Guide to Learning Disabilities *for Primary Care*

How to Screen, Identify, Manage, and Advocate for Children With Learning Disabilities

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American Academy of Pediatrics
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Introduction

School is the "workplace" for children and adolescents. Successful school performance is essential for psychological and social growth. Lack of success might lead to emotional difficulties, peer problems, or social difficulties. It is for these reasons that pediatricians must inquire about school and school performance at every well-child visit and at acute care visits.

Difficulties in school can lead to stresses within the family. The earlier any weaknesses or disabilities are recognized and appropriate interventions begun, the better the outcome for the child. Without early identification and intervention, the academic problems compound each year, resulting in greater problems and in the child falling further behind. Equally important, these early interventions minimize the possibility of secondary emotional, social, and family problems.

In the office, a parent might discuss concerns with the child's behaviors in school and possibly at home. No mention might be made of academic difficulties. However, when the pediatrician asks, this parent might comment that their child is underachieving or poorly achieving in school. Not infrequently, the child first becomes an issue in school when the frustrations and lack of success lead to emotional or behavioral problems.

When the pediatrician is exploring why the child is underachieving or doing poorly in school, it is important to clarify if these emotional, social, and family problems are causing the academic difficulties or if the academic difficulties and the resulting feelings of frustration and failure are causing the emotional, social, and family problems. To treat the emotional problems resulting from unrecognized and untreated learning disabilities without identifying and addressing these disabilities will only result in lack of progress and in increased difficulties.

When a child is not successful in school, parents often turn to their general pediatrician for guidance. Yet many pediatricians do not have a clinical model for assessing why a patient might be struggling in school. The goal of this book is to provide pediatricians with the knowledge base and clinical skills to assess for and facilitate treatment for children who struggle in school. The assessment models to be discussed will fit within the time and personnel limits of a general practice of pediatrics.

Full or partial psychological or educational evaluations are neither necessary nor appropriate in a busy general pediatrician's office. Screening and

referral for further evaluation is the goal, just as it is done with the early identification and referral for autism and other developmental disorders.

This book will focus on the most frequent cause of academic difficulties: learning disabilities. Many children with learning disabilities also have a language disability or a motor coordination disorder. Thus each of these disorders will be discussed as well as the office-based assessment process for each.

In recent years, the American Academy of Pediatrics has focused on the early recognition and diagnosis of developmental delay in children in the hope that early intervention will maximize the child's potential. This focus is also essential for children with the disabilities covered in this book. Early interventions maximize the child's ability to succeed academically by learning compensatory strategies and by receiving the necessary accommodations. Early intervention also decreases the child's experiences with frustration and failure.

The pediatrician, as child and family advocate, must play an essential role in assessing for and then helping the family find appropriate treatments for the child's learning, language, and/or motor disabilities. This supportive role starts with finding clinical evidence suggesting such disabilities. Next the pediatrician must play a supportive role during the evaluation process (interpreting the results of testing) and school intervention plans. It is important to help the family understand their child's strengths and weaknesses. Much as the school must build on the child's abilities while addressing the disabilities, the family must learn how to maximize the child's strengths and compensate for the child's weaknesses within the family, in social settings, and during activities. These plans must be adjusted for each phase of development. This book will cover each of these themes.

Format of the Book

Part I focuses on each of these disabilities. Chapter 1 clarifies the differences between learning disorder and learning disabilities, Chapter 2 describes the types of learning disabilities a child might have, Chapter 3 focuses on the diagnosis of a learning disability, Chapter 4 focuses on language disabilities, Chapter 5 focuses on motor disabilities, and Chapter 6 focuses on the office-based assessment process to confirm each diagnosis and clarify the needs.

Part II addresses the disorders often associated with learning disabilities. Chapter 7 reviews the secondary emotional, social, and family problems. Chapter 8 introduces other primary disabilities often found with children who have learning disabilities. These comorbid conditions must be screened for as well. Chapter 9 addresses the social skills difficulties children with learning disabilities might have. This chapter will describe those social skills problems that are secondary to the learning, language, and/or motor deficits as well as the neurologically based pragmatic social skills problems often found with children who have learning disabilities.

Part III addresses the public school system. Chapter 10 focuses on important education laws, policies, and models of intervention as they relate to students with learning disabilities. The role of the pediatrician in facilitating essential assessments and interventions is emphasized. Chapter 11 goes into detail about the school assessment process and on the models of intervention for students with learning disabilities.

Part IV stresses the need for follow-up care. Most learning, language, and motor disabilities are life disabilities. They do not go away. Interventions, thus, will change with age and grade. Chapter 12 focuses on interventions for the primary comorbid disorders and Chapter 13 addresses the secondary emotional, social, and family problems.

