Non-Verbal Learning Disorder: Guide for Parents

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Sources

Information in this handout is compiled from a variety of sources, which include:

- ERIC Digest article E619, Nonverbal Learning Disability: How to Recognize It and Minimize Its Effects, by Jean M. Foss, 2001. “ERIC Digests are in the public domain and may be freely reproduced and disseminated, as long as the source is acknowledged.”
- NLDline, at http://www.nldline.com. “NLDline is hereby granted by the guests to this website the right and license to use, reproduce, modify, publish, create derivative works from, distribute, and display any message posted on NLDline (in whole or in part) worldwide and/or to incorporate it in other works in any form, media or technology now known or later developed.”

What is NLD?

Non-verbal learning disorder/disability (abbreviated as NVLD or NLD), is a neurological syndrome where individuals are able to process verbal communication (e.g. spoken or written language), but have extreme difficulties with non-verbal communication.

Strengths include verbal, or ‘left brain’ strengths such as

- Early speech and vocabulary development
- Strong verbal ability, so they may talk and sound like they are very competent, and have good memory for things that they have heard (strong auditory retention)
- Remarkable rote memory skills, attention to detail, early reading skills development and excellent spelling skills

Unfortunately, their superficial appearance of competence from their verbal strengths may make it even more hard for others to understand why they have troubles in other areas.

Weaknesses may include some but not necessarily all of the following areas:

- Troubles with non-verbal communication, such as body language, facial expression and tone of voice, understanding humour, or nuances of language
- Visual-spatial-organizational: they have troubles knowing where things are in space, which may lead to them being lost easily or have more troubles finding their way about; troubles with poor visual recall, faulty spatial perceptions, difficulties with executive functioning.
- Cognitive processing—difficulty understanding connections between and among independent factors and relating these to the whole; difficulty understanding the “big picture”; Language: Social problems: lack of ability to comprehend nonverbal communication, difficulties adjusting to transitions and novel situations, and deficits in social judgment and social interaction; troubles understanding unwritten social rules and social conduct.
- Behavioral: rigid behavior; difficulty with novelty and transition
- Troubles understanding what they read, although they may be able to read well
- Coordination: may have troubles with messy handwriting

Because of these difficulties, they may have troubles with ‘executive functioning’, which includes: decision making, planning, initiative, assigning priority, sequencing, motor control, emotional regulation, inhibition, problem solving, planning, impulse control, establishing goals, monitoring results of action, self-correcting.
In addition, individuals with NLD may also have other problems that include:

- Sensory processing difficulties, which may include hypersensitivity to touch (e.g. tags on clothing), sound (e.g. easily distracted or distressed by noise).
- Motor problems, which includes problems with gross motor (more problems with balance or being clumsy, which leads to troubles with gym or sports) and fine motor (more problems with handwriting or using one’s hands and fingers).

Examples of NLD Behaviors in Children

Laura (from ERIC Digest)

Laura doesn’t like school because the other children don’t want to socialize with her. She doesn’t enjoy lunch anymore because she has no one to sit with, and now that she’s going on 9, her academic work is not as good as it used to be. She has trouble with fractions and reading comprehension.

Laura’s teacher has tried to talk with Laura, but Laura’s response is a monologue of details with no point or purpose. She tries to help the girl with reading, but although Laura understands the words, she doesn’t seem to comprehend the meaning of what she’s read. Problems like these are common for children with nonverbal learning disability (NLD), who often experience social rejection as well as academic difficulty because of the symptoms of their disability.

Caitlin (From http://www.nldline.com/dorothy_vacca.htm)

Caitlin was reprimanded by the principal for taking a ball away from a classmate. The next day, she took a ball from a different classmate and was again brought to the principal. When asked why she did the same thing for which she had been punished earlier, Caitlin said it was not the same. She would not do it again to the first student, but this was a different student. The principal had to explain that she was not to take anything away from any student, emphasizing both the specific action that was problematic and the application of the rule to all students.

