



The Community School  
of Bergen County

*For the child whose  
potential exceeds performance*

## PROFESSIONAL MONOGRAPH SERIES

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### **Educating the Bright Child with Learning Disabilities**

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THE ARTICLE PRESENTED BELOW IS EXCERPTED FROM A PAPER FIRST PRESENTED BEFORE THE NEW JERSEY ASSOCIATION OF LEARNING CONSULTANTS ON DECEMBER 1, 1978 BY DR. BEATRICE LIEBEN, A CLINICAL CHILD PSYCHOLOGIST AND FOUNDER OF THE COMMUNITY SCHOOL OF BERGEN COUNTY. THE ARTICLE REMAINS HIGHLY RELEVANT TO TODAY'S CURRENT FOCUS ON LEARNING DISABILITIES.

Our school is designed for bright children with learning disabilities and, for most of the children here, that is the appropriate diagnosis. However, some of the children enrolled in our school come to us labeled "emotionally disturbed" as primary or secondary diagnosis. Why are these children candidates for Community School, you might ask, and how do we determine who comes to our school? Over the years we have confidently accepted into our program children showing certain behaviors because we felt that we understood them and that we could help them irrespective of the classification terminology. I learned long ago that,

while conducting intake, one must keep the diagnosis of emotional disturbance in abeyance when dealing with the learning disabled child. I take more seriously the description of disturbing behaviors than I do the diagnosis of these behaviors.

Of course, in intake, we look at the whole child. I attend very closely to the material received from the sending district: the psychological, neurological, psychiatric, learning disability and social worker's reports, always keeping in mind the LD child and the way particular problems can distort results. I rely more on qualitative evaluation of performance than on specif-

ic data. I have found that my own limited evaluation during the screening session gives me a far more reliable prognosis in terms of potential than formal scores would indicate.

In the case of the child classified Emotionally Disturbed, should my own differential diagnosis indicate psychosis and this is supported by professional reports, then, this child is not for us. Should I suspect that the child is a psychopath or sociopath and committed already to the negative or dark side of life, then, this too, is not for us. These children require a different kind of therapeutic milieu than we can provide.

With genuine ED out of the way, I will try to share with you, now, some insights into the behavior of the LD child, behavior which may, in fact, be quite disturbing, but for which we can, indeed, provide a therapeutic program. The differentiation between the two distinct classes of behavior is critical to a successful educational outcome.

From the learning disabled child I expect two categories of disturbing behaviors, both of which I see as part of the learning disabilities or minimal neurological dysfunction syndrome. The first category of disturbing behaviors are those that reflect discouragement, depression and low self-esteem. Particularly in the bright, sensitive, perceptive child, we know that the inability to deal with inner pressures and the pressures coming from society most often result in a profound hopelessness.

To deal with the underlying despair, the learning disabled child develops self-defeating or negative behaviors. For example, such a child may withdraw into stupidity. In this way he avoids all responsibilities. His immediate response to any academic task is, "I don't know," or "I can't do it," or "I don't know what you mean." Or he may give lip service to effort but

indeed invest little effort in his work. He might use all kinds of avoidance tactics to escape academic challenge. Indeed, this is a sensible way to deal with the certainty of failure.

Another child may use clowning and attention seeking to prove he can be effective in the group. Another child may use negativism or resistance to authority as a way of making himself felt, or proving he exists and has strength and power, "I don't want to do it and you can't make me."

These expressions of discouragement are part and parcel of the disturbing behavior of the learning disabled population. Generally, we know how to deal with discouragement and the self-defeating behaviors that accompany it. We have found that these behaviors diminish significantly when the environment is right and the child finds that positive effort can bring success.

However, there is a second category of disturbing behaviors frequently seen in this population. This category consists of those behaviors often characterized as emotional disturbance. In spite of such diagnosis, what I am about to describe are behaviors that reflect, in the social sphere, the same underlying dysfunctions that are reflected as learning disabilities in the academic sphere. Over the many years of my clinical experience I have learned, and firmly believe, that most learning disabled children, like all other children, are basically lovable and want to be loved. They are motivated by genuine ambition for success, academically and socially. Their disturbing behavior is not the product of underlying anger and faulty attitudes but rather of underlying propensities that interfere with making it academically and socially.

What exactly are these propensities? First, and most prominent, there are the propensities related to the control function. They are

restlessness, inner agitation, easy irritability, impulsiveness and easy frustration. Here, I am not referring to an attitudinal problem such as easy despair but, rather, to the neurological symptom of “falling apart when faced with challenge or any new situation,” as described long ago by Kurt Goldstein, the eminent neurologist. This is widely understood now as one clear symptom of neurological impairment. It is also a symptom that is widely distributed in the learning disabled population, both in children and adults.

Then, there is the problem of perseveration, a problem that we see so frequently in academics but many fail to recognize when it expresses itself in behavior. Perseveration may show in a child’s continuing to play when the teacher says it is time to clean up, for example. Often, seeming misbehavior is perseveration operating and not willful disobedience.

Problems in auditory processing too often express themselves in inappropriate behaviors. The result of difficulties in recall and in sequencing events in proper order is often that a child cannot recall events accurately enough to profit from his own experience or make the causal connections that allow him to learn, from experience, what went wrong in a particular situation. As in academics, where our children often cannot recall events they have seen or read about well enough to make inferences or draw conclusions, so, too, in behavior. In the reading or social studies class, this is a problem that the teacher recognizes easily. Unfortunately, we don’t always see the same causation in the way the child deals with this environment. Again, problems in organization may cause a falling apart when the situation presents too many diverse stimuli. A child may be successful in a one-to-one or small group situation, but fail miserably when in a class of sixteen. He may fail to

distinguish between what is central and what is peripheral in a given situation, and so may respond inappropriately. The behavior is inappropriate because the child misinterprets the scene, not because his emotional responsiveness is inappropriate.

Concreteness in thinking may underlie some of the problems we see in behavior. A friendly smile may be responded to as, “What’s so funny?” A friendly tap as, “Why did you hit me?” This style of thinking can lead to many problems in functioning. Learning disabled children are often poor in assessing the feelings of others or in interpreting facial and body expression. They need ongoing, concrete help for more accurate assessment of the underlying feelings of the other person.

These are only some samples of problems that may enter into inappropriate behaviors and that may reflect basic problems rather than faulty attitudes. Many misbehaviors need to be recognized as symptoms or concomitants of learning disabilities on the behavioral level even as we recognize them on the academic level. These behaviors need remediation even as basic academic skills need remediation. And I do believe it is the function of the school to deal remedially with these behavioral problems. Often we have found that in a total school situation we can do more to help our kind of child behaviorally than can weekly, one-hour sessions with a skilled analyst.

So, we do - and feel we should - accept children with various behavioral problems that we feel relate to the intrinsic nature of learning disability. And, please note, I refer to these children as behaviorally disturbed, not as emotionally disturbed.

Over the years we find that we have been largely successful in the area of difficult

behavior. We provide the high structure our children prosper on. We provide the limited choices they need to function comfortably within limits. They also need, and we do provide, a large staff of well-trained, caring, sensitive adults who can recognize the signs of deteriorating

behavior and stop it before disaster can occur. In our In-Service program we stress the dynamics of behavior and, in particular, the behavioral difficulties of the learning disabled child. This awareness is essential to our success.

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