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Renee I. Pandy
Governors State University

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LEARNING DISABILITIES

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Learning Disabilities and Self-Esteem

By

Renee I. Pandy

A.A.S., Kennedy-King College, 2005

B.A., Columbia College, 2009

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Learning Disabilities and Self-Esteem

Introduction

Social acceptance is pivotal in a child's life but it is harder to obtain if one has a learning disability (LD). Individuals with learning disabilities experience being ostracized, ridiculed and labeled as dumb, subnormal and slow learners by their peers. "Learning disabilities" is a term that's used to describe different types of learning problems. A learning disability is not a disease.

Children with learning disabilities are often stigmatized and associated with failure, which lowers their self-esteem. Academic problems a child with a learning disability may experience can be a constant source of frustration, especially in the areas of reading, math, reasoning, memory and/or self-control. Many children with a learning disability struggle with social acceptance among their peers and are bullied by their classmates (Westwood , 2004).

The purpose of the workshop is to analyze and evaluate how self-esteem is affected by those who struggle with a learning disability. The workshop will specifically focus on adolescents because children with learning disabilities suffer countless academic disappointments, bullying, depression and suicide, which may contribute to lowering their self-esteem. Research found that individuals with learning disabilities develop a negative self-perception of themselves unlike their peers who do not have a learning disability (LaBarbera, 2008). There is literature linking depressive tendencies, negative self-perceptions, low self-esteem, or emotional and behavioral disorders, anxiety and suicidal behavior of those who have a learning disability.

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Literature Review

Defining a Learning Disability?

“A learning disability (LD) is a neurological disorder that affects the brain’s ability to receive, process, store, and respond to information” (Clauss-Ehlers, 2010, p. 396). In the United States there are 1.9 million children in the educational system that has been classified with a learning disability. A child with a learning disability have extreme learning challenges, academic difficulties and is given special educational support. There is a discrepancy between potential and achievement. Children with learning disabilities generally have average or above average intelligence but often have difficulty achieving the same academic level as their classmates (Brown, 2008).

The term “learning disability” was first coined by an educator named Samuel A. Kirk, a pioneer not only in special education but in working with young children. In 1968, Kirk’s insight provided support to Congress for the Handicapped Children’s Early Education Assistance Act. A conference held in Chicago provided information and emotional support for parents whose children had struggled or were struggling with being misunderstood and academically challenged in an educational setting. School officials often categorized academically challenged students as cognitively deficient. The children were not low functioning and had normal intelligence but had brain deficits functions related to learning and thinking. In 1975, learning disability was recognized legally as a disability (Kirk, Gallagher, Coleman, & Anastasiow, 2012).

Failure in Academics

Academic failure is a constant thread throughout a child’s life that has a learning disability. Adolescents with learning disabilities struggle in an academic environment, which affects their self-esteem (Lynch & Klassen, 2007). Individuals with learning disabilities

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experience social, emotional and motivational hardships more severely than someone who does not have a learning disability. Failure and poor performance leads one to self-doubt their intelligence, which discourages and causes one to fear further failure and poor academic outcomes in the future.

Children with learning disabilities are associated with poor academic achievements. Having a learning disability does not prevent one from learning but requires a different method of teaching. This may include modifications in the classroom to accommodate developmental delays, which help to make school work challenging but less difficult (Brown, 2008).

A learning disability can be extremely difficult to detect at birth. Since there is not an obvious physical indicator, a parent must wait for a delay in development to determine whether a child has a learning disability or not (Gates & Edwards, 2007). Adolescents with learning disabilities are often disciplined more frequently for their misconduct than mentally retarded students and those without a mental disability (McShawn & Williams, 2003).

Children with a learning disability are very intelligent but repeated academic failure weakens their self-confidence and esteem. They may acquire a disliking for school and later become delinquent (McShawn & Williams, 2003). The next section will explain how learning disability children associate failure with academics, which prevents them from attempting to tread new territory.

Failure is a constant theme in the life of a child with a disability through no fault of their own (Zastron & Ashman, 2010). Children with learning disabilities often lose motivation to thrive in school when failure becomes more prominent. They are unable to grasp things as quickly as their classmates who are not disabled. Some children accept failure in school therefore; they no longer attempt to try anything new. They begin to assume that no matter how

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hard they try, failure will be the outcome. The potential of them taking a new risk or a step towards a brighter future is halted.

Students with learning disabilities learn to internalize their problems due to repeated academic failures, which lead to low educational self-perception and learned helplessness. The academic failures and challenges diminish feelings of self-worth and result in submissive and passive behaviors. This allows students with learning disabilities to become vulnerable to peer aggression since they internalize their problems. They are often victims of being bullying or become bullies to relieve themselves of internal turmoil. Students with learning disabilities who are in a self-contained classroom (inclusion) provide a greater chance of socialization opportunities, which promotes friendship, reduces stigmatization and promotes self-determination. Students with a learning disability are integrated with regular education students are more likely to be bullied, teased and ridiculed (Savage, 2007).