Overview of NLD (from ERIC Digest)

People with NLD have difficulty processing nonverbal, nonlinguistic information, yet they may be very good at processing verbal information. They often fail to monitor the reactions of a listener. Frequently, they are excessively verbal and expressive. They depend on verbal input, verbal mediation, and verbal self-direction in order to function. They may talk a great deal, yet use words in a narrow, rigid way. Other behaviors affecting communication and social interactions include interrupting people, perhaps by speaking out of turn or by moving back and forth between people engaged in conversation, standing too close, or touching too much. Consequently, other people may choose not to interact with them, may avoid them, or may even ostracize them. Individuals of all ages may exhibit characteristics of NLD. The reactions of others tend to leave them feeling isolated, lonely, and sad. They usually want to learn appropriate social behaviors, and they generally respond positively to instruction that leads to improved social behavior.

Performance Patterns in Assessment (from ERIC Digest)
The consequences of NLD for learning, life, and work cause concerned parents and teachers to seek a psychological, psychoeducational, or neuropsychological evaluation in order to understand the nature of the difficulties and possible remedies.

Assessments usually reveal a pattern of strengths in verbal tasks and weaknesses in visual, spatial, and other nonverbal tasks.

For example, on the Wechsler scale, the verbal IQ tends to be significantly higher than the performance IQ. Verbal abstract reasoning as measured by the Similarities subscale of the Wechsler is often a relative strength, while nonverbal reasoning as measured by Block Design is often weak, as are Object Assembly, Picture Arrangement, and Coding.

Achievement tests that measure oral reading, word identification, word decoding, and rote spelling yield relatively higher scores than measures of reading comprehension. In mathematics, computation is often stronger than conceptual understanding and applications.

Individuals with NLD tend to focus on details rather than on the larger picture. Therefore, they may have great difficulty setting priorities, separating the main idea from details, developing outlines, taking notes, and organizing paragraphs based on topic sentences. Mathematics concepts based on part-whole relationships, such as fractions, decimals, and percentages, tend to be problematic. Because of difficulties perceiving spatial relationships, individuals with NLD may have trouble copying spatial designs and drawing these from memory.

The inability to separate the essentials from the details also affects interpersonal and social communications, both receptive and expressive. For example, people with NLD might not be able to select and attend to the important points of a conversation, or they may ramble, providing a myriad of details without making clear points.

**Improving Understanding and Performance (from ERIC Digest)**

Effective educational interventions begin by addressing organizational difficulties, working with part-whole relationships, and working toward integrating verbal and nonverbal processes. Interventions use verbal strength to analyze and mediate information (e.g., by describing a scene or situation to oneself), and self-talk to provide direction for completing tasks (e.g., by sequencing the steps to a task and saying each step to oneself). Effective interventions include modifying academic and social environments and direct skills instruction. Direct instruction must include a clear explanation of the contexts in which the skill can be applied.

**Modifying Environments (from ERIC Digest)**

In the academic environment, it is important to address the student's difficulty in prioritizing tasks and organizing the steps necessary to accomplish those tasks. A student who is overwhelmed may become unable to function and thus unable to complete the task.

Modifications that contribute to a supportive academic environment for the person with NLD include

- Ensuring that all the student's teachers know that the student has NLD and understand its implications.
- Establishing performance expectations based on observation and knowledge of what the student is able to complete or produce, given the nature of the tasks and the time available.
- Providing structure and directions about priorities for completing multiple tasks.
• Arranging with other teachers to stagger the demands for products (papers, projects, tests, etc.), so that they are not all due at the same time.

Modifications that facilitate socialization include the following:

• Being sensitive to situations that have high potential for the student to behave inappropriately and intervening to avoid behavior that might lead to criticism, teasing, or social ostracism.
• Engaging the student in a collaboration in which the teacher or parent signals when the student is making a social error and the student agrees to immediately stop the behavior.
• Arranging structured social activities for young children (through elementary school); coaching the child in how to participate; and signaling the child discreetly if he behaves in a manner that turns others away.

Providing Direct Instruction (from ERIC Digest)

Students with NLD generally respond to direct instruction and guided practice. Perception of spatial relationships, ability to copy and draw geometric forms and designs, handwriting, reading comprehension, mathematics concepts and skills, and social perception and communication skills can be improved by explicit instruction. This instruction, modified for the nature of the task or skill, incorporates the following underlying principles:

• Be clear and direct in addressing the difficulty.
• Gain a commitment from the learner to collaborate to improve the weakness.
• Begin the work with what is most familiar and simple—the more novel or complex, the more difficult the task.
• Rely heavily on the student’s verbal and analytic strengths.
• Model verbal mediation of nonverbal information while teaching the learner how to use this strength. For example, use words to describe and analyze a scene or situation.
• Provide specific sequenced verbal instructions, teaching the learner to verbally self-direct and eventually to internalize this process.
• Provide instruction to directly associate and integrate verbal labels and description with concrete objects, actions, and experiences.
• Encourage the student to use multisensory integration, both receptively and expressively (read it, see it, hear it, touch it, say it, write it, do it).
• Teach in a sequential, step-by-step fashion.
• Identify opportunities to generalize newly learned skills to other situations and to practice in those situations.

