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# PSYCHOSOCIAL IMPLICATIONS FOR STUDENTS WITH LEARNING DISABILITES

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PSYCHOSOCIAL IMPLICATIONS FOR STUDENTS WITH LEARNING DISABILITIES

by

Jordan Short

B.A., Southern Illinois University, 2011

A Research Paper  
Submitted in Partial Fulfillment of the Requirements for the  
Master of Science Degree

Rehabilitation Institute  
In the Graduate School  
Southern Illinois University Carbondale  
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RESEARCH PAPER APPROVAL

PSYCHOSOCIAL IMPLICATIONS FOR STUDENTS WITH LEARNING DISABILITIES

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Jordan Short

A Research Paper Submitted in Partial

Fulfillment of the Requirements

for the Degree of

Master of Science

in the field of Rehabilitation Counseling

Approved by:

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## Chapter I

### INTRODUCTION

Ryan Halligan was just like most elementary students. Ryan Halligan enjoyed swimming, camping and playing on the computer. Ryan Halligan had been placed into special education classes to assist him due to his learning disability. His parents were always supportive of him. When he would struggle with school and be down on himself, his parents would explain to him that there are more types of intelligence than just academic intelligence. His parents would discuss how he had social intelligence as well. His parents believed he was sensitive and caring which they would praise in him. During his 6<sup>th</sup> grade year, Ryan Halligan started to face bullying challenges. His parents thought it was mostly “Kids being kids.” Bullying seemed to become the norm for Ryan Halligan. He was a victim at school and on the internet. Ryan’s parents did not know the extent the bullying was effecting him until it was too late.

Ryan Halligan’s older sister found his body. He had committed suicide one morning before anyone else had waked up. He left no note or reason. His parents do not blame one thing for his suicide but a combination of factors. His parents believed he was an easy target at school since he was in special classes. His parents believed that his sensitive nature made it easy for the bullies to get some kind of reaction out of him. His parents now know he was suffering from depression and could have received help to prevent his suicide. (Halligan 2010)

Unfortunately, stories like Ryan Halligan’s are becoming more common. Students today face many challenges and students with a learning disorder seem to be at a

higher risk for more challenges due to complications within the classroom. It seems it might be easy for a class bully to target a student with a learning disorder since he or she may appear weak to the bully. The challenges a student with a learning disorder face goes beyond the homework. This research paper will explore some of challenges students with learning disabilities face.

A learning disorder is a condition that affects an individual's ability to acquire or use information thorough sources of writing, reading, mathematical calculations, listening speaking or reasoning (Flavo, 2007). The cause of learning disorders is unknown. Pennington (2009) discussed the development of learning disorders and how one must approach the cause of learning disorders from a developmental perspective. He went on to note that learning disorders have origin in genetics and environmental risk factors. His book provided a bidirectional model of causation for learning disorders. It is described with four factors: etiology, brain development, neuropsychology and behavior. These four are all factors in the presence of a learning disorder unlike previously thought when there were multiple single-deficit models. Raymer, Strobel, Prokup, Thomason and Reff (2010) mentioned that many times spelling errors are related to damage of the left hemisphere of the brain. This has been shown in stroke victims who are affected later in life and are sometimes have acquired dysgraphia.

Learning disorders can be categorized into three components: reading disorder, written expression and mathematics disorder (King, Davison, Neale & Johnson, 2007). Reading disorder is known as dyslexia, written expression is known as dysgraphia and mathematics is known as dyscalculia. Some learning disorder research conducted uses

other disorders including Attention-Deficit/Hyperactivity Disorder (ADHD) and Autism Spectrum Disorders.

Learning disorders are many times not diagnosed until children reach school. It is at this time where educators and parents begin to notice that a child is not performing at the same levels as his or her peers. There are many different assessments used to diagnose each type of learning disorder. National Center of Learning Disorders has a list of common assessments. These assessments include (Subtests of) Woodcock Johnson Psychoeducational Battery—III, (Subtests of) Wechsler Individual Achievement Test, Wide Range Achievement Test, Expressive One-Word Picture Vocabulary Test, Test of Early Reading Ability, Test of Mathematical Abilities, Rey-Osterrieth Complex Figure Drawing and other assessments. There are some basic items parents and educators should know in case a child does have a learning disorder. The basic signs include having difficulty pronouncing words, difficulty following directions, confusing basic words, difficulty learning new skills and poor handwriting are just examples of simple signs to look when determining a learning disorder diagnosis. When a learning disorder is suspected further investigation is needed to receive a proper diagnosis. Each learning disorder will be discussed individually as well as new diagnosis models.

