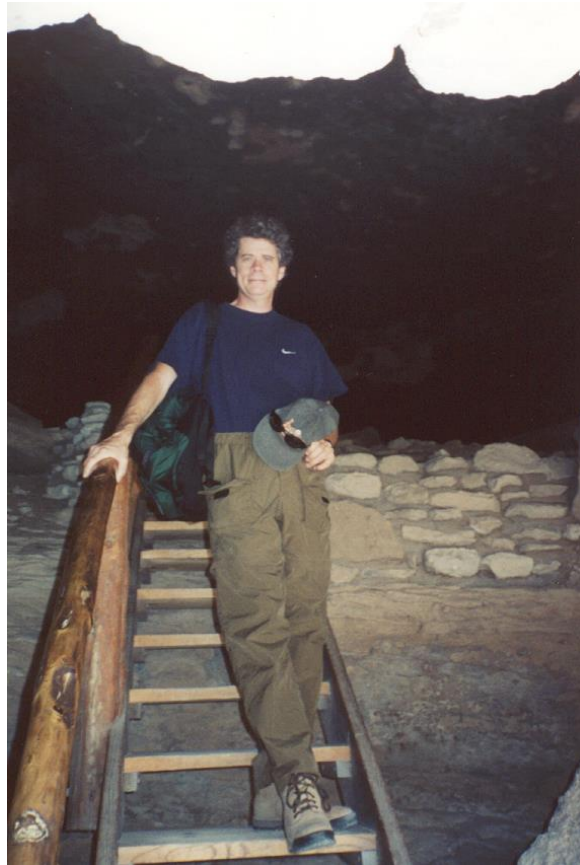


# ***EMOTIONAL CONCERNS OF THOSE WITH LEARNING DIFFERENCES IN THE CLASSROOM***

***Seminar for Cascia Hall  
Preparatory School  
Tulsa, Oklahoma  
August 12-13, 2008***

***Presented by: Kevin T. Blake,  
Ph.D., P.L.C.  
Tucson, AZ***

# ***LD Life Insight***



Therapeutic goal:  
Change “being LD” to  
“having LD”.

Rodis, P. (2001). Forging Identities, Tackling Problems, and Arguing with Culture: Psychotherapy with Persons Who Have Learning Disabilities. In P. Rodis, A. Garrod, and M.L., Boscardin (Eds.), Learning Disabilities & Life Stories. Boston, MA: Allyn and Bacon, pp. 205-230.

# ***Emotional Overlay And Learning Disorders***

- Seigel (1974) concluded that the most common problems for LD adults are social/emotional.
- Roffman (2000) wrote “It is difficult to grow up with LD and experience repeated failure and relentless taunting from peers without secondary psychological issues often referred to as *emotional overlay*. Emotional overlay does not always develop into diagnosable mental health problems..., but the symptoms can be quite debilitating nonetheless.” (p. 44)

Seigel, E. (1974). The Exceptional Child Grows Up. New York, NY: W.H. Freeman.

Roffman, A.L. (2000). Meeting the Challenge of Learning Disabilities in Adulthood. Baltimore, MD: Paul H. Brookes.

# ***Comorbidity And Learning Disorders***

- Porter and Rourke studied a large group of LD children from ages 6 to 15 and found:
  - Approximately 44% had no emotional problems.
  - Approximately 26% were depressed, anxious, shy, or suffered low self-esteem.
  - Approximately 17% had Conduct Disorder
- Hence 56% of LD individuals have comorbidities

Porter, J.E., and Rourke, B.P. (1985). Socioemotional Functioning of Learning Disabled Children: A Subtype Analysis of Personality Patterns. In B.P. Rourke (Ed.), Neuropsychology of Learning Disabilities: Essentials of Subtype Analysis. New York, NY: Bruner/Mazel, pp. 218-235.



# LD and Comorbidity



- The research into the comorbidities of LD and Dyslexia is not as extensive or thorough as it is with AD/HD for all age levels.
- Comorbidity has almost been an after thought in the LD literature.

# Comorbidity and Learning Disorders

- Most of the literature on LD and comorbidity is anecdotal and the definition of LD is not consistent.
- LD adults continue to have difficulty with their disabilities into adulthood. Social and emotional problems dominate their lives.

Hooper, S.R., and Olley, J.G. (1996). Psychological Comorbidity in Adults with Learning Disabilities. In N. Gregg, C. Hoy, and A.F. Gay (Eds.), Adults With Learning Disabilities: Theoretical and Practical Perspectives. New York, NY: Guilford, pp. 162-183.)

Hoy, C., and Manglitz, E. (1996). Social and Affective Adjustment of Adults with Learning Disabilities: A Lifespan Perspective. In N. Gregg, C. Hoy, and A.F. Gay (Eds.), Adults With Learning Disabilities: Theoretical and Practical Perspectives. New York, NY: Guilford, pp. 208-2312).

# Comorbidity and Learning Disorders

- LD adults are more at risk for anxiety, depression, conduct problems, and severe psychopathology than non-LD peers. The severity is more pronounced when they have comorbid AD/HD.

Hooper, S.R., and Olley, J.G. (1996). Psychological Comorbidity in Adults with Learning Disabilities. In N. Gregg, C. Hoy, and A.F. Gay (Eds.), Adults With Learning Disabilities: Theoretical and Practical Perspectives. New York, NY: Guilford, pp. 162-183.

# Comorbidity and Learning Disorders

- LD children with behavioral and emotional problems more likely to have same problems in adulthood.
- The more comorbidities an LD person has the more negative outcomes they have.

Goldstein, S. (1997). Managing Attention and Learning Disorders in Late Adolescence and Adulthood: A Guide for Practitioners. New York, NY: John Wiley and Sons.

