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Similar characteristics of learning disabled and emotionally disturbed adolescents

Betsy C. Logsdon

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SIMILAR CHARACTERISTICS
OF
LEARNING DISABLED AND EMOTIONALLY DISTURBED ADOLESCENTS

by
Betsy C. Logsdon

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A RESEARCH PAPER
SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF
MASTER OF ARTS IN EDUCATION
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AT CARDINAL STRITCH COLLEGE
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This research paper has been
approved for the Graduate Committee
of Cardinal Stritch College by

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TABLE OF CONTENTS

| CHAPTER | | Page |
|---------|---|------|
| I | INTRODUCTION. | 1 |
| | Purpose and Limitations | |
| | Definitions | |
| II | REVIEW OF RESEARCH. | 7 |
| | Learning Disabilities--A Brief History | |
| | and Etiology | |
| | Characteristics of Learning Disabilities | |
| | Emotional Disturbance--A Brief History | |
| | and Etiology | |
| | Characteristics of Emotional Disturbance | |
| III | COMPARISON OF CHARACTERISTICS OF LEARNING | |
| | DISABILITIES AND EMOTIONAL DISTURBANCE. | 31 |
| | Summary | |
| | BIBLIOGRAPHY. | 43 |

CHAPTER I

INTRODUCTION

Purpose and Limitations

Traditionally our society has not understood nor known how to cope with the teenaged person. He is allowed to be neither child nor adult. Adolescence is chaotic. This chaos is compounded when there is a learning or emotional disability and many failures have been experienced as a result of the disability. An adolescent who exhibits his frustration and sense of failure through disruptive behavior is displaying behavioral symptoms that are characteristic of both emotionally disturbed and learning disabled children.

Much literature has been written on the child under twelve who has a disability, but study and research is very limited on the older child. Attention has been directed toward these problems in the older child for a relatively short period of time. Until the 1970s research and studies in the area of learning disabilities were done with elementary children. As a result, educational provisions for the child at junior and senior high school level are not as prevalent as they are at the elementary level. Fewer diagnostic tests have been devised for the older child.

He is, therefore, not as well known as the younger child who has a disability.

There is a general consensus, however, among professionals who work with learning disabled and emotionally disturbed children that there is considerable overlap between the two conditions. That is, learning disabled children frequently have characteristics of emotionally disturbed children and emotionally disturbed children frequently have characteristics of learning disabled children.¹ Learning disabilities are not only manifested by an inability to process information in the academic areas, but they can be determinate factors in disruptive behavior. Conversely, according to Kephart a prolonged emotional disturbance resulting from extended stressful conditions "produces effects very similar to brain injury." Prolonged stress could account for the behavior disorder and the learning problems.²

It is the writer's contention that by the time a child reaches adolescence there is frequently such an overlap of emotionally disturbed and learning disabled symptoms

¹Loyd S. Wright, "Conduct Problem or Learning Disability?" Journal of Special Education 8 (Winter 1974):331.

²N. C. Kephart, Learning Disability: An Educational Adventure (West Lafayette, Indiana: Kappa Delta Phi Press, 1968), p. 12.

that it is difficult, and often impossible, to label him one or the other.

At this point in time, however, it is necessary to label children with disabilities. There are two reasons for labeling. The first reason is for funding purposes. Labels must be attached in order to meet the specifications outlined by the funding agency. The second reason is to facilitate programming. As a result of labeling, special techniques, special teachers, and special materials are made available.¹ For these reasons labeling may be a help; however, there are many disadvantages, one of which is an error in placement. Having a clearer understanding of the overlapping characteristics may not help in solving the diagnosis and placement problems; however, it would give the teacher a better knowledge and understanding of the child therefore facilitating a more appropriate and effective implementation of the academic prescription.

It was the purpose of this paper to present similar behavioral characteristics of the emotionally disturbed and learning disabled adolescent in hopes that, with a better understanding of the ways in which these two disabilities overlap, the classroom teacher can plan a more accurate academic prescription for the student and will take into consideration the relationship between the child's emotions

¹Henry R. Reinert, Children in Conflict (St. Louis: C. V. Mosley, 1976), p. 34.

and his ability to learn. As previously stated, literature and research on the adolescent is limited. Therefore, for the purpose of this paper the writer has used characteristics that are, in the literature, attributed to the emotionally disturbed or learning disabled child and not limited specifically to the adolescent.