Schulte-Körne (2010) article stated that five percent of all children have dyslexia. The article discussed dyslexia as a condition an isolated impairment in reading in spelling. There is often a reduced reading speed. A reduced reading speed makes it more difficult for an individual to comprehend what he or she is reading especially when sentences are long. The article discusses that spelling disorder is part of dyslexia.

When a person suffers from this type of dyslexia, the person usually misspells 90% of 40 test words.

Le Jan et al (2011) used numerous diagnosis criteria to try to determine the best way to determine dyslexia. The researchers used different theories about the etiology of dyslexia and different assessments; they were able to make a predictive model. The predictive model is eight variables from four different cognitive areas. This model had a 94% accuracy when classifying students with dyslexia. The model is still in early stages and the researchers plan to test it on other ages in hopes to having similar results. The researchers would like to have this model integrated into software so psychologists could use it to help in the diagnosis process. Le Jan (2011) provided more evidence in using multiple variable for diagnosing dyslexia. The research study conducted on ninety-one children found that combining predictive factors had a very high rate of successful identifying children whom had already been diagnosed with dyslexia. The study also found children whom had not been diagnosed with dyslexia with very low reading scores.

Dysgraphia is a disorder “in the ability to write that is serious enough to interfere significantly with academic achievement or daily activities that require writing skills (King et al., 2007).” It includes spelling errors, grammar and punctuation errors and poor handwriting. Some early warning signs include awkward pencil grip, avoiding drawing, unable to stay between the lines or margins, illegible handwriting, and trouble thinking of words to write (National Center of Learning Disabilities, 2010 ). This is just a small list of early signs that parents and educators should know.

Dyscalculia is a learning disorder when a person “may have difficulty rapidly and accurately recalling arithmetic facts, counting objects correctly and quickly and aligning numbers in columns (King et al., 2007).” According to the National Center for Learning Disabilities website, there are numerous first signs for parents and educators to be aware. They include difficulty learning to count, unable to recognize printed numbers, poor memory of numbers, and difficulty tying a number to world things. For example, not understand the number ‘6’ and how it can describe 6 horses, 6 dogs and 6 cars.

Learning disorders are not typically treated with medicine and counseling. Early intervention is recommended so an individual does not regress especially in school systems. There is no cure for learning disorders. Students with learning disorders are usually part of the special education program in their schools.

According to the National Center for Learning Disabilities website, all students with learning disorders in the United States whom attend a public school must have an Individualized Educational Program (IEP). An IEP is developed by teachers, parents, school administration, other professionals working with the student and the student (if appropriate). All individuals in the IEP process will come together to find a program that will meet each student’s individual, unique situation. IEP’s will be reviewed and if revisions are needed the child will be reevaluated. The general purpose is to note the current status of a student’s education including strengths to determine a plan to enhance the student’s level of education.

Each category of learning disorders has different ways to be treated and help the individual. Each category will be discussed individually. Gibson and Kendall (2010) stated in their article, “The importance of early identification, assessment and provision

for any child who may have special educational needs cannot be over-emphasized. The earlier action is taken, the more responsive the child is likely to be.” The earlier the intervention the more likely an individual will have more success in coping with his or her learning disorder.

A study by Lorusso, Facchetti and Bakker (2011) investigated if subtyping dyslexia would show more improvements for the individuals. The study involved 123 children with dyslexia between the ages of 7 to 15. The children were grouped into six groups based on the type of reading errors he or she made. Examples of errors were reading speed, substituting words or parts of words. This allowed the researchers to group individuals with similar mistakes into the same group. The researchers administered pre and posttests to each child. Treatment was twice a week for 45 minutes for four months. The results showed that the children from different groups had different levels of improvement due to the treatment group they were part of. This has significant value since not every individual with dyslexia has the same type of problems. The specific protocol for the type of errors made will allow individuals to have fewer problems with reading. People who work with individuals with dyslexia should not expect the same treatment protocol to help all individuals since there are subcategories of dyslexia. In the study, three groups had much more significance improvements which provide evidence that subtyping dyslexia will help those individuals.

