handicap for the child.

Many of these behavioral problems originate as a self-defense mechanism. One, in which the child/adolescent/young adult formulates an effort to protect the battered ego. If they try and fail, they will generally internalize the belief that they are below normal intelligence. Therefore, it is safer in the terms of ego protection to not try at all..... or to act out. The failure can then be blamed on the fact that they did not try, rather than they could not do it...which is much easier to live with.

Kids labeled as behavior problems will develop a poor self-image, particularly if they are placed in a special class. Every child attending school knows who is placed in a special classroom, and the child becomes an object of taunting and ridicule by his peers. This serves to reinforce a poor self- image. If they are negatively segregated at school it can alter their behavior and produce feelings of despondency. Many of these children/adolescents/young adults withdraw and become introverted. Some even become aggressive. These are the kids

that always seem to be getting into fights, and very often initiate the quarrel.

Q. What is Crossroads' Solution ?

A. We work with children with mild disorganization with our individualized programs both center-based and home-based. We can often eliminate minor problems within a four-month period of time. If the child has more severe problem, additional therapeutic measures may take longer. We set specific home-program and lab goals for all our clients. Our results show our clients improve at a rate of one year's academic growth within every three-month period. Rapid academic advancement is not as difficult as it may sound. This is because we are not only improving the child's neurological functions, but also their cognitive and developmental function. This allows these children/adolescents/young adults to absorb information and process it at much faster rates. We also design the academic program to fit the needs of each individual. Quite often we only require thirty minutes a day for the child's instruction, for both the academic portions of the program.

The future can be bright for these children if the problem itself is treated and not just the symptoms. We must also avoid the labels, stigmas, and destruction of the child's self-image, if we are to achieve the greatest potential each of our children possess.