The etiology of learning disabilities and emotional disturbance is discussed briefly. However, emphasis is not on the medical or organic causes of the behaviors, but on the observable behavior itself as that is what the teacher must work with.

Definitions

For the purpose of this paper the following terms are defined:

adolescent--child twelve years to eighteen years of age

older child--refers to the adolescent

younger child--refers to the child under twelve years of age.

behavior disorder--a maladaptive behavior that has been learned.¹ Used interchangeably with emotionally disturbed and behavior problem.

¹Ibid., p. 5.

withdrawn--inhibited or restricted behavior, which can have negative affect on learning.¹

hyperactivity--motor manifestations: tapping fingers, pencils, feet, etc.; fidgeting; clumsiness; facial tics.

perceptual-motor impairments--impaired discrimination of size, space, reversals, time, distance.

emotional lability--impulsive, explosive, uninhibited, moody.

attention disorder--short attention span, distractibility.

perseveration--uncontrollable repetition of a gesture, word or action.

Following are several commonly used definitions for the terms emotional disturbance and learning disability.

emotional disturbance--condition of one who because of organic and/or environmental influences, chronically displays: (a) inability to learn at a rate commensurate with his intellectual, sensory-motor and physical development; (b) inability to establish and maintain adequate social relationships; (c) inability to respond appropriately in day to day life situations; and, (d) a variety of excessive behavior ranging from hyperactive, impulsive responses to depression and withdrawal.²

emotionally disturbed--the child who cannot or will not adjust to the socially acceptable norms for behavior and

¹ Ibid.

² Norris G. Haring, "The Emotionally Disturbed," S. Kirk and B. Weiner, ed., Behavioral Research of Exceptional Children (Washington, D.C.: The Council for Exceptional Children, 1963), p. 291.

consequently disrupts his own academic progress, the learning efforts of his classmates, and interpersonal relations.¹

learning disability--a retardation, disorder, or delayed development in one or more of the processes of speech, language, reading, spelling, writing, or arithmetic resulting from a possible cerebral dysfunction and/or emotional or behavioral disturbance and not from mental retardation, sensory deprivation, or cultural or instructional factors.²

learning disability--children with special learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or using spoken or written languages. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling or arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, etc. They do not include learning problems which are due primarily to visual, hearing, or motor handicaps, to mental retardation, emotional disturbance, or to environmental disadvantage.³

¹R. H. Woody, Behavioral Problem Children in the Schools (New York: Appleton-Century-Crofts, 1969), p. 7.

²Samuel A. Kirk, Educating Exceptional Children (Boston: Houghton Mifflin, 1962), p. 263.

³National Advisory Committee on Handicapped Children, "Special Education for Handicapped Children," quoted in Janet W. Lerner, Children with Learning Disabilities (Boston: Houghton Mifflin, 1971), p. 9.

CHAPTER II

REVIEW OF RESEARCH

Learning Disabilities--A Brief History and Etiology

The learner with a learning disability is not a novelty in an advanced technological age but is rather a being of historical lineage with ancestral ties to medieval times . . . There certainly must have been those sons whose difficulties with eye-hand coordination caused their exasperated fathers to suggest other possible vocational outlets (rather than apprenticeship in the family business). The failing learner is not a novelty of the space age. The Vikings knew of him, the feudal lords knew him, the peasants knew him. He is not of one time-- he is of all time.¹

The quote above implies that the child with a learning problem has always been with us. However, it was not until the 1930s and 1940s that this child became the subject of much study and research. The pioneers in this study were Alfred A. Strauss, a physician, and Heinz Werner, a psychologist. Strauss and Werner were doing research with brain damaged children. Strauss hypothesized that the behaviors and learning patterns of the children were manifestations of brain injury. He further hypothesized

¹Ray H. Barsch, "Perspectives of Learning Disabilities: The Vectors of a New Convergence," Journal of Learning Disabilities 4 (1968):4.

that other children with the same characteristics also were suffering from brain damage. Previously such behavioral abnormalities had been attributed to emotional causes or psychogenic causes.¹

Through the years many terms have been used to describe this disability. It was referred to as brain injured, Strauss syndrome, minimal brain dysfunction, and learning disability. It was not until the late 1950s and early 1960s that the term learning disability came into use. The term covers a wide variety of learning disorders and focuses on the educational difficulties.² The etiological approach to learning disabilities is necessary in diagnosing organic disorders such as brain lesions and seizures but for the teacher this is of little effect in designing a remedial program.³

Kirk was one of the first to use the term learning disabilities. For the purposes of this paper it was his definition that was used as it emphasizes the learning problems of children and acknowledges that these problems may result from emotional or behavioral disturbances.