Raymer et al (2010) used four individuals who had dysgraphia as a result from a stroke to test a type of treatment. The treatment used three different conditions: an errorless, error full and untrained control words. A baseline treatment was used to compare the treatments. The errorless condition was taught in a way so that no error

could be made. The individuals would learn to spell and write the words from memory letter-by-letter and if they could not remember the answer was given to them. The error full training was spelling and writing but they were not given the answer until the error was made. The researchers made percentage of correct in each category. The results showed that fewer errors were made after significant amount of training. There were very small improvements concerning the untrained words after being in the treatment groups. These findings are similar to most research that has been done with treating dysgraphia and that significant amount of training shows improvements.

Out of the three types of learning disorders, there seems to be less treatment studies for dyscalculia than the others. Besides very basic educational treatments, there was not much information found on dyscalculia treatments.

According to the National Center for Educational Statistics, there are nearly six and half million children in the United States' school system that had a reported specific learning disability. This is five percent of the children in our schools. Sundheim and Voeller (2004) report that five to ten percent of the population is affected with a learning disorder. It is easy to understand that many people are affected by this disability. With this many of our students facing the daily challenge of having a learning disorder, it is not a surprise that sometimes other challenges might be overlooked by parents and professionals. With a daily challenge to try to succeed at the same levels as their peers, students with a learning disorder face psychosocial implications that can have a large impact on their daily living. Diagnosing and treatment of learning disorders has been heavily studied and has been found to be manageable for most students.

The challenges with learning disorders seem to go beyond the classroom and affects the child's well being. Do students with learning disorders have lower self-esteem than other peers? Do students with learning disorders have more depression symptoms than other peers? Do students with learning disorders face more bullying than other peers? Will a student with learning disorder be more likely to drop out of school when compared to other students? All of these questions have to do with the psychosocial implications of being diagnosed with a learning disorder. If a student with a learning disorder faces more challenges daily, how does this child receive help to handle these challenges? The purpose of this research paper is to investigate the types of psychosocial issues, students with learning disorders face day-to-day. The term psychological distress will also be used for the research paper.

#### Definition of Terms

**Dyscalculia-** A learning disorder when a person “may have difficulty rapidly and accurately recalling arithmetic facts, counting objects correctly and quickly and aligning numbers in columns.

**Dysgraphia-** A learning disability that affects writing, which requires a complex set of motor and information processing skills.

**Dyslexia-** A term for disorders that involve difficulty in learning to read or interpret words, letters, and other symbols, but that do not affect general intelligence.

**Individualized Educational Program (IEP)-** A written statement for each child with a disability that is developed, reviewed, and revised in a meeting which includes present level of achievement, goals and any educational needs.

Learning Disability/Disability- A condition that affects an individual's ability to acquire or use information through sources of writing, reading, mathematical calculations, listening speaking or reasoning.

Psychosocial- Of or relating to the interrelation of social factors and individual thought and behavior.

## **Chapter II**

### **REVIEW OF LITERATURE**

This chapter is a review of literature on children with disabilities. The majority of the research is about students with learning disabilities as well as adults with learning disabilities. This chapter discusses the types of psychosocial implications individuals with learning disorders may face. The different types of psychological symptoms individuals with learning disabilities face are discussed. The research reviewed focuses on psychological symptoms such as depression, anxiety, self-esteem and self-perceptions. Peer relationships and bullying are discussed to allow the reader to have more insight to the challenges students face. Research articles were found from research journals from around the world with the main focus being United States of America research.

