

Understanding the Differences: Brain Injury, ADHD & Learning Disability

	Brain Injury	ADHD	Learning Disability
Cause	External physical force or internal occurrence, often after typical development; neurological issues identified from hard & soft signs that occur after birth	Inherited, perinatal; no stage of typical development	Inherited, congenital, perinatal; no stage of typical development; CNS issues assumed from soft signs
Loss of Consciousness, Coma	Ranges from no loss of consciousness to up to 24 hours LOC; more than 24 hours LOC, coma may occur	No loss of consciousness or coma	No loss of consciousness or coma
Onset	Sudden, event caused; marked contrast pre-post onset	Manifests prior to age 7; no before/after contrast	Early, slow onset; no before/after contrast
Assessment	Medical diagnosis; psycho-educational or neuropsychological evaluation to determine full spectrum of cognitive issues; physical, occupational, speech therapy and adapted PE assessments may be warranted	Medical diagnosis following observation; complete assessment requires psycho-educational & psychological evaluation to rule out other factors	Poor school performance leads to psycho-educational testing; speech & occupational therapy assessment may be warranted
IQ	IQ not an indicator of future performance; often a decline in selected IQ subtests related to areas of damage; changes seen for a lifetime	Typically average to above average; IQ stable & predictor of future performance	Average to above average; IQ stable & predictor of future performance
School Attendance	Disrupted at time of injury & throughout hospitalization/rehabilitation phase; frequent medical appointments & therapies; home instruction may be used for period of time; may initially reintegrate to school on a shortened day	Not disrupted	Not disrupted
Special Education Eligibility	TBI-external physical force/trauma OHI-non-traumatic, internal occurrence ABI-in some states	504 Plan-for mild accommodations only OHI-more significant needs	specific learning disability in one or more academic areas
Frequency of IEP Meetings	Initially, every 6-8 weeks; can decrease in frequency as student stabilizes depending on individual progress/challenges, but should be held more than once per year	Annually unless changes made to program	Annually unless changes made to program

	Brain Injury	ADHD	Learning Disability
Medically Relevant Services	Often require nursing services, speech, occupational & physical therapy during inpatient and out patient rehabilitation	None	None
School Based Services/Therapies	May qualify for home/hospital instruction; speech, occupational & physical therapy; counseling, adapted PE, social skills training; vision therapy; vision/hearing support, behavior intervention, assistive technology, brain injury specialist services	May qualify for counseling; social skills training, behavior intervention	May qualify for speech & occupational therapy, adapted PE, counseling, behavior intervention services, Assistive technology, vision therapy, remediation services in area of deficit
Community/State/Federal Agency Services	May qualify for state/county/federal departments of: Developmental Disabilities; Health; Mental Health, Vocational Rehabilitation, Social Security, Medicaid	None	May qualify for state vocational rehabilitation services
Deficit range	Mild to severe; degree & number of deficits can combine to produce severe disability; deficits may improve with appropriate intervention	Mild to severe	Mild to severe
Deficits	Based in part, on disrupted cognition. Other impairments (sensory, perceptual, physical, medical) can also affect ability & performance	Cognition is not disrupted	Cognition is not disrupted; may have auditory or visual perceptual deficits; motor skill involvement; processing issues
Health/Medical Problems	Seizures; bowel & bladder control; feeding & swallowing; hemiplegia/hemiparesis; pain; endocrine disturbances; fatigue; sleep disorder; depression; psychiatric difficulties	Typically not associated with this condition; possible side effects of medication	Typically not associated with this condition
Medication Purposes	Seizure prevention (have dulling side effects); behavior regulation, antispasmodic; pain; improve attention/concentration; reduce fatigue	Stimulant medications to improve attention, ability to focus, impulsiveness & other hyperactive behaviors	None
Physical Deficits	All or some may diminish over time: mobility; strength; endurance; balance; low or high muscle tone; motor tremors; spasticity; apraxia; partial or full paralysis; scars	None	Weak coordination, poor fine motor skills

	Brain Injury	ADHD	Learning Disability
General Orientation	Confused; trouble orienting to school, community, & connecting to places, people & activities; difficulty with changes in routines & transitions	Intact	Intact
Sensory Deficits	May or may not be: sensitive to pain, feel portions of extremities, able to differentiate one sensation from another, able to taste, smell. May experience: visual perceptual deficits with double vision & partial vision losses; varying degrees of hearing loss	Typically not associated with this condition	Visual perceptual deficit w/o specific visual impairment; auditory processing deficit
Speech & Language Deficits	Expressive, receptive, aphasia; articulation, oral motor, apraxia, tangential speech, hypervocal speech, word finding difficulties, confabulation, comprehension, speed, organization; social pragmatic language skills often unacceptable; higher speech & language deficits can occur	Receptive/expressive language issues possible	Aphasia, auditory processing, immature
Cognitive Problems	Attention, memory, language comprehension, concept formation, integrating, organizing & generalizing information, problem solving, judgment; mental inflexibility	Typically not associated with this condition; difficulties may emerge due to cumulative impact of impulsivity & inattention	Difficulty processing information; generalizing;
Memory	Severe recent memory disorder w/poor carryover for new learning	May look like memory issues but due to inattention and poor concentration	Mild memory problems; some able to use superior memory skills to hide deficits
Academic Skill Levels	Some old skills remain; peaks & valleys of performance; gaps in learning	On target, but poor attention & ability to concentrate reduces ability to acquire skills	Splinter skills; often described as an island of disability in an ocean of competence
Acquisition of Academic Skills	Slowed acquisition, what gets in may not stay; may appear skill has plateaued, then will continue to progress	Interrupted due to inattention & poor concentration	Slowed acquisition, but what gets in stays in
Behavior	Organic brain dysfunction & memory loss decrease successful use of behavior modification strategies	Low incidence of aggression, considered secondary symptom when hyperactivity is present; positive response to behavior modification strategies	Can be noncompliant & hostile; behavior modification strategies effective

	Brain Injury	ADHD	Learning Disability
Social	Loss of peer relations; poor adaptive behaviors; egocentric; hyper/hypo sexual; lack basic social skills	Poor attention/impulsivity causes difficulty with peer relations; immature & incompetent; lack basic social skills	May have difficulty due to poor processing and expressive language; others with a specific disability in one academic area may be socially acceptable
Emotions	Emotionally labile/unpredictable & often emotions do not match situations	Difficulty dealing with & expressing feelings; exhibit more depressive symptoms than typical peers	Emotionally prone to outbursts connected to a given situation
Recognition of Deficits	Recalls pre-injury status; may be in denial of deficits; inability to recognize/accept post injury deficits or compensatory strategies	May be unaware unless pointed out; may notice change when medication is effective	Recognizes learning deficits & may try to hide them
Self Esteem	Lowered	Intact; lower as failure sets in	Intact; lower as failure sets in
Status Changes	Based on recovery, may be irregular but generally improving	Varied depending upon medication and appropriate accommodations	Slow
Self regulation	Inconsistent; may require some external support	Poor unless medication is used	Requires external support
Self-care	May require support with ADL's; others self sufficient	May need help with organization, but self sufficient	May need help with organization, but self sufficient