¹Janet W. Lerner, Children with Learning Disabilities (Boston: Houghton Mifflin, 1971), p. 14.

²Ibid., pp. 18-21.

³Norris G. Haring, Behavior of Exceptional Children (Columbus, Ohio: Charles E. Merrill, 1974), p. 226.

Kirk's definition is as follows:

A learning disability refers to a retardation, disorder, or delayed development in one or more of the processes of speech, language, reading, spelling, writing, or arithmetic resulting from a possible cerebral dysfunction and/or emotional or behavioral disturbance and not from mental retardation, sensory deprivation, or cultural or instructional factors.¹

Characteristics of Learning Disabilities

Who are these special adolescents who are labeled learning disabled? They are children who have lived their growing-up years with a handicap and have lived in a world unknown to the "normal" child. They neither evoke nor perceive the usual as the child who is within the norm does. It is a "cumulative and oscillatory process that is likely to reach its zenith during adolescence."²

Each year 750,000 adolescents drop out of school. Approximately one-third of these end up on relief rolls or in institutions. It is probable that many of these are children with learning disabilities.³ As stated previously, most studies have concentrated on the younger child. Little emphasis has been placed on the adolescent who has a learning disability. Who is he? What characterizes him?

¹Samuel Kirk, Educating Exceptional Children, p. 263.

²Alice Thompson, "Moving Toward Adulthood," in Helping the Adolescent with the Hidden Handicap, ed. Lauriel E. Anderson (Belmont, California: Academic Therapy Publication, 1970), p. 122.

³Lauriel E. Anderson, ed. Helping the Adolescent with the Hidden Handicap (Belmont, California: Academic Therapy Publication, 1970), p. 2.

Criteria for identification of the older child have changed. Many traits have been masked by maturity and some symptoms tend to disappear altogether with puberty. The following characteristics apply to the learning disabled child at any age, however, they have different manifestations in the adolescent:¹

Hyperactivity. The characteristic of hyperactivity is the most prominent and most often observed characteristic of the younger learning disabled child. Literature suggests that hyperactivity tends to disappear somewhere between the ages of twelve and eighteen.² The teenaged student has learned to respond to a number of influences, such as discipline and increased rationality. His urge to move continuously is usually limited to tapping fingers, pencils, or feet, grimacing, or tics. Or, he may have gone to the opposite extreme and maintain a rigid tenseness in his body.³

Perceptual-motor impairments. The adolescent who has perceptual-motor impairments may have developed methods

¹Evangeline Wilcox, "Identifying Characteristics of the NH Adolescent," in Helping the Adolescent with the Hidden Handicap, ed. Lauriel E. Anderson (Belmont, California: Academic Therapy Publication, 1970), p. 6.

²Frank M. Hewett, Education of Exceptional Learners (Boston: Allyn and Bacon, 1974), p. 201.

³Wilcox, "Identifying Characteristics of the NH Adolescent," p. 7.

which make these impairments difficult to observe. His problems in this area may appear to be behavioral problems. They may be observed in his always being late because he has no "sense" of time,¹ or, his taking the long way around the building because he lacks a sense of direction. Either of these could easily create problems which might be labeled as behavioral problems.

The younger child has difficulty grasping the concept of yesterday, a week from Monday, and even one hour from now. The older child has trouble with delayed gratification and understanding that he must plan ahead. He is short sighted. Only the specious present is important.² Time and space are two basic facts of human existence; when both are disoriented, we see an individual who is profoundly disabled.³

Emotional lability. The adolescent continues to overact to stimuli. His responses may be more appropriate, less aggressive, less restless, and vary less in moods, however, he is still demanding, still overacts to stimuli, whether related or unrelated, still is abrupt in dealing with

¹Ibid., p. 7.

²Alice Thompson, "Moving Toward Adulthood," p. 123.