Coping through routines, consistency

The cluster of behaviors and deficits common in students with a nonverbal learning disability cause the developing student to feel uncertain, insecure, and anxious (Thompson, 1997). To help ease the anxiety, the student becomes dependent on predictable routines and what may appear to be ritualistic behaviors. Unlike individuals with obsessive-compulsive disorder, who are aware of their obsessions and compulsions and do not want to have them, students with a nonverbal learning disability are attached to the rituals and resist changing them. They need to have them. Without them, life is too frightening, confusing, and unpredictable. These routines and escapes vary greatly from student to student. In some instances, they are “good” activities taken to the extreme.
Developing Social Competence (from ERIC Digest)

The interpersonal and social aspects of NLD have great significance for a student's life. The individual who does not attend to or accurately interpret the nonverbal communication of others cannot receive a clear message. Our concept of self is shaped in large measure by the reflection of how others view us. The person who has NLD, then, may not receive feedback from others and may suffer from a less clear concept of self. The diminished ability to engage with others greatly limits the possibility of defining himself based on such feedback.

Because of their verbal strengths, many individuals with NLD succeed in formal educational situations. However, if their social competence has not developed commensurately, they may not find and keep employment at the level for which their education has prepared them.

Because individuals with NLD make considerable progress in areas of weakness when instruction is appropriate, accurate diagnosis and appropriate instruction can have great benefit for their lives.

Compensations


1. This child will have difficulties with internal and external organization and coordination. Tardiness is something he may struggle with (despite great pains to be punctual) and this should not be treated as a misbehavior. Help this child by allowing him extra time to get places and by giving him verbal cues to navigate through space. Continually assess his understanding of spatial and directional concepts.

2. Never underestimate the gravity of this disability. Dr. Rourke states, "One of the most frequent criticisms of remedial intervention programs with this particular type of child is that the remedial authorities are unaware of the extent and significance of the child's deficits" and the emphasizes that "the principal impediment to engaging in this rather slow and painstaking approach to teaching the child with NLD is the caregiver's (faulty) impression that the child is much more adept and adaptable than is actually the case." Dr Rourke also warns that: "Observers tend to overvalue the 'intelligence' of NLD adolescents . . . [and] this is the principal reason for an unwillingness to adopt an approach to formal educational intervention that would increase the NLD youngster's probability of success." The naivete of parents and educators regarding the significance of the NLD syndrome inevitably leads to inappropriate expectations being placed upon this child. Expectations for this child should always be applied with flexibility, taking into consideration the fact that she has different needs and abilities than her peer group. (Note: This individual's progress is almost always further impeded by anosognosia--the "virtual inability" to reflect on the nature and seriousness" of [her own] problems).

3. Do not force independence on this child if you sense she is not yet ready for something (trust your instincts and be careful not to compare her with other children of the same age). It is detrimental to isolate her, but don't make the mistake of thinking she can be left to her own resources when faced with new and/or complex situations. Give her verbal compensatory strategies to deal more effectively with novel situations. The world can be very scary for someone who is misreading 65% of all communication and she will naturally be reluctant to try new things. The social skill development of this child has been delayed by misconceptions which may have caused serious issues of insecurity to evolve. The myth of the "overprotective mother" needs to be dismissed; parents and professionals must both assume a "protective" and helpful role with the NLD child. Dr. Rourke states, "Although
sensitive caregivers are often accused of 'overprotection', it is clear that they may be the only ones who have an appreciation for the child's vulnerability and lack of appropriate skill development.” Care and discretion need to be taken to shield the child from teasing, persecution, and other sources of anxiety. Independence should be introduced gradually, in controlled, non-threatening situations. The more completely those around her understand this child and her particular strengths and weaknesses, the better prepared they will be to promote attitudes of personal independence. Never leave this child to her own devices in new activities or situations which lack sufficient structure.

