Emotional Disorders in Learning Disabled Adolescents

Harris C. Faigel, MD
Eleanor Doak, MEd, MS
Stephen D. Howard, MD
M. Linda Sigel, MEd
Bournewood Hospital, Chestnut Hill, Massachusetts

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 relation-
ships 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 dis-
abilities impair scholastic performance in characteristic ways and re-
sult 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 ado-
lescents that are equally specific. The following study was under-
taken to explore the relationship between learning disability sub-
types and psychiatric illness in a hospitalized adolescent population.

\section*{Method}

With the approval of the hospital ethics committee, the records of all pa-
tients admitted to the inpatient adolescent service of a psychiatric hospital
from July 1, 1989 through June 30, 1990 were reviewed retrospectively with-
out 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 (Ta-
ble 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 neuro-
psychological test data who coded discharge diagnoses according to the crite-
ria of Diagnostic and Statistical Manual III-Revised (DSM III-R) of the Amer-
ican Psychiatric Association. Although many patients had multiple diag-
noses, 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 pa-
tients were excluded from this analysis because of the small size of those
samples.