³Robert E. Weber, ed., Handbook on Learning Disabilities (Englewood Cliffs, New Jersey: Prentice-Hall, 1974), pp. 29-30.

others and unaware of his impact on them.¹ His dependency needs are greater than those of his peers.²

The learning disabled adolescent often has difficulty in the area of social perception which results in inappropriate social judgments and in being unable to adapt to social situations. He may not be able to perceive and interpret nonverbal behaviors such as facial expressions and gestures, therefore may react inappropriately and be thought to be "tactless" and "stupid." As a result he may be rejected, resulting in frustration which is then expressed in the form of aggression or withdrawal.³

Specific learning disabilities. Specific language disorders are in the area of reading, writing, and spelling. Wiig and Semel state that these disorders may be seen as deficits in language processing or production. They may be perceptual, cognitive, linguistic, or productive.⁴ The

¹Evangeline Wilcox, "Identifying Characteristics of the NH Adolescent," p. 8.

²Robert W. Russell, "The Dilemma of the Handicapped Adolescent," in Handbook on Learning Disabilities, ed. Robert E. Weber, p. 171.

³Elisabeth H. Wiig and Eleanor Messing Semel, Language Disabilities in Children and Adolescents (Columbus: Ohio: Charles E. Merrill, 1976), p. 303.

⁴Ibid., p. 23.

inability to process, interpret, and respond to verbal language influences the child's academic achievement in all subject areas and also in interpersonal interaction.¹

Reading involves the written form of language. Dyslexia is the term used to identify children with learning disabilities in reading. It has been estimated that over eight million children have learning disabilities in reading.² Children with reading problems will invariably have spelling difficulties.

According to Miller, adolescents who have a reading problem are usually reading on the primary- or beginning intermediate-grade reading level. She further states that it is quite rare for the secondary reading teacher to see disabled readers who have "minimal brain dysfunction." This was based on her diagnosis of only one such student in six years experience as a secondary reading teacher.³ It is the assumption of the writer that the readers who would have been labeled learning disabilities were in a special education class.

¹Ibid., p. 42.

²National Advisory Committee on Dyslexia and Related Reading Disorders, quoted in Gerald Wallace and James A. McLoughlin, Learning Disabilities: Concepts and Characteristics (Columbus, Ohio: Charles E. Merrill, 1975), p. 150.

³Wilma H. Miller, Diagnosis and Correction of Reading Difficulties in Secondary School Students (New York: The Center for Applied Research in Education, 1973), p. 42.

Arithmetic is a school subject that very often is a problem area for students with learning disabilities. Research has shown that when a child has a learning disability in math the difference between his achievement grade level and his grade age expectancy becomes greater when he reaches adolescence. This discrepancy becomes greater in math than in reading. The child falls farther and farther behind in arithmetic. Perhaps this is true because so many of the symptoms of children with learning disabilities can be related to arithmetic. Spatial relationships, visual perception abnormalities, perseveration, difficulty with symbols, and cognitive disturbances all interfere with arithmetic processes and concepts.¹

Disorders of attention. Bradfield lists maintenance of attention, along with reading and language difficulties, as the three most frequently encountered difficulties of learning disabled children.² The child who is not capable of paying attention may become the goof off who

¹Janet W. Lerner, Children with Learning Disabilities, pp. 223-224.

²Robert H. Bradfield, Behavior Modification of Learning Disabilities (San Rafael, California: Academic Therapy, 1971), p. 155.

distracts others or may go to the other extreme and become so anxiety-ridden that he freezes up and cannot concentrate for long.¹

Overattention or an attention fixation may also be a problem. In the adolescent this may relate to figure-ground problems, focusing on the background and being unable to see the significant element or elements in a total setting.²

Disorders of memory and thinking. This category is most marked and recognizable at the secondary level and may include auditory and/or visual memory. As stated previously, time and sequence are the greatest enemies. Time related tests penalize him. Long range assignments are given and the ability to plan ahead, organize time, and to remember simply is not there. There is no method for achieving and remembering. This may be due to his low reading level. He is still "learning to read rather than reading to learn." He is so concentrating on the techniques of reading that he does not remember what he has read.³

¹Evangeline Wilcox, "Identifying Characteristics of the NH Adolescent," p. 8.

²B. R. Gearheart, Learning Disabilities: Educational Strategies (St. Louis: C. V. Mosby, 1973), p. 10.

