



Temperament and Emotional Problems in Children with Specific Learning Disability

KEYWORDS

Specific Learning Disability, temperament, emotional problems.

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ABSTRACT *Specific Learning Disability (SLD) with poor school performance and emotional problems form a vicious cycle leading to one another. Presence of difficult temperamental traits can further compound the problem. Early recognition of such problems by parents, teachers and other care givers help in early intervention leading to better emotional adjustment.*

Temperament and emotional problems were assessed in 40 children with SLD using Temperament Measurement Schedule (TMS) and Childhood Psychopathology Measurement Schedule (CPMS) respectively. Psychopathology was found in 31 (72.5%) children of which conduct problem (57.5%) and behavioral problem (47.5%) were the most common. On TMS significantly higher scores on emotionality and distractibility and lower scores on sociability were found in children who had psychopathology.

Introduction:

Children with Specific Learning Disability (SLD) are reported to have emotional and behavioral problems. Children with repeated learning failures develop negative self-perception of their ability and therefore do not try as hard as other students owing to low expectations of success (Stanovich 1986). The sense of failure and feelings of frustration, coupled with the need to disguise their inability to perform literacy tasks, may lead to classroom behavior problems (Prochnow, Tunmer, Chapman, and Greaney 2001). Common problems encountered in children with SLD are aggressive behavior, anxiety, shyness, depression, truancy and stealing (Khurana, 1980). In addition, like other children, a child with SLD has his own unique temperament some of which may act as risk factors for development of behavioral disturbances. The early recognition of those traits by parents, teachers and other care givers helps in early intervention leading to better emotional adjustment. Standardized teacher's reports on children's behavioral and emotional problems can provide information on many areas which are not easily recognized by parents (De Clercq, Rettew, Althoff, and De Bolle, 2012). There are very few Indian studies in relation to psychopathology and temperament in children with SLD. Hence this study was planned.

Aims:

To evaluate teacher's perception of emotional and behavioral problems and temperament of children with SLD and to assess the relationship between the two.

Methodology

Children diagnosed to have SLD as per NIMHANS - LD checklist and undergoing correctional program at a special school were selected as sample. Ethical clearance was taken from ethical review board of the institution and a written permission from the principal of the correctional center. Consent was also obtained from the parents of the participants. Forty children aged between 9-14 years and who did not have a known psychiatric illness, and who were staying in the hostel facility of the school for at least 2 years were selected by consecutive sampling. A full time teacher who was a special educator from the center, and stayed in the residential facility of the school and interacted with the

children for 6-8 hours, assessed the children. Tools used in the study were Childhood Psychopathology Measurement Schedule (CPMS) (Malhotra, Verma, Verma and Malhotra, 1988) and Temperament Measurement Schedule (TMS) (Malhotra, Malhotra and Randhawa, 1983). These scales have been standardized for rating by parents. Therefore the teacher was trained in the use of the scales. The scores were tabulated and evaluated using appropriate statistics.

Results

A total of 40 children were assessed of whom 27 were boys and 13 girls. Age of the children ranged from 9 years to 14 years with mean of 11.7 years. Mean years of education prior to joining the correction center was 6 ± 1.2 years. Mean duration of stay in the correctional center was 4 ± 1.4 years. On CPMS psychopathology was found in 31 (72.5%) children out of 40 SLD children. Conduct problem, Behavioral problem, Special symptoms, Depression, anxiety, psychosis, somatization and physical illness symptom were present in 57.5%, 47.5%, 27.5%, 20%, 15%, 12.5%, 10%, and 2.5% children respectively. Mean scores on TMS were: Sociability- 3.52 ± 0.6 , Emotionality- 3.71 ± 0.8 , Energy- 3.60 ± 0.7 , Distractibility- 3.57 ± 0.7 , and Rhythmicity- 3.87 ± 0.7 .

A comparison of temperament and psychopathology is presented in Table 1. Significantly higher scores on emotionality and distractibility and lower scores on sociability were found in children who were positive for psychopathology as compared to those negative for psychopathology.

Table 1: Comparison of temperament and psychopathology Scores of temperament were compared between the presence and absence of psychopathology

COMPARISON OF TEMPERAMENT IN PSYCHOPATHOLOGY POSITIVE AND NEGATIVE CHILDREN WITH SLD ON CPMS			
Temperament Measurement Schedule	CPMS (n=40)		Statistical analysis (df38)
	Psychopathology negative N=9	Psychopathology positive N=31	
SOCIABILITY	3.62±0.6	3.09±0.5	2.20, P<0.03
EMOTIONALITY	3.02±0.6	3.91±0.7	3.29, P<0.002

ENERGY	3.24±0.7	3.71±0.7	1.60, NS
DISTRACT- IBILITY	2.91±0.7	3.57±0.9	1.99, P<0.05
RHYTHMICITY	3.40±0.7	3.52±0.5	0.56, NS

Discussion

Earlier studies have found children with SLD had high distractibility and less attentiveness in the classroom than their peers without LD (Kavale and Forness, 1996) In the present study also there were similar findings of high scores on distractibility. Kavale and Forness (1996) proposed that although teachers view students with LD as having deficits in their overall social functioning, hyperactivity and distractibility could be the primary contributors to the impression of poor adjustment.