4. Avoid power struggles, punishment, and threatening. This child does not understand rigid displays of authority and anger. Threats, such as “if you [do this], then [something unfortunate] will happen to you,” only serve to destroy this child's sense of hope. The goals and expectations assigned to him must be attainable and worthwhile. Remember that taking away “privileges” will not cure a child of a neurological disability (but may very well establish him on the path to depression). This is an inappropriate intervention model on the part of the adults involved and it is detrimental and damaging to this child's development and well-being. The “confusion” and social awkwardness he displays are real and non-intentional; they should not be viewed as conduct to be penalized.

5. All adults owe it to this child to always assume the best--to always take a positive rather than a negative approach. As we have seen, life is very demanding and difficult for the child with NLD. Most of her unusual behavioral responses serve a purpose and usually represent the child's own attempt at compensation. It is wise to try to uncover the reason for the behavior and to help the child devise an appropriate (more acceptable) replacement behavior (usually through a detailed verbal explanation). Parents and professionals need to make the effort to have the child explain his dilemma and to try to determine what purpose the behavior might be serving. Then serve the child's need rather than punishing her resulting behavior. Remember, as with all children, at least 90% of your interactions with this child must be positive in nature!

Accommodations


1. School assignments which require merely copying text need to be modified or omitted, owing to the visual-spatial nature of such an exercise. Active verbalization and/or subvocalization are the best memory approaches for this child.

2. Test answer sheet layouts and the arrangement of visual-spatial math assignments need to be simplified (no credit should be lost for a correct answer placed in the wrong column or space). Whenever possible, use of graph paper is recommended to keep columns aligned in written math assignments or consumable math texts should be provided for this student.

3. Paper and pencil tasks need to be kept to a minimum because of finger dexterity and visual-spatial problems. Occupational therapy is a consideration for the younger child. Verbally mediated practices to improve handwriting may result in improvements in control and fluency, but the process will remain laborious. Use of a computer word processor is highly recommended for all written school assignments, as the spatial and fine motor skills needed for typing are not as complicated as those involved in handwriting.

4. The global confusions which underlie nonverbal learning disorders also result in limiting the student's ability to produce the quantity of written work normally expected of her grade-level peers. This child requires continuous assistance with organizing information and communicating in writing. Adjustments must be made in teacher expectations for volume of written products. Additional time will be needed for all written assignments.

5. Tasks requiring folding, cutting with scissors, and/or arranging material in a visual-spatial manner (maps, graphs, mobiles, etc.) will require considerable assistance, provided in an accommodating manner or they should be eliminated entirely.
6. Any timed assignments will need to be modified or eliminated. Processing of all information is performed at a much slower rate when you are compensating for any type of cerebral dysfunction. Time constraints often prove to be counterproductive, as this student is easily overwhelmed by the unrealistic expectations of his teachers.

7. Adults need to check often for understanding and present information in plain and clear verbal terms (i.e., "spell out" everything). A "parts-to-whole" verbal teaching approach should be utilized. This child will need to ask a lot of questions, as this is her primary means of gathering information.

8. All expectations need to be direct and explicit. Don't require this child to "read between the lines" to glean your intentions. Avoid sarcasm, figurative speech, idioms, slang, etc., unless you plan to explain your usage. Write out exact expectations for any situation where the child may seriously misperceive complex directions and/or proper social cues. Feedback given to the student should always be constructive and encouraging or there will be no benefits derived.

9. This student's schedule needs to be as predictable as possible. He should be prepared in advance for changes in routine, such as: assemblies, field trips, minimum days, vacation days, finals, etc. This child needs to be assigned to one case manager at school who will oversee her progress and can assure that all of the school staff are implementing the necessary accommodations and modifications. Inservice training and orientation for all school staff that promotes tolerance and acceptance is a vital part of the overall plan for success, as everyone must be familiar with, and supportive of, the child's academic and social needs.

**Modifications**


1. This child needs to be in a learning environment that provides daily, non-threatening contact with nondisabled peers (i.e., not a "special" or "alternative" program) in order to further his social development.

2. This child will benefit from cooperative learning situations (when grouped with "good role models"). Active verbalization is an important element in how this child learns. She usually has extensive verbal information to share with the others and can be exposed to the "give and take" of a miniature social environment in a non-threatening, controlled milieu. Obviously, the child with nonverbal learning disorders would not be expected to be the "scribe" in a cooperative grouping—her contribution should be in the verbal arena. The least effective learning model for this child is isolation. She must be allowed to verbalize and to have verbal feedback in order to learn.

