

SPECIFIC LEARNING DISORDER (SLD) AND ASSOCIATED PSYCHOSOCIAL DIFFICULTIES IN EMERGING ADOLESCENTS: AN EXPLORATORY STUDY

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ABSTRACT

The present study is concerned with the psychosocial problems associated with adolescents having a specific learning disorder. The data for the present study was collected from fifty SLD-diagnosed adolescents aged 11-17 years. The participants were recruited through purposive sampling from five mainstream schools in Islamabad. The learning disabilities of the participants were evaluated using the Learning Disability Evaluation Scale (LDES) (McCarney & Arthaud, 2007), and the strength and difficulties scale (SDQ) (Goodman, 1997) was used to check the psychosocial difficulties that SLD participants faced. Data was acquired by considering the inclusion criteria of adolescents enrolled in an educational institution between the ages of 11 and 17 (WHO, 2013) and who meet the criteria for mild to moderate severity of specific learning disorder. The statistical social sciences program SPSS-24 was used to evaluate the data. Descriptive statistics, reliability analysis, and the independent sample t-test were all used to analyze the collected data. The results indicate that dyslexia with reading issues is more prevalent and with which men are more likely than women to encounter psychosocial challenges because they are more likely to experience emotional signs, behavior issues, and peer issues. The study comes to the conclusion that children diagnosed with SLD have both internalized problems, such as low self-esteem and social impairments, and externalized concerns, such as trouble making friends, socializing, and engaging in criminal activity. To help children with SLD overcome their related issues, it is advised to implement inclusive education and therapeutic interventions.

Keywords: Adolescents, Inclusive Education, Psychosocial Problems, Specific Learning Disorder, SPSS

INTRODUCTION

The term "learning disability" was firstly used in 1963 by psychologist Samuel Kirk. Since also, numerous experimenters have delved colorful aspects of specific learning disabilities, and exploration continues to this day, although the primary origins of these disabilities are still unknown (Padmanabhan, 2017). The Diagnostic and Statistical Manual of the American Psychiatric Association (DSM- 5 2013) defines specific learning disabilities as problems learning and using academic skills and the presence of at least one symptom for at least six months, similar as slow, inaccurate and laborious word reading, difficulty understanding meaning content, difficulties with written expression, problems with figures and computations and problems with spelling (Eissa, 2018).

The APA states that SLD" occurs across languages, societies, races and socioeconomic conditions, but its appearance can vary according to the nature of spoken and written sign systems and artistic and educational practices." Poor performance on one or further standardized language tests of language appreciation or language expression is the base for the opinion of the conditions mentioned above (Stanford et al, 2019).

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Specific learning disabilities (SLDs) problems are brought on by cognitive deficiencies such as attention problems, memory problems, and slow knowledge processing. They usually lead to poor reading comprehension and slow reading comprehension, even when students try very hard. Poor reading comprehension, imprecise and unclear descriptive language, hard-to-remember factual figures, and imprecise mathematical arguments (Stanford et al, 2019). These defects are neurological, biochemical (Sofologi, 2020) and congenital, and result from problems with specific psychological processes (Reddy et al, 2019).

For example, dyslexia is a term that describes the difficulty young people have in learning to read and is associated with poor word comprehension (Alt et al, 2017). Here, phonological deficiencies affect how phonological representations are stored, retrieved, and processed (Stanford et al., 2019). Additionally, it affects boys more frequently than girls (Cortiella & Horowitz, 2014). A further illustration is dyscalculia. This is a result of deficiencies in fundamental number processing (Stanford et al, 2019). Perception of time, on the other hand, is often not associated with deficiencies in mathematical ability (Moll et al, 2016). It is significant to remember that reading and numeracy problems often coexist, and there is evidence of hereditary dyslexia and dyscalculia (Moll et al, 2016).