Children with a learning disability associate failure with helplessness, quitting earlier than their classmates that are not disabled. Children with learning disabilities need special attention due to their educational needs. A child with learning disability will experience negative emotions towards their lack of control of their external environment. Failure is a common thread among those with mild to severe learning disabilities. Children with a learning disability experience limitations in an academic environment and have been known to show a “learned helplessness” or a lack of perseverance when failure persists. Children with a learning disability do not have strong self-perception due to the endless series of failures. They often compare themselves to their non-learning disabled peers (Abar, Taj, & Malik, 2010).

There are many facets of learning disabilities, which is the governing component of failure in a child with a learning disability life. Academic difficulties affect children with

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learning disabilities self-esteem makes them prone to accept failure. They internalize their lack of comprehension and/or strategies used to successfully acquire a skill. Westwood listed potential areas where students have difficulty learning that could identify the existence of an actual disability.

- Severe problems with arithmetic and mathematics (dyscalculia)
- Severe problems recalling symbols, names, vocabulary (dysnomia)
- Severe reading disability (dyslexia)
- Severe problems with written expression and handwriting (dysgraphia)
- Severe spelling difficulties (dysorthographia)

(Westwood, 2004)

Learning disabilities come with great learning and social limitations, which could lead to teasing and humiliation by their peers. Some children with learning disabilities learn to protect themselves against teasing, ostracizing and feelings of worthlessness by concealing their academic failures and emotions. Others with learning disabilities focus on their academic progress, which strengthens their self-esteem. A study found someone who struggles with a learning disability displays a wide range of psychosocial problems in educational settings. There is a lack of motivation for schoolwork, dropping out-of-school, anxiety, low self-esteem, depression, loneliness, fear of failure, and poor social skills. Children with a learning disability are prone to a greater risk of being bullied and teased by their classmates (Singer, 2005).

The reoccurring rejection adolescences with learning disabilities receive from their peers leaves them feeling isolated and embarrassed about their educational failures. Continuous cycle of failures will expose them to self- ridicule, isolation and being teased by their classmates. Isolation and failure will stunt their growth to a healthy self-esteem and social skills (Baumeister

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2008). The next section will discuss self-esteem and how children with learning disabilities struggle with their self-esteem due to academic pitfalls.

Self-esteem and Children with LD

Low self-esteem is associated with children with learning disabilities due to academic challenges, labeled as slow learners and experience rejection from their peers. Self-esteem can be defined as valuing one's own self-worth. A child's self-esteem can be altered when a major life event takes place, such as being diagnosed with a learning disability. Low self-esteem is associated with disruptive emotional, behavioral and academic problems with school aged children. Given a period of time, positive self-esteem will emerge with gains in numerous academic achievements. Being labeled as learning disabled can be potentially stigmatizing (MacMaster, Donovan, & MacIntyre, 2002).

Children with learning disabilities are often stigmatized due to learning delays and challenges with their academics, which has a profound impact on their self-esteem. Research has shown that children with learning disabilities experience lower level acceptance from their classmates than non-learning disabled students (Zhao & Zhang, 2008). School is not always a safe haven for learning disabled students due to constant discrimination, ridicule and rejection. Students with learning disabilities find ways of escaping verbal and physical torment from their peers by using strategies to conceal their learning challenges in social and academic interactions.

Social cues can be misinterpreted by a child with a learning disability. They struggle with depression and deal with an enormous level of rejection and shame, which takes a negative toll on their self-esteem. Some individuals with a learning disability lapse into a negative cycle, which leaves them feeling ashamed of their learning difficulties and choose to stay away from social activities. This prevents one from meeting others and help erodes their self-confidence,

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which makes them less motivated to surface from isolation. As a result, they suffer from torturous self-doubt and their self-esteem plummets (Roffman, 2007).

There is discrimination against children with learning disabilities, which lowers their self-esteem. Research shows students with a learning disability viewed their disability as a stigma and are less likely to ask or seek help (Gates & Edwards, 2007). Students with learning disability are stigmatized because their peers view them with flawed learning characteristics and not considered normal. Educators can reduce the stigma associated with learning disability through open discussion and engaging in help-seeking activities. Educators must be willing to communicate and aid students without judgment dealing with their students doubts of confidence and uncertainty. There will be countless experiences with failure at home and school with a learning disability child. They may be excluded from examinations and test, attend special classes or find themselves in a self-contained classroom for additional assistance with school work (Healy, 2007).

Emotional problems arise during the adolescence years, such as feeling lonely, low self-esteem and depressive tendencies, which may become extreme with learning disability students. This is the results of the demand to perform successfully in an educational environment. Students are stigmatized by their peers due to the association with special education programs. Students with a learning disability are more likely to become depressed and have lower self-esteem due to not being accepted by their non-disabled classmates. This may later lead to dropping out of school, mental health problems and juvenile and adult crime (Reed, 2005).

