Emotional Disorders in Learning Disabled Adolescents

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ABSTRACT: We retrospectively reviewed patients discharged from the psychiatric in-patient adolescent service and correlated neuropsychological subtypes with the patient's psychiatric diagnoses. Depressed learning disabled patients had visual memory and processing deficits. Conduct or behaviorally disordered patients had expressive language deficits. Learning disability subtypes may affect psychotherapy and therefore should be known when planning psychotherapy.

KEY WORDS: Learning disabilities; adolescents; psychiatric illness; psychiatry; hospitalization; communication disorders.

One child in ten has a learning disability that affects or impairs academic achievement. Either genetically or organically derived, learning disabilities track into adolescence and adulthood and are equally divided between males and females. The neuropsychological subtypes that separate the learning disabilities into broad classes and their central nervous system deficits have been identified. These deficits affect auditory or visual skills, receptive or expressive language, memory or processing or motoric functions, determine the specific classroom presentations of the problems, affect response to remediation and therapy and can control outcome.

Emotional disorders are common among children and adolescents with learning disabilities, and learning disabilities are reported in half of all children and adolescents who are emotionally disordered. Although learning disabled children and adolescents are often aware...
of their learning deficits and the school problems they evoke, neither they, their parents, teachers nor their physicians usually understand how learning disabilities affect emotions, social learning or relationships as well\textsuperscript{21,22}.

The socialization of children and adolescents depends, at least in part, upon their ability to learn, draw conclusions and generalize from their daily experiences. Deficits in these skills can affect their learned behavior as well as acquired scholastic or social achievement, degrading normal developmental processes and leaving them with deep emotional disabilities as well.

Just as each of the neuropsychological subtypes of the learning disabilities impair scholastic performance in characteristic ways and result in specific scholastic learning disabilities, we hypothesized that these subtypes may also impair social and emotional learning and thereby be associated with psychiatric problems in children and adolescents that are equally specific. The following study was undertaken to explore the relationship between learning disability subtypes and psychiatric illness in a hospitalized adolescent population.

Method

With the approval of the hospital ethics committee, the records of all patients admitted to the inpatient adolescent service of a psychiatric hospital from July 1, 1989 through June 30, 1990 were reviewed retrospectively without regard to race, gender, health or socioeconomic status. Excluded from the study were patients who were discharged before testing could be completed, who were undergoing second or third admissions, or whose total WISC-R or WAIS-R IQ test scores were below 80.

Every patient was evaluated with a battery of neuropsychological tests (Table 1) administered by two of us (E.D. and M.L.S.) as part of the admission routine within the first week following admission and before therapy had begun. Scores were consistent with a diagnosis of a learning disability when they demonstrated a discrepancy between ability and achievement as defined in the Education for All Handicapped Act (P.L. 94-142).

Each chart was reviewed by a psychiatrist (S.D.H.) blinded to the neuropsychological test data who coded discharge diagnoses according to the criteria of Diagnostic and Statistical Manual III-Revised (DSM III-R) of the American Psychiatric Association. Although many patients had multiple diagnoses, charts were stratified by primary diagnosis and classified by learning disability subtypes. DSM III-R diagnoses were aggregated into two groups, one consisting of all who were primarily depressed, and the second of all who exhibited conduct or behavior disorders. Diagnoses found in fewer than 5 patients were excluded from this analysis because of the small size of those samples.