

Chapter 74

Social Skills in Individuals with Nonverbal Learning Disabilities

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ABSTRACT

Nonverbal learning disability (NLD) is often a highly misunderstood diagnosis. Challenges with the understanding and use of language in social contexts can have significant negative impacts on individuals with this diagnosis, in that they struggle to interpret both nonverbal communication and nonliteral language. Understanding these challenges is critical in order to provide effective intervention. Assessment in these domains provides information about the areas to target for intervention. While individuals with NLD rely heavily on their auditory skills, it is imperative to provide means for them to learn social pragmatic and language skills in order to function in dynamically changing social exchanges. It is often indicated that teaching must occur only through verbal scripting. However, relying solely on this modality will limit students' abilities to effectively learn to apply targets in real life social situations. Therefore, a balanced approach that strives toward generalization is necessary. This chapter will provide information regarding assessment and intervention practices related to social interactions for individuals with NLD.

INTRODUCTION

The label of nonverbal learning disability (NLD) is often misleading to both parents and educators. The primary deficits are in the nonverbal domains, with most strengths being in the verbal areas (Rourke, 1989, 1995). This disorder can have significant impacts on the processing of information presented through nonverbal modalities (Rourke, 1989). Little research is available regarding assessment of pragmatic language or the effectiveness of social skills interventions to address the pragmatic language and social challenges of individuals with NLD. As a speech and language pathologist working with individuals with NLD, the author has extensive experience assessing and providing intervention for individuals with NLD in a clinical setting, in social skills groups, and in a day camp setting directed toward social skills development for individuals with NLD, Asperger syndrome, and high functioning autism. Information provided in this chapter is based upon review of the literature as well as the author's clinical experience.

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This chapter will address the characteristic communication patterns, suggestions for assessment related to the communication that impacts social functioning deficits, and intervention to improve communication and social skills for individuals diagnosed with NLDs.

BACKGROUND

The idea of NLD was first described by Myklebust (1975) in regard to children who have difficulty negotiating the nonverbal aspects of their environment in contrast to verbal intelligence at or above age level. NLD has been further identified and expounded upon through the work of Rourke (1989, 1995). Rourke (1995) described children with NLD as having strong verbal skills along with tactile-visual deficits that affect attention, memory, problem solving, and social competence. Children with NLD have significant visual-spatial and executive function difficulties (Davis & Broitman, 2011) as well as difficulties with social perception (Forrest, 2007), identifying facial expressions and gestures (Petti, Voelker, Shore, & Hayman-Abello, 2003), using emotional content to make social inferences (Worling, Humphries, & Tannock, 1999), and processing social cues (Woods, Weinborn, Ball, Tiller-Nevin, & Pickett, 2000). Mammarella & Cornoldi (2014) argued that diagnostic criteria for NLD needs to be more clearly defined. They stated that the diagnosis of NLD should only be applied to children with a discrepancy between their verbal and visuospatial intelligence combined with visuoconstructive and spatial working memory impairments and academic difficulties, possibly impacting their social and emotional skills, but in the absence of other diagnoses such as Asperger syndrome, Turner syndrome, and velocardiofacial syndrome. This latter point is important, as individuals with NLD have many similar assets and deficits as those seen in the above mentioned syndromes (Rapin, 2008). Rourke et al. (2002) suggested that NLD and Asperger syndrome are separate conditions. However, both groups demonstrate similarities with regard to weaknesses in the areas of social perception and visual-spatial cognition (Semrud-Clikeman, Walkowiak, Wilkinson, & Minne, 2010).

Thompson (1997) has provided information regarding the understanding of NLD as well as recommendations for both the home and school setting. She stated,

The competence of an individual, in our present-day society, is most often judged by their verbal proficiencies. A person who speaks eloquently and has a well-developed vocabulary tends to be accorded more credibility than an individual who makes constant grammatical errors and demonstrates limited vocabulary. (Thompson, 1995).

This quandary often results in professionals developing a view that an individual with NLD is more competent in verbal interactions than is actually the case. While children with NLD are described as having intact skills in the area of phonology, morphology, and syntax, they may demonstrate strengths and weakness in semantics, or the content of their language (Rourke & Tsatsanis, 1996). Problems making inferences that involve incongruities or emotional content seem to be associated with difficulty in understanding relationships in language that are spatial-organizational in nature, especially when information is implied, such as listening to verbally presented information and making an inference based on visually presented response choices (Worling et al., 1999).

Tanguay (2001, 2002) has also been instrumental in helping parents and educators to understand and make accommodations for NLD. She discussed the importance of specifically teaching body language,

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