A learning disability child is three times more likely to join street gangs due to low self-esteem, lack of identity and low self-worth. Gangs give them a momentary feeling of belonging to a group that does not discriminate but accepts them (Clinton, Clark, & Straub, 2010). There is

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a great relationship linking between juvenile delinquency and learning disabilities. A child with a learning disability poses a greater risk to the increase of offenders in the penitentiary. This is due to seeking social acceptance among their peers and having low self-esteem. Students with learning disabilities who struggle with low self-esteem may have parents and teachers who display rejection and hostility towards them because they misinterpret failures as a lack of motivation. A study taken of 240 fathers of learning disability children expressed they were depressed and lack gratification in the child-rearing process (Florian-Lacy, Jefferson, & Fleming 2002).

Communication can affect a person's perception of oneself, which includes their self-esteem. The human language is an essential instrument for receiving and sending information. Communication enables how we communicate to people in order to develop good understanding of one another (Gaseesai & Cha, 2012). Non-verbal communication plays a major role in boosting a child with learning disability self-esteem. Positive non-verbal communication such as smiling, a soft touch or voice shows acceptance and security. Negative communication such as scowling, shouting or having angry facial expressions can make a child feel worthless, unloved and fragile, which can have negative effects on their self-esteem (Colwell and O'Conner, 2003).

Some children choose not to deny their disabilities due to having a strong parental support system that set attainable goals. Their parents help them to stay focus and give a positive outlook in spite of the learning difficulties, which boost self-confidence and self-esteem of the child. The parental and family support system allows a child with learning disability to accept their learning difficulties and reject the opinions of others that made them feel less worthy. This allows a learning disability child to examine strategies that use similarities between themselves and those without learning disabilities. This avoids upward social comparisons to those who

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struggle academically. Social support is an essential part of obtaining, maintaining and building a healthy self-esteem. Interpersonal relationships are important to the wellbeing for those who struggle with a learning disability (Abraham, Gregory, Wolf, & Pemberton, 2002).

In summary, children with learning disabilities need to develop a strong self-esteem and a positive self-concept in order to safeguard themselves from the negative feedback they receive from non-disabled peers. Educators and parents need to have an open line of communication when challenges may surface and provide social interactional skills to deal with harsh and critical comments a learning disabled child may receive from their peers and society. The next section will examine how social acceptance is important to one who struggles with a learning disability and how bullying occurs in the midst of finding one's identity.

Bullying and Social Acceptance

Students with learning disabilities are more likely to be bullied and seek social acceptance from their peers even though they are rejected. The social environment for adolescents with learning disabilities can be full social emptiness with very few social relationships and little to no contact with others. This can cause behavioral problems and episodes of anger, which can cause further isolation (Kroese & Reed, 2005). People with learning disabilities remain an oppressed and vulnerable group in today's society. Evidence has shown those with learning disability experience a tremendous amount of physical abuse that may lead into other forms of abuse,(i.e., financial, sexual, neglect and emotional). "There is a growing awareness and evidence that people with learning disabilities are at greater risk for abuse than the general population. The results of oppression may factor as lack of opportunities to make proper choices, little control over their lives being viewed negatively and with poor communication skills" (Davies & Jenkins, 2004, p. 31-32).

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Bullying can be identified with peer victimization, which includes an individual purposely causing harm to another person through physical contact. A study found peer victimization in a school environment happens at a rate of 2.4 instances per hour, which totals 10-20% of youth being persistently tortured. Teachers are often clueless to the abuse (bullying) that occurs in the classroom because they step out of the classroom for short periods of time when a child is being bullied. Bullying can considerably affect an adolescent's social development as well as their physical health. Many youths with a learning disability have social problems due to academic deficits associated with learning disability, which makes them more prone to being bullied (Baumeister, Storch, & Geffken, 2008).

Children who experience bullying are at risk to having their emotional, mental and physical well-being altered. Learning disability children are often not well received by their peers and develop negative outlooks on themselves, which makes them more acceptable to being bullied by their peers. Research has shown learning disability children to have behavior problems due to becoming less attentive in the classroom than their non-learning disabled classmates (Mishna 2003).

Students with a learning disability seeking out social acceptance will make an effort to hide their disabilities from classmates in order to be recognized and avoid being bullied. Students with learning disability voice concerns about "going public" about their disability but are fearful of being ridiculed, teased or having their peers think they are stupid. Learning disability students don't want to jeopardize their chances for success with the opposite sex. Students with a learning disability have difficulty processing verbal or visual information, which makes it harder for them to remember rules, and/or following directions at home, classrooms or playing sports. This makes them prone to be teased and bullied (Smith & Strick, 1997).