According to a study of 5.7 million school-age children in America, 19% of them have speech or language issues, and 42% of them have learning difficulties. Between 2002 and 2011, the proportion of American pupils with learning disabilities decreased by 18 percentage points (Cortiella et al, 2014). Greek studies indicate that 50% of pupils enrolled in special education programs have been identified with learning disabilities, with reading problems accounting for 80% of these diagnoses (Padeliadu, 2011).

Additionally, it is known that students who have learning disorders may experience emotional repercussions (Sainio et al, 2019). It is commonly established that kids with learning difficulties are more likely to experience mental health issues because of things like their biology, genetics, propensity for bad things happening to them, the lack of resources and coping mechanisms available to them, and, last but not least, other people's reactions to them. The discrepancy between mental capacity and academic accomplishment is their main diagnostic sign (Padeliadu, 2011).

However, in children, it severely affects their emotional and social development, leading to higher amount of emotional suffering and generally poorer mental strength (Cavioni et al, 2017). Recent research indicates that persistent academic failure or cognitive problems represent a major socio-emotional problem in students that struggle with learning problems (Padeliadu, 2011). In addition, learning problems may be related to behavioural issues with control, perception of others, and social interaction (Padeliadu, 2011). As a result, poor academic emotions elicit various behavioral responses, such as increased anxiety or avoidance of circumstances involving success that cause negative feelings. Alternatively, by giving children motivation and mechanisms that can be supported by self-monitoring and learning strategies, happy academic emotions help in learning processes. Higher levels of hope and satisfaction are associated with better test scores and academic success in young people (Sainio et al, 2019).

In summary, it's crucial to respect your child's academic needs. Therefore, teachers at school need to be trained to acknowledge specific learning disability symptoms and know when to act (Thomas & Uthaman, 2019). Children with specific learning disabilities may be identified and supported to overcome their difficulties through inclusive education (Thomas et al, 2019). Teachers must receive the necessary training to act effectively and provide emotional and social support to children with learning disabilities. Additionally, extracurricular activities assist pupils in building their self-confidence and social skills (Cavioni et al, 2017). In addition, parental oversight is crucial to offer the required support (Cortiella et al, 2014).

With a demand for the introduction of inclusive education and interventions to help children with SLD overcome their related challenges, the study's goal is to explore the field of specific learning impairments and the behavioural, emotional, and social difficulties linked with them.

REVIEW OF LITERATURE

Specific learning disabilities (SLD) affect children differently, presenting with different demands and functionalities. They may have issues that go beyond academic performance gaps to include issues with psychosocial functioning, raising concerns about their emotional, social, and behavioral problems

(Backenson et al, 2015). As opposed to their classmates, children with SLD exhibit greater negative feelings (Danopoulou & Pittas, 2020).

Due to the individual demands of each child, Students with learning difficulties (LD) might encounter a range of educational opportunities. According to Rose & Aragon (2013), these children usually experience rejection, have few friends, or don't have the same quality of social ties as their classmates who don't experience these issues.

In addition, research has linked specific learning disabilities (SLD) to challenges with internalizing (such as fear or sadness) and externalizing (such as anger and delinquency). Learning disabled children's usual social and psychological development is limited by this undesirable behavior. A body of research highlights substantial overlap between SLD and internalizing problems. These problems can be exacerbated and become more frequent if students are making poor academic progress at school (Sorrenti et al, 2019).

Psychosocial Difficulties in Individuals with Specific Learning Disorder

Social skill deficiencies, low self-esteem, delinquency, bullying, etc. are known to affect children with learning disabilities.

Social Skills Deficit & SLD

Multitudinous in- depth reviews (Vaughn, 2012) have handed detailed information regarding the social functioning of scholars with SLD. According to Hazel and Schumacher's analysis from 1988," social problems are a reality for a significant number of LD youth, " Social cognition issues (Maheady & Sainato, 1986) , social behavior issues (Thompson & Kronenberger, 1990) and social connections issues (Pearl etal, 1986) , status among peers (Wiener, 1987), and tone- conception (Chapman, 1988); interpersonal capacities(LaGreca, 1987); social adaptation (Bruck, 1986); and classroom social behavior(Bender & Smith, 1990).

