



## **Learning Disabilities – An Inside Look**

By Linda Balsiger, M.S., CCC-SLP

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Do children with **learning disabilities** have lower intelligence? Actually, nothing could be further from the truth. In fact, a learning disability is by definition an **unexpected** discrepancy between actual learning or achievement in relation to age and other abilities (such as intellect). This excludes children with conditions such as mental retardation or autism. According to the National Institute of Health, at least 15% of the population has some type of learning disability.

The most common type of learning disability is a **language learning disability (LLD)**, which encompasses disorders of reading, writing, and spelling. These disorders all involve deficits in processing language in written form. An estimated 80% of children with learning disabilities have problems with reading. Because reading is the primary avenue of learning in higher grades, a reading disorder will affect learning in most academic subjects. Many children with language learning disabilities also struggle with memory for verbal material, or have deficits in rapid-naming or word-retrieval that can impact reading fluency or speed.

One common language learning disability is **dyslexia**. It is a specific type of language-based learning disability that affects decoding, spelling, and some aspects of writing. Dyslexia is caused by underlying deficits in processing the phonological components of language. Dyslexia is sometimes, but not always, accompanied by deficits in visual processing. Children with dyslexia also sometimes have difficulty with rote memory tasks, such as memorization of multiplication tables.

**How do other language learning disabilities differ from dyslexia?** Children with dyslexia often have solid reading comprehension once they learn to read, unless the decoding effort is so cumbersome that there is no energy left to extract meaning. On the other hand, children with a general reading disability may struggle with many aspects of reading, including reading comprehension. Children with dyslexia typically have difficulty with handwriting and spelling, but their written content is often solid. Conversely, children with a language-based learning disability in written expression may labor to put their ideas into writing, and their writing is often characterized by disorganization, minimal content, simple or repetitive syntax, and grammatical errors.

Children with learning disabilities based upon language processing deficits often struggle with the higher-level language forms encountered in



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literature or advanced academic texts. This is particularly true if there is a history of early speech-language delays. These texts contain more complex syntax, such as passive sentence structure (“The opinions of the populace were tabulated by the pollsters”), prepositional phrases (“the population *in the rural areas of the state*”), and relative clauses (“the machine *that was used to filter the oil-based discharge* had a malfunction in its internal circuitry”). Figurative language contained in literature (e.g. metaphors, similes, and slang) can also be challenging for these students. Some children with language learning disabilities have no problems with complex syntax or figurative language, but instead have difficulty integrating language and meaning across sentences, and across paragraphs. They may have excellent recall of explicit details, but fail to extract main ideas, larger themes, and inferences that are not explicitly stated.

***What can be done if you suspect your child has a language learning disability?*** The first step is an evaluation by a qualified speech-language pathologist or learning disabilities specialist. The evaluation should include a written report that contains a formal diagnosis, detailed interpretive analysis, recommendations, and a plan for treatment. Specific school accommodations designed to meet the student’s learning needs and profile are also often recommended. The next step is to seek treatment to remediate the language-based deficits that underlie the learning disability. Treatment is different from tutoring, and it should be conducted by a qualified learning specialist with specialized training and experience in language learning disabilities. While early intervention is always preferable, it is never too late to get help and begin to restore a student’s confidence and success in learning.

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*Linda Balsiger, M.S., CCC-SLP is a literacy and learning specialist and certified state-licensed speech-language pathologist. She is the owner of Bend Language & Learning, a private practice dedicated to the treatment of dyslexia and other language-based learning disabilities ([www.bendlanguageandlearning.com](http://www.bendlanguageandlearning.com)).*

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