#### **Depression Symptoms**

The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM–5; American Psychiatric Association, 2013) is the accepted nomenclature for diagnosing of mental illness. The depressive symptoms include depressed mood for most of the day, diminished interest in pleasure, significant weight change, insomnia or hypersomnia, psychomotor agitation, fatigue, feelings of worthlessness, diminished ability to concentrate and recurrent thoughts of death. These are the depressive symptoms that are discussed within this chapter. Different research articles were

reviewed to better understand the risks of depressive symptoms and suicide among individuals with learning disabilities.

Klassen, Tze and Hannok (2013) conducted a meta-analysis on adults with learning disabilities and if they internalize feelings of depression and anxiety. The researchers examined fifteen studies which met all their criteria. The analysis was investigating if adults internalize feelings like children with learning disabilities have found to do. The analysis found that adults continue to internalized feelings more than adults without learning disabilities. The article discussed how many times this behavior is learned during child age and adolescence and adults continue to cope with feelings in the same ways.

A study conducted in Mexico with students with learning disorders compared with students without learning disorders had significant findings. Gallegos, Langley and Villegas (2012) investigated anxiety, depression and coping skills among the students from Mexico. This study provided evidence that children with learning disabilities had a higher risk of anxiety (22.3% risk) than children without a learning disability (11.5% risk). Children with learning disabilities had a 32% risk of depression while the children without a learning disability had a risk of 18%. This research did not provide any significant differences for coping skills. The researchers noted that early intervention is very important for learning disorders since there are significant social implications down the road.

Nelson and Harwood (2011) investigated teacher reports and parents' reports of depression of students with learning disabilities. The study was a meta-analysis of previous studies completed. The researchers used 31 previous studies that viewed

depressive symptoms and students with learning disabilities. According to the article, students with learning disorders have had a higher link with depression than students without a learning disorder. The article cites that the majority of students who receive special education services in schools are students with a learning disorder. Their analysis indicated that parents and teachers believe that students with learning disorders have higher depressive symptoms than students without a learning disorder. The 31 articles they reviewed all had common findings. A meta-analysis of students' perceptions on depression and learning disorders are not the same as parents and teacher reports. When students report, the findings show only a slight increase for depression in students with learning disabilities. None the less, both types of studies show that students with a learning disorder are perceived to have more depression symptoms.

Another study investigated depression in adults with mild learning disorder (Gordon, Shevlin, Tierney, Bunting & Trimble, 2007). The study used self-reports which had been modified so people with learning disabilities could easily take them. The article noted that many times when depression is studied with learning disabilities, researchers use interviews instead of self-reports. The study had 74 participants with mild learning disorders and the participants ages ranged from 25-70 with a mean of 44. The study assigned two raters for each participant to rate them for signs of depression. The results showed that the raters scores and the self-reports score were very similar. The results were high for items like fatigue and depressed mood which are related to depression. While the study was looking more at the correlations between the raters

and self-reported measures, the results still showed that they were higher on depression symptoms than people without learning disorders.

Maag and Reid (2006) also agree that students with learning disorders have statically higher scores on depression scales than their peers without a learning disorder. This study was trying to determine if individuals with learning disorders have a higher clinical depression score than their peers without a learning disorder. It was a meta-analysis study which combined fourteen previous studies and 1,701 participants. The first point they found out was that students with learning disorders had a significantly higher depression scores than students without learning disorders. The second point is that students with learning disorders do not have more symptoms for clinical depression than students without learning disorders. This is a finding that is positive for individuals with learning disorders.

With more depression symptoms more common with individuals with learning disorders than individuals without learning disorders in a learning setting, Sideridis (2007) examined what could be causing them to be more depressed. The study conducted looked at the children's thoughts and emotions after finishing a challenging math problem. There was a link found between feeling more depressed and higher anxiety due to being afraid of failing to complete the challenging problem. This kind of feelings of failure can directly relate back to the learning disorder.

In Canada, researchers investigated the mental health status of individuals with learning disabilities. Wilson, Deri Armstrong, Furrrie and Walcot (2009) found similar results through multivariate regression analysis. Their results indicated that individuals with learning disabilities are twice as likely to report higher levels of anxiety disorders,

distress, suicidal thoughts and depression when compared to individuals without learning disabilities. The researchers also looked at gender differences within the learning disability sample. They found males report more depressive episodes, anxiety and consultations with health professionals while females report more high distress, suicidal thoughts and general mental health. This study provided gender differences which is important when working with the learning disability population.

