

Learning Disabilities
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**The following notes were taken by someone in attendance at the Cherish Adoption meeting on Learning Disabilities. This information is not considered to be medical advice or counsel. For individual help, seek out a professional.*

- . LD children are strong in one area – weak in another
 - . problem could result from brain injury – but not too often
 - . most are genetic or in-utero
 - . Professionals must be more of a detective in the adopted child’s biological history to find “cause or pattern”
 - . ADHD can be pegged as a L.D.
- Types: inattentive (least common)
- hyperactive & impulsive – motorically overactive (usually identified early)
 - combination (most common)
- . watch for autism – catch it early and intervene. Autism is a neurological condition where much progress has been made in last 15 yrs. Involves failure to acquire language by normal standards. Those with autism also have trouble with interpersonal skills – don’t make eye contact and they like “spinning activities”. Incidence of autism appears to be rising – could be environmental factors yet undetermined.
- L.D. Testing
- first thing is give an IQ test
- Conner’s Parent Rating Scale (Rank common problems)
- Dyslexia – the interface between sound and visual in the brain is not functioning.
- . symptoms (not able to learn rhyming at young age)
 - . those at risk cannot break down sounds by syllable and blend them back again
 - . by kindergarten, this should be diagnosed
- . how to remediate dyslexia is to actively teach the “phonetic code” thru multiple repetitions (English is difficult because so many word patterns are alike)
- . also building their memory skills can help – write out the word instead of spelling it out loud
- . get special accommodation in school so kids don’t lose their self-esteem, talk to school psychologist to do testing or do private testing.
- . the schools have “pull out” & special programs for this
- . must give kids a “coping model” that builds their self-esteem