# ***Comorbidities Of Dyslexia***

- AD/HD 40%
- Conduct Disorder 20%
- Depression 20%
- Generalized Anxiety 25%
- At Least One Comorbidity 60%

Willcutt, E.K. and Gaffney-Brown, R. (Summer, 2004). Etiology of Dyslexia, ADHD, and Related Difficulties: Using Genetic Methods to Understand Comorbidity. Perspectives, 30 (3), pp. 12-15.



# Depression and LD



## **NORMAL FORMS OF DEPRESSION**

“The Blues”- Less than two weeks of depressed mood associated with an environmental event.

\* Ratey and Johnson spoke of “Shadow Syndromes” which appear as, “...behavior that fits only part of a syndrome or disorder, but not all.” (p. 13)

Ratey, J.J., and Johnson, C. (1997). Shadow Syndromes. New York, NY: Pantheon.

# *Grief And LD*



Goldstein spoke of adults with LD and/or AD/HD who struggle with prolonged grief. “It has been suggested that adults with AD/HD and LD struggle with grief over their perceived incompetence and a lifetime difficulty with meeting everyday expectations.” (p. 260)

Goldstein, S. (1997). Managing Attention and Learning Disorders in Late Adolescence and Adulthood: A Guide for Practitioners. New your, NY: John Wiley and Sons.

# Grief and LD



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Goldstein, S. (1997). Managing Attention and Learning Disorders in Late Adolescence and Adulthood: A Guide for Practitioners. New your, NY: John Wiley and Sons.

# Grief and LD/AD/HD

Murphy and LeVert wrote of the stages of coping with being diagnosed AD/HD (seems to apply to LD also):

Stage 1- Relief and Optimism

Stage 2- Denial

Stage 3- Anger and Resentment

Stage 4- Grief

Stage 5- Mobilization

Stage 6- Accommodation



(Murphy, K.R., and LeVert, S. (1995). Out of the Fog. New York, NY: Hyperion.)

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# The LD/AD/HD “Identity”

Rodis offered the ***Seven Stages of Identity Formation for Persons with LDs:***

1. The Problem-without-a-Name Stage
2. Diagnosis
3. Alienation
4. Passing





# Identity (Continued)

- 5. Crisis and Reconfrontation
- 6. “Owning and Outing”
- 7. Transcendence



Rodis, P., Garrod, A., and Boscardin, M.L. (2001). Learning Disabilities and Life Stories. Boston, MA: Allyn and Bacon.

# ***LD Life Insight***



“It is a common trait among the LD to know how to endure hardship and keep dark secrets” – Oliver Queen

Kegan, R. (2001). Easing a World of Pain: Learning Disabilities and the Psychology of Self-Understanding. In P. Rodis, A. Garrod, and M.L. Boscardin (Eds.), Learning Disabilities & Life Stories. Boston, MA: Allyn and Bacon, p. 194.

# ***LD And Low Self-Esteem***

- “Reasonably assume that most individuals with learning disabilities have had a more difficult course and are more likely to experience feelings of low self-esteem.” (p. 24)
- “However, when the dyslexic succeeds, he is likely to attribute his success to luck. When one fails, he simply sees himself as stupid.” (p. 9)

Goldstein, S. (1998). Emotional Problems In Adults with Learning Disabilities.: An Often Unseen but Not Insignificant Problem. LDA Newsbriefs, 33 (4), p. 24.

Ryan, M. (1994). The Other Sixteen Hours: The Social and Emotional Problems of Dyslexia. Baltimore, MD: Orton Dyslexia Society.

# ***Dyslexia And Dysthymia***

- “The often unsympathetic attitude and behavior of other people undermines their confidence and contributes to the development in many dyslexics of profound and deeply ingrained low self-esteem. Negativity is more potent when significant people in the dyslexic’s life...have dismissed them as having low intelligence.” (p. 49)

McLoughlin, D., Fitzgibbon, G., and Young, V. (1994). The Adult Dyslexic: Assessment, Counseling, and Training. San Diego, CA: Singular.

# ***LD, Low Self-Esteem and Anxiety***

- No difference was found between the levels of self-esteem, academic anxiety and trait anxiety between large groups of LD and non-LD college students.

Blake, K.T. (1989). Self-Esteem and Anxiety in Learning Disabled and Non-Learning Disabled College Students. Dissertation Abstracts International.



# ***LD and Anxiety***

- LD college students have more problems with anxiety than do their non-disabled peers.
- Generalized Anxiety Disorder is frequently found in LD adults.
- Dyslexics tend to have significant problems with anxiety.

Hoy, C. Gregg, N., et. al. (1997). Depression and Anxiety in Two Groups of Adults with Learning Disabilities. Learning Disability Quarterly, 20, pp. 280-291.

Hooper, S.R., and Olley, J.G. (1996). Psychological Comorbidity in Adults with Learning Disabilities. In N. Gregg, C. Hoy, and A.F. Gay (Eds.), Adults with Learning Disabilities: Theoretical and Practical Perspectives. New York, NY: Guilford, pp. 162-183.

Ryan, M. (1994). The Other Sixteen Hours: The Social and Emotional Problems of Dyslexia. Baltimore, MD: Orton Dyslexia Society.

# ***LD and Anxiety***



Roffman wrote, “Adults with LD/ADHD often experience pressure as they work with their symptoms. Anxiety develops out of such day-to-day occurrences as the loss of yet another set of keys...” (p. 49)

Roffman, A. (2000). Meeting the Challenge of Learning Disabilities in Adulthood. Baltimore, MD: Brookes.

# LD and Social Anxiety



- “ I have no stories to tell.”
- LD adults may not have the amount of social experience that their non-disabled peers have.

Jordan, D.R. (1984). Personal Communication.

Jordan, D.R. (2002). Overcoming Dyslexia in Children, Adolescents, and Adults. Austin, TX: Pro-Ed.