It is commonly known that depression is many times a precursor to suicide. There has been some research to investigate suicide and learning disabilities. McBride and Siegel (1997) researched available suicide notes from adolescents and investigated if learning disabilities have an impact on suicide and adolescents. The researchers reviewed twenty-seven suicide notes from a three year period. The notes were rated on topics like handwriting errors, spelling errors, letter quality as well as demographic information. The analysis showed that adolescents who committed suicide had significant deficits in spelling and handwriting which was similar to adolescents with learning disabilities. The authors concluded that it is likely that a high percentage of adolescent who commit suicide may have an known or unknown learning disability. They concluded that learning disabilities may be an unnoticed risk factor for adolescent suicide.

### **Self-Esteem, Self-Perceptions, Self-Worth**

Research has shown students with learning disabilities have lower self-esteem than students without learning disabilities. LaBarbera (2008) conducted research on self-esteem and the study provided similar results. The researcher also discussed how self-esteem among students with learning disabilities had not been conducted

thoroughly throughout the United States. The study used a sample of 66 students with learning disabilities whom attended a private school. This sample was compared to students with learning disabilities throughout the United States. The sample had higher self-esteem than counterparts but still had lower self-esteem when compared to students without learning disabilities. The study also viewed the student's global self-worth and found that parents' social support was the strongest predictor for global self-worth. The study found it to be 35% of the students' global self-worth.

Self-esteem has been researched between siblings not only peers. Lahane, Shah, Nagarale and Kamath (2013) conducted a cross-sectional study at an urban hospital. The study included 31 pairs of siblings with one sibling having a learning disorder. The researchers used the Rosenberg self-esteem scale as well as a questionnaire for the mother of the children. These results showed the children with learning disabilities had lower self-esteem than their sibling. The research showed that children with a learning disability felt they had fewer accomplishments and less good qualities. The mothers' questionnaire provided even more insight for this topic. The mothers' questionnaire results showed that the mothers were less favorable towards the child with a learning disabilities. Some of the responses indicated mothers felt they do not understand the child and wished the child was more like other children without a learning disability. All of these factors can contribute to lowering a child's self-esteem.

An interesting study among 102 university students produced results showing stable friendship relationship with self-concept for students with learning disabilities. Shany, Wiener and Assido (2013) conducted the survey which found students with learning disabilities reported lower scores for self-worth and academic self-esteem than

students without learning disabilities. The study also examined how friendships influenced social self-concept. Previous research had shown that children with learning disorders had fewer reciprocated friendships as well as less stable friendships. Individuals with learning disorders appear to have a harder time connecting with others. This study found that students with learning disorders who had stable, meaningful friendships reported higher in global self-worth. This study concluded that better relationships have a positive relationship with self-worth for individuals with learning disorders.

A study conducted by Heath, Roberts and Toste (2013) viewed self-perceptions for students with learning disorders and students without learning disorders. It was found that students with learning disorders have overly positive self-perceptions of work in math, which was the subject with the most deficits for the sample. The gap between how the student thought they did versus actual score was much larger for students with learning disorders. The study noted being one of the first to conclude these types of finding and noted more research is needed in the area.

Davis, Nida, Zlomke and Nebel-Schwalm (2009) conducted research for university students with a learning disorder and the effect of anxiety and sadness on well-being. The research compared students with a learning disorder and students without a learning disorder. Researchers used online surveys to assess the emotional-well being of participants. The results showed that the students with learning disorders suffered more anxiety and sadness which lowered their view of their self-worth.

Social Interactions

The social interaction of children with learning disabilities has been studied and the findings are very similar. Individuals with learning disorders many times have the challenge of fatigue, sleepiness, low-self esteem, more fighting with friends and feeling different than peers (Coleman, Schubiner and Robin, 2008). Parents of children with learning disabilities have reported their children have negative characteristics of “impulsiveness, nervousness, easy to anger, aggressiveness with outbursts, cursing and impaired sociability (Coleman et al., 2008, p. 223).

