

What Are Learning Disabilities?

Learning disabilities, or learning disorders, are an umbrella term used to describe a person that has trouble learning and using certain skills.

While every kid has trouble with homework from time to time, if a certain area of learning is consistently problematic, it might indicate a learning disorder. By understanding all you can about learning disabilities, you can ensure a child gets the right help to overcome challenges and succeed in life.

A learning disability is not a problem with intelligence or motivation. Kids with learning disabilities are not “lazy” or “dumb”. In fact most are just as smart as everyone else and usually have average or above average intelligence. Their brains are simply wired differently, causing a difference in how their brain works and processes information. Simply put, children with learning disabilities see, hear, and understand things differently. This can lead to trouble with learning new information and skills, and putting them to use.

The most common types of learning disabilities involve problems with reading, writing, math, reasoning, listening, speaking, and processing. Individuals with Disabilities Education Act (IDEA) defines learning disabilities as “...a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunctions, dyslexia, and developmental aphasia...”



How common are learning disabilities?

Learning disabilities are very common! As many as 1 out of every 5 people in the United States has a learning disability. As many as one-third of students in school may be suffering from a hidden learning disability.

When are learning disabilities/disorders commonly diagnosed?

Learning disabilities tend to be diagnosed when children reach school age and they must start to focus on the very things that may be difficult for them. This is when teachers and parents notice that their bright child is not learning as expected.

In children with ADD/ADHD the signs and symptoms typically appear before the age of seven. It can sometimes be difficult to distinguish between attention deficit disorder and normal “kid behavior.” If you spot just a few signs, or symptoms appear only in some situations, it’s probably not ADD/ADHD. On the other hand, if a number of ADD/ADHD signs and symptoms are present across all situations – at home, at school, and at play – it’s time to take a closer look. (“Signs and Symptoms of Learning Disorders” will appear in Part 2 in next month’s newsletter)

Types of learning disabilities and disorders

There are many types of learning disabilities in children. The most conspicuous usually revolve around reading, writing, and math. Other types of disabilities and disorders can affect motor skills, spoken language, distinguishing between sounds, and interpreting visual information.

Common Types of Learning Disabilities			
Dyslexia	Difficulty reading	Problems reading, writing, spelling, speaking	Difficulty understanding the relationship between sounds, letters and words; struggles with comprehension - inability to grasp the meaning of words, phrases, and paragraphs
Dyscalculia	Difficulty with math	Problems doing math problems, understanding time, using money	Difficulty with sequencing, memory or organization
Dysgraphia	Difficulty with writing	Problems with handwriting, spelling, organizing ideas	Difficulty with physical act of writing, mental activity of comprehending and synthesizing information, forming words and letters, organizing thoughts on paper
Dyspraxia (Sensory Integration Disorder)	Difficulty with motor skills	Problems with hand-eye coordination, balance, manual dexterity	Difficulty with fine motor skills - cutting, writing, or gross motor skills - running, jumping
Dysphasia/Aphasia	Difficulty with language	Problems understanding spoken language, poor reading comprehension	Difficulty calling upon the right words to verbally explain something or communicate with someone else
Auditory Processing Disorder	Difficulty hearing differences between sounds	Problems with reading, comprehension, language	Difficulty hearing things correctly, which impacts ability to read, write and spell
Visual Processing Disorder	Difficulty interpreting visual information	Problems with reading, math, maps, charts, symbols, pictures	Difficulty with visual perception, which affects gross and fine motor skills, reading comprehension, and math

Other disorders that can make learning difficult are ADD (attention deficit disorder) or ADHD (attention deficit hyperactivity disorder). While not technically considered learning disabilities, they are the most common disorders associated with learning difficulties.

ADD/ADHD makes it difficult for kids to inhibit their spontaneous responses – responses that can involve everything from movement to speech to attentiveness. Sometimes these children are labeled as troublemakers, or criticized for being lazy and undisciplined; however they may actually have ADD/ADHD.

It is normal for children to occasionally forget their homework, daydream during class, act without thinking, or get fidgety at the dinner table, however, inattention, impulsivity, and hyperactivity are also signs of ADD/ADHD, which can affect their ability to learn and get along with others. These children often have more frequent problems with sitting still, blurting out inappropriate comments at inappropriate times, staying focused, following instructions, staying organized, and completing homework.

Diagnosing a learning disability should always be done by a trained specialist, however, in Part 2 of this series in next month's newsletter, we will focus on some of the signs and symptoms of learning disabilities/disorders which may help you determine when that testing might be necessary.

(Sources: www.helpguide.org; www.wired2learn.org; www.ldonline.org)

Post-Traumatic Stress Disorder in Children and Adolescents

All children and adolescents experience stressful events which can affect them both emotionally and physically. A child or adolescent who experiences a terrible event(s) may develop ongoing difficulties known as post-traumatic stress disorder (PTSD). These stressful or traumatic events generally involve situations where serious physical, sexual and/or emotional harm has occurred to, or was witnessed by, the child or adolescent.

Some children are able to recover from a traumatic event by themselves while others cannot. Children with severe symptoms can recover by participating in therapy with trained mental health professionals who have expertise in treating PTSD victims. Support groups or group therapy can also be useful in helping children learn that they are not the only ones who suffer from PTSD. Groups also provide a safe atmosphere in which children can share personal feelings.

