

ANXIETY AND LEARNING DISABILITIES

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ANXIETY IN CHILDREN

“ANXIETY DISORDERS ARE AMONG THE MOST PREVALENT MENTAL DISORDERS IN CHILDHOOD AND ADOLESCENCE.” (PEREIRA ET AL. 2013)

- Cases of childhood anxiety follow a child into adulthood and can develop into comorbid conditions such as depression
- Anxiety, if left unattended, can have a significant influence on a child’s emotional and social development.
- Anxiety is often transferred from parent to child and can be the result of several factors such as:
 - Biological vulnerability
 - Exposure to adverse life events
 - Chronic stress
 - Variance in learning processes



(Pereira et al. 2013)

PARENT INVOLVEMENT



- When evaluating parent's role in anxiety, two factors are often looked at: Emotional warmth and control.
 - In general, studies have found that low warmth and high control result in higher levels of childhood anxiety
- Often a result of high parental control, student's with a lower amount of perceived control will experience more anxiety throughout childhood.
- Maternal traits have a much more significant effect on the child than paternal traits.

COEXISTING LEARNING DISABILITIES AND ANXIETY

“YOUTH WITH LEARNING DISABILITIES
ARE AT AN INCREASED RISK FOR
ANXIETY DISORDERS”

(THALER ET AL. 2010)

MULTIDIMENSIONAL ANXIETY SCALE FOR CHILDREN (MASC)

What is MASC?

- MASC is an alternative, psychometrically validating screening tool used as a self-report measure of anxiety.
- Often used to identify anxiety in students with ADHD
- Composed of two nearly identical tests. One is a child test and the other is a parent version.

Why MASC?

- Placement tests focus on identifying learning disabilities and have a tendency to overlook the possibility of anxiety as a cohabitant to learning disabilities.
- MASC is intended to be used in addition to learning disability assessments.
- Analyzing anxiety, stress and other academic and social problems is fundamental to a student's overall success.



LEARNING DISABILITIES AND NEUROPSYCHOPATHOLOGICAL COMORBIDITIES

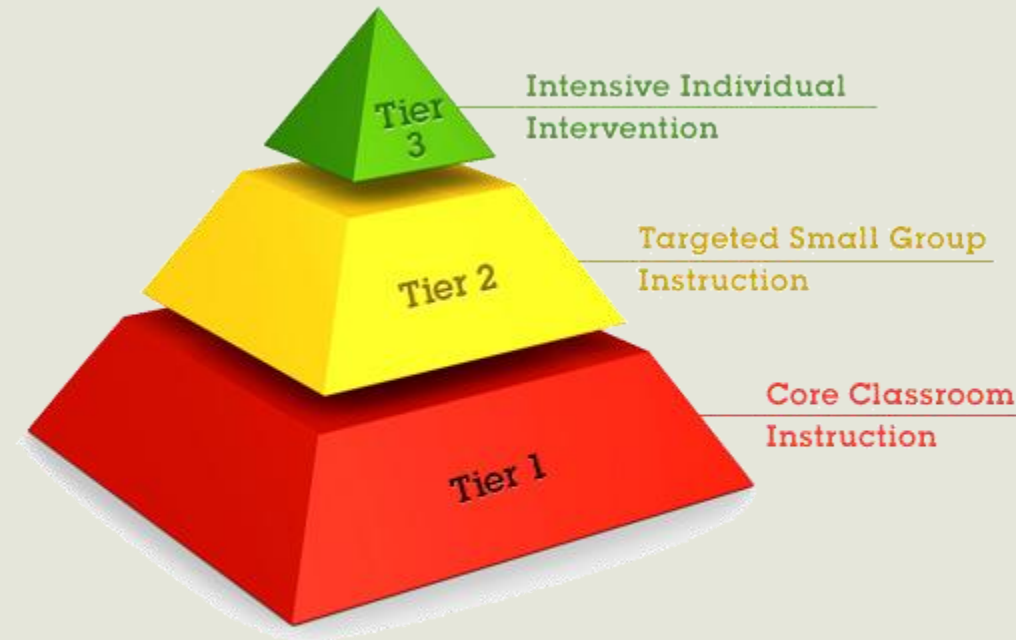
In 2013, Margari and a team of researchers conducted research on a sample of 448 LD diagnosed youth between the ages of 7 and 16. Their primary goal was to identify comorbidity rates in children with LD. The sample was divided into two subgroups: Specific Learning Disorders (SLD) and Learning Disorders Not Otherwise Specified (LD NOS)

THEIR RESULTS

- Neuropsychopathological/LD comorbidity was found in 62.2% of the total sample
- Anxiety and other Neuropsychopathological disorders often accompany learning disabilities in developmental ages.
- The Specific Learning Disability subgroup saw higher rates of ADHD, anxiety and depressed moods.

