
Behaviour Problems In Children and Adolescents with Learning Disabilities

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Abstract

The National Joint Committee on Learning Disabilities (NJCLD 1987) defines learning disabilities as follows: Learning Disabilities is a general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction and may occur across the life span. Problems in self regulatory behaviours, social perception and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability. The DSM IV (APA 1994) introduced the term learning disorders. Learning disorders are of four types: reading disorder, mathematics disorder, disorder of written expression and learning disorder not otherwise specified. But only a few scientific publications have used this terminology. Learning disorder has been addressed by various labels in research literature such as learning disabilities, reading disabilities, specific developmental disorders of scholastic skills, dyslexia, dyscalculia etc. Literature reviewed here includes all of these, as they are conceptually similar.

INTRODUCTION

Behaviour problems in children and adolescents can be classified into two major domains of dysfunction, namely externalizing behaviours and internalizing behaviours (Achenbach & Edelbrock, 1978). The externalizing behaviours are marked by defiance, impulsivity, hyperactivity, aggression and antisocial features. The internalizing behaviours are evidenced by withdrawal, dysphoria and anxiety.

Significant associations have been obtained consistently between learning disabilities and behaviour problems and various studies have supported this view. (Rutter et al, 1970; Rutter and Yule (1970); Berger et al (1975) ; Lewis et al, (1980); Scott 1981; Silver (1981); Sturge 1982; McGee et al (1986); Larson (1988); Mc Kinney 1989; Ritter 1989; Cantwell & Baker 1991; Fergusson & Horwood 1992 ; Faraone et al 1993; Vaughn et al 1993; Lyon 1996; Sanson et al 1996; Blumsack et al 1997; Prior et al, 1999; Spagna et al 2000; Tomblin et al 2000).Results of surveys have shown that between 24% and 54% of learning disabled children have behaviour problems (Mc Michael 1979; Mc Gee et al 1984; Schachter et al 1991).Khurana (1980) in a study conducted at Baroda, India; on 100 learning disabled children, reported behaviour problems in 84% cases. Jorm et al (1986) studied a sample of 453 Australian children

followed over the first three years of schooling. It was found that at school entry, backward readers were having more behaviour problems. Ritter (1989) estimated the problem behaviours of 51 adolescent girls with learning disability, using Child behaviour checklist and identified elevated problem behaviours in learning disabled group compared to adolescents without learning disability. Beitchman & Young (1997) described comorbidity of learning disorders with externalizing and internalizing disorders. Spreen (1989), Haager and Vaughn (1995), Vallance et al (1998), Willcutt and Pennington (2000), and Grigorenko (2001) have also reported that both externalizing and internalizing behaviour problems are associated with learning disabilities.

EXTERNALIZING BEHAVIOUR PROBLEMS

In the Isle of Wight studies, Rutter et al (1976), one quarter of the children with specific reading retardation showed antisocial behaviour - a rate several times that in the population at large. High rates of conduct problems, restlessness, poor concentration and over activity were seen among retarded readers in middle childhood. Two fifth of the children with antisocial behaviour problems were retarded in reading, compared with about one in every 20 of those with no disorder.

(Cunningham & Barkley, 1978) noted that reading

disabilities might lead to behaviour problems such as hyperactivity. McMichael (1979) assessed Scottish children for behaviour problems and reading readiness at school entry. Two years later reading achievement and behaviour problems were again assessed. It was found that antisocial behaviour problems preceded the reading difficulties.

Bale (1981) in cross-sectional study of backward readers confirmed that there was excess of behavioural disturbances, predominantly of anti-social nature, when the children were rated independently by teachers and by parents. The more serious the associated perceptual motor difficulties, the higher was the rate of antisocial disorder.

Broder et al (1981), reported that learning disability was strongly correlated with juvenile delinquency. Sturge (1982), in a study on 10 year old boys, found high rates of reading retardation and antisocial behaviour and the results showed a strong association between the two problems. In this study, motor restlessness and poor concentration differentiated between reading retarded and non-retarded boys.

Kellam et al (1983) reported that reading disabled children are vulnerable to emotional as well as conduct problems. Badian (1983) reported that 42% of children with dyscalculia had problems with attention. Evidence indicates that children who exhibit attention deficits without motor hyperactivity are likely to have learning disabilities than those who display attention deficits and motor hyperactivity. (Edelbrock et al, 1984; Holborow & Berry, 1986). McGee et al (1984) found that hyperactive behaviour rather than aggressive or anxious behaviour was associated with poor reading ability at age 7 years.

