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RESEARCH ARTICLE

BEHAVIOURAL PROBLEMS AMONG CHILDREN WITH LEARNING DISABILITIES

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ABSTRACT

The present research paper highlights the studies that centers on the learning disabilities and behavior problems among children. The research studies have been analyzed to note relationship between learning disabilities and behavior problems among children. Number of research quoted in this review paper highlight externalizing behavioral problems and internalizing behavioral problem of children with learning disabilities. The studies reviewed in this paper form a base to conclude that children with learning disabilities experience behavioral problems to greater extent and hence this paper concludes that while planning intervention programme for children with learning disabilities one has to take care for their behavior problems also. This paper will also help professionals to develop effective educational programme which incorporate strategies for learning disabilities.

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INTRODUCTION

Children with learning disabilities are a diverse group of individuals, exhibiting difficulties in many different areas. One child with a learning disability may experience significant reading problems, while another may experience no reading problems at all, but has significant difficulties with written expression. Learning disabilities may also be mild, moderate, or severe. Students differ too, in their coping skills. According to NASET LD Report (2012), some learn to adjust to learning disabilities so well that they pass as not having a disability, while others struggle throughout their lives to even do simple things. Learning disabilities always begins in childhood and always is a life-long condition. The term "learning disability" means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, and spell or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include a learning problem which is primarily the result of visual, hearing, or motor handicaps; of mental retardation; of emotional disturbance; or of environmental, cultural, or economic disadvantage (Individuals with Disability Education Act, 1997). Colorado Department of Education (2004) identified eight specific areas that are considered when eligibility for learning disabilities is determined.

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These include comprehension, fluency and decoding, written and oral expression, mathematical calculation and problem solving and listening. Reading, writing and mathematical disabilities are most common and widely studied form of learning disabilities among school children and adolescents (M. Callens, W. Tops & M. Brysbaert, 2012). In western countries, the practice to identify and explain the term learning disabilities began in 1950s and 1960s. However, in India the awareness movement of learning disability is of recent origin (S. Karande, V. Mehta & M. Kulkarni, 2007). Despite the recent upsurge in research work pertaining to learning disabilities there is no clear data on the prevalence of this issue in India. Karande and Kulkarni (2005) state that there is a general lack of information and awareness pertaining to learning disabilities in India causing the learning disabled child to suffer poor academic performance. Figures issued by American educators place the prevalence of learning disabilities at 10 to 12 percent (M. Altrac & E. Saroha, 2007). Researchers in India reported that although no nationwide survey on learning disabilities is done but about 10% children have been identified with learning disability in Indian schools (M. K. Nair, M. K. Paul & J. Padmamohan, 2003). More recently, research puts prevalence of learning disabilities at 13 to 14% of all school children (M. Sadaket, 2009). In India, despite such studies there is need to increase awareness and to have a system in place where such children may be identified and remediation can take place. Specific learning disorder can have negative consequences across the lifespan, including lower academic achievement, higher rates of school dropout, and high levels of psychological distress, poor overall mental health, and higher rates of unemployment and under-employment and lower incomes. School dropout and co-

occurring depressive symptoms increase the risk for poor mental health outcomes, including suicidality, where high levels of social or emotional support predict better health outcomes. Children with Learning Disabilities face a variety of challenges in their lives. Learning disabilities are frequently associated with psychological problems. Psychopathology worsens with age in children with nonverbal learning Disabilities. Beitchman described co-morbidity of learning disabilities with externalizing and internalizing problems (J. H. Beitchman & A.R. Young, 1997). According to J. Shenoy & M. Kapur (1996) 21 out of 88 children with learning disability had a co-morbid psychological disorder. K. Muthukumar, M.G. Shashikiran & S. Srinath (1999) in a study found that 79% of children with learning disabilities had co-morbid psychological disorders, in which 32% had internalizing disorders, 28% had externalizing problems and 19% had other disorders.