3. Transitions will always be difficult for this child so he will need time during the school day to collect his thoughts before "switching gears." This may mean: extra time before and after breaks to disengage and readjust to the changes in pace; less changing of rooms and more time spent with one teacher; a study hall that is built into the student's schedule at middle and high school levels; and/or a carefully selected non-NLD peer "buddy" to help guide him through the day.

4. Placement must be in an environment which has a well-established routine because this child will not decipher nonverbal cues. She cannot adjust well to constant changes in routine (this child lacks the ability to "wing it" in times of doubt) and has learned to fear all new and/or unknown situations and experiences. She needs to know what will happen next and to be able to count on consistent responses from the staff who work with her.

5. Special presentation procedures need to be adapted for those subjects requiring visual-spatial- organizational and/or nonverbal problem-solving skills. Or, as Dr. Rourke suggests, "avoid such material altogether."
Strategies


1. Do tell this child everything and encourage her to give you verbal feedback. The most effective instructional procedures are those that associate verbal labels with concrete situations and experiences. "I shouldn't have to tell you" does not apply--assume you do have to tell her. She cannot "look and learn."

2. Verbally teach (don't expect the child to observe) cognitive strategies for the skills of conversational pragmatics (the "give and take" and comfortable beginnings and endings of a conversation, how and when to change the subject, formal versus informal conversational idiosyncrasies, tone and expression of voice, etc.) and nonverbal body language (facial expressions, correct social distance, when the limit or cut-off point has been reached, etc.). This child will not perceive that he is trying someone's patience until that person verbally explodes! Give him some additional verbal cues before the boiling point because he does not “sense” tension or displeasure.

3. Observe and expand the coping techniques that the child has already acquired on his/her own. Focus on developing flexible concepts and time order.

4. Group the child with “good role models” so that she can label and learn appropriate behavior. Remember she won't differentiate between appropriate versus inappropriate behavior unless the distinctions are verbally pointed out to her. Isolation is the “kiss of death” for this child.

5. Adult role models should “talk their way” through situations in the presence of this child in order to give him a verbal view of someone else's “internal speech” process. In essence, you will be making your internal speech external so that the child can pick up the skills needed to coordinate his own problem-solving approaches. Help the child devise a sequence of steps for self-questioning and self-monitoring, verbalizing each step.

6. Isolation, deprivation, and punishment are not effective methods to change the behavior of a child who is already trying his best to conform (but misinterpreting all kinds of nonverbal cues). If inappropriate behaviors are causing problems at school, a functional analysis and behavioral intervention plan detailing a course of action which is designed to be useful and nonpunitive in nature may need to be a part of this child's IEP or 504 plan.

Recommended Websites

- LD OnLine http://www.ldonline.org
- NLDA, Nonverbal Learning Disorders Association, PO Box 220, Canton, CT 06019-0220. e-mail: NLDResources@aol.com, http://www.nlnda.org
- NLDline http://www.nldline.com
- NLD On the Web http://www.nldontheweb.org

Recommended Books

Note: that in Ottawa, parents of CHEO patients may visit the Family Resource Library at the Children's Hospital of Eastern Ontario, at 401 Smyth Road, Ottawa, Ontario. Call (613) 737-7600 for opening hours and availability of books.
• Bridging the gap: Raising a child with non-verbal learning disorder, Rondalyn Varney Whitney

• Thompson, S. (1997). The source for nonverbal learning disabilities. East Moline, IL: LinguiSystems. ARK Foundation, Applied Research Knowledge, Allenmore Medical Center, 19th & Union, Suite A-311, Tacoma, WA 98405, e-mail: ARKfan@aol.com

• Kathy Allen, a colleague of Sue’s, has self-published Star Shaped Pegs, Square Holes - which helps the child (10-14 yrs.) understand his/her NLD.

• Deborah Green's, Growing Up With NLD, an autobiographical look at life with a successful adult; also includes research and resources.

• The Nonverbal Learning Disorder Guide for Teachers, Parents, Employers and Therapists by Rondlayn Varney Whitney, MOT, OTR.