# ***LD And Anxiety***



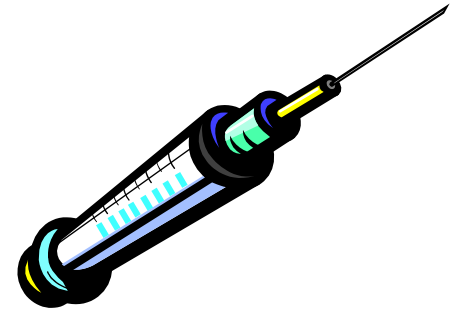
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Ryan, M. (1994). The Other Sixteen Hours: The Social and Emotional Problems of Dyslexia. Baltimore, MD: Orton Dyslexia Society.)

# LD And Substance Abuse



- Several of the adults with LD/ADHD whom Roffman interviewed spoke of past struggles with substance abuse (p. 51).
- Up to 60% of those with LD are in treatment for substance abuse.

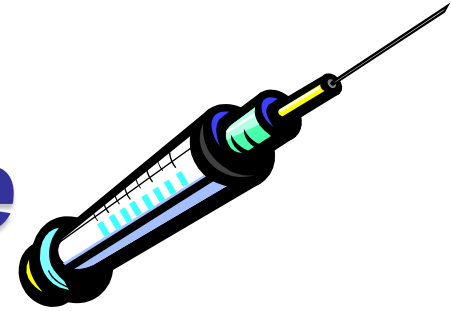
Roffman, A.L. (2000). Meeting the Challenge of Learning Disabilities in Adulthood.  
Baltimore, MD: Paul H. Brookes.

Ellis, W., and Cramer, C. (1996). Introduction. W. Ellis, and C. Cramer (Eds.), Learning Disabilities: Lifelong Issues. Baltimore, MD: Brookes, pp. XXVII-XXXI.

Esposito, J.T. (1998). Parents Don't Care— Or Do They? LDA Newsbriefs, 31 (1), pp. 20-21.



# ***LD and Substance Abuse***



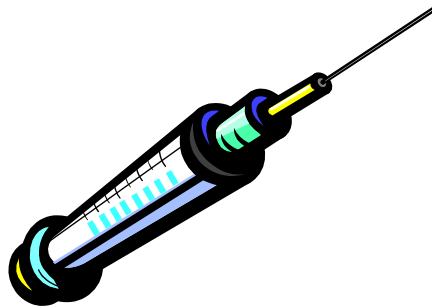
- “Several of the adults with LD/ADHD whom I interviewed spoke of past struggles with substance abuse” (p. 51).
- Up to 60% of those with LD in treatment for substance abuse have LDs.

Roffman, A.L. (2000). Meeting the Challenge of Learning Disabilities in Adulthood. Baltimore, MD: Paul H. Brookes.)

Ellis, W., and Cramer, C. (1996). Introduction. W. Ellis, and C. Cramer (Eds.), Learning Disabilities: Lifelong Issues. Baltimore, MD: Brookes, pp. XXVII-XXXI.

Esposito, J.T. (1998). Parents Don't Care— Or Do They? LDA Newsbriefs, 31 (1), pp. 20-21.

# ***LD and Substance Abuse***



- LD may underlie Substance Abuse Disorders.

Wren, C. and Einhorn, J. (2000). Hanging by a Twig: Understanding and Counseling Adults with Learning Disabilities and ADD. New York, NY: W.W. Norton.

# ***Comorbidities and AD/HD***

- 75% of AD/HD Adults Referred to Clinics have a Comorbidity

Barkley, R.A. (1996). ADHD in Children Adolescents and Adults: Diagnosis, Treatment and Assessment. New England Educational Institute, Cape Cod Symposia (August), Pittsfield, MA.

- 20% of AD/HD Adults have Two or More Comorbidities

Hechtman, L. (2000). Subgroups of Adult Outcome of Attention-Deficit/Hyperactivity Disorder. In T.E. Brown (Ed.), Attention-Deficit Disorders and Comorbidities in Children, Adolescents, and Adults. Washington, D.C.: American Psychiatric Press:.

# ***Comorbidities (Continued)***

Barkley wrote, “Up to 67% of ADHD children as adults are free of psychiatric diagnoses” (p. 207).

Barkley, R.A. (1998). Attention Deficit Hyperactivity Disorder, Second Edition. New York, NY: Guilford.

**Brown Estimated that 50% of AD/HD adult had Comorbidities.**

Brown, T.E. (1995). Differential Diagnosis of ADD Versus ADHD in Adults. In K. Nadeau (Ed.), A Comprehensive Guide to Attention Deficit Disorders in Adults. New York, NY: Bruner Mazel, pp. 93-108.

# ***Comorbidities and AD/HD***

Pliszka indicated the following regarding Comorbidities of adults with AD/HD:

## ***Prevalence rates of adults with ADHD***

- Antisocial Personality Disorder 12% to 27%
- Alcohol and Drug Dependence 27% to 46%
- Major Depressive Disorders 17% to 31%
- Anxiety Disorders 32% to 50%

Pliszka, S.R. (2000). Paying Attention to ADHD: Treatment Challenges with Comorbid Conditions. Philadelphia, PA: Medical Educational Systems.

# ***AD/HD and Comorbidity***

Goldstein wrote, “Adult outcome of individuals with ADHD has not been proved to be solely tied to particular ADHD variables or treatment but likely interacts with a variety of life factors, with family issues paramount” (p. 73).

Goldstein, S. (1997). Managing Attention and Learning Disorders in Late Adolescence and Adulthood: A Guide for Practitioners. New York, NY: John Wiley and Sons.