According to Kavale and Forness's findings from 1995, approximately 75% of children with SLD lacked social skills that set them apart from children without SLD. They pointed out that the extent of deficits in social skills is a significant characteristic of SLD. Both among raters (teachers, classmates, and SLD individuals themselves) and in terms of individual social skill deficits, levels of differentiation were consistent. Although deficiencies in social skills appear to be significant predictors of learning disabilities (LD), it's delicate to determine the nature of the relationship between social skills and SLD due to a lack of knowledge regarding how cognition, language, memory, and perception interact to impact social capacities. Thankfully, exploration on social skills deficiencies as primary and secondary influences on academic achievement continues, and we now know more about their connection to the SLD construct (e.g., Bryan, 1997)

As a result, the Interagency Committee on Learning Disabilities (Kavanagh & Truss, 1988) decided to add social skills deficits as a basic kind of SLD as a result of growing acknowledgment of social skills deficits in the classification of SLD.

Low Self Esteem & SLD

A review of the literature found that there is evidence linking low self-esteem and below-average academic performance or learning disabilities. According to research, 70% of students with learning disabilities show poor self-concept (Padeliadu, 2011). School results can be significantly influenced by the student's sense of worth, specific learning disabilities and at the same time psychosocial difficulties in children (Alesi et al., 2014). Children with SLD frequently fail in school as a result of having high expectations (Padeliadu, 2011). They begin to question their academic abilities as a result of failure and poor performance, which demoralizes them and instils dread of future failure (Pandy, 2012). Students with SLD frequently employ self-protective techniques, such as avoiding stressful situations, are used in this cycle to decrease the stress of failure and protect one's self-worth (Alesi et al., 2014).

However, low self-esteem among students can make it difficult for them to interact socially with their peers by promoting feelings of loneliness and depressed behavior (Alesi et al., 2014). Children with learning disabilities also often contrast their difficulties with those of their peers who do not. They feel awkward because they can't grasp things as quickly as their classmates, so they avoid social situations. Because of how they feel about themselves, they may avoid participating in school activities to avoid being judged (Pandy, 2012).

Delinquency & SLD

Children who struggle with learning are more inclined to encounter situations that can lead to irrational behavior and therefore more likely to exhibit maladaptive behavior.

Feelings of loneliness and interest loss might result from failing academically or achieving below expectations. Children may refuse to attend school and/or display physical symptoms in an effort to avoid taking academic skill assessments, which further hinders their academic growth. Additionally, some students may act out in a disrespectful manner in the classroom or at home, such as by yelling or acting defiantly (Sahu & Bhargava, 2019).

More specifically, it was discovered by (Buka et al., 2008) that children with Specific Learning Disabilities are 89% more likely to have externalised behavioural problems, such as aggressive behavior's and ADHD, and are twice as likely to achieve clinical levels of general behavioural concerns.

Bullying & SLD

It has been shown that kids with disabilities have a close connection to bullying victimization and perpetration, and their active involvement in the bullying dynamic is noteworthy. They are portrayed in some literary works as victims, in others as wrongdoers, and in yet other works, they are portrayed in both of the aforementioned positions (Rose et al., 2013). Children with formal developmental limitations are bullied 25% of the time, compared to 67% of children with special educational needs. Accordingly, compared to other kids without behavioural issues, kids with social issues, hyperactivity, and emotional symptoms are more prone to experience physical and social bullying (Sofologi et al., 2020).

When it comes to peer hostility, children with learning difficulties are more likely to display hostile nonverbal behaviour (Cavioni et al., 2017). Ultimately, children with learning disabilities aren't always the victims; they frequently become criminals as a coping mechanism for past abuse or as a result of a general lack of social skills (Rose et al, 2010).

Research Question 1

To identify the associated psychosocial challenges in adolescent individuals with a specific learning disorder.