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Social acceptance has a profound impact on how an individual will function in the world. For example, teenagers connecting with a peer group of similar interest are an essential part of establishing their own identity and self-esteem. It is the ability to form and maintain relationships that improves the quality of life (Smith & Strick, 1997). Social anxiety disorder (SAD) can become prevalent when one has experience a contentious cycle of rejection and being an outcast out among their peers. Social anxiety disorder can be defined as persistent fear of one or more social situations, which the person is exposed to being bullied by others. It usually occurs in childhood or adolescence and is linked with poor work or school performance (Peleg, 2005).

In summary, bullying can significantly pose a risk of problems, which can affect a youth's academic, psychosocial functioning and physical health. It has been documented that learning disability children are bullied and at a greater risk of peer victimization, including being the bully and the victim. The continuous cycle of bullying a learning disability child experiences may lead into social isolation and transcend into adulthood. Studies have found individuals with learning disability are on the rise of experiencing social problems from preschool through adulthood (Singer, 2005). The next section will discuss the connection between mental health and emotional well-being of a learning disability child.

Mental Health and Emotional Well-Being

The emotional well-being of a child with a learning disability can alter when there is no emotional support available. This can lead one to become depressed and/or consider suicide. In North America, adolescent suicide has become a major public health problem. Currently, suicide is the third primary cause of adolescent death in both Canada and the United States. Suicide rates in the United States increased 142% between 1960 and 1981 for both boys and girls in the 15-to-

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19 year -old age group. There are a number of factors that put a person's life in jeopardy, such as life events, trauma, and learning disabilities (McBride & Siegel, 1997).

Adolescents with learning disabilities are uncertain about their future and their personal goals. Depression may manifest when opportunities seem limited while trying to reach their personal and educational goals. They are often haunted by the stigma of having a learning disability. Youths are inclined to develop emotional difficulties and are likely to inflict self-harm (Gates & Edwards, 2007).

Emotional disorders are common among people with learning disabilities than those who are non-learning disabled. Individuals with learning disabilities are more likely to develop self-harming disorders as a result to being labeled with a learning disability. The definition of self-harm is defined as a non-accidental injury, which produces bleeding of momentary or permanent tissue damage over a repeated amount of time. Self-harming is found to be a physical and emotional outlet to relieve the stressors of school and home life. Another part of self-harm is head banging, cutting, biting, scratching, and hair pulling (Lovell, 2004).

Individuals with learning disabilities are at an increased risk of developing mental health issues. Studies have found depression being linked to learning disabilities. This is due to the daily stressors of life and in an educational environment. There is a greater state of anxiety among boys with learning disability and post- secondary students who exhibit higher levels of anxiety. Anxiety and depression have been recognized at the age of 8 years old (Wilson 2009).

The classroom environment can be stressful for children with learning disability, especially when they face new challenges on a daily basis. The classroom can provide many distractions, which mental health issues can surface. Children spend as many hours in educational institutions as adults do with their co-workers. Poverty and family structure have

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been link to mental health and contributes to externalizing and internalizing problems. Poverty increases the chance for a parent to become depressed, impose harsh discipline and ignore a child's emotional need. This allows a child to act out, feel anxious and depressed (Milkie & Warner, 2011).

Depression. People with learning disabilities are at greater risk of developing depression than other sub-groups in today's society. Depression can interfere and distract an individual's personal capability and day-to-day functioning (Kroese & Reed, 2005). Grey (2010) found, "Depression is characterized by many features such as having a low mood that does not lift for some time, feeling lonely, sad, loss of energy and withdraw socially. Depression can be complicated with someone who has learning disabilities. This includes communication breakdowns, behavioral change and misinterpretation of others. People with learning disabilities are more likely to have so-called 'complex grief' due to the greater likelihood that their needs can be overlooked and their place in a family or society can be thrown into focus at such times" (p. 39).

Depression episodes can be reoccurring and become a major risk factor for committing suicide. Individuals with learning disabilities struggle with consistent educational failure, which depression arises and suicide is contemplated. The global death toll for people who commit suicide is one million people per year (Tulchinsky & Varavikova, 2009). In order to cope with depression and social anxiety a child with a learning disability will create a barrier and learn to escape through day dreaming or fantasizing about a better life. School is a social place where one with a learning disability will constantly experience anxiety, depression, and may feel apprehensive in educational settings, which can lead into major mental health issues (Cowden, 2010).

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DayDreaming. Many learning disability children and youth choose daydreaming to cope with the stressors of school and social interactions. Daydreaming is also known as drifting, which is common practice among students with learning disabilities. This is an escape route out of their current environment of difficulty or boredom. For example, a child's eyes may start reading but their mind drifted someplace else where as they have no idea what they read or comprehend. Another example, if they are in a classroom and the teacher is lecturing or explaining a lesson, their thoughts will wander off. A child who is two years or more below their grade level will fantasize to escape the hardships of their mild to severe learning disability. This will allow him or her to escape their current depressive state and focus on something that might encourage them to reach their goals. Daydreaming is a defense mechanism but when the child enters back into the reality their learning difficulties and depression reappears (Silver, 2006).