# ***Comorbidity and AD/HD***

Weiss and Hechtman after a 15 year follow-up study came up with the following groups that AD/HD adult fall into:

1. 30 to 40% Fairly Normal Group
2. 40 to 50% Significant Hyperactivity, and Social/Emotional/Interpersonal Problems
3. 10% Severely Antisocial and/or Mentally Disturbed

Weiss, G., and Hechtman, L. (1993). Hyperactive Children Grown-Up (Second Edition). New York, NY: Guilford.

# ***Comorbidity and AD/HD***

- Those with Combined Type AD/HD have more Externalizing Disorders
- Those with Inattentive AD/HD **MAY** have more Internalizing Disorders

Milich, R., et. al. (2002) The Predominately Inattentive Subtype—Not a Subtype of AD/HD. ADHD Report, 10 (1), pp. 1-6.



# ***Comorbidities (Continued)***

Hynd stated 40% of those with Inattentive AD/HD will have an Internalizing Disorder.

Hynd, G. (2002). ADHD and Its Association with Dyslexia: Diagnostic and Treatment Challenges. Paper presented at the 53<sup>rd</sup> Annual International Dyslexia Association Conference, Atlanta, GE, November 16.

# ***Barkley said Affective Disorders are common in AD/HD Adults***

- 30-35% Have Generalized Anxiety Disorder
- 25-35% Had Major Depressive Episode
- >50% Dysthymic Disorder

(Barkley, R.A. (1996). ADHD in Children, Adolescents, and Adults: Diagnosis, Assessment, and Treatment. New England Educational Institute, Cape Cod Symposia, August, Pittsfield, MA.)



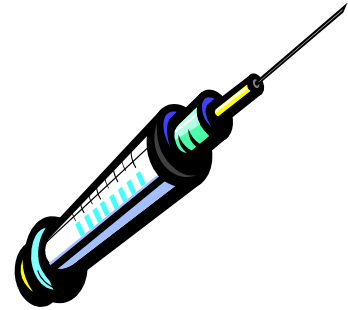
# Social Phobia and AD/HD

- Murphy stated AD/HD adults are at risk for Social Phobia.
- Tzelepis, Schubiner, and Warbasse reported 12% of AD/HD adults meet criteria for Social Phobia.

Murphy, K.R., and LeVert, S. (1995). Out of the Fog: Treatment Options for Adult Attention Deficit Disorder. New York, NY: Hyperion.

Tzelepis, A., Scherbiner, H., and Warbasse, L.H. (1995). Differential Diagnosis and Psychiatric Comorbidity Patterns In Adult Attention Deficit Disorder. In K. Nadeau (Ed.), A Comprehensive Guide to Attention Deficit Disorder in Adults: Research, Diagnosis and Treatment. New York, NY: Bruner Mazel, pp. 35-57.

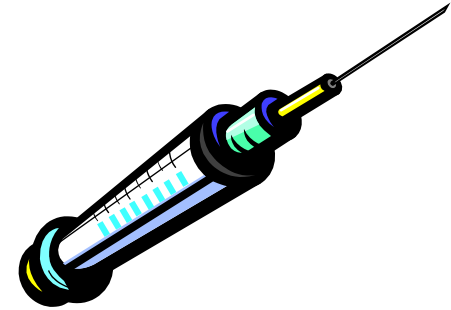
# ***Substance Abuse and AD/HD***



Wilens, et. al. wrote, “Substance use disorders occur at a higher rate in individuals with ADHD than in psychiatrically healthy adolescents; conversely ADHD is more prevalent in individuals with substance use disorders” (p. 320).

Wilens, et. al. (2000). Attention-Deficit/Hyperactivity Disorder With Substance Use Disorders. In T.E. Brown (Ed.), Attention-Deficit Disorders and Comorbidity in Children, Adolescents, and Adults. Washington, DC: American Psychiatric Press, pp. 319-340.

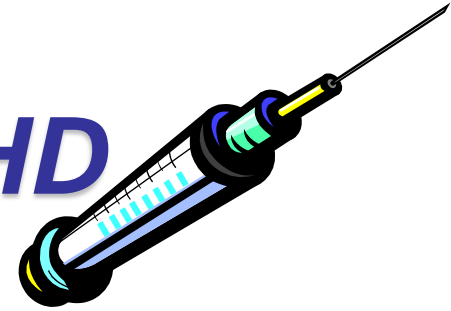
# ***Wilens, et. al. Indicated:***



- AD/HD adults with substance abuse have more severe and earlier onset of problems.
- AD/HD puts one at risk for alcohol/drug abuse and dependence.
- AD/HD adults have twice the risk of having a substance use disorder than the non-AD/HD.
- Comorbid CD/ASPD and/or Bipolar Disorder makes the Substance Abuse Disorder much greater.

Wilens, et. al. (2000). Attention-Deficit/Hyperactivity Disorder With Substance Use Disorders. In T.E. Brown (Ed.), Attention-Deficit Disorders and Comorbidity in Children, Adolescents, and Adults. Washington, DC: American Psychiatric Press, pp. 319-340.)

# ***Substance Abuse and AD/HD***



- Barkley- 10% to 20% of Milwaukee follow-up had SUD.
- Overlap with CD.
- When he sees AD/HD clients in clinic 25% to 35% are actively abusing.
- AD/HD adults tend to be heavy smokers.

Barkley, R.A. (1996). ADHD in Children, Adolescents, and Adults: Diagnosis, Assessment, and Treatment. Cape Cod Symposia, August, Pittsfield, MA.

# ***Dyslexia and Suicide***

- Poor reading teens have more suicidal ideation and higher drop-out rates than good readers.
- Higher rates of mood disorders in those with Reading Disorder than those without.
- Need prevention and intervention with RD youths and should focus on psychoemotional problems related to school-life.

Goldston, D., et.al. (2002). Reading Disabilities, Drop-out, and Suicidal Behavior. Poster Presentation at the 53<sup>rd</sup> Annual International Dyslexia Association Conference, Atlanta, GE., November 13-16.

