



WHAT TO DO IF YOUR CHILD HAS LEARNING DIFFICULTIES

(Specific) learning difficulties (LD) refer to specific weaknesses that occur in the acquisition of various academic skills. Specific LD is different from problems that occur in the context of general learning difficulties (intellectual impairment) or chromosomal abnormalities like Down Syndrome.

In theory, the distinction between specific LD and general learning difficulties is based on a discrepancy between achievement and IQ. That is, the child with specific LD has average or close to average IQ and fairly specific difficulties in some academic skills. In contrast, the child with general learning difficulties has global deficits across all academic and cognitive domains. In practice, the distinction is more slippery. Suffice to say that if a child is relatively bright yet has weaknesses in language, reading, spelling, or mathematics they can be said to have LD.

How common is LD?

The prevalence of LD is hotly debated. However, it is safe to say that at least 25% of children struggle quite a bit with school work. Perhaps 10-15% of otherwise bright children are caused significant impairment by LD.

What to do if your child might have LD

- DO NOT WAIT. There is a pervasive belief in education circles that children with LD are 'just delayed' and that, with time, they will 'catch up'. 35 years of research have shown this belief to be grossly false. The longer a problem goes unchecked the harder it is to manage.
- Seek guidance from your doctor. They can often direct you to local learning experts like Understanding Minds.
- The first step in helping a child with LD is to carefully define their weaknesses, the skills that underpin these abilities, as well as identifying the resources they currently possess. A good assessment should not only assess the child, but also the family and school environments for additional risk factors and resources that can be used for intervention. A thorough review of previous interventions and educational planning should also be undertaken.
- Engage in intervention as early as possible. DO NOT WAIT.
- Make certain the person directing the intervention – be that at school or in a private clinic – is able to provide you with the following:
 - An explanation of your child's specific difficulty.
 - An explanation of normal development in that area and how your child differs from the norm (e.g., if your child has dyslexia the clinician/teacher should carefully describe dyslexia, normal reading development, and how your child may have developed dyslexia).
 - Literature that shows the intervention being suggested is evidence-based (i.e., research has shown that it works). If they cannot immediately direct you to the body of scientific evidence (i.e., *not* books or testimonials) you should immediately seek a second opinion.
 - A clear plan for how the intervention will proceed and a method of assessing progress at regular intervals that seems to be matched to your child's specific difficulty (e.g., a word-level reading intervention should be assessed with standardised tests of word-reading accuracy and fluency rather than a vague measure such 'book levels' or teacher or parent satisfaction levels.
- Be wary of interventions based on dietary changes (including fish oil), sensory-motor therapy, behavioural optometry, balance training, chiropractic, psychotherapy, rapid auditory processing, sound therapy, and neurofeedback. These things have been shown to have little effect on LD.