



COMPARISON OF ANXIETY SYMPTOMS REPORTED BY PARENTS AND THEIR CHILDREN WITH SPECIFIC LEARNING DISORDERS.

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ABSTRACT A study was conducted with a sample size of 30 to compare anxiety symptoms reported by parents and their children with specific learning disorders. Permission for the study was taken from two private clinics in Thane district to conduct the study. The children were in the age group of 8-15 years. Six domains of anxiety including generalized anxiety, panic/agoraphobia, social phobia, separation anxiety, obsessive compulsive disorder and physical injury fears were tested using Spence Children's Anxiety Scale and Spence Parents Anxiety Scale. The data was analyzed using SPSS software and Pearson's correlation Test was used to compare the scores. In all the subtests and total score is less than 0.05 showing statistical significance of the data obtained. The results show a moderate positive correlation. Highest correlation was found between Panic/Agoraphobia, Social Phobia and Total Score and followed by General Anxiety among all the other groups. Lowest correlation was found in Physical Injury Fears and Social Anxiety.

KEYWORDS : Anxiety, Children, Specific learning disorders, Parents

AIM:

To compare anxiety symptoms reported by parents and their children with Specific Learning Disorders.

OBJECTIVES:

To administer the Spence Children's Anxiety Scale on Children with Specific Learning Disorders and obtain their result.

To administer the Spence Parent Anxiety Scale on the parents of Children with Specific Learning Disorders and obtain their result.

To correlate the data obtained on the scales

HYPOTHESIS:

HO: There is a significant correlation between the anxiety symptoms reported by the children with Specific Learning Disorders and their parents.

H1: There is no significant correlation between the anxiety symptoms reported by the children with Specific Learning Disorders and their parents.

Sample Size

Sample Size Calculated by using online sample size calculator: 30

The sample size of 30 was selected as it is the minimum number of participants to be recruited in a study to reach a statistical result in a pilot study. This study was considered a pilot as no prior data for a comparative study in Parents and children with Learning disorder was available in the review of literature.

Assessment Tool

Names of the Scales Used:

Spence Children's Anxiety Scale
Spence Parent Anxiety Scale

Description:

The Spence Children's Anxiety Scale was developed to assess the severity of anxiety symptoms broadly in line with the dimensions of anxiety disorder proposed by the DSM-IV. The scale assesses six domains of anxiety including generalized anxiety, panic/agoraphobia, social phobia, separation anxiety, obsessive compulsive disorder and physical injury fears. It is designed to be relatively easy and quick for children to complete, normally taking only around 10 minutes to answer the questions. Young people are asked to rate the degree to which they experience each symptom on a 4-point frequency scale.

Criteria

Inclusion Criteria:

Children with diagnosis of Specific Learning Disorders (i.e. Impairment in reading, written expression and mathematics)
Children between the age group of 8-15 years

Have basic understanding of Hindi/English/Marathi

Children with at least one parent Thane city residents

Exclusion Criteria:

Children younger than 8 years of age or older than 15 years of age
Children without a diagnosis of Learning Disorder
Residents of cities other than Thane

Study Procedure

Permission for the study was taken from two private clinics in Thane district to conduct the study. The participants of the study were explained the nature of the study in the language best understood by them. An informed written consent was taken from the parents willing to participate in the study and assent was taken from the children. The Questionnaire was given to them to fill in their best possible choices, any doubts or queries raised by the participant were resolved by the researcher.

Study Design:

Comparative study with one-time assessment

RESULT

The study was conducted on 30 sets of participants which included children with Specific Learning Disorders in the age group of 8 – 15 and their parent/s who fulfilled the inclusion criteria and were not ruled out by the exclusion criteria.

The data was analyzed using SPSS software. Pearson's Correlation Test was used to compare the child's and parents' scores.

Confidence Interval of 95% was taken as statistically significant. Following are the results obtained:

Table1: Mean & Standard Deviation of anxiety symptoms for children and parents. T-test between children's and parents' reports.

SUB TEST	MEAN (CHILD)	SD (CHILD)	MEAN (PAR ENT)	SD (PAR ENT)	T -TEST	P -VALUE
GA	9.27	3.443	7.90	3.546	2.555	0.016
P/Ag	9.83	4.617	8.73	4.623	2.145	0.040
SP	8.73	3.183	7.37	3.295	2.858	0.008
SA	7.27	3.062	6.27	2.815	2.016	0.053
OCD	7.30	3.218	6.17	2.925	2.403	0.023
PIH	6.53	2.688	5.60	2.686	1.938	0.062
TOTAL	48.53	17.907	42.60	18.024	2.196	0.036

Table 2: Overall Correlation Table

Generalized Anxiety	0.649
Panic/Agoraphobia	0.815
Social Phobia	0.674
Social Anxiety	0.575
Obsessive Compulsive	0.650
Physical Injury Fears	0.518
Total Score	0.661