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# ***Suicide and AD/HD***

10% will have attempted in the last 3 years

5% will die from attempts (Barkley, 1998)

There is even a higher rate with those with comorbid Antisocial Personality Disorder (Weiss and Hechtman, 1986).

Barkley, R.A. (1998). Attention Deficit Hyperactivity Disorder, Second Edition. New York, NY: Guilford.

Weiss, G., and Hechtman, L. (1986). Hyperactive Children Grown-Up. New York, NY: Guilford.

# ***AD/HD and Suicide***

- Those with AD/HD have a higher risk of suicidal ideation and completion.

Barkley, R.A., Murphy, K.R., Fischer, M. (2008). ADHD In Adults: What The Science Says. New York, NY: Guilford.

# ***ASPERGER'S AND SUICIDE***

- Adolescents with Asperger's Disorder have a higher risk of suicide than teens without Asperger's.

Attwood, T. (2007). The Complete Guide to Asperger's Syndrome. Philadelphia, PA: Jessica Kingsley.

# ***Students with Suicidal Thoughts***

“When classroom behavior is dangerous or journals or essays suggest suicidal or homicidal thoughts, teachers should make a referral through the school’s proper channels.” (p. 3 of 4).

Schlozman, S.C. (2001). Too Sad to Learn: The Shrink in the Classroom. Teaching Experience. From website: <http://www.nea.org/teachexperience/sadk050922.html>

# ***LD Life Insight***



“The school system never felt compelled to educate me on how having a LD would impact my life”-Garrett Day

(McGrady, H., Lerner, J., and Boscardin, M.L. (2001). The Educational Lives of Students with Learning Disabilities. In P. Rodis, A. Garrod, and M.L., Boscardin (Eds.), Learning Disabilities & Life Stories. Boston, MA: Allyn and Bacon, p. 185)

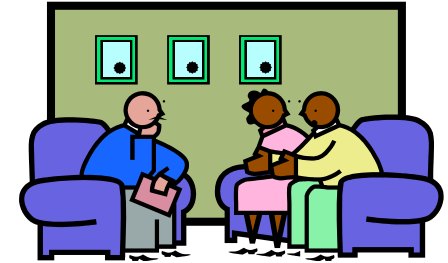
# ***Psychotherapy and LD***

- Why most LD adults seek therapy:
  - Stress and Anxiety coping with disability
  - Low Self-Esteem
  - Unresolved Grief
  - Helplessness



Barton, R.S., and Fuhrmann, B.S. (1994). Counseling and Psychotherapy for Adults with Learning Disabilities. In P.J. Gerber, and H.B. Reiff (Eds.), Learning Disabilities in Adulthood: Persisting Problems and Evolving Issues. Austin, TX: Pro-Ed, pp. 82-96.

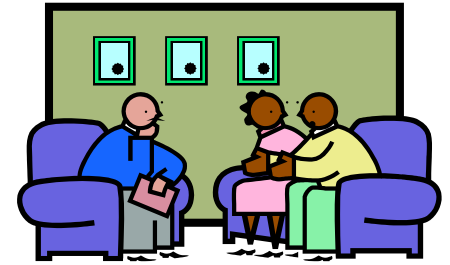
# *Psychotherapy for LD*



- Growth for LD Clients Relies On:
  - The need for a Therapeutic Relationship.
  - Understanding of therapist and client of disability and cognitive processing style.
  - Interventions that fit the social, emotional and cognitive needs of the client.

Barton, R.S., and Fuhrmann, B.S. (1994). Counseling and Psychotherapy for Adults with Learning Disabilities. In P.J. Gerber, and H.B. Reiff (Eds.), Learning Disabilities in Adulthood: Persisting Problems and Evolving Issues. Austin, TX: Pro-Ed, pp. 82-96.

# *Psychotherapy and LD*

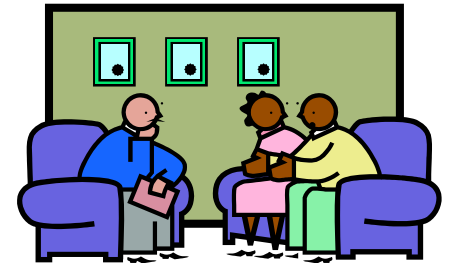


“Many adults with dyslexic difficulties develop coping and compensatory strategies and usually can become quite adept at disguising the presence of dyslexia. Due to this many remain unfulfilled, often underestimating their abilities, perhaps working in an occupation that does not use their real abilities or even declining promotion for fear that their dyslexic difficulties are exposed.” (p. 292)

Kirk, J., McLoughlin, D., and Reid, G. (2001). Identification, and Intervention in Adults. In A. Fawcett (Ed.), Dyslexia: Theory and Good Practice. Philadelphia, PA: Whurr, pp. 292-308.

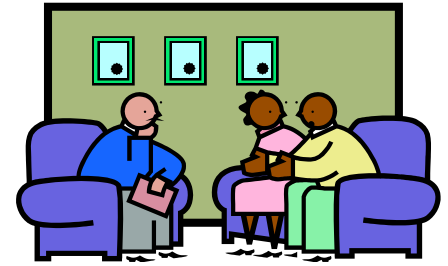


# *Psychotherapy and LD*



“As psychotherapists working with persons with learning disabilities, we are presented with the results of the damage due to misunderstanding and mistreatment, and we have to help our clients heal from that damage. Helping our clients to understand what their learning disabilities are, how they have been affected by them, how their strengths and...”

