

As a developmental-behavioral pediatrician, I see children with a wide range of disabilities. When I first meet with a family, I always ask the parents what they hope to gain from their visit with me. One of the most common questions parents ask is, “What does my child have?” This question is understandable, because treatments and services are based on a child’s diagnosis. The disorder is usually the focus of the health care and educational systems.

While it is my job to provide a diagnosis, I always tell parents that the diagnosis isn’t necessarily the most important question to answer. I believe the more important question is: “What situations does my child struggle with?” Another way to state this is to ask: What is my child unable to do successfully, and how can I help him improve his performance?

One reason why I focus on a child’s problem situations, rather than on a diagnosis, is that a diagnosis alone can be confusing. Most children don’t clearly display classic symptoms of only one disorder; they tend to have symptoms or behaviors that occur with more than one disorder. The symptom overlap between learning disabilities (LD) and Attention Deficit Hyperactivity Disorder (AD/HD) is a good example. Both conditions cause children to struggle in similar problem situations. Another reason why I focus on problem situations is because I find it to be therapeutically much more useful. The management or treatment of LD and AD/HD are very similar.

**Symptoms and problem situations common to AD/HD and LD** – AD/HD and LD are two common conditions that affect children’s learning and behavior at home and school. AD/HD shows up as hyperactive behavior, distractibility, forgetfulness, and poor organizational skills. LD plays out as slow (or lack of) progress in basic academic skills (reading, writing, and math). However, many students with AD/HD also have learning problems. Similarly, students with LD can be hyperactive, forgetful, easily distracted, and disorganized. How can you distinguish between the two? There is no clear-cut way to distinguish between them. Even if a child doesn’t have both conditions, the overlapping symptoms make it confusing, because:

- A student with LD shows symptoms of AD/HD because of learning fatigue, resistance to academic tasks, or inability to do academic tasks.
- A student with AD/HD shows signs of LD because his inattention and poor organizational skills interfere with learning.

**Identifying “problem situations” can lead to a diagnosis** – A professional who is familiar with both LD and AD/HD can make an accurate diagnosis for each disorder, but most professionals are trained to diagnose only one or the other. AD/HD is diagnosed by physicians, while LD is identified by educational specialists. In order to understand and fully address all of the symptoms of each disorder, a proper evaluation for both is required. However, even when a comprehensive evaluation is completed, many parents remain unsure about what they are supposed to do. The answer lies in identifying the child’s problem situations, and then addressing each of those in turn. In fact, parents can start to identify problem situations even before a professional makes a formal diagnosis.

**How to identify problem situations** – Think about all of the demands placed on your child: the daily routine, learning and performing at school, and social interactions. Then consider how often you have to remind or correct your child in each of these areas — and how often you come into conflict as a result. When you think about these factors, you’ll be able to identify your child’s problem situations, such as:

1. **Getting ready for school.** Can your child get dressed, brush teeth and hair, and get out of the house on time for school?
2. **Organizing the backpack.** Can your child remember all of the items that he or she needs for school, and make sure they are in the backpack?

3. **Making sure necessary belongings and school materials are taken to and from school.** Does your child remember to bring everything home from school that is needed for homework? Does he or she take books, projects, and homework back to school?
4. **Tasks and chores around the house.** Can your child do a quick clean-up routine and pick up the bedroom?
5. **Homework.** Does your child resist doing homework or do it in a sloppy manner? Or does your child seem incapable of doing homework at all?
6. **Learning in the classroom.** Does the teacher think your child is able to learn successfully? How does your child's performance compare with that of his or her peers?
7. **Socializing and making friends.** Is your child invited to birthday parties and play dates? Does your child have the capacity to take turns and follow rules in a game? Can he or she let friends decide what they'll play together instead of always insisting on having his or her way?

**Seeing the doctor if you think your child may have LD or AD/HD** – Gathering the information above and taking it to your child's doctor will help him or her make diagnostic and referral decisions that much sooner. In my next blog post, I'll describe some of the strategies parents find helpful in managing children's problem situations — regardless of the diagnosis.

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