Maughan et al (1985) noted that boys with specific reading retardation had higher rates of delinquency compared with boys who could read normally; but the difference was not statistically significant. McConaughy and Ritter (1986) measured the behaviour problems of 6 to 11 year old students using child behaviour check list. Children with learning disabilities had highest scores of behavioural problems especially of the externalizing type. Kazdin, (1987) noted that learning disabilities play an important role in delinquent behaviour. Rourke (1988) in the review of research on the relation between socioemotional functioning and learning disabilities in children, makes it evident that psychopathology worsens with age in children with non-verbal learning disabilities.

McGee et al (1988) in the study on reading disabled groups

of boys and girls found that during the early school years, there was a significant relationship between behaviour problems and reading disability in both sexes. Behaviour problems seemed to have arisen as a consequence of the reading disability rather than preceding it. By age 13, reading disability in boys and girls was associated with oppositional – defiant and inattentive behaviours. It is possible that association of reading disability with other behaviour problems at age 13, might lead to later delinquent behaviours. They have also documented increasing correlations between externalizing behaviour and learning disabilities upto age 11.

Venugopal and Raju (1988) in their study at Pondicherry, India; described learning disabled children to be over reacting. Ritter (1989) estimated the social competence and problem behaviour of 51 adolescent girls with learning disability using Child Behaviour Check List and identified poor social competence and elevated problem behaviours in learning disabled group compared to adolescents without learning disability.

Cornwell and Bawden (1992) examined the relationship between specific reading disabilities and aggressive behaviour. There was not enough evidence to conclude that reading disability causes aggressive or delinquent behaviour; although limited evidence suggested that reading disability may worsen pre-existing aggressive behaviour.

Fergusson & Horwood, (1992) noted that inattentive behaviours at age 12, exert significant effect on reading achievement at that age. Hinshaw (1992) in his extensive review of issues pertaining to the relationship between externalizing behaviour problems and academic underachievement, stated that, in childhood, inattention and hyperactivity were stronger correlates of academic problems, than aggression. However by adolescence, antisocial behaviour and delinquency were clearly associated with under achievement. Overlap between externalizing behaviour problems and learning difficulty often begin during the pre school years, with significant association documented before the onset of formal schooling.

Gilger et al (1992), pointed out that hyperactivity and specific learning disabilities co-occur more frequently than would be expected on the basis of chance.

Williams and McGee (1994), using data from a longitudinal study of child development in New Zealand (N=698) examined relationships between early reading attainment and

antisocial behaviour at ages 7 and 9 years; and subsequent reading and delinquent behaviour in adolescence. While reading did not directly influence later delinquency, antisocial behaviour during the early school years was strongly predictive of delinquency at age 15 years, particularly for boys. Reading disability at 9 years of age, predicted conduct disorder at age 15 in boys, but not in girls. Shalev et al (1995) pointed out that children with dyscalculia demonstrated more behaviour problems than normal children. When associated with dyslexia, these children had more attentional problems and externalizing syndromes. Fergusson and Lynskey (1997) examined the relationship between early reading difficulties and later conduct problems in New Zealand children from the point of school entry to the age of sixteen. Children with early reading difficulties had increased rates of conduct problems upto the age of 16 years; which was more evident for boys.

INTERNALIZING BEHAVIOUR PROBLEMS

In contrast to the voluminous literature on the relation between externalizing behaviour problems and learning disabilities, little has been written about learning disabilities and internalizing problems. Myklebust (1975) reported that children with dyscalculia had social withdrawal. McGee et al (1988) noted that children with reading disability showed anxious-withdrawn behaviour.

Stein and Hoover (1989) compared manifest anxiety in children with LD and without LD. They concluded that compared with non LD children, children with LD had higher total anxiety scores. Levine et al (1992) from the University of North Carolina in the study on mathematics disability, pointed out that demands of the mathematics curriculum impose increasing strains on a developing and differentiating nervous system and children with mathematics disabilities often experience profound feelings of intellectual inadequacy and sadness. This in turn can erode both self esteem and academic motivation. Such a child is likely to be exquisitely sensitive and even embarrassed when a parent tries to help him or her with home work.

Huntington and Bender (1993) concluded that adolescents with learning disabilities experience higher levels of trait anxiety and have higher prevalence of somatic complaints, as well as reduced self esteem. Nabuzoka and Smith (1993) from United Kingdom found that the learning disabled children were more shy, seeking help and were often victims of bullying.

McBride and Siegel (1997) of University of Columbia in a study on adolescent suicide reported that 89% of the 27 adolescents who committed suicide had significant deficits in spelling and handwriting.

The study by Prior et al (1999) highlighted the risk for internalizing problems including anxiety, depression and phobias in preadolescent children with mathematics difficulties.

CONCLUSION

The literature reviewed has thrown light into the significant association between learning disabilities and behaviour problems. Hence along with remedial education, cognitive and behaviour therapies have important role in the management of children with learning disabilities.

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