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## Learning Problems

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Children, unfortunately, do not come with a manual that tells us exactly how they will evolve as they grow up. Most of this process is extremely personal. Sometimes families appear to have a predisposition for areas of excellence. Children of physicists tend to be good in math. Children of artists tend to have excellent right hemisphere skills.

So how can we assess when someone is having a problem?

Mothers always know. They know because they are able to observe differences in siblings. They know because the child has trouble in specific subjects in school. They know because speech was delayed, they know because the child's attention requires prompting, and they know because they are able to observe children interacting with other children.

Mothers then go to the pediatrician after being prompted by the school system, and many times, the pediatrician will tell them that children will "grow out of it." This is most likely true to a certain extent, because as we grow up, we develop strategies to cope with problems. The question is what would have happened if that problem was diagnosed early enough and treated appropriately.

Children may show difficulties in the following areas:

**ATTENTION:** Focusing attention is the most common difficulty children have when they have learning disabilities. Often they perform poorly in the classroom, on tests, or at home. Impulsiveness may affect their ability to give thoughtful responses to questions, or to stop inappropriate behaviors. They may appear to be lazy or disinterested because they have trouble focusing on details, and get tired easily when they try to concentrate. However, this problem is also seen in the very smart. These children have not yet developed the cognitive strategies to deal with the multiplicity of options in front of them; on many of occasions they get "stuck," and on other occasions, they do not have a plan of how to proceed properly.

**LANGUAGE:** Children may have difficulties with receptive language or with expressive language. Children who often ask to have things repeated or have trouble following multiple instructions, may have difficulties in receptive language. It is absolutely important to understand language at the receptive level in order to express or read appropriately.

Children who cannot express themselves clearly may have expressive language difficulties; they may often use the wrong word or mix their words up. They may not be able to tell a story without getting the events mixed up. Many of these children, because language is so important to social development, will tend to not be accepted by the social group.

**TEMPORAL/SPACIAL ORIENTATION:** These are children who have trouble understanding the difference between tomorrow and next week. They have trouble with directions, and often they get lost.

**VISUAL PERCEPTUAL PROCESSING:** Children seem to see letters or words backwards. They confuse “B”s and “D”s, or read "was" for "saw" even after they have finished the third grade.

**AUDITORY PERCEPTUAL PROCESSING:** Children have difficulty focusing on important sounds in the classroom instead of background noise. They have trouble selecting to listen to the teacher specifically. They may appear inattentive and have trouble following spoken instructions.

**MEMORY:** These children have trouble remembering pertinent information, like addresses and phone numbers. They find it hard to remember multiplication tables or days of the week. They may also have trouble with short-term memory and forget classroom instructions (homework) or where they are in their narration of a story or in a conversation.

**FINE MOTOR CONTROL:** Usually children that are impulsive have trouble inhibiting behavior, will also have trouble with fine motor control manifested by handwriting problems and messy papers. They may be slow in copying work from the blackboard. It may be hard for them to produce good work because writing is so difficult. They become ashamed of their work.

**GROSS MOTOR CONTROL:** Children with a learning disability may at times appear to be clumsy and awkward. They may drop things and bump into desks more often than other children. As a result, peers may tease and reject them.

The consequences of these problems are that children do not feel good about themselves. If they feel they cannot cope with the demands of the people around them, they may withdraw from their friends and social activities.

How do we go about finding solutions for these problems? Some of them are easy. 30% of all children with attention problems will have a sleep disorder that does not allow the child to go into the appropriate stages of sleep, causing hyperactivity during the day so that they can stay awake.

Many of these problems are functional in nature. They do not necessarily have an anatomical cause, although it is always good to check: if you do not see, you do not know.

There are many educational and behavior techniques to be used if we know. The most important tenet to guide ourselves by is that behavior causes neuronetworks to develop, grow and connect.

Twenty years ago, it was taught in medical school that children were born with as many brain cells as they were going to have throughout their lives. Head trauma, drugs, and alcohol were often causes for losing brain cells. This is not true. Children up to age

13, produce between 20-25,000 neurons on a monthly basis. If this growth is not properly guided, connections do not become functional.

It is interesting to observe that if a child appears to excel at tennis, we get them a coach. If a child happens to have an above-average brain, we just purposefully leave it to the school system to foster this ability, opposed to teaching that specific child how to think according to what he was endowed with.

If a mother does notice a difference in a child, she should get at least two or three opinions on the subject before "letting it go" and attributing it to the child "being a little bit behind."

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