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

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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

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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, hypreverbal 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

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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