Individuals with learning disabilities are at a greater risk than the general population for crimes being committed, i.e., robbery, physical assault and sexual abuse. Children with learning disabilities are five times more prone to experience sexual abuse due to neglect, communication problems, and comprehension and dependence issues. A learning disability child may missed out on social cues due escaping reality through daydreaming (Peckham, 2007).

Positive Communication. Positive communication is a skill that contributes to ensuring the well-being of one another. Studies examined how positive communication can overpower a negative outlook, offer support and take one off the path of destruction (Kyle, Melville, & Jones, 2010). Communication during meals can be a starting point to address any emotional concerns and need a child may have experienced throughout the day. Communication during mealtimes helps engage a child with a learning disability to come out of their inner shell and interact with their family. This gives parents an opportunity to ask questions and engage in a

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healthy conversation. Asking questions assures the child they are important and gives them recognition, self-confidence and reassurance (Wilkinson & Watchman, 2010).

A learning disability can become an oppressive emotional weight when supportive communication is not present. It becomes unbearable at times for an adolescent to cope with the pressure to perform proficiently at school. Apprehensions arise in the form of headaches, stomachaches and racing hearts beats when academic demands appear that cannot be completed. Honest communication is a protective element that will lessen the mental health-related issues from arising. Parents should capitalize on every opportunity to communicate with their child and become candid about their feelings of frustration and rejection. Communication can provide the skills for someone to controlling their social environment and offer emotional support (Roffman, 2007).

Positive communications can breakdown emotional, social and mental barriers than those who do not receive support at home or at school. This encourages learning disability student to persevere and overcome their learning disability. Research has shown positive communication has boost self-confidence and esteem with students with learning disabilities. Receiving positive and encouraging support from educators and family members gives learning disability students the confidence to try something new and not be afraid to fail or try something again if they were not successful (Fisher, 2008).

In summary, learning disability is a neurological disorder, which affects one learning and capability to successfully process, receive, store, recall and transmit information to others. It is a discrepancy between potential and achievement. Adolescents with a learning disability have a tough and challenging path to travel throughout their life. In an educational environment, they look for social acceptance among their non-learning disabled peers. In turn, they will become

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ridiculed, ostracized and discriminated against which lowers their self-esteem. The academic delays make them prone to being bullied by their peers and develop a social complex--anxiety. Daydreaming becomes an escape route from depression and suicidal thoughts. It also becomes an outlet for their frustrations of not having many friends and the constant struggle of retaining educational knowledge. Self-esteem lowered at an early age and manifests itself when failing, becomes prevalent and consistent. Educators should be given the proper tools to help learning disability students cope with daily frustrations of being ostracized, which may lead into depression and suicide. Open verbal and non-verbal communication can help gauge a child's emotional and mental health whether if it is healthy or unhealthy. Parents and teachers should not become frustrated or misinterpret a child's disability for laziness. Children with learning disabilities should be exposed to other learning disabled children in counseling or group therapy. This will help them relate to someone with similar learning issues and give support, so they can overcome life's hurdles.

Workshop

The purpose of the workshop is to increase the awareness associated with having a learning disability on a child's self-esteem. The workshop will introduce participants to the emotional and internal struggles learning disability students experience in their daily life. The eight hour workshop will include rationale techniques to encourage communication between the teacher and the student, the parent and child. The workshop is a one day workshop with a one hour lunch break. PowerPoint slides will be available to follow along with materials. The participants will consist of parents, special education teachers, general education teachers and the school district social workers. Participants will receive handouts, questionnaires and surveys on how self-esteem, mental health and bullying have affected those who struggle with a learning

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disability. The workshop is limited to 45 participants. Educators will receive eight CPDUs for re-certification through the Illinois State Board of Education.

The workshop will provide a PowerPoint presentation with a detail description that will go along with the handouts, questioners and surveys. The PowerPoint will broaden the audience understanding between the connection of learning disabilities and self-esteem. The workshop will explain the importance of communication and social support. The audience will be encouraged to engage in the workshop activities and ask questions twenty minutes before each session ends. The workshop will take place at Chicago Public School and start at 8:00 a.m. Continental breakfast and box lunch with beverages will be served to the attendees. A follow-up conference will be held at Drake Elementary School at 9 a.m. during a week day. The committee analyzing the data will be experts from special education and mental health fields. After the analysis is complete the results will be used to help educated others of how self-esteem is affected of those with a learning disability. The specific material for the workshop is listed below.

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LEARNING DISABILITIES**REGISTRATION FORM**

Title: Learning Disabilities Workshop

Time: 8:00 a.m. –5:00 p.m.