Bullying is a growing concern among all students and schools throughout the nation. In 2011, a documentary, *Bully*, was made following the life of five families who had been impacted by bullying. The movie did not discuss the mental illness and learning disability of two of the children (Rose, 2012, p.1). There has been a small amount of research to investigate bullying and students with learning disorders. Mishna (2003) discussed how more research is needed for the relationship between bullying and learning disorders. The article discussed ways children with learning disabilities are vulnerable to bullying. Students in special education, which is the program many students with learning disabilities are part of, are more likely to be victimized than other peers. This can include direct bullying like name calling or indirect which can include spreading gossip. The article discusses previous research that has shown students with learning disorders report more bullying than their other peers.

Similar to Shany, Wiener and Assido study, Rose, Espelage, Monda-Amaya, Shogren and Aragon (2013) found similar results about friendships. Increased peer support was the biggest predictor for decreased bullying for all students including students with learning disabilities. This research was conducted with 360 middle school

students with 83 students have a learning disability. Although this research did not find significant differences between the two groups of students, it still provided evidence of how important social relations are for decreasing peer victimization.

Australian research has shown similar findings about children with learning disabilities and social interaction. These findings are similar to findings produced in the United States. Carman and Chapparo (2012) interviewed mothers and their children with learning disabilities to research four themes; the themes included the importance of social skills, effects of poor social skills, difficulty with planning and problem solving in social interactions and the impact of social competence on a child's occupational performance. The results showed that social participation is an important part of occupational performance as well as the children knowing how important social interaction is to their lives. It was discussed that bullying reduced the children's social competence as well as their self-esteem. This finding was very similar to Norwicki (2003) which compared children with learning disabilities to peers. The meta-analysis concluded that poor social skills lead to increase of bullying reporting and decreased self-esteem. Another finding from Carman and Chapparo (2012) was that children with learning disabilities performed worse on occupational tasks in a group setting.

Social anxiety in children with and without learning disabilities was researched by Peleg (2011). Peleg (2011) found that students with learning disabilities reported higher levels of social anxiety than students without learning disabilities and found similar results in group settings as Carman and Chapparo (2012). A social anxiety questionnaire was used to obtain anxiety scores as well as a satisfaction scale. The article found that students with learning disabilities had more difficulty in group settings

than their peers. The researcher believed this could be due to the stigma attached to being diagnosed with a learning disability. The participants in the study were Arab descent.

Sleep problems have also been research for students with learning disabilities. Fakier and Wild (2011) found that adolescents with learning disabilities had more sleeping troubles than their peers without learning disabilities. Buckhalt (2013) examined sleeping disturbances among children with disabilities and found that children with disabilities to have atypical sleep patterns and higher prevalence of sleep disorders. The research discussed how disturbed sleep can easily affect academic performance. The previously discussed research provides evidence that students with learning disabilities do face more psychological challenges than their peers. Chapter 3 will discuss the implications for the students and strategies for schools and parents to better handle the challenges.

### **Chapter III**

#### **DISCUSSION**

The next chapter is the discussion and conclusion of this research paper. The discussion is based on information gathered from the Individuals with learning disorders have a very concealable disability. This can be a challenge for them because others who have the ability to help them do not know they are the ones facing these psychosocial challenges. There is not a way to look at a person with a learning disorder and know they have a disability. Since it is easily concealable, it seems like the psychological symptoms they may be having are also concealed. The extensive research provides adequate knowledge that individuals with learning disorders do face many challenges with their emotional well-being. At the same time, it seems that individuals with learning disorders receive help in only ways that are directly affected due to their learning disability like education.

The majority of the reviewed literature was research conducted within the United States but there were studies found from all over the world. Since the findings came from people of different race and ethnicity, socioeconomic status, countries and genders, it is easy to understand how significant the findings are. Learning disorders do not discriminate against any group of people and anyone can find themselves facing the challenges of learning disorders. This is significant because there are many possible psychological, social implications that go along with having a learning disorder. It is

important for everyone to have some understanding of the implications of being diagnosed with a learning disorder.

