

Chapter 1

Nonverbal Learning Disability (NLD): Unraveling the Mystery

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ABSTRACT

The purpose of this chapter is to inform practitioners in the teaching, medical, and allied health professions about the complex and serious nature of a nonverbal learning disability (NLD) so that early identification and intervention may prevent mental health issues. Children and young adults with an NLD face many difficulties not experienced by those with a language-based learning disability. Difficulty handling routine daily tasks and responsibilities on a consistent basis can threaten personal and economic independence, and a supportive network of friends may become harder to sustain over time. Involvement with community activities may also be limited. The author seeks to engage the reader with what is an enigma for some—the NLD profile. Discussion includes the origin of the disability, the physical presentation of the profile, differences between NLD and other commonly diagnosed learning disabilities, and possible consequences if the NLD is not identified early and managed.

INTRODUCTION

In the United States and Canada, a nonverbal learning disability (NLD) reportedly affects 1% of the general population (Rourke, van der Vlugt, & Rourke, 2002). If applied to Australia's population of 23.56 million, 235,000 individuals may be living with NLD, many of whom may be undiagnosed due to lack of knowledge and recognition of the syndrome. Research conducted in five Australian schools revealed a lack of understanding about the NLD syndrome (Rissman, 2007). When a child is deficient in nonverbal processing and cannot learn from experience, "he indeed has a serious learning disability" (Myklebust, 1978, p. 85). In contrast, even if an individual's verbal abilities are limited, he or she can still function well independently as long as his or her nonverbal abilities are well-developed. Tsatsanis and Rourke

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(2008) claim that “NLD is considered a learning disability in the fullest sense” (p. 181). Impairments are lifelong, and most individuals come to the attention of psychologists or neuropsychologists in the middle to late childhood years or during young adulthood (Casey, 2012; Rourke, 1989a).

One key objective here is to inform educators, pediatricians, school psychologists, neuropsychologists, occupational therapists, adolescent and adult psychiatrists, government and disability service providers, and support workers that a young person who reads and speaks well can still have a serious and impactful disability. Secondly, a robust attempt is made to raise awareness about NLD to groups and audiences whose roles include understanding and advocating for those affected.

So What Is an NLD?

... not a disability in the traditional sense. It is a silent, serious, and complex developmental disability that persists into adulthood. According to McDowell (2014), management can only be effective if the fundamental problem is identified and managed. “Developmental” means that symptoms manifest by 22 years of age and the gap with same-age peers widens over time. Characteristics are less obvious at 7–8 years than at 13–14 years and usually last throughout the person’s lifetime. Synonymous with a developmental disability is a disparity between perception of ability—by the individual and others—and what the young person can actually do.

In Australia, NLD is often undiagnosed or misdiagnosed due to lack of knowledge about the syndrome. This little-known disability may go unrecognized because those affected are usually “verbally precocious and are thought to be equally capable in all areas” (Spiegel, 2006, p. 1). When uninformed teachers cannot explain poor performance on simple tasks, they suspect the child is lazy, bored, or uncooperative, which means the child is rarely involved with educational programs that address his or her special learning needs. A further barrier to appropriate support and intervention is a notion in the minds of educators and parents that a child who speaks, reads, and spells well could not have a significant learning disability. The social and educational neglect of NLD “mirrors the experience of the children who are often ignored and overlooked in class and among peers” (Semrud-Clikeman & Glass, 2008, p. 164).

Such students face many difficulties not experienced by those with commonly diagnosed learning disabilities in the areas of reading and written expression. As they grow older, and more autonomy and self-reliance are expected at home and school, daily life can be full of fear if the fundamental problem, NLD, is not identified and managed. This disability affects the way children understand and relate to people and the environment around them. Difficulties with simple everyday tasks threaten personal and economic independence, and friendships become harder to sustain over time. As the young person grows older, loneliness becomes a constant companion and unrealized dreams may impact emotional well-being. Both Thompson (1997a) and Casey (2012) confirm that NLD does not disappear with age, but rather, a child grows into it.

Explaining the Title

“Nonverbal” denotes a disability that originates from deficits in the nonverbal processing domains. From this perspective, “the pattern of assets and deficits in speech and language development displayed by the child with NLD is thought to arise from interactions within and between a characteristic set of more basic nonverbal neuropsychological assets and deficits” (Rourke & Tsatsanis, 1996, p. 30). These interactions are understood to be those between good auditory, rote memory, and simple repetitive motor

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