Location: Drake Elementary School

2722 S. King Drive

Chicago, IL 60616

Personal Information of Attendee:

First Name:

Last Name:

Telephone Number (s)

Home:

Cell:

Email Address:

Number of Guest (please indicate if any):

LEARNING DISABILITIES

Learning Disability Workshop Schedule**8:00 a.m. –9:00 a.m.**

Greetings, registration and Continental Breakfast provided by Chicago

Public School

9:00-11:00 a.m.**Topic: Who Am I? What is a Learning Disability?**

The PowerPoint presentation will begin and correlated with the subject. It will explain that a Learning Disability is a neurological disorder, which affects the central nervous system. An oral explanation will be given of how a child's sense of self-worth and esteem is delicate and often makes the journey of learning difficult. Pitfalls do arise that will lower a Learning Disabled child's self-esteem. The handout, "What Do I know About Learning Disabilities" will be given out.

11:00-12:00 p.m.**Topic: Failure in Academics**

A child with a Learning Disability self-worth is diminished due to the consistent academic failure with school work. In this they will have fear in trying anything new that is introduced to them. Many times students with Learning Disabilities find ways to hide their disability from others in order to avoid bullying. The handouts, "Failure and Academics" will be distribute.

LEARNING DISABILITIES

12:00 p.m. --1:00 p.m.

Free Lunch provided by Chicago Public School

1:00 p.m. --2:00 p.m.

Topic: Self-esteem and Family Affair

When a child has a Learning Disability it can tip over a family's balance and structure in the home. The parent(s) will direct their attention to the child with the Learning Disability while giving less attention to other members of the family.

Each family member plays a pivotal role and helps to bring balance into perspective. Self-esteem is shifted with a child with a Learning Disability. Low self-esteem often leads for depression to surface due to the ridicule a child receive from their peers. An expert will be present to discuss the topic and give examples they have experienced. The handout on "Self-esteem and Family Affair" will be distributed.

2:00 p.m. --3:00 p.m.

Topic: The Importance of Positive Communication

Positive communication is a reinforcement to safeguard and allow awareness of what a child with a Learning Disability experience at school. Positive communication will encourage a learning disability child to overcome life's

LEARNING DISABILITIES

obstacles they face at school. Handouts on “Positive Communication” will be distributed.

3:00p.m.--4:00 p.m.

Topic: Coping with Bullying

Bullying has become an epidemic in America. How does one handle bullying?

How is bullying recognized with a child with a learning disability? Learning disability children are subjected to bullying, which may lead into depression and suicide. A mental health expert will speak and provide information on the topic.

Bullying and suicide handouts will be distributed.

4:00 p.m.--5:00 p.m.

Wrap-up

The wrap-up will allow participants to complete a workshop survey, view the foyer exhibits concerning mental health, bullying and learning disabilities. Participants will also have an opportunity to purchase the presenter’s signed books and other materials.

What Do I Know About Learning Disabilities?

Instructions:

Please answer to the best of your knowledge with a few sentences.

1. What I know about learning disabilities?

2. What I would like to know about learning disabilities?

3. How do you think a communication affects a child with learning disability self-esteem?

4. Do you know anyone that has experience bullying due to having a learning disability?

5. What challenges do you think a learning disability student deals with? How does it affect one's self-esteem?

LEARNING DISABILITIES**Failure in Academics
Survey****Instructions:**

Read carefully and please circle your response that pertains to your child or student.

When your child is upset, overwhelmed, or in any type of discomfort, he/she typically...

1. Withdraw
2. Looks for someone to give comfort
3. Look for someone but if he or she is overwhelmed, they sometimes shut down and withdraw.
4. Look to someone who is close to him/her for comfort and relief.

Or when a learning disability child is overwhelmed with school work ,does him or her typically...

1. Tries again and becomes active with their homework.
2. Becomes angry and quits.
3. Looks to the primary caregiver for comfort and support.
4. Throws homework away.

When you help a learning disability child with homework does him or her typically...

1. Detached and/or cold and aloof.
2. More involved when he wants something,(e.g., a treat or snack).
3. Warm and caring some of the time.
4. Warm and caring all the time.

If a learning disability child is clever at putting things together, constructing things in the home or in the classroom do they...

1. Tend to watch as others put things together because he or she doesn't know how to begin.
2. Has an idea of how it all fits together but cannot make it work.
3. Really likes to build things and does a good job.

LEARNING DISABILITIES

Failures in Academics Survey

Instructions: Please circle the response that applies to your child or student.

1-Strongly agree

2-Neither agree nor disagree

3- Strongly disagree

- Struggles with school work, i.e., reading, writing, speech, and mathematics?

1 2 3

- Struggle with their motor skills i.e., handwriting, copying from the board to their paper?

1 2 3

- Learning disability child has trouble with their memory (long-and-short term memory)?

