The Community School
For the child whose potential exceeds performance

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Learning Disabilities in the Exceptionally Bright Child

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Uniquely at risk are children whose subtle learning disabilities are masked by their exceptionally high intelligence. This particular confluence presents a special challenge for the children, the puzzled parents and the school personnel involved. Why is this so and what are the risks?

In reviewing students placed at Community School in the last several years, a few cases come to mind that demonstrate what can happen when failure to identify underlying dysfunctions occurs. If, in addition to learning disabilities, signs of attention deficit disorder are present, the possibilities for misdiagnosis are magnified and the risks multiply.

A common danger bright learning disabled children face is that of being overlooked. When such children show some difficulty in school yet are able to keep at or close to grade level and behave in conventional ways, they fail to send the necessary alert signals and thus can be seen as doing well. Yet, when performance is compared to that expected of highly intelligent children, we gain evidence of underperformance. The underlying learning disability may not be given proper attention and the children's potential can be compromised.

An even more serious problem occurs when reasonably competent school performance is accompanied by unacceptable or disturbing behavior. Isolated symptoms of dysfunction in an otherwise academically competent student are likely to be ignored or minimized, resulting in a diagnosis of emotional disturbance. The disturbing behaviors are frequently not recognized as distress signs reactive to learning disability and inadequate intervention.

A good example of this would be the presence of dysgraphia in an otherwise competent student. In many cases, dysgraphia occurs as an isolated symptom. The consequences of this particular deficit in bright children whose academic performance is quite acceptable can be devastating precisely because, in the mainstream, writing is required for almost every instructional task and assignment, and, frequently, mechanical aids that might help in the writing tasks are proscribed. The dysgraphic child is challenged beyond competence; humiliation and discouragement surface and ultimately find outlets in disruptive, asocial behavior. Again, school personnel may fail to appreciate the sensitivity to dysfunction in such a basic school requirement experienced by the very bright, minimally impaired child, and may fail to make the necessary program adjustments.

Finally, a very interesting and complex, minimally learning disabled child comes to mind. Seen originally as behavior disordered and difficult to manage, he has since been recognized as minimally handicapped in a range of perceptual-motor functions. The typical screening instruments failed to document sufficiently the subtle nature of the dysfunctions, and school personnel, left with no other explanation, assessed the child to be emotionally disturbed. Yet, in clinical observation and sometimes *'quirky'* classroom performance they were immediately evident. Together with a number of symptoms of attention deficit disorder, these mild delays were sufficient to affect the entire school adjustment of a bright, curious and otherwise well-meaning child.

The combination is worth considering. Stimulation craving (ADD) children such as the one described can be baffling. *High stim* children abhor a stimulation vacuum. Thus, when the classroom atmosphere becomes too sedate, too studious, too orderly, the impulse to seek stimulation is activated. The child, quite unprovoked it seems to others, will suddenly engage in a provocative act. Such behavior will seem irrational or even, perhaps, bizarre. But, when understood as an ADD symptom in a learning disabled child, the behavior can be managed and the child quickly returned to productive effort.

Unidentified learning disability and unrecognized ADD will often have behavioral consequences for the intellectually gifted child. The humiliation, confusion and discouragement that the bright child experiences can culminate in disturbing, disruptive or asocial behavior and result in misdiagnosis and mismanagement.