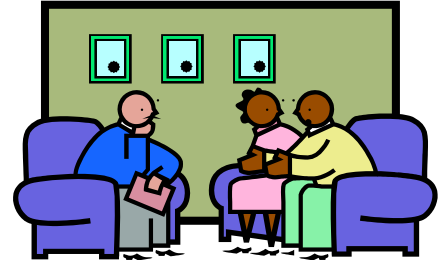
# *Psychotherapy and LD*



“...weaknesses have helped or hindered them in school, and how they help or hinder them in life beyond school—these tasks are at the heart of psychotherapy with persons with learning disabilities.” (p. 187)

(Einhorn, J. (2000). Psychotherapy of Two Invisible Sources of Distress: A Framework for Therapy. In Wren (Ed.), Hanging by a Thread: Understanding and Counseling Adults with Learning Disabilities and ADD. New York, NY: Norton, pp. 174-187.

# *Psychotherapy and LD*



- Often the Dyslexics biggest fear is being “found out”– That others will learn they cannot read...
- They fear change because they fear they will not be able to compensate...
- They are frustrated with their literacy difficulties and social problems...

McLoughlin, D., Fitzgibbon, G., and Young, V. (1994). The Adult Dyslexic: Assessment Counseling and Training. San Diego, CA: Singular.

# *Psychotherapy and LD*



“ Further, while there may be some benefit to short-term information-focused counseling when an adult is initially diagnosed with ADHD or LD, there is no data to suggest that long-term counseling concentrating on the symptoms of these disorders is particularly helpful.” (p. 264)

Goldstein, S. (1997). Psychosocial Treatments. In S. Goldstein (Ed.), Managing Attention and Learning Disorders in Late Adolescence & Adulthood: A Guide for Practitioners. New York, NY: John Wiley and Sons, pp. 236-265.

# *Psychotherapy*



## **Potential Social Interaction Problems of Dyslexics**

1. Facial Perception and Recognition
2. Difficulties with making and interpreting gestures, body language, inflection, and tone of voice
3. Difficulty making central inferences in social situations regarding mood and attitude
4. Problems with determining correct response

Wren, C., and Einhorn, J. (2000). Hanging by a Twig: Understanding and Counseling Adults with Learning Disabilities and ADD. New York, NY: Norton.

# ***Focus of Treatment for LD and AD/HD***

- Prolonged Grief
- Interpersonal Role Disputes
- Role Transitions
- Developing Necessary Interpersonal Skills
- Family Issues



Goldstein, S. (1998). Emotional Problems In Adults with Learning Disabilities.: An Often Unseen but Not Insignificant Problem. LDA Newsbriefs, 33 (4), p. 24.

# ***How to Document a Psychiatric Disability for Accommodations***



Author (July, 2001). Guidelines for Documentation of Psychiatric Disabilities in Adolescents and Adults. Office of Disability Policy Educational Testing Service, Princeton, NJ 08541

# ***Common Signs of Anxiety in Children and Adolescents***

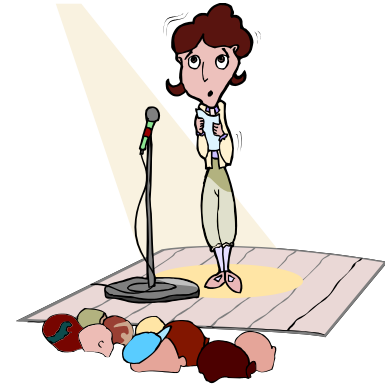
- Persistent and excessive worry
- Irritability and restlessness
- Procrastination and avoidance
- Losing temper or crying frequently or easily
- Lower grades
- Change in eating and sleeping patterns
- Social withdrawal
- School refusal or truancy
- Fatigue: “Emotional exertion” can be as fatiguing as physical exertion.
- Drug use



Author (June, 18, 2008). Student Health and Wellbeing – Teacher Information: Educational Adjustments – Anxiety. Education Queensland: The Learning Place. From website: <https://www.learningplace.com.au/deliver/content.asp?pid=34810>.



# Other Symptoms of Student Anxiety

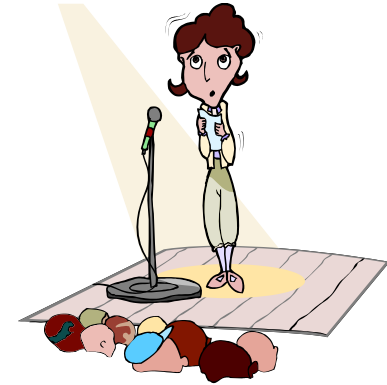


- Student anxiety may also feature:
  - Anxiety and fear about particular school activities
  - High school students may have difficulty keeping to a schedule
  - Difficulty completing assignments
  - May not be able to think clearly (anxiety can cloud thinking)
  - May not absorb material when learned (anxiety can negatively affect memory)

Author (June, 18, 2008). Student Health and Wellbeing – Teacher Information: Educational Adjustments – Anxiety. Education Queensland: The Learning Place.  
From website: <https://www.learningplace.com.au/deliver/content.asp?pid=34810>

# ***Classroom Treatments of Anxiety***

- Preferential seating
- Reduced work load
- Pre-arranged breaks
- Permit the student to leave the room if anxiety becomes too great and go to a quite safe place with adult supervision.
- Use of memory aids during exams
- Alternative test procedures: Oral presentations instead of written tests, student tested in separate room, etc.
- Recognize small achievements more
- Access to mental health services



Author (June, 18, 2008). Student Health and Wellbeing – Teacher Information: Educational Adjustments – Anxiety. Education Queensland: The Learning Place. From website:

<https://www.learningplace.com.au/deliver/content.asp?pid=34810>

# ***Classroom Treatments of Anxiety***

- Work with parents/guardians and mental health care givers to understand how anxiety manifests in student.
- Develop reinforcement strategy to reward school attendance.
- Modify curriculum when necessary: reduce task length, etc.
- Allow student to leave room and go to a “safe room” with supervision when anxiety gets too high.
- Teach stress management skills and relaxation techniques (turtle technique).
- Work with school nurse to insure medications are taken properly if needed.