Some of the traumatic events that can trigger PTSD include:

- Physical or Sexual Abuse
- Witnessing or a being a victim of senseless acts of violence (such as school/mass shootings)
- Natural disasters (tornados, hurricanes, floods etc.)
- Fires (natural or manmade)
- Car accidents
- Diagnosis of a life-threatening medical illness – personally or to someone close
- Death of someone close



PTSD can be diagnosed at any age, and can occur as a sudden, short-term response (called **acute stress disorder**), or it can develop gradually and become chronic or persistent.

A child with PTSD may also re-experience the traumatic event by:

- Having frequent memories and/or nightmares of the event,
- Young children may reenact the event in their play
- Acting or feeling like the experience is happening again
- Developing repeated physical or emotional symptoms when reminded of the event

Children with PTSD may also exhibit the following symptoms:

- Worrying about dying at an early age
- Losing interest in activities
- Having physical symptoms such as headaches and stomachaches
- Showing more sudden and extreme emotional reactions
- Having problems falling or staying asleep
- Showing irritability or angry outbursts
- Having problems concentrating
- Acting younger than their age (for example, clingy or whiny behavior, thumb-sucking)
- Showing increased alertness to the environment (hyper-alertness)
- Repeating behavior that reminds them of the trauma

The symptoms of PTSD may last from several months to many years. The best approach is prevention of the trauma. Once the trauma has occurred, however, early intervention is essential. Support from parents, school, and peers is important. Emphasis needs to be placed upon establishing a feeling of safety. Psychotherapy (individual, group, or family) which allows the child to speak, draw, play, or write about the event is helpful. Behavior modification techniques and cognitive therapy may help reduce fears and worries. Medication may also be useful to deal with agitation, anxiety, or depression.

Helping children with PTSD in the school setting:

A child's teacher and/or school counselor can play an important role in recognizing and facilitating a child's recovery from a severe traumatic event. Although it is usually necessary to seek outside professional help, consider these ideas for providing support to the child and the child's parents if you suspect PTSD:

- Greet the child warmly each day, make eye contact, and let the child know that he/she is valued and that you care.
- Provide a familiar, calm, consistent environment.
- Create an atmosphere in which the child feels safe to reenact or discuss a trauma, or express his or her feelings without judgment – yet do not pressure the child to do so.
- Be aware of certain activities that may trigger the child's anxiety or regression and safeguard against them.
- Try to eliminate stressful situations from your classroom and routines; make sure your room arrangement is simple and easy to move through; create a balance of noisy versus quiet activity areas and clearly define them; and plan your day or class period so that it alternates between active and quiet activities (being forced to maintain the same level of activity for too long may cause the child to become restless and anxious).
- Do not tell a child to forget about the incident. PTSD symptoms may be a result of trying to do just that. This request also minimizes the importance of the trauma, and children may feel a sense of failure if they can't forget.
- Reassure children that their symptoms and behaviors are a common response to a trauma and they are not "crazy" or bad.

(Sources: www.aacap.org/aacap; www.kidshealth.org; www.nimh.nih.gov; www.kellybear.com; www.schoolmentalhealth.org)

Not So 'Smart'ies

A once popular candy, Smarties, is finding re-newed fame by becoming the latest trend to go viral – but not for eating the sugary goodness...for snorting them! SCIP first reported this trend a few years back, and it appears to be seeing a new resurgence. Students can log into YouTube and find thousands of examples of their peers crushing the sugary candy and snorting or 'smoking' the powder. When snorting the sugary treat students crush the candies into powder form and then use a small straw to snort the powder into the nasal passages. When 'smoking' or inhaling Smarties students place the powder in a rolled piece of paper and inhale; the sugary powder goes into the lungs and when the student exhales powder residue can be seen.



Snorting or smoking Smarties is not addictive, and will not get students high; however, it can lead to the following complications:

- Cuts in the nasal passages – if the Smarties are not crushed finely enough, pieces may act like razor blades cutting the thin tissues in the nasal cavity
- Infection – sugar residue may remain in the nasal cavity, sinuses and/or lungs, leading to inflammation and infection which may be especially dangerous for children with asthma and allergies
- Scarring – anything that is snorted can lead to scar tissue forming in the nasal passages
- Irritation of lungs – powder residue in the lungs can cause wheezing, respiratory difficulties and chronic cough (aka smokers cough)
- Allergic reaction – develop anaphylactic shock to the powder, leading to life-threatening swelling of the tongue and upper airway
- Maggots – frequently snorting food products of any kind, in this case sugar based Smarties, has been reported to lead to maggots feeding on the sugary residue inside of the nasal passages. Dr. Oren Friedman of the Mayo Clinic states, "When a foreign material, and especially a food, resides in the nose for a long period of time, infections may occur, worms may reside in the nose, even maggots may flourish in this environment -- and we have encountered such a problem in the past."

As educators and parents what should we do about this dangerous new trend?

1. **Talk!** Use this as an opportunity to talk with students about the trend, ask questions about if their peers are snorting or smoking Smarties, share the possible effects. If nothing else, they'll know that you know.
2. **Monitor!** Kids are watching YouTube videos of other kids snorting Smarties and then copying the behavior they witness. Know what things are being viewed on sites like YouTube, and know that not everything is bad. Educate yourself on the latest teen trends to go viral.
3. **Be Informed!** Students that try snorting Smarties may be disappointed when they learn that there is no high associated with inhaling the sugary powder and become curious about huffing other substances that will get them high. Huffing is the deliberate inhalation or sniffing of common products found in homes and communities with the purpose of getting high. It is common among teens, and it is very deadly. Products commonly huffed include aerosol products such as canned air, spray paint, glue, and dry erase markers.

(Sources: <http://wgntv.com>; www.cbsnews.com; www.youtube.com; www.chicagonow.com)