• Unaware: Living With Non-Verbal Learning Disability by Laurie Reed. http://www.LaurieReed.com


• Nowicki & Duke: have written a two books on nonverbal communication: Their second book, Teaching Your Child the Language of Social Success is popular with many parents. Their other book, Helping the Child Who Doesn’t Fit In is also well received. Peachtree Press 494 Armour Circle NE, Atlanta, GA 30324 (ISBN 1-56145-126-6) phone: 888-263-4298


Seeing a Psychologist in Ottawa

Learning Disorders are the expertise of psychologists, and ideally, one would be seen by a psychologist in order to confirm the diagnosis of NLD.

Options include:

• Seeing a psychologist for a formal Psychoeducational Assessment, which involves a few visits for a comprehensive assessment of a child’s learning, using various standardized measures. This can be done through the school board, but due to long waiting lists, it can take several months (or longer) before being done. An alternative would be to see a private psychologist, which is much quicker, but which would typically costs ~ $1,500 if done privately. Fortunately, most extended health insurance plans will cover a portion of the cost.

• Seeing a psychologist in private practice for ongoing therapy, which usually costs ~ $120 / hour, but is generally covered by most extended health insurance plans. Psychologists with an expertise in this area would probably include any of the psychologists at 98 Centrepointe Dr in Nepean, (613) 228-1174.

• Other ways to find a psychologist in private practice:
  • Contact the Ontario Psychological Association Confidential Referral Service at 1-800-268-0069 or (416) 961-0069. Web: http://www.psych.on.ca
• Contact the Ottawa Academy of Psychology referral service, P.O. Box 4251 Station B, Ottawa, (613) 235-2529 or through http://www.ottawa-psychologists.org/find.htm (note that of the many competent psychologists in Ottawa, not all of them are necessarily members of the Ottawa Academy of Psychology)

Specific programs and groups

• Mindware Educational Services offers various programs for youth, including programs for youth with learning disabilities, as well as a private school for youth with learning disabilities. Specific programs for conditions such as ADHD/ADD, non-verbal learning disability, reading disability. Programs include conflict resolution and social skills groups for children aged 9-12. Located in Kanata and central Ottawa. Web: http://www.mindware.ca

Social skills groups

• See http://www.ementalhealth.ca and click on the Social Skills and Life Skills link for further details.

Recommended Ontario and Ottawa Resources

There is no one single support group in Ottawa to support the needs of parents of children with NLD, and the different groups mentioned in this list all have slightly different aspects to offer.

• Some of the autism spectrum disorder supports may be helpful to youth with NLD, although NLD and autism spectrum disorder are not the same condition. Nonetheless, both types of youth may share similar difficulties such as troubles with social skills, non-verbal communication and sensory processing difficulties, and thus, NLD youth and parents may benefit from some of the autism spectrum disorder resources. The main group in Ottawa is the:

  • Asperger’s Parent Support Group, (613) 726-6582, 211 Bronson Ave. (old Immaculata High School), Ottawa, Ontario, K1R 6H5. They produce an excellent resource list, and there is also an emailing list to inform members of up-to-date events and resources related to Asperger’s. Contact Heather Fawcett at (613) 823-2794 or Heather Pierscianowski, at (613) 738-3023

• Non-verbal Learning Disability (NLD) Networking Group of Ontario, offers a supportive, informative setting for parents and interested individuals to share the joys and challenges of living with Nonverbal Learning Difference. Web: http://www.nldontario.org

• Learning Disabilities Association of Ottawa-Carleton, 160 Percy Street, Room #2, Ottawa, ON, K1R 6E5. Various activities to promote awareness and advocacy for those affected by learning disabilities. Tel: (613) 567-5864. Web: http://ldao-c.ncf.ca


• The Learning Disabilities Resource Community (LDRC), provides knowledge-building and communication tools for individuals and groups involved in the education of those with learning disabilities and to support research and development in associated fields. Their goal is to create a repository archiving Canada’s knowledge of learning disabilities, and bring together all those across the country who are affected directly or indirectly by learning disabilities. Physically based in Toronto. Web: http://www.ldrc.ca
• Learning Disabilities Association of Canada (LDAC) is a national, non-profit organization whose mission is to be a national voice for persons with learning disabilities and those who support them. Web: http://www.ldac-taac.ca

For general support, consider PLEO:

• Parent’s Lifeline of Eastern Ontario (PLEO) is a wonderful support group that provides emotional and practical support to parents whose youth are coping with depression, anxiety, learning disorders or other related difficulties. A few of their members have children with NLD. Website: http://www.pleo.on.ca