Part V consists of Appendix A, a listing relevant organizations and other resources for health professionals and for patients and their families; Appendix B, a compilation of reproducible screening forms.

The general pediatrician is the primary advocate for the child and the family. Our goal and only purpose for writing this book is to expand the pediatrician's ability to be the primary advocate for the child and family when the presenting problems relate to academic or behavioral difficulties in school. We wish to empower the pediatrician with the skills to do this in a relatively quick and efficient office-based manner.

PART I

Learning and Related Disabilities

Learning Disorders Versus Learning Disabilities

Learning disabilities are neurologically based disorders resulting from incorrect or faulty wiring of neurons in the brain. Language disabilities and motor disabilities are also neurologically based and also result from incorrect or faulty wiring of neurons in the brain. Thus, based on where the neurologically based problems occur in the brain, a child will have a learning, language, and/or motor disorder.

The medical terms used for learning difficulties are based on the *International Classification of Diseases (ICD).* In the United States, this section of the *ICD* is found in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. Here, the term *learning disorders* is used. When completing forms for insurance companies, these medical terms must be used.

The educational systems within the United States are guided by US federal law and the term *learning disabilities* is used. When writing reports for a public school system or when communicating with public school professionals, the term *learning disabilities* should be used.

In clinical practice it is important to understand the medical and the educational terms. The medical term *learning disorders* will be discussed first.

Learning Disorders

The current edition of the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* was published in 1994. Based on field trials and new research data, the text in this edition was modified in 2000 as *DSM-IV-TM.* It is based on the *International Statistical Classification of Diseases and Related Health Problems, Tenth Edition (ICD-10).*

The term used for neurologically based academic difficulties is *learning disorders.* Several subtypes are noted: reading disorders, mathematics disorder, disorder of written expression, and learning disorder not otherwise specified. Two other groups of relevant problems are classified within this section of *DSM-IV-TM:* motor skills disorder and communication disorders.

Diagnostic Criteria for Reading Disorder

A. Reading achievement, as measured by individually administered standardized tests of reading accuracy or comprehension, is substantially below that expected given the person's chronological age, measured intelligence, and age-appropriate education.
B. The disturbance in Criterion A significantly interferes with academic achievement or activities of daily living that require reading skills.
C. If a sensory deficit is present, the reading difficulties are in excess of those usually associated with it.

Diagnostic Criteria for Mathematics Disorder

A. Mathematical ability, as measured by individually administered standardized tests, is substantially below that expected given the person's chronological age, measured intelligence, and age-appropriate education.
B. The disturbance in Criterion A significantly interferes with academic achievement or activities of daily living that require mathematical ability.
C. If a sensory deficit is present, the difficulties in mathematical ability are in excess of those usually associated with it.

Diagnostic Criteria for Disorder of Written Expression

A. Writing skills, as measured by individually administered standardized tests (or functional assessments of writing skills), are substantially below those expected given the person's chronological age, measured intelligence, and age-appropriate education.
B. The disturbance in criterion A substantially interferes with academic achievement or activities of daily living that require the composition of written texts (eg, writing grammatically correct sentences and organized paragraphs).
C. If a sensory deficit is present, the difficulties in writing skills are in excess of those usually associated with it.

Reprinted from: American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders,* Fourth Edition, Text Revision. Washington DC: American Psychiatric Association; 2000.

Each of these disorders is defined as difficulties in a specific academic area that are substantially below that expected, given the person's chronological age, measured intelligence, and age-appropriate education.

Learning Disorders Not Otherwise Specified

This category is for disorders in learning that do not meet criteria for any specific learning disorders, for example, a disorder in which spelling skills are substantially below those expected given the person's chronological age, measured intelligence, and age-appropriate education. Because the *DSM-IV-TM* diagnostic categories do not recognize such higher learning skills as organization and executive function, disabilities in these areas are often coded under this heading.

Disorders Often Found When the Child Has a Learning Disability

Children who have learning disabilities might also have difficulties with motor skills and/or with language skills. Each of these possible comorbid disorders will be noted as they are found in *DSM-IV.*

Motor Skills Disorder

Only one category is listed, developmental coordination disorder.

Diagnostic Criteria for Developmental Coordination Disorder

A. Performance in daily activities that require motor coordination is substantially below that expected given the person's chronological age and measured intelligence. This may be manifested by marked delays in achieving motor milestones (eg, walking, crawling, sitting), dropping things, "clumsiness," poor performance in sports, or poor handwriting.
B. The disturbance in Criterion A significantly interferes with academic achievement or activities of daily living.
C. The disturbance is not due to a general medical condition (eg, cerebral palsy, hemiplegia, or muscular dystrophy) and does not meet criteria for a pervasive developmental disorder.
D. If mental retardation is present, the motor difficulties are in excess of those usually associated with it.