Author (June, 18, 2008). Student Health and Wellbeing – Teacher Information: Educational Adjustments – Anxiety. Education Queensland: The Learning Place. From website:

<https://www.learningplace.com.au/deliver/content.asp?pid=34810>

# ***Helping Lower Test Anxiety***

- Teach note taking skills, review student notes often and make recommendations on how to improve them.
- Verbatim note taking is often the least helpful method of note taking.
- Notes are a work in progress and can be used as a study guide for tests.
- The more notes taken the better.
- Allow students time to review and organize as well as fill in gaps in notes.

Supon, V. (December, 2004). Implementing Strategies to Assist Test-Anxious Students. Journal of Instructional Psychology, From website:  
[http://findarticles.com/p/articles/mi\\_m0fcg/is\\_is4\\_31/ai\\_n8590239/print](http://findarticles.com/p/articles/mi_m0fcg/is_is4_31/ai_n8590239/print), p. 1-6.

# *Helping Lower Test Anxiety*

- Insure the physical conditions of the classroom during the test are optimal; adequate light and space, minimal distractions, comfortable temperature.
- Every student provided two writing instruments
- Every student is assured of the confidentiality of their test performance by the teach. Teacher lives up to that promise.
- Do not use colored pens to highlight errors on tests for all to see.

Supon, V. (December, 2004). Implementing Strategies to Assist Test-Anxious Students. Journal of Instructional Psychology, From website:  
[http://findarticles.com/p/articles/mi\\_m0fcg/is\\_is4\\_31/ai\\_n8590239/print](http://findarticles.com/p/articles/mi_m0fcg/is_is4_31/ai_n8590239/print), p. 1-6.

# *Helping Lower Test Anxiety*

- Do not threaten student with tests or quizzes if they misbehave.
- Do not warn students to do their best on the tests because the results will, “go on their permanent record,” etc.
- Do not remind the student to work fast so they will finish on time.
- Do not threaten the students of dire circumstances if they fail.

Supon, V. (December, 2004). Implementing Strategies to Assist Test-Anxious Students. Journal of Instructional Psychology, From website:

[http://findarticles.com/p/articles/mi\\_m0fcg/is\\_is4\\_31/ai\\_n8590239/print](http://findarticles.com/p/articles/mi_m0fcg/is_is4_31/ai_n8590239/print), p. 1-6.

# *Helping Lower Test Anxiety*

- Focus teaching on the formats used on the test.
- Give students practice taking actual test items.
- Use test items during teaching.
- Give practice test similar to the actual test.
- Make studying suggestions.
- Teach test-taking skills.
- Teach how to write essay questions and how to think through multiple choice items.
- Teach relaxation techniques.

Supon, V. (December, 2004). Implementing Strategies to Assist Test-Anxious Students. Journal of Instructional Psychology, From website:  
[http://findarticles.com/p/articles/mi\\_m0fcg/is\\_is4\\_31/ai\\_n8590239/print](http://findarticles.com/p/articles/mi_m0fcg/is_is4_31/ai_n8590239/print), p. 1-6.

# ***Refer to Mental Health Professional***

“Teachers who are concerned that a student is depressed might first speak with the guidance counselor or school psychologist to discuss options for further investigation or referral.” (p. 3 of 4)

Schlozman, S.C. (2001). Too Sad to Learn: The Shrink in the Classroom. Teaching Experience. From website: <http://www.nea.org/teachexperience/sadk050922.html>



# *Symptoms of Depression*



“In making the diagnosis, clinicians often refer to neuro-vegetative symptoms, such as poor sleep, decreased interest, low energy, guilty feelings, and changes in appetite. In addition, depressed individuals hold their bodies differently, sometimes barely moving and sometimes fidgeting excessively.” (p. 1 of 4).

Schlozman, S.C. (2001). Too Sad to Learn: The Shrink in the Classroom. Teaching Experience. From website: <http://www.nea.org/teachexperience/sadk050922.html>

# *Symptoms of Depression*

- Repeated thoughts of suicide
- Blaming self for things that are not their fault.
- Excessive crying or weepiness

Huberty, T. (November, 2006). Depression: Helping Students in the Classroom. NASP Communique, 35 (3), p. 1-5. From Website:  
<http://www.nasponline.org/publications/cq/cq353depression.aspx>



# *Symptoms of Depression*



“In general, depressed younger children voice more physical complaints than do their adolescent counterparts. These children might experience headaches or stomachaches that are often mistaken for signs of an illness than a depressed mood. In addition, younger children will often exhibit increased separation anxiety, and their overall behavior may seem somewhat repressed...”

Schlozman, S.C. (2001). Too Sad to Learn: The Shrink in the Classroom. Teaching Experience. From website: <http://www.nea.org/teachexperience/sadk050922.html>

# *Symptoms of Depression*



“...As children approach adolescence, those who suffer from depression start to resemble adults with the same illness. Adolescents are more likely to feel seriously suicidal and may complain more specifically of the neurovegetative symptoms listed above. In all age groups, and experienced adult should interview the child or adolescent. Research has shown that parents are not often aware of their children’s feelings, and that children often do not directly share their feelings with their parents or other adults.” (p. 2 of 4)

Schlozman, S.C. (2001). Too Sad to Learn: The Shrink in the Classroom. Teaching Experience. From website: <http://www.nea.org/teachexperience/sadk050922.html>