As attention deficit hyperactivity disorder (ADHD) and SLD are genetically related hyperactivity symptoms in these children could be due to co-occurrence of ADHD (Bental and Tirosh, 2007) It is also possible that a child having memory or recall problem may look inattentive.

In the present study it was found that 57% of children had conduct problems like stubbornness, getting in to fight with other children, disobedience, 48% children had behavioral problems of stealing, and acting younger than their age, being impulsive and 20% children had depressive symptoms. A Meta-analysis of 25 studies, that compared the classroom behavior of children and adolescents with & without SLD, demonstrated significant behavioral deficits and conduct disorders in children with SLD. Both observational and teacher rating data demonstrated these differences (Bender, Jeffrey and Smith 1990).

In this study children who had psychopathology had significantly higher scores on distractibility and emotionality and lower scores on sociability of TMS. High distractibility

combined with high emotionality could predispose these children to mood changes and behavioral problems.

Children with SLD are known to be shy and slow to adapt to the new environment (Kavale and Mostert 2004). Social skill deficits were noted by teacher's ratings in areas of classroom behavior, interpersonal skills, anxiety, self-concept, social adjustment, ability to build and maintain relationships, social problem solving, conversation and communication skills, and peer status (Pullis 1985, Cardell and Parmar 1988). Such social skill deficits assume importance because of their potential to adversely affect, not only the social domain but also the achievement domain.

Therefore it is important to recognize temperamental risk factors in children with SLD and intervene early. This might help in prevention of behavioral and emotional problems in these children.

Conclusion

There is considerable psychopathology in children with SLD. These children have negative temperamental traits, which are risk factors for development of psychopathology. Teachers, if trained, are capable of identifying students' psychopathology and temperament appropriately.

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REFERENCE

1. Bender W N, Smith J K. Classroom Behavior of Children and Adolescents with Learning Disabilities: A Meta- Analysis. *J Learn Disability* 1990; 23(5): 298-305 | 2. Bental, B., &Tirosh, E. The relationship between attention, executive functions and reading domain abilities in attention deficit hyperactivity disorder and reading disorder: A comparative study. *J Child Psychol and Psychiatry* 2007; 48: 455-463. | 3. Cardell C D, Parmar R S. Teacher Perceptions of Temperament Characteristics of Children Classified as Learning Disabled. *J Learn Disability* 1988; 21(8): 497-502 | 4. De Clercq B, Rettew D, Althoff R, and De Bolle M. Childhood personality types: vulnerability and adaptation over time. *J Child Psychol and Psychiatry* 2012; 53(6): 716-722. | 5. Kavale, K. A., & Mostert, M.P. Social Skills Interventions for Individuals with Learning Disabilities. *Learning Disability Quarterly*. 2004; 27(1): 31-43. | 6. Kavale, K. A., &Forness, S. R. Social skill deficits and learning disabilities: A meta-analysis. *J Learn Disability*. 1996; 29: 226-237. | 7. Khurana S. Nonintellectual factors in Learning Disability. *Indian J Psychiatry* 1980; 22: 256-260. | 8. Malhotra S, Varma V.K., Verma S.K, Malhotra A. Childhood psychopathology ameasurement schedule: development and standardization. *Indian J Psychiatry*, October 1988; 30(4): 325-331. | 9. Malhotra S., Malhotra A., Randhawa A. Temperament as a discriminating variable between emotionally disturbed and normal children. *Indian J Psychol*. 1983;10:79-83 | 10. Prochnow, J. E., Tunmer, W. E., Chapman, J. W., &Greaney, K. T. A longitudinal study of early literacy achievement and gender. *New Zealand Journal of Educational Studies* 2001; 36: 221-236. | 11. Pullis M. LD Students' Temperament Characteristics and Their Impact on Decisions by Resource and Mainstream Teachers. *Learning Disability Quarterly* 1985; 8(2): 109-122. | 12. Stanovich, K. E. Matthew effects in reading: Some consequences of individual differences in the acquisition of literacy. *Reading Research Quarterly* 1986; 21: 340-406. |