1 2 3

- Trouble with staying focused in the classroom and/or at home (short attention span, easily distracted)?

1 2 3

- Struggle with organizational skills while doing school work assignments?

1 2 3

- Experience low self-esteem due to the repeated cycles of failure?

1 2 3

- Daydreams often, especially when it comes to school work or things that are challenging?

1 2 3

LEARNING DISABILITIES**Self-Esteem and Family Affair****Instructions:**

Please answer to the best of your knowledge pertaining to your child or student.

1. The term learning disabilities usually refers to specific problems with school subjects such as reading, writing, spelling, or math. Does he or she have problems in this area? If so, what do they struggle with the most?
2. Learning differences are the cause of many school problems and affect a learning disability child's self-esteem. How do you think their self-esteem is affected?
3. Children are influenced by their environment. How effective do you think positive communication verbal or non-verbal is to building a learning disability child's self-esteem?
4. School stressors can play a significant contributor to a child's learning problems and self-esteem. How would you help them cope with their challenging environment?

LEARNING DISABILITIES**Self-Esteem and Family Affair****Instructions:**

Read carefully and please circle all that applies to your child or student.

1. When a learning disability student makes a mistake do they tend to...
 - a.) Blame themselves
 - b.) Call themselves a derogatory name
 - c.) Becomes frustrated and give up
 - d.) Other (give answer) _____
2. How often do you hear a learning disability child speak negative of themselves (name calling, self-hatred)?
 - a.) Often
 - b.) Not so often
 - c.) Sometimes
 - d.) Not at all
3. When dealing with day to day problems at home or in the classroom, what do they tend to do?
 - a.) Blame others
 - b.) Complain or vent to a parent, teacher or classmates
 - c.) Take responsibility
4. When a child with a learning disability thinks about their future and purpose in life they think...
 - a.) Negative
 - b.) Positive
5. How does a learning disability student react to support at home or in the classroom?
 - a.) Encourages the help
 - b.) Becomes defensive

LEARNING DISABILITIES**Positive Communication****Instructions:**

Please answer the following questions that pertain to your child or student.

- 1.) How do you think communication has an influence over a learning disability child's scope of life?

- 2.) What's the importance of positive communication in a learning disability child's life?

- 3.) Does a learning disability child receives positive or negative communication in school or/and at home? If so, explain...

- 4.) Do you think positive communication is an effective way to diminish any negative stereotypes and stigmas a learning disability child may face? If not, why so?

LEARNING DISABILITIES

What is Bullying?

Bullying definition: Bullying is intended to cause emotional and physical harm to others. It happens at home, school, social gathers, bus and neighborhood.

Instructions:

Please circle one answer to the following questions that pertains to your child or student and fill in the area of residency.

Gender

Male

Female

Area of Residency

Neighborhood of _____

Other _____

Age

Middle School

Elementary School

1) Bullying is a problem in our neighborhood?

True

False

2) Have you ever been bullied?

Yes

No

3) If so, where were you or child been bullied? (Please circle all that do apply)

a.) School

c.) School bus

b.) Neighborhood

d.) other _____

LEARNING DISABILITIES

Suicide Survey**Instructions:**

Please circle one answer that pertains to your child or student.

1) Have there been prior attempts to commit?

None Some threats Numerous None

2) What is your child's mood from day- to- day?

Healthy Controlled Depressed

3) If they tried to commit suicide, was there a weapon used?

Yes No

4) Nature of the plan of how he or she was going to commit suicide? (skip question if it does not apply)

A weak plan Vague Complete plan No plan

5) Age and sex?

6) Any medical or past mental health issues?

7) Was professional help sought for the child? Is/was the child on medication?

LEARNING DISABILITIES

Impact of Learning Disabilities on Self-Esteem Workshop**Survey****Location:** _____**Date** _____**1. What did you like most about the workshop?****2. What did you like least about the workshop?****3. What did you hope to learn, but didn't?**

4. Please rate the following:	Definitely	Somewhat	Not at all
I was satisfied with the presenter	3	2	1
I learned new information or skills	3	2	1
The activities were engaging	3	2	1
The training was relevant to your situation	3	2	1
I will use what I learned at home	3	2	1

5. Do you feel more knowledgeable about how a learning disability affects ones self-esteem?

YES

NO

6. Do you feel more knowledgeable about the effects of low self-esteem?

YES

NO

LEARNING DISABILITIES

- 7. Do you feel more knowledgeable about the effects of your child(ren) having a learning disability?**

YES

NO

- 8. Do you have a better understanding of how you can respond to a child with low self-esteem and a learning disability?**

YES

NO

- 9. Overall, how would you rate the workshop?**

Excellent

Very Good

Good

Fair

Poor

5

4

3

2

1

- 10. Other questions, comments or concerns:**



Learning Disabilities and Self-Esteem

Renée I. Pandy





What is a Learning Disability?