Research Question 2

To assess the gender-based SDQ scores.

MATERIAL AND METHODS

Exploratory Research design was used to conduct the present study in which data was collected from 50 participants diagnosed with specific learning disorder. The age range of the participants ranged from 11-17 years and they were recruited from five mainstream private schools of Islamabad using the purposive sampling technique. After obtaining authorization from the administrators of several schools, the data was collected. Participants that included students themselves and their teachers were given scales to fill out. The respondents were told to respond to each scale's item in order to complete the scale. Informed consent was obtained, and all respondents were assured that the information would be kept confidential. Data were gathered while taking the study's inclusion and exclusion criteria into consideration.

Inclusion Criteria:

- “Adolescents ranging from 11– 17 years (WHO, 2013) enrolled in an educational institute”
- “Individuals meeting the criteria of Specific Learning Disorder with any one or more than one of the following specifiers.
 1. 315.00 (F81.0) with impairment in reading:
 2. 315.2 (F81.81) with impairment in written expression:
 3. 315.1 (FBI .2) with impairment in mathematics”
- “Individuals meeting the specifier of Mild & Moderate severity of Specific Learning Disorder
- **Mild:** The individual may be able to compensate or function successfully with the right accommodations or support services, particularly during the school years, despite having some learning difficulties in one or two academic areas.
- **Moderate:** Significant learning difficulties in one or more academic areas, making it unlikely that the student will become proficient without periods of specialized and focused instruction throughout the school year. It may be necessary to use supportive services or make accommodations for at least part of the day at school, work, or home in order to complete tasks accurately and efficiently.

Exclusion Criteria

- Comorbid with any other neurodevelopmental problem, including but not limited to ADHD, autism spectrum disorder, or intellectual disability"
- Individuals with IQs that are below average
- "Severe" learning difficulties are those that affect multiple academic domains and make it unlikely that a student will learn those skills without ongoing, intensive, individualized, and specialized instruction for the majority of the school year. If the current severity is not mild to moderate, it is considered to be severe. The individual may not be able to complete all tasks effectively even if they have access to a variety of appropriate accommodations or assistance at their home, school, or place of employment.

Instrumentation

The primary data collection method involved using various questionnaires to gather information from students with SLD and their teachers at various schools in Islamabad. The following are the tools that were used to collect information from the participants.

1. **Inform Consent.** The client's informed consent was obtained before they could participate in the study.
2. **Demographic Sheet.** Basic information about the participants, such as age, gender, education level, and diagnostic profile etc., was gathered using a demographic sheet.
3. **Learning Disability Evaluation Scale (LDES).** A current version of the Learning Disability Evaluation Scale is the Learning Disability Evaluation Scale – Fourth Edition (LDES-4) (McCarney & Arthaud, 2007). The LDES-4 evaluates the traits of students with learning disabilities that are most frequently detected. Anyone who is acquainted with the student can complete the LDES-4, which takes around 20 minutes to complete and can be done by the classroom instructor, clinical staff, or other school workers. It is a standardized educational evaluation tool that is utilized with kids between the ages of 5 and 18+.
4. **Strengths and Difficulties Questionnaire (SDQ).** A total of 25 items make up the SDQ, a questionnaire used to screen for difficulties with a child's mental health. These items are grouped into five subscales, each with five items: emotional issues, hyperactivity, relationship issues, conduct issues, and pro-social behavior. Children and young people between the ages of 11 and 17 can take the SDQ; adults over the age of 18 can take a different version.

RESULTS

The results of the study are discussed in this section of the article. The statistical social science software SPSS-24 was used for the data analysis.

The initial calculations of the demographic traits, frequencies, and percentages were done using descriptive statistics. A reliability analysis was also completed for the study's scale. Also, independent sample t-test was used to examine the mean differences among gender. The outcomes are listed below.