The majority of the research provided evidence that students with learning disabilities face more psychological distress than their peers with a learning disability. It was difficult to find relevant, recent research that was credible on the subject. This research is very important but future research need to focus on other aspects of the challenge. There should be more research to better understand the effect of a learning disorder with psychological distress. Research focuses could include onset of psychological distress. Early intervention has been proven to work effectively for many disabilities and it would be assumed that earlier intervention with students with learning disabilities would be highly effective. If psychological distress could be managed at a younger age, the implications would be much smaller as the child ages. Research should be conducted to determine the best interventions for treating a child who has psychological distress and a learning disability.

There is prominent amount of research to provide evidence that individuals with learning disorders face more psychological distress when compared to people without learning disorders. The extensive amount of research provides enough evidence that some treatment changes should be considered. One of the first treatment changes should be more screening for individuals with learning disabilities.

If a child is diagnosed with a learning disability, the screening should not stop there. There should be more screenings for depression, suicide risk and anxiety disorders. When a child is screened for mental health issues and there is evidence to believe the child may be at risk for a mental health issue more assessments should be

done. Not only should the child be screened but parents and educators should be part of the process. Parents and educators' opinions need to be taken in consideration. Knowing that the child, parents and educators all report the child having may have symptoms of a mental health concern would allow clinical professionals to intervene with psychological testing and services. Clinical professionals can be a school counselor, school psychologists, rehabilitation counselors, licensed clinical professional counselors, clinical and counseling psychologists, psychiatrists and social workers including school social workers and licensed clinical social workers. Any of the clinical professionals would be able to provide further help in diagnosing a child with a learning disability with a psychological disorder. A screening may offer other health help to a student. If it is reported that a student has weight change and fatigue, the problem could be a physical health issue instead of a mental health issue. These types of result would indicate a child may need further medical intervention instead of a mental health intervention.

If there would be a discrepancy between the child's report and parents and educators further observation would be needed. Clinical professionals would need to know why there would be a discrepancy especially if the child reports psychological distress but adults do not. Direct observations of the child in his or her learning environment would give clinical professionals more insight to the child's life. Direct observations would allow clinical professionals to observe social interactions, reactions to learning environment including materials, teachers and peers, and any negative interactions. If there were negative interactions observed, face-to-face interviews would be the next step.

Interviews would allow a clinical professional to talk with a student with a learning disorder. The interview would allow the clinical professional to gain adequate information about the student. The information obtained would allow the clinical professional to decide what the next step should be in helping the child with a learning disorder. A mental health assessment can be done by the clinical professional to determine if a mental health diagnosis is appropriate.

If a child receives a mental health diagnosis, the next step would be having the child in mental health services. Depending on the available resources, the child may start individual counseling to help alleviate some of the distress the student is having. The counseling process may also include family therapy. Family therapy would help the student's family to have more awareness of the mental health issue as well as how to help the child overcome the mental health distress. If group sessions are available, a child may engage in those services. Group sessions many times teach about awareness and teach how to handle the distress. Coping skills is a common group session that a child with a learning disability would benefit from if he or she is diagnosed with a mental health concern.

The group sessions would allow the child to see others facing the same challenges as him or her. This would help normalize the issue for the child and help them to not be afraid to conceal his or her thoughts and feelings. The research indicated that many students with learning disabilities due poorly in the group settings at school. Group sessions outside of school like a coping skills group would allow the child to succeed in a group setting. In a group session, the participants are not graded like a school setting. The group session would allow the student with a learning disorder to

thrive in the group setting. Doing well in these group sessions can help students with learning disabilities do better in their group settings while in school.

Not only do the children need more resources, the parents of children with learning disabilities and educators need more resources as well. It would be beneficial to parents to be part of group with other parents with children with learning disabilities. Parent groups could be educational for them. The groups could teach the parents more about learning disabilities, ways to help their child with school assignments and discuss with other parents any issues of concern. Like the children groups, the parent groups may help normalize how the parent is feeling. Parents can learn about the struggles their child might be facing and learn ways to recognize and help their child through that struggle. Parent groups could be viewed as a support group, educational group or a combination of both. Parent groups are not easily found so it would be important for all involved to help make these groups a common find within communities and especially important in communities with many children facing learning disabilities and struggling every day in the classroom.

