

## A Comparison of Brain Injury, ADHD, and Learning Disabilities

	<b>Brain Injury</b>	<b>ADHD</b>	<b>Learning Disability</b>
<b>IQ</b>	Not an indicator of future performance; often a decline in selected IQ subtests related to areas of damage; changes over lifetime	Typically average to above average; IQ stable & predictor of future performance	Average to above average; IQ stable & predictor of future performance
<b>Cognitive Problems</b>	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 and inattention	Processing information and generalizing
<b>Memory</b>	Recent memory disorder with poor carryover for new learning	Inattention and poor concentration may look like memory issues	Mild memory problems; some able to use superior memory skills to hide deficits
<b>Academic Skill Levels</b>	Some old skills remain; peaks and valleys of performance; gaps in learning	On target, but poor attention and concentration affect skills	Splinter skills – often described as an island of disability in an ocean of competence
<b>Acquisition of Academic Skills</b>	Slowed; what gets in may not stay; may appear skill has plateaued, then will continue to progress	Interrupted due to inattention and poor concentration	Slowed acquisition, but what gets in stays in
<b>Behavior</b>	Brain damage and memory loss decrease successful use of behavior modification strategies	Low incidence of aggression, considered secondary symptom with hyperactivity; positive response to behavior modification strategies	Can be noncompliant and hostile; behavior modification strategies effective
<b>Social</b>	Loss of peers; poor adaptive behaviors; egocentric; hyper/hypo sexual; basic social skills affected	Poor attention/impulsivity causes difficulty with peers; immature; lacks basic social skills	Affected by poor processing and expressive language; others with a specific disability in one academic area may be socially acceptable
<b>Emotions</b>	Emotionally labile and unpredictable; often emotions do not match situations	Difficulty dealing with and expressing feelings; exhibit more depressive symptoms than typical peers	Emotionally prone to outbursts connected to a given situation
<b>Recognition of Deficits</b>	Recalls pre-injury status; may deny 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 and may try to hide them
<b>Self-Esteem</b>	Lowered	Intact; lower as failure sets in	Intact; lower as failure sets in
<b>Status Changes</b>	Based on recovery, may be irregular but generally improving	Varied depending upon medication and appropriate accommodations	Slow
<b>Self-Regulation</b>	Inconsistent; may require some external support	Poor unless medication is used	Requires external support