Table No. 1 Socio-demographic Characteristics of Participants (N= 50)

Demographic Characteristics	n	%	<i>M</i>	<i>SD</i>
Age (Years)			1.50	.505
11-13	25	50.0		
14-17	25	50.0		
Gender			1.50	.505
Male	25	50.0		
Female	25	50.0		
School Performance			2.74	.527
Average	15	30.0		
Below Average	33	66.0		
Failing Performance	2	4.0		
Developmental Milestones			1.74	.418
Achieved at appropriate time	11	36.0		
Delayed Milestones	39	39.3		
Diagnostic Profile			1.00	.000
SLD Diagnosed	50	100.0		

According to Table 1, of the 50 participants, 50% (n = 25) were between the ages of 11 and 13 and 50% (n = 25) were between the ages of 14 and 17. 100.0% (n=50) of the overall population had SLD diagnoses, with 50.0% (n=25) of the population being female and 50.0% (n=25) being male. However, 66.0% (n = 33) of the population fared below average in school, and 39.3% (n = 39) met milestones later than expected.

Table No. 2 Cronbach Alpha Reliability Coefficient of Research Instruments

Scales	No.of Items	Cronbach's α
Learning Disability Evaluation Scale (LDES)	88	.62
Strength & Difficulty Questionnaire (SDQ)	25	.87

Table 2 shows the psychometric properties of the scales that are used in the study. For Learning Disability Evaluation Scale (LDES) the Cronbach alpha reliability was .62 (>.50) and for Strength & Difficulty Questionnaire (SDQ) was .87 (>.50). This indicates a good internal consistency of both scales.

Table No. 3 Categorization of Learning Disabilities on LDES Scale

	Frequency	Percent
Reading	26	52.0
Writing	12	24.0
Spelling	7	14.0
Mathematics	5	10.0
Total	50	100.0

Table 3 shows that reading problems affected 52% of the SLD subjects (n = 26), whereas writing problems affected 24% of the subjects (n = 12). Additionally, 10% (5) of the participants find it challenging to perform mathematical calculations, while 14% (7) of the participants struggle with spelling. It shows that the majority of SLD sufferers struggle with reading and writing.

Table No. 4 Classification of Participants into SLD Categories

	Frequency	Percent
Dyslexia	34	68.0
Dysgraphia	12	24.0
Dyscalculia	4	8.0
Total	50	100.0

Table 4 shows that of the individuals, 68% (34) have dyslexia and 24% (12) have dysgraphia. The category of dyscalculia includes 8% (4) of the participants. The data showed that majority of the participants have dyslexia.

Table N. 5 Categorization of Psychosocial Difficulties on SDQ Scale

	Frequency	Percent
Emotion Symptom	14	28.0
Conduct Issue	13	26.0
Hyperactivity	8	16.0
Peer Problem	10	20.0
Prosocial Behavior	5	10.0
Total	50	100.0

According to Table 5, 28% of SLD individuals (14) experienced emotional symptoms, whereas 26% (13) had conduct issues. Additionally, 20% (10) of the participants frequently have peer problems, 16% (8) of the participants are hyperactive, and 10% (5) of the participants were prosocial. It shows that the majority of individuals had emotional symptoms, behavioural problems, and peer problems in addition to a specific learning difficulty.

Table No. 6 Mean Comparison of Men and Women on SDQ Subscales

Variables	Male (N=25)		Female (N=25)		t (48)	p
	M	SD	M	SD		
Emotion Symptom	9.44	1.04	7.68	1.40	5.02	.000
Conduct Problem	9.36	1.18	7.92	1.35	4.00	.000
Hyperactivity	9.36	1.18	7.92	1.35	4.00	.000
Peer Problem	9.44	1.04	7.68	1.40	5.02	.000
Prosocial Behavior	9.44	1.04	7.68	1.40	5.02	.000

** p < .01. * p < .05

According to Table 6, there are differences between SLD individuals on the Emotion Symptom Scale with a $t(48) = 5.02$ $p.05$. The results showed that men scored higher on the emotion symptom scale than women did ($M = 9.44$, $SD = 1.04$, vs. $M = 7.68$, $SD = 1.40$). Additionally, the results indicate that there were significant mean differences in conduct issue and hyperactivity, with males scoring higher ($M = 9.36$, $SD = 1.18$) than girls ($M = 7.92$, $SD = 1.35$) ($t(48) = 4.00$, $p.05$). Additionally, males performed better on the peer issue and pro-social conduct scales ($M = 9.44$, $SD = 1.04$) with a $t(48) = 5.02$ $p.05$.

