INTRO

LEARNING DISABILITIES AND THE PEDIATRIC PROFESSIONAL COMMUNITY

**Parents and Pediatric Healthcare Providers Working Together: How the Pediatric Community Helps Children with Learning Disabilities (LD) and Their Parents**

As a community, pediatric healthcare providers, with their expertise in child development and an appreciation of school-related challenges, are uniquely positioned to contribute to the school success of children with learning disabilities (LD). Recent advances in neuroimaging and intervention studies, genetics, and functional mapping of brain development and function, have provided the knowledge that early care providers and educations needed to make curricular and instructional decisions to benefit children at risk for learning failure.

Providers and healthcare researchers are being called on with increasing frequency to help problem-solve appropriate educational responses to clinical manifestation of specific learning disabilities and co-occurring disorders of language, behavior and attention in individual children.

Encourage parents to read more about how the pediatric healthcare professional community can be helpful in “The Problem Situations of LD and AD/HD: Partnering with Your Child’s Doctor” by the National Center for Learning Disabilities (NCLD) at this link: [http://www.ncld.org/types-learning-disabilities/adhd-related-issues/adhd/managing-ld-adhd-attention-deficit-problems](http://www.ncld.org/types-learning-disabilities/adhd-related-issues/adhd/managing-ld-adhd-attention-deficit-problems)

The *LD Navigator* has been designed to support pediatric healthcare providers so they can be most helpful to youth with learning disabilities and their parents. The most effective pediatric healthcare providers are those who:

1. **Make it clear to parents that learning disabilities are real. What can you tell them?**
   - Science has not fully determined the underlying etiology but we do know learning disabilities are not caused by sensory, physical or motor impairments.
   - Children with LD do not have limited intelligence. By definition, they have average or above-average intelligence.
   - Children don’t have learning disabilities because they are lazy. Those who encounter school failure for too long may appear to lose interest in learning or to be confused by school work. They need opportunities to succeed and regain their confidence and motivation.
   - Children with LD can learn. They will need evidence-based instruction and educational support.
   - Learning disabilities are life-long; children do *not* outgrow their learning disabilities. Early and consistent instruction and support can enable them to become successful students, and later, adults.
   - Learning disabilities can negatively impact several learning skill areas at the same time.
   - Learning disabilities influence a child’s ability to function in different ways at different ages and stages across the life span.
   - Learning disabilities often runs in families.
• The impact of LD can result in significant mental health, behavioral and social/emotional issues.
• Secondary features of LD can include low self-esteem, anxiety, and problems with mood or depression.
• Children with LD, like those with attention-deficit/hyperactivity disorder (AD/HD), often struggle with development and skill mastery in areas of executive functioning.

2. **Help parents resist a ‘wait and see’ approach to decision making. Why?**
   • Early identification of a learning disability or a child at risk for LD can prevent extended periods of frustration and failure.
   • Some parents have trouble facing concerns about their children. Help them explore the possibility of information processing difficulties and learning disabilities.
   • Encourage parents to seek the underlying causes of a child’s struggles instead of attributing the child’s struggles to laziness, immaturity or lack of effort. This brief but concise coping overview may help parents whom you see in your practice.

3. **Help parents to better understand the similarities and differences between different classes of disorders. More specifically:**
   • Help parents understand the differences among learning, attention, mood, and anxiety disorders.
   • Explain how one specific class of disorder (e.g., learning disability) can co-exist with another (e.g., Attention Deficit Disorder/ADD).
   • Help parents understand the unique evaluation protocols that help to determine effective treatment their children need.
   • Help parents to seek evaluation services and to know what to expect once they initiate that process.

4. **Make it clear to parents that there is no "cure" for learning disabilities but there are evidenced-based interventions. For example:**
   • Effective treatment approaches for specific learning disabilities alone are behavioral and educational; they rarely involve medicine, diet, or other non-behavioral approaches.
   • Psychostimulants and other pharmacologic agents may be effective in treating disorders that co-exist with learning disabilities like AD/HD.
   • The best treatment practice is a well-targeted and intensive program of specialized instruction and support, coupled with careful and ongoing progress monitoring.
   • Parents need to understand and address the changing needs of their child at different stages of development. Parents and educators must commit to evaluating progress, documenting the child’s response to intervention, and making necessary adjustments in instruction and behavioral expectations across the developmental continuum.

5. **Remind parents to consider multiple aspects of the developing child, not just the learning disability. This means telling parents:**
   • The child is multi-dimensional; the learning disability is what the child has, not who the child is. The child is not defined by the learning disability nor is the child’s ability to learn necessarily limited.
• Remember to help identify the child’s social, emotional and academic strengths. Always make this part of the conversation with parents and with your patients who have a learning disability.
• Encourage exploration and conversation about the health care, behavioral, and social/emotional needs of the child in addition to the unique instructional challenges.