- Learning disability (LD) is a neurological disorder (dysfunction of the central nervous system).
- It affects one's ability to effectively process, store, receive or recall information to others.



Learning Disability

- 1.9 million school aged children in the America are classified as having a specific learning disability.
- The term learning disability was first coined by an educator named Samuel A. Kirk.



Learning Disability

- Kirk's insight provided support to Congress for the Handicapped Children's Early Education Assistance Act.
- In 1975, learning disability was recognized legally as a disability.



The Cause of Learning Disabilities

- Heredity
- Prenatal complications at birth
- Preterm birth or low birth weight
- Illegal drug usage during pregnancy



Learning Disabilities

- A learning disability can be extremely difficult to detect at birth.
- Children with learning disabilities are often disciplined more frequently than their non-learning disabled classmates.



Learning Disabilities

- Children with learning disabilities are very intelligent but repeated academic failure weakens their self-confidence and esteem.
- Children with learning disabilities are often associated with poor academics.



Failure in Academics

- Some children with learning disability may accept repeated failures in school and/or in sports, which stops them from trying anything new.
- They begin to assume that no matter how hard they try failure is the outcome.



Failure in Academics

- The repeated academic failures deters them from retaining new information.
- Children with learning disability internalize their academic and social problems.



Failure in Academics

- Children with a learning disabilities associate failure with helplessness and quit earlier than their non-learning disabled peers.
- Failure is common thread among those with mild to severe learning disabilities.



Failure in Academics

- Children with learning disabilities do not have a strong self-perception due to the endless series of failures.
- Children with learning disabilities face many academic difficulties that affect their self-esteem and make them prone to accept failure.



Self-Esteem

- Children with a learning disability struggle with the stigma of being slow learners, which lowers their self-esteem.
- Research found that children with learning disabilities exhibit a lower level of peer acceptance than their classmates (Gates & Edwards, 2007).



Self-Esteem

- Children with learning disabilities are teased, ridicule and ostracized by their peers.
- Emotional problems arise due to feeling lonely, poor self-esteem and depressive tendencies begin to surface.



Self-Esteem

- Self-esteem can be defined as valuing one's own self-worth.
- Self-esteem can be altered when a major life event takes place, such as being diagnosed with a learning disability.



Self-Esteem

- Children with learning disabilities are often stigmatized, which has a profound impact on their self-esteem.
- Students with learning disabilities are stigmatized because their peers view them with flawed learning characteristics.



Self-Esteem

- Children with learning disabilities are three times more likely to join street gangs due to low self-esteem.
- Students with learning disabilities are more likely to become depressed and have lower self-esteem due to not being accepted.

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Bullying and Social Acceptance

- Evidence has shown those with a learning disability experience a tremendous amount of physical abuse that may lead into other forms of abuse, i.e., financial, sexual, neglect and emotional.
- Bullying can be identified with peer victimization, which includes an individual purposely causing harm through physical contact.



Bullying and Social Acceptance

- Bullying can considerably affect an adolescent social development as well as their physical health.
- Children with learning disabilities have concerns about “going public” about their disability due to the fear of being bullied, teased or having their peers think they are stupid.



Bullying and Social Acceptance

- Children with learning disabilities are exposed to a cross category of psychosocial difficulties, which make them at risk to being bullied by their peers.
- Children with learning disabilities will experience social isolation that will reduce exposure to positive relationships.



Mental Health

- Studies have found depression being linked to learning disabilities (Wilson 2009).
- People with learning disabilities are at greater risk of developing depression than other sub-groups in today's society.



Mental Health

- Depression and suicide is common among people with learning disabilities than children who are non-learning disabled.
- School can be stressful for a child with a learning disability, which can contribute to anxiety, depression and suicide.



Communication

- Communication can be positive or negative in shaping a child's self-esteem.
- Positive communication affirmation and help strengthens a child with a learning disability self-esteem.



Positive Communication

- A learning disability can become an oppressive emotional weight when supportive communication is not present.
- Positive communication can overpower a negative outlook and take one off the path of destruction.



Positive Communication

- Mealtimes communication help engage children with learning disabilities to come out of their inner shell and interact with their family.
- Positive communication can help a child with a learning disability break down emotional and mental strongholds.



Wrap-up/Summary

- Adolescents with learning disability have a tough and challenging path to travel throughout their life.
- At an early age self-esteem is lowered and continue to manifests itself when failing becomes prevalent and consistent.



Wrap-up/Summary

- Parents and educators should be given the proper tools to help children with learning disabilities cope with daily frustrations.
- Positive communication can help a child's emotional and mental health whether if it is healthy or unhealthy.



Wrap-up/Summary

- The wrap-up will allow participants to complete a workshop survey, view the foyer exhibits concerning mental health, bullying and learning disabilities.
- Participants will also have an opportunity to purchase the presenters signed book and other materials.