	SLD	LD NOS
ADHD	33%	25.4%
Anxiety Disorder	28.8%	16.4%
Developmental Coordination Disorder	17.8%	27.5%
Language Disorder	11%	28.6%
Mood Disorder	9.4%	2.1%

RTI AS AN ANSWER TO CLINICAL ANXIETY



RTI (Response To Intervention)

3 Tiers of Support

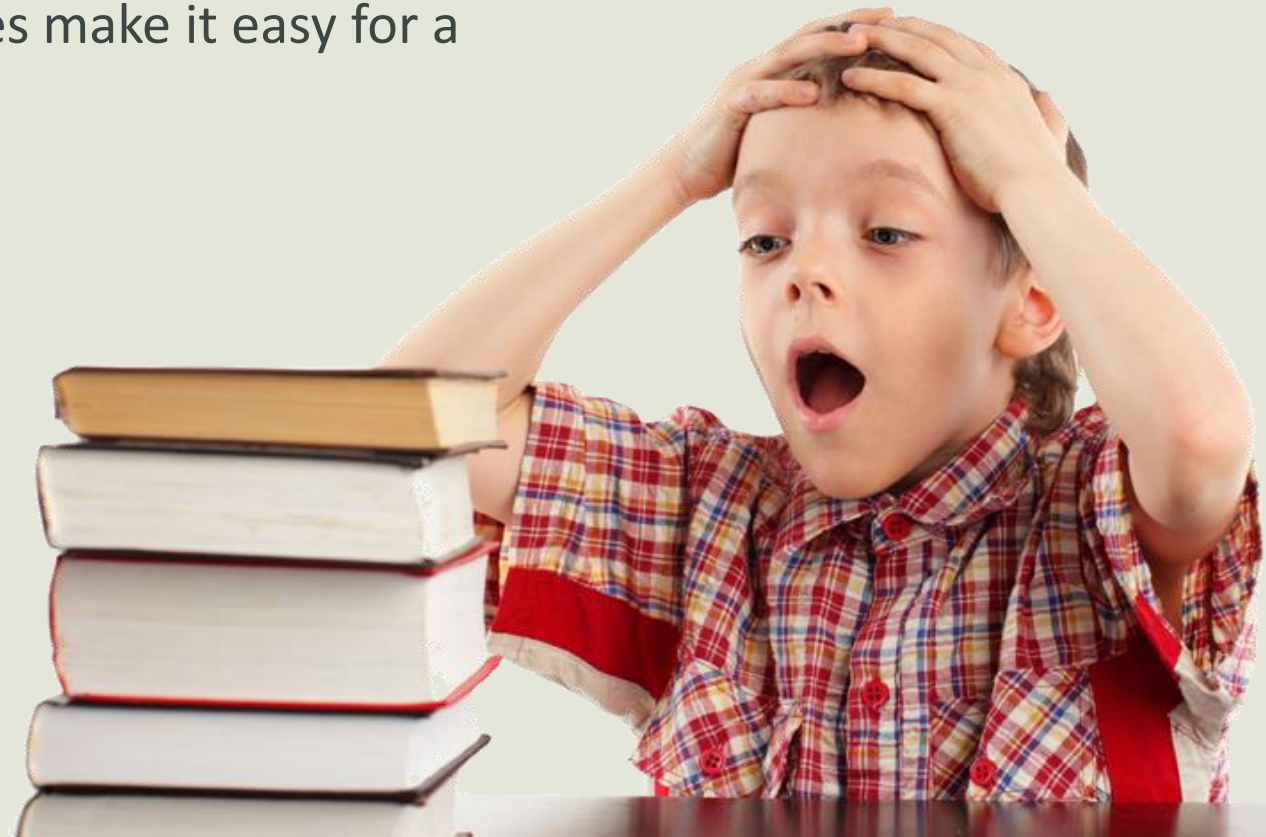
What does it look like?

- **Tier One:** Implementing a more intensive and comprehensive screening assessment such as the Behavioral and Emotional Screening System
- **Tier Two:** Implementation of a multi-method assessment (Structured observations, interviews, work samples, omnibus behavior rating scales, and single construct measures) Services may include group counseling and treatments, computer CBT programs such as Camp Cope-a-Lot (a series of computer assisted therapy sessions for youth ages 7-13)
- **Tier Three:** Implementation of heavier RTI progress monitoring assessments to further understand the specifics of the student's anxiety. In tier three, students may see repeated behavioral observations, functional behavioral assessments, and norm-referenced progress monitoring measures.

CONCLUSION

Students of all demographics are affected by anxiety but the prevalence rates increase among students with learning disabilities. The current assessments of learning disabilities make it easy for a case of anxiety to fall through the cracks.

Current methods used to help students with learning disabilities are not adequately prepared to assist students with anxiety. A proposed adaptation of RTI combined with heavy parent monitoring and intervention may be our best chance at minimizing the effect anxiety has on students with learning disabilities.



REFERENCES

- Margari, L., Buttiglione, M., Craig, F., Cristella, A., de Giambattista, C., Matera, E., & ... Simone, M. (2013). Neuropsychopathological comorbidities in learning disorders. *BMC Neurology*, *13*(1), 1-15. doi:10.1186/1471-2377-13-198
- Pereira, A., Barros, L., Mendonça, D., & Muris, P. (2014). The Relationships Among Parental Anxiety, Parenting, and Children's Anxiety: The Mediating Effects of Children's Cognitive Vulnerabilities. *Journal of Child & Family Studies*, *23*(2), 399-409. doi:10.1007/s10826-013-9767-5
- Sulkowski, M., Joyce, D., & Storch, E. (2012). Treating Childhood Anxiety in Schools: Service Delivery in a Response to Intervention Paradigm. *Journal of Child & Family Studies*, *21*(6), 938-947. doi:10.1007/s10826-011-9553-1
- Thaler, N. S., Kazemi, E., & Wood, J. J. (2010). Measuring Anxiety in Youth with Learning Disabilities: Reliability and Validity of the Multidimensional Anxiety Scale for Children (MASC). *Child Psychiatry & Human Development*, *41*(5), 501-514. doi:10.1007/s10578-010-0182-5