Table No. 7 Mean Comparison of Men and Women on SDQ scale

Variables	Male (N=25)		Female (N=25)		t (48)	p	Cohen's d
	M	SD	M	SD			
Total Difficulty Score (SDQ)	47.04	5.38	38.88	6.61	4.78	.000	1.35

According to the aforementioned table, there is a significant difference between men and women in terms of the total difficulty score on the Strength & Difficulty questionnaire. Table 7 demonstrates that when a person has a specific learning disorder, men are more likely than women to develop psychosocial difficulties ($M = 47.04$, $SD = 5.38$ vs. $M = 38.88$, $SD = 6.61$).

DISCUSSION

The goal of the present study was to pinpoint problems with kids who had a particular learning disability. The results of the study indicates that most of the children had reading difficulties referring as dyslexia. However, we also address related issues such as low self-esteem, lack of social skills, and bullying in individuals diagnosed with SLD. In conclusion, kids with specific learning disabilities (SLD) struggle with language, literacy, writing, and/or math (Bonti et al., 2020). These problems have nothing to do with mental illnesses, developmental disabilities, neurological disorders, sensory or motor impairments, or a failure to start school at the proper age. Learning challenges typically add with other conditions that impact on attention, language, and behaviour, claims Sofologi (2014). These diseases may be hereditary or have a neurological cause (Cortiella et al., 2014).

Studies have linked learning disabilities to common working memory problems, including phonological loops, visuospatial maps, and central executive system "attentional control." impact. However, children who have learning difficulties do well, if not above average (Reddy et al., 2019). These disorders are also influenced by the genetic makeup of the child, frequency of traumatic life experiences, reduced resource availability, coping mechanisms, and psychological effects of other people's behavior on the disorder (Padeliadu, 2011). Psychosocial problems fall into two categories: internalized difficulties and externalized challenges. People deal with self-esteem issues, lack of social skills, and other internalized issues on a conscious or subconscious level. On the other hand, externalized difficulties (problems often obvious to their social environment) are associated, including bullying, friendship problems, crime, etc. (Danopoulou et al., 2020).

Teachers need to be skilled at instructing and offering coping mechanisms to kids with particular learning impairments (Thomas et al., 2019). In order to teach students how to overcome their challenges and achieve academic success, teachers need adjust their intervention strategies and self-regulation techniques (Fletcher et al., 2018). Response to Intervention, which can also assist in keeping an eye on children with learning difficulties, is another way to support teachers as they modify their lesson plans to suit the needs of various pupils (Vaughn & Fletcher, 2012).

To conclude, treating children with grace is always appropriate. Any child, even those with specific learning impairments, deserves to be treated with empathy, respect, and acceptance. This is necessary and rightfully demanded because it eliminates discrimination against children who have learning difficulties or any other difficulties. Finally, more study is essential to help us comprehend the causes of and impacts of disabilities related to learning on a child's social and emotional growth as well as academic experiences. There are few recent epidemiological data, particularly for the Greek population. Therefore, more research is required in order for us to foresee weaknesses in the student related population and to identify social and linguistic issues so that we may intervene appropriately and quickly.

RECOMMENDATIONS

Children with specific learning disorders should receive inclusive education so that every member of the school system is respected and supported to fully engage, learn, grow, and flourish within an inclusive school environment. For students with disabilities and other requirements, safe and inclusive learning environments are required.

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