6. **Provide parents and educators with tools to promote effective and ongoing dialogue.**
• Engage parents in a dialogue about their child with a learning disability. Parents are the conduits for information about the child’s progress among the many professionals (medical, educational) and related service providers (therapists, counselors) who work with the child.
• Explore with the parents how to find ways for these many service providers to communicate with each other about their goals, expectations and contributions to the child’s success.
• Encourage parents to establish a systematic approach to gathering and sharing this information.

7. **Help dispel the stubborn myths that surround specific learning disabilities.**

<table>
<thead>
<tr>
<th>MYTH</th>
<th>FACT</th>
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<tbody>
<tr>
<td>People with LD are not intelligent.</td>
<td>People with LD have average or above-average intelligence.</td>
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<tr>
<td>People with LD are lazy and unmotivated.</td>
<td>People with LD work harder and longer than most people to get through the day.</td>
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<tr>
<td>Dyslexia and LD are the same disorder.</td>
<td>Dyslexia is only one type of LD. It is language-based and affects reading, writing, and other communication skills. LD is the umbrella term.</td>
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<td>LD only affects children. Adults outgrow LD.</td>
<td>LD lasts throughout an individual’s lifetime, but individuals with LD can lead successful and satisfying lives if they learn adaptive strategies and skills, and access reasonable accommodations.</td>
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<td>LD only affects school achievement and skills.</td>
<td>LD can also affect social, career, and life-management skills.</td>
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<td>Learning disabilities are all the same.</td>
<td>Learning disabilities vary greatly from person to person, and combine with other difficulties differently, as well.</td>
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<td>Boys are affected by LD more than girls.</td>
<td>There is no gender difference in the incidence of LD. However, boys are diagnosed two times as often, perhaps because of differences in behavior between girls and boys.</td>
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<td>Giving LD students accommodations and modifications in school gives them an unfair advantage over other students.</td>
<td>Students with LD must meet the same academic standards as their peers. Their accommodations merely ‘level the playing field’ so they can participate and achieve equally.</td>
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8. **Help children and youth with learning disabilities to become self-advocates.**
• Self-advocacy has been proven to be a critical variable in the success of children with learning disabilities.
• Help your patients with LD articulate their learning and behavior needs so they can ask for appropriate help or accommodations in both educational and social settings.
• Encourage patients with LD to be proactive in arranging for instructional modifications and accommodations.
• Encourage the patient with LD to develop networks of individuals (e.g. peers, teachers, parents) to whom they can turn for support. Help them to understand that asking for appropriate help is a sign of strength, not weakness.
• Talk about how and when to disclose the learning disability to peers, family and others in the child’s community.

9. **Be an outspoken advocate for students with learning disabilities.**
• Medical practitioners can have a strong positive impact in local school communities, as well as at the state and federal levels.
• Help articulate policy recommendations in support of models of service delivery that reflect state-of-the-art science.
• Reflect on clinical interactions with families and their children with LD and attest to the need for sufficient school-based instructional and human resources.
• Help parents and educators in deliberations about services and supports that can have an immediate positive impact on school success.

If you have the opportunity to speak in your community about learning disabilities, you may find this to be a useful guide to your presentation. [http://www.ncld.org/disability-advocacy/be-an-ld-advocate/talking-about-learning-disabilities](http://www.ncld.org/disability-advocacy/be-an-ld-advocate/talking-about-learning-disabilities)

10. **Encourage parents to expect and demand accountability from the teacher and from the school system.**
• Schools at all levels should facilitate early screening efforts to ensure that students do not have to wait to fail before being identified as “at risk” or eligible for appropriate instruction and therapies.
• Empower parents to be proactive in sharing concerns as they arise with school personnel and with medical providers.

There is no quick and easy roadmap for helping parents negotiate the complex challenges that comprise the lives of children with learning disabilities. Similarly, there is no single preferred approach when it comes to meeting the educational and behavioral needs of children with learning disabilities. Parents, in partnership with members of the medical and educational communities, can formulate and oversee a prescription for success for these children. Starting with early identification and the delivery of research-based interventions, individuals with learning disabilities can realize success in the early school years and can transition successfully to post-secondary educational settings and/or to gainful employment. Their paths to independence can be greatly facilitated by frequent and ongoing communication among parents, educators and medical professionals. With access to current and reliable resources, these interactions can serve as a model for individuals to become effective self-advocates as they take their place as valued members of society.

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