# *Symptoms of Depression*

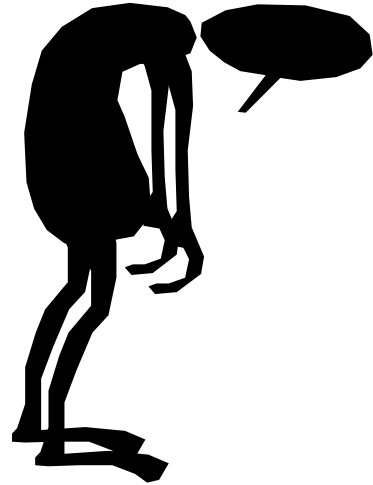


“Often, they have difficulty with sustaining attention, effort, performance, and social relationships. Coaxing, cajoling, punishment, and reinforcement typically have little effect on behavior and achievement.” (p. 2 of 5)

Huberty, T. (November, 2006). Depression: Helping Students in the Classroom. NASP Communique, 35 (3), p. 1-5. From Website:  
<http://www.nasponline.org/publications/cq/cq353depression.aspx>

# *Symptoms of Depression*

- Loss of pleasure or interest in almost all activities
- Depressed mood for more than 2 weeks
- Anger or irritability
- Sleeping too little or too much
- Decreased energy
- Feelings of worthlessness, low self-esteem
- Difficulty finishing tasks
- Difficulty concentrating
- Negative about self, future and life in general



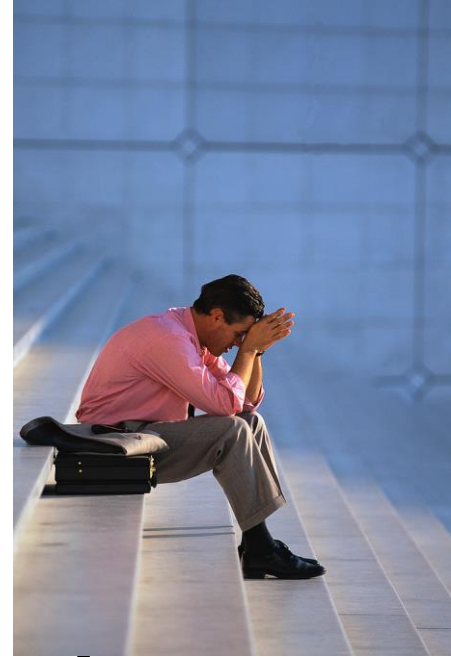
# *Depression*

- An equal percentage of school aged boys and girls experience depression.
- Once children reach adolescence, however, to girls to every boy will experience depression.
- Older children will often fail to respond to anything, including obviously funny or disruptive moments in class.



Schlozman, S.C. (2001). Too Sad to Learn: The Shrink in the Classroom. Teaching Experience. From website: <http://www.nea.org/teachexperience/sadk050922.html>

# *Depression*



- Estimates are that 8 to 10 percent of children are experiencing sufficient symptoms to depression to require professional treatment at any one time.

Huberty, T. (November, 2006). Depression: Helping Students in the Classroom. NASP Communique, 35 (3), p. 1-5. From Website:  
<http://www.nasponline.org/publications/cq/cq353depression.aspx>



# ***Treating Depression in the Classroom***

“Teachers should show confidence, respect, and faith in the student’s abilities...A depressed student may be more likely to participate when there is a minimal chance for embarrassment, though one needs to be careful not to increase the mounting anxiety that depressed children and adolescents experience.” (p. 3 of 4).

Schlozman, S.C. (2001). Too Sad to Learn: The Shrink in the Classroom. Teaching Experience. From website: <http://www.nea.org/teachexperience/sadk050922.html>

# ***Treating Depression in the Classroom***

“Encouraging the student to assist younger children or less able students might also help. Developing a connection between a trusted teacher or coach can be invaluable; studies have shown that adults who suffer from depression when they were younger often recall a specific teacher as central to their recovery.” (p. 3 of 4).

Schlozman, S.C. (2001). Too Sad to Learn: The Shrink in the Classroom. Teaching Experience. From website: <http://www.nea.org/teachexperience/sadk050922.html>.

# ***Risk Factors of Depression***

- Risk factors for childhood depression:
  - Family divorce
  - Death of a family member, friend, or pet
  - Other family member who is depressed or ill
  - Loss of prized toy or possession
  - Family has just moved
  - Child is in a new school

Lucero, L. (No Date). How to Help a Depressed Child in the Classroom. eHow: How To Do Just About Everything. From Website:

[http://www.ehow.com/how\\_2182096\\_help-depressed-child-classroom.html](http://www.ehow.com/how_2182096_help-depressed-child-classroom.html).

# *Symptoms of Depression*

“These students often are seen as lazy and they do not respond to typical methods of discipline, including suspensions, penalties, or encouragements. Most depressed children are not being deliberately defiant and uncooperative, but they cannot muster the personal resources to perform as well as they are able...”

# *Symptoms of Depression*

“...They think in non-productive ways, such as, “I did poorly on a test because I am a stupid person,” rather than, “I did poorly because I did not study hard enough” or all-or-none, “I am terrible at everything,” rather than, I am good at some things and not so good at other things.” (p. 1 of 5)

Huberty, T. (November, 2006). Depression: Helping Students in the Classroom. NASP Communique, 35 (3), p. 1-5. From Website: <http://www.nasponline.org/publications/cq/cq353depression.aspx>

# ***The Depressed Student***

- “Remember that these students are not choosing to be depressed” (p. 4 of 5).
- Recognize the student may be doing as well as he/she can at the time.

Huberty, T. (November, 2006). Depression: Helping Students in the Classroom. NASP Communique, 35 (3), p. 1-5. From Website:  
<http://www.nasponline.org/publications/cq/cq353depression.aspx>.

# ***Helpful Books On Depression and Anxiety***

- Koplewicz, H.S. (2002). More Than Moody: Recognizing and Treating Adolescent Depression. New York, NY: Putman.
- Merrell, K. (2001). Helping Students Overcome Depression and Anxiety: A Practical Guide. New York, NY: Guilford.