Reprinted from: American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders,* Fourth Edition, Text Revision. Washington DC: American Psychiatric Association; 2000:58.

Communication Disorders

Subgroups reflect either difficulties processing oral language or speech production. This book will focus on the language-based communication disorders only.

Diagnostic Criteria for Expressive Language Disorder

A. The scores obtained from standardized individually administered measures of expressive language development are substantially below those obtained from standardized measures of both nonverbal intellectual capacity and receptive language development. The disturbance may be manifested clinically by symptoms that include having a markedly limited vocabulary, making errors in tense, or having difficulty recalling words or producing sentences with developmentally appropriate length or complexity.
B. The difficulties with expressive language interfere with academic or occupational achievement or with social communication.
C. Criteria are not met for Mixed Receptive-Expressive Language Disorder or a Pervasive Developmental Disorder.
D. If Mental Retardation, a speech-motor or sensory deficit, or environmental deprivation is present, the language difficulties are in excess of those usually associated with these problems.

Diagnostic Criteria for Mixed Receptive-Expressive Language Disorder

A. The scores obtained from a battery of standardized individually administered measures of both receptive and expressive language development are substantially below those obtained from standardized measures of nonverbal intellectual capacity. Symptoms include those for Expressive Language Disorder as well as difficulty understanding words, sentences, or specific types of words, such as spatial terms.
B. The difficulties with receptive and expressive language significantly interfere with academic or occupational achievement or with social communication.
C. Criteria are not met for a Pervasive Developmental Disorder.
D. If Mental Retardation, a speech-motor or sensory deficit, or environmental deprivation is present, the language difficulties are in excess of those usually associated with these problems.

Reprinted from: American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders,* Fourth Edition, Text Revision. Washington DC: American Psychiatric Association; 2000:61, 64.

Several diagnostic categories in *DSM-IV-TR* are not directly relevant to this book. They are listed to reflect the full categories of communication disorders.

Diagnostic Criteria for Phonological Disorders

A. Failure to use developmentally expected speech sounds that are appropriate for age and dialect (eg, errors in sound production, use, representation, or organization such as, but not limited to, substitutions of one sound for another [use of /t/ for target /k/ sound] or omissions of sounds such as final consonants).
B. The difficulties in speech sound production interfere with academic or occupational achievement or with social communication.
C. If Mental Retardation, a speech-motor or sensory deficit, or environmental deprivation is present, the speech difficulties are in excess of those usually associated with these problems.

Stuttering

A. Disturbance in the normal fluence and time patterning of speech (inappropriate for the individual's age) characterized by frequent occurrences of one or more of the following:
   (1) sound and syllable repetitions
   (2) sound prolongations
   (3) interjections
   (4) broken words (eg, pauses within a word)
   (5) audible or silent blocking (filled or unfilled pauses in speech)
   (6) circumlocution (word substitutions to avoid problematic words)
   (7) words produced with excess of physical tension
   (8) monosyllabic whole-word repetitions (eg, "I-I-I-I see him")
B. The disturbance in fluency interferes with academic or occupational achievement or with social communication.
C. If a speech-motor or sensory deficit is present, the speech difficulties are in excess of those usually associated with these problems.

Reprinted from: American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders,* Fourth Edition, Text Revision. Washington DC: American Psychiatric Association; 2000:66, 69.

Communication Disorder Not Otherwise Specified

This category is for disorders in communication that do not meet criteria for any specific communication disorder; for example, a voice disorder (ie, an abnormality of vocal pitch, loudness, quality, tone, or resonance).

Learning Disabilities

In 1975 the US Congress considered a groundbreaking education law. For the first time in the United States, the need for public education for all children, including those with disabilities, was addressed. Prior to this law, public school systems were not required to recognize or address the needs of children with disabilities. Since the intent of this law was to address the needs of children with disabilities, the organizations involved in working with children who had neurologically based learning problems decided that to ensure their children were included in this law, the name for these problems had to be *learning disabilities*.

The federal definition of learning disabilities is based on this initial law defining learning problems as a disability and clarifying what public schools must do to address these disabilities. The initial law was passed in 1975 by the US Congress and called The Education for all Handicapped Children Act. Since it was the 142nd law passed by the 94th Congress, the law is often referred to as Public Law 94-142. Over time, the name of this law was changed to Individuals with Disabilities Education Act (IDEA). Congress has revised this law over the years. The most recent revision, in 2004, changed the name of the law to the Individuals with Disabilities Education and Improvement Act; however, it is still referred to as IDEA 2004. Throughout these changes in the law, the definition of a learning disability remained as stated in 1975.

> *Specific learning disabilities* means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, or mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.