Educators could benefit from more education as well. Special education teachers will many times have the most one-on-one time with a child with a learning disorder. Many times the students with learning disorders are in a special education classroom for part of the school day or the whole school day. Special education classrooms are smaller sized and allow for the students to receive more attention from the teacher to help guide their achievement. Special education teachers are truly a blessing to a student with a learning disorder and help the student thrive in an environment which is challenging for them. Special education teachers could be a large factor in whether a

student with a learning disability is referred for psychological services. It is important to educate special education teachers about the distress students with learning disabilities face.

Teachers are required to participate in continuing education classes in order to keep their teacher certificates. Continuing education classes or credits would be a beneficial way to educate teachers about the struggles students with learning disorders face. Continuing education classes would be a way to provide awareness of the problems that are going on with students with learning disabilities. These credits would be a great time to let teachers know the signs of psychological illnesses like depression and anxiety. It would also be an opportunity to provide resources to the teachers and let them know the available resources in their area. It could be highly encouraged to seek out the services and make connections with the clinical professionals so referrals of students would be easier. Continuing education credits would be a phenomenal way to reach many teachers as well as cost-effective since a course only has to be designed one time. It is also cost-effective because all teachers have to enroll in some type of continuing education credits so it would be a great opportunity to provide new information to many teachers. It would also be beneficial to incorporate more psychological distress information into special education teacher programs. The majority of special education programs allow time to take electives and it would be very beneficial for the teacher and the future students of that teacher if he or she had some formal education that discusses the psychological implications of students with disabilities. This type of class could include other disabilities besides only learning disabilities like Attention-Deficit/Hyperactivity Disorder, Autism and intellectual disability.

This type of course could provide educators with a general knowledge and awareness of the issue.

The mentioned treatment services are all great but with little funding for mental health as there is now, these types of services might just stay a dream and not become reality. Another way to reach parents and educators would be pamphlets. Pamphlets are an item that are not time consuming and can be full of knowledge. It seems like an easy solution that each time a child is diagnosed with a learning disability a packet of information is sent with the parents. The information can include topics like depression symptoms, anxiety, self-esteem issues, bullying and suicide and how all of them can affect his or her child. The packet would also want to include available resources in the community.

Another important aspect to the psychological issues is bullying. It is important for all schools to develop a bullying policy. It is important that educators recognize the signs of bullying and be aware of groups that are at high risk for bullying such as students with learning disabilities. Not only does a school need a bullying policy, the policy must be enforced by teachers and administration. No type of bullying should be tolerated with school. Students who are being bullied should be aware that there is a policy and that students should implement it. Students being bullied should be aware that they can share their stories with educators and it will stay confidential and anonymous. Many times this is a large issue with bullying because the students do not know who to turn to in these challenging times. Schools could implement safe rooms where bullying reports can be made to a teacher who will know the next steps in handling the bullying problem.

Some of the most important information that parents and educators should receive is about suicide. The American Academy of Child and Adolescent Psychiatry has a hand out about teen suicide that provides beneficial information. One of the most beneficial pieces of it are the signs parents and educators should have awareness of in case a child is thinking about suicide. The signs include change in sleeping and/or eating, social withdraw, violent acts, rebellious behaviors, running away, substance use, neglecting self appearance, personality change, persistent boredom, complaints about physical symptoms such as headaches, fatigue, stomachache, loss of interest in pleasurable activities and not tolerating praises or rewards. Other signs can include complaining of being a bad person, verbal hints (example: "It won't matter much longer), giving away possessions, and signs of bizarre thoughts or hallucinations. If a child ever says, "I'm going to kill myself", this statement should be taken very seriously and should contact a clinical professional for further assistance.

The purpose of this research paper was to investigate the types of psychological issues students with learning disabilities face. After intensive researching of the topic, it is probable that a student with a learning disability is at high risk to face some type of psychological issue or social issue when compared to students without learning disabilities. The research provides enough evidence to make this claim. The research does not provide evidence for how this information is being used in schools. All school districts should have awareness of this issue and should be implementing some type of program to help students with learning disabilities.

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