Table 3:Correlation between Children's –Parents' reports by gender

Domain	Girls/Parents	Boys/Parents
Generalized Anxiety	0.86	0.55
Panic/Agoraphobia	0.92	0.72
Social Phobia	0.87	0.63
Social Anxiety	0.90	0.27
Obsessive Compulsive	0.91	0.38
Physical Injury Fears	0.74	0.27
Total Score	0.84	0.46

Demographic characteristics of the participating children and their parents are as follows:

The distribution of the age of the children who participated in this study is: 13.3% (n=4) of 8 years, 16.7% (n=5) of 9 years, 16.7% (n=5) of 10 years, 10% (n=3) of 11 years, 16.7% (n=5) of 12 years, 6.7% (n=2) of 13 years, 10% (n=3) of 14 years, 10% (n=3) of 15 years. The percentage of participants according to their gender is 60% (n=18) male participation and 40% (n=12) female participation. The percentage of children by the school grade they are currently attending, 13.3% (n=4) are in grade 3, 16.7% (n=5) are in grade 4, 16.7% (n=5) are in grade 5, 10% (n=3) are in grade 6, 16.7% (n=5) are in grade 7, 6.7% (n=2) are in grade 8, 10% (n=3) are in grade 9 and 10% (n=3) in grade 10. The percentage of participating children by their school instructing medium. English medium school participants were 80% (n=24) whereas Marathi medium school participants were 20% (n=6) respectively. The percentage of siblings of the participants is 33.3% (n=10) participants are single children to their parents. 68% (n=18) participants have only one sibling and 6.7% (n=2) have 2 siblings respectively. The percentage of the parents who answered the questionnaire, for 60% (n=18) of the participating parents were mothers, 20% (n=6) were fathers and for 20% (n=6) both parents participated respectively. The percentage of the type of Learning Disorder the participating children had, 20% (n=6) of the participants had a reading impairment, another 20% (n=6) had a writing impairment, 13.3% (n=4) had a mathematical impairment and 46.7% (n=14) had a mixed impairment. Table1 shows the mean score of the participating children, their parents, the SD for both groups, the T-scores and p-values for each of the subtests and the total score. In all the subtests and total score is less than 0.05 showing statistical significance of the data obtained. Table 2 shows the correlation results by using Pearson's Correlation. The results in all the subtests and the total score show a moderate positive correlation thereby the null hypothesis is rejected and the alternate hypothesis is accepted. Table 3 shows a comparison of correlations between children – parents' reports by gender.

DISCUSSION

Previous research has shown that the relationship between the way parents assess anxiety symptoms of their child and a child self-assessing his anxiety are to some degree correlated (low to moderate agreement). Nonetheless research has also shown some clear discrepancies. These findings emphasize the need for further studies that take into consideration specific kinds of anxiety and the characteristics of a given sample. It is well grounded that parental reports are viewed as essential to a satisfactory psychiatric assessment of children, so that it is standard clinical practice to obtain information from parents to assess children's functioning. Assessment of anxiety symptomatology is rather complicated because of the diversity of its behavioral consequences. Results showed that, in line with other findings^{9,13,16,18} children tend to report more frequent anxiety symptoms than their parents. This finding is probably due to the conviction that parents are not always completely aware of the presence of anxiety in their child's life. Using Pearson's correlation analyses, this study found significant correlations between children's and parents' reports for the total anxiety score and for all of the anxiety subscales. Highest correlation was found between Panic/Agoraphobia, Social Phobia and Total Score and followed by General Anxiety among all the other groups. Lowest correlation was found in Physical Injury Fears and Social Anxiety. Child's gender seems to play a role in the way that children as well as their parents perceive frequency of childhood anxiety symptoms. The study of the way both boys and girls report anxiety symptoms and how this agrees with the way parents perceive it, shows a higher agreement in girls than in boys. This finding underlies the fact that there are gender differences in emotion expression in children that fluctuate depending on age and context.⁷ In line with other findings, degree of parent-child agreement was higher for girls.^{25,28} However, this finding does not agree with other studies that

found no gender differences^{7,14} or no statistically significant differences.^{5,12}

CONCLUSION

Results indicate that there is an agreement between children's and their parents' reports on the way both assess given children's anxiety symptoms. This finding underlies that in the process of assessing and diagnosing an anxiety disorder in children, it is both necessary and important to gather information from multiple sources.

Delimitations/limitations

The sample size was quite small. Mothers were the main respondent to the questionnaires so we do not have enough evidence on the way that fathers respond at the same task.

Suggestions For Further Work

1. A study with large sample size would increase the ability to extrapolate the findings as it would be representative of the total population i.e. generalization of results can be done.
2. A mixed type of study i.e. qualitative and quantitative should be done so as to understand the data in breadth and depth of understanding and corroboration, while offsetting the weaknesses inherent to using each approach by itself.

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