Learning Disabilities:

Brain Training is Preferable to Prescription Drugs

A person with a learning disability (LD) has difficulty processing information due to a deficit in the brain's ability to carry out a specific task, such as reading or listening with accuracy. Or information may get in accurately, but is not organized or stored well enough to communicate it. Learning disabilities are far more prevalent than most people outside the school system think. Dyslexia is one learning disability. Many have not been diagnosed and their disability may be too subtle to recognize but present a major obstacle to accomplishment. These children may not get diagnosed, but they are frequently labeled lazy, sloppy clumsy, low IQ, unmotivated, slow learner, bad attitude. A child with unrecognized LD has a higher risk not only of dropping out of school, but also of going to prison. Recognizing that a learning problem is the reason that a child is not succeeding gives that child a new lease on life.

Success and learning disability can go hand in hand. Albert Einstein, Thomas Edison, Winston Churchill, and Walt Disney, to name a few, did okay in life despite early learning struggles. Like ADHD and autism, conventional medicine views LD as a condition that cannot be cured. The treatments that may help behaviors associated with learning disabilities are in the realm of psychiatry; a child with a learning disorder who is impulsive may be prescribed stimulants, another who is withdrawn may be placed on antidepressants, and one with a bad attitude may get behavior therapy.

Whether a parent uses standard interventions or goes on to add neurofeedback, early recognition and intervention is crucial for the child, as it is with ADHD or autism. Early recognition is more likely when parents and preschool teachers are armed with the knowledge of what to beware. Children with LD are often burdened with other difficulties. Some of the problems stem from the LD itself, from the frustration, disappointment, discouragement, uncertainty, or embarrassment. These increase the risk for all the consequences of low self-esteem: depression, anxiety, oppositional behavior, hostility and aggression, risk-taking, and thrill-seeking. Any of these can lead not only to worse academic performance, but also to flawed judgment, drug abuse, and impaired relationships.

Just as early detection of a learning problem is important, early recognition of the possible emotional effects on a child who has LD is essential. Once detected, strategies should be developed with teachers and therapists to lessen the emotional impact of LD. Early intervention that promotes personal and academic success is the best remedy, which is why neurofeedback is so effective. We would begin in neurotherapy first to stabilize the brain, and only after that has been accomplished, to target the areas of the brain that are more specific to the learning problem.

Conventional medicine considers learning disability a lifelong condition, a hardwired deficit. You might learn to live with it better as you age, but the inborn deficits will not change. It is the same belief about a person with a low IQ. Low intelligence is also hard wired, and is going to be the same at five, at twenty-five, and at fifty years of age. Accept the reality and get on with doing your best in spite of the deficits and limitations . . . At times, we agree, some deficits appear to be permanent. But in a surprising number of children with learning disabilities, the deficits can be improved and sometimes eliminated.

What do we see when we treat LD with neurofeedback? Typically, we get reports from teacher and parents that the child is performing better at the task that had been so difficult, like reading in a child with dyslexia. Test scores improve, grades improve, and a child may no longer need to continue to use the strategies that had been helpful. A child, for instance, may no longer need to have a test read to him or her, but in now able to take a written test like the non LD students. When there are associated problems like anxiety, ADHD, or defiant behavior, we get reports of significant improvements in those areas as well. Sometimes the improvements are small but steady; sometimes they are dramatic.

The thing that is most difficult for the professional community to believe is that IQ almost always increases after neurofeedback training. We have non-pharmaceutical options. In neurofeedback, we have an uncomplicated, accessible tool that we can help heal the wounds and damage that threaten to unravel the fabric of our society – learning problems, depression, drug addiction, and violent behavior.

Visit our website to learn more.