My name is Dr. Robert Reichler. I'm a child psychiatrist and retired professor from the University of Washington, currently in the private practice of child psychiatry.

Before I address the specific three children in the vignettes provided, I thought I would provide some general theoretical views and attitudes towards addressing this kind of problem. It's my belief that behavior and learning occurs in the brain and is affected by multiple factors. Of them, biological factors are often overlooked and not attended to by others in the behavioral and teaching professions. Of the biological factors, one has to consider genetic factors which often determine many aspects of the child's functioning and are increasingly being recognized. In addition, there are factors which occur during pregnancy such as illness, infection, exposure to toxic substances like drug and alcohol, as well as possible effects of physiological states of the mother. In addition, there are significant risks during delivery which may affect the brain because of lack of oxygenation or other traumatic events, and there are certainly postmortem or postdelivery effects such as nutrition, serious illnesses, or tram.

In addition to these biological factors there are psychological factors which relate to the learning and stimulation environment that the child is growing up in, as well as emotional and affective events which affect bonding and the child's emotional development and socialization; as well as sometimes seriously socially traumatic and emotionally traumatic events or deprivation or lack of socialization.

The current diagnostic system is seriously imperfect and frequently misapplied. But so long as we can recognize its limitations and deficiencies, it is still useful for communication between professionals. Certainly in medicine diagnosis is the beginning of all treatment. Since diagnosis of behavior and learning problems have as yet no biological tests, we're dependent on careful history which provides as much information as possible concerning the various risk factors as well as the onset and course of the problem and the
description by others including the child's behavior and functioning which may include psychological, cognitive, and academic testing.

Since diagnosis is at this point in time imprecise, many children with different problems may share a diagnosis or label. Given the above views, different approaches need to be integrated and given different emphases depending upon the purpose and possible type of intervention being considered. For instance, careful medical diagnosis is most critical in identifying possible underlying medical problems which may cause or contribute to the child's difficulties, which may help in prognosis of the course of the problem, and may aid considering some biological or medical treatments. On the other hand, behavioral analysis is usually more appropriate for developing proper and useful behavioral management programs and interventions to modify or retrain a child's behavior. But you'd still take into account the knowledge concerning expected responses and abilities of a child with a particular problem based on his biological status and condition.

Cognitive and academic assessments are required to design and evaluate specific teaching strategies, especially to identify specific areas of cognitive deficiencies which may impede the child's learning progress and to provide alternative learning strategies as well as efforts at some remediation of a deficiency.

In general I believe we are less successful than many believe in significantly changing or remediating deficiencies; the child progresses faster and with less psychological trauma and better overall functioning if we can identify and teach through alternative modalities, functions and skills.