Children with learning disabilities may be at risk for behavioral problems. Generally, there is limited understanding that children's behavioral problems could be a consequence of learning disabilities particularly in developing countries such as India where children's learning problems are not assessed and dealt properly. In some cases, behavioral problems may be elicited by the stress that children face in schools, or they may be a contributing factor for poor achievement in school or to learning difficulties (M. Rutter & W. Yule, 1975). Behaviour problems in children and adolescents can be classified into two major domains, externalizing behavioural problems and internalizing behavioural problems. 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 found consistently between learning disabilities and behaviour problems. There are many studies conducted on the relationship between learning disabilities and behavioral problems among children and adolescents. Study conducted by R. Barkauskien & R. Bieliauskaite (2001) found that children with learning disabilities had significantly more internal (somatic complaints, isolation, anxiety/depression) and external problems (aggression and delinquency) as well as attention and social problems. Various studies reported that both externalizing and internalizing behaviour problems are associated with learning disabilities. Others have reported that invariably most have some kind of stress. The results of a study conducted by A.E. Hassan (2015) indicated that the emotional and behavioral problems among children with learning problems are: thinking problems, poor concentration, attention deficit, less of activity, lack of interaction, lack of a sense of self-confidence, reduce the value of self, sadness, emotion confusion, and emotional distractions, fidgety (unsettled), aggression, excess consumption of activity, non-interaction, hyperactivity delinquency, phobia, sleep for short periods, continuing changes in sitting, and busy with concern topics. The differences that exist in emotional and behavioral problems among learning disabilities children are according to the type of learning disabilities. According to A. Milan, F. Hou & I. Wong, children with learning disabilities did have lower altruism or pro social behaviour, and higher levels of anxiety or emotional disorder and aggression or conduct disorder than did other children. Findings of a study conducted by C. Chen (2008) indicated that the presence of learning disabilities was a risk factor for the development of behavioral problems.

Children with learning disabilities had higher rates of negative behavioral outcomes including acting out, juvenile delinquency, and adult arrest than general education students (C. Chen, 2008). Educational, social, and behavioral problems are characteristics of students with learning disabilities and emotional disturbance (S. H. McConaughy & D. R. Ritter, 1986). Evidence has shown that students with learning disabilities have negative behavioral outcomes in adolescence and adulthood (M. M. Wagner, 1995).

Students with learning disabilities have been identified at greater risk for developing lasting antisocial, delinquent, and criminal behavior than other disabled students and non-disabled students (M. M. Wagner, 1995). In addition to problem behavior and poor social/emotional functioning, their long-term behavioral problems such as high arrest and custody rates in the juvenile and adult justice system have become a critical concern for mental health services as well as the educational and justice correctional system (Morris & Morris, 2006; Quinn, Rutherford, Leone, Osher, & Poirier, 2005). In India researchers also found behavioural problems among learning disabled samples. A study conducted by Manoj et al, (2015) reported that 40% of children with learning disabilities are diagnosed with behaviour problems, 30% children with aggressive behavioural problems and 10% children with withdrawn behavioural problem (K.S. Manoj, B. Haritha, K.P. Susanta.). Study conducted by Sridevi, George, Srivena & Rangaswamy reveals that almost 19% students are suffering from learning disability in the schools. According to these researchers learning disabled children are exhibiting significant behavioral problems than normal children (G. Sridevi, A.G. George, G. Sriveni & K. Rangaswamy, 2015). The limited research available suggests that learning disabilities children experience a great deal of social-emotional and behavioral problems in addition to their learning difficulties.

According to Epstein, Cullinan, & Lloyd (1986) parents of the learning disabled boys reported that the boys showed fewer social contacts with organizations and friends, less participation in activities, and lower levels of school performance than non-learning disabled boys. (M.H. Epstein, D. Cullinan, & J.W. Lloyd, 1986). A study conducted by Epstein, Cullinan & Neiminen, (1984) indicated that four factors were found with the learning-disabled boys: Conduct Problem, Anxiety Withdrawal, Attention Deficit, and Social Maladjustment. In the ratings given by the teachers, hyperactivity and restlessness were associated with other attention items for younger children; while for older learning disabled boy's hyperactivity and restlessness were associated with Conduct Problem (M.H. Epstein, D. Cullinan, & J.W. Lloyd, 1986). Study conducted by Jennifer, et.al (2006) revealed significant associations with anxious/depressed and withdrawn behaviors, as well as an increased likelihood of attention problems among children with LD (W. Jennifer., S. L. Buka., M. McCormick., Fitzmaurice & I. Alka.

Conclusion

The review has shown a significant relationship between learning disabilities and behaviour problems. Children with learning disabilities are at greater risk of psychological co-morbidity. The co-morbidity of learning disabilities with both internalizing and externalizing disorders emphasize the need

for cognitive and behavioral approaches in the remediation programs offered to learning disabled children. Early diagnosis and intervention of learning disability makes a substantial improvement in self-confidence and social competency among children, which helps them in improving school performance. Remedial education is also important in their improvement. Along with early diagnosis and remedial education, cognitive and behaviour therapies have important role in the management of children with learning disabilities. The review highlights that certain issues should be addressed for clinical training and policies making for children with learning disabilities. The issues that should be addressed are: Low level of awareness among parents and teachers, improper distribution of accurate information about psychological problems, available help seeking ways, need to develop service in rural and urban areas and focus on the integration of mental health into general health care keeping such co-morbidity in mind. Effective association between parents, mental health professionals, pediatricians, community-based health services and professionals from the education sector would be essential, too. From this review paper we can also conclude that there is dearth of research on children with learning disabilities and behavioural problems, so there is a need to conduct more and more research on children with learning disabilities.

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