³Evangeline Wilcox, "Identifying Characteristics of the NH Adolescent," p. 8.

The adolescent with learning disabilities often has a lack of organizational skills. He not only cannot organize his time but also has difficulty organizing his materials, keeping up with his books and supplies, and changing from one activity to another. He may avoid starting an assignment because he does not know how to begin.

Often the learning disabled child knows something one day and cannot remember it the next day. This "discontinuity in performance and achievement" is a source of frustration for the adolescent.¹

Impulsivity. The adolescent has developed some ability to delay responses in an appropriate way. However, there is still a tendency to overreact to stimuli. This is heard in the loudest laugh or clap. His environment continues to be distracting and his responses are unpredictable. His impulsivity hinders his judgment and consideration.² His apparent lack of impulse control may be related to, or the result of, a deficient in social perception. A child with problems in social perception may move inappropriately in space, misinterpret gestures, bump into people, and talk when it is not appropriate.³

¹Catherine E. Spears and Robert E. Weber, "The Nature of Learning Disabilities," p. 37.

²Wilcox, "Identifying Characteristics of the NH Adolescent," p. 6.

³Wiig and Semel, Language Disabilities in Children and Adolescents, p. 303.

Disorders of speech and hearing. Problems of articulation continue in adolescence. A slurring of middle syllables may be noted and a slurring or omission of the final consonant or suffix. He may not be able to retain the sound, may have heard it incorrectly, reflecting problems in auditory memory and/or auditory discrimination. Learning disabled children have auditory figure-ground problems. That is differentiating relevant auditory information from competing background noises or messages.¹

General coordination deficits. The learning disabled adolescent may continue to have coordination problems. Poor handwriting may indicate a lack of fine-motor control. This can also be observed in his frustrated attempts to perform intricate tasks such as repairing a small machine, threading a needle, or in art work requiring much detail. The older child with a learning disability is often clumsy and awkward. He may have the appearance of hanging together.

Wallace and McLoughlin agree that many learning disability children have emotional problems, however, it cannot be determined at this time whether the emotional problems occurred as a result of the learning disability or whether the emotional problems caused the learning difficulties.

¹Ibid., p. 88.

Following are some emotional problems that are often found among learning disability students of varying age groups:¹

Dependency. For some learning-disabled students, the dependency needs persist into adolescence. The lack of academic success that these children have experienced certainly is associated with this excessive need for assistance. In order to increase his independence, he must be provided with positive experiences in which he can succeed.

Poor self-concept. The child with a learning disability is frequently characterized as having a poor self-concept. He often speaks disparagingly of himself, referring to himself as "stupid," "dummy," and often says of his peers "but he's smarter than me." Because of the low self-image he is very self-conscious and is either hesitant to start an assignment or fears finishing it. He is threatened by new, more difficult assignments and by any new situation.

Distractibility. This is one of the most frequently mentioned characteristics. The learning disabled student has a short attention span, is easily distracted by irrelevant stimuli, and finds it difficult to focus his attention on specific tasks.

¹Gerald Wallace and James A. McLoughlin, Learning Disabilities: Concepts and Characteristics (Columbus, Ohio: Charles E. Merrill, 1975), pp. 227-231.

Perseveration. This is less common in the adolescent but may still be seen in pencil or foot tapping and tics.

Disruptive Behavior. The learning disability student often exhibits disruptive behavior as the result of frustration experienced when unable to perform assigned tasks. He is irritable and overly sensitive, reacting to what others say in an unpredictable way.

Withdrawn. The learning disabled child may express his frustration through aggression or he may withdraw from the situation. This is the result of many academic failures and is considered maladaptive behavior when it interferes with normal interaction with his peers.

Hyperactivity. This decreases with age but the adolescent who is restless, has concentration problems, disorders of attention, and is easily distracted may be showing a more subtle form of hyperactivity. Serious emotional and educational problems continue.

Inconsistency. Inconsistency is very prevalent in the adolescent's academic performance. One day he is able to read or do his math, or whatever, and the next day he cannot do it.

Antisocial behavior. The adolescent may express his hostility and frustration through inappropriate vocabulary, lying, stealing, and in other antisocial ways.

The emotional consequences at this point are clear. The student with a learning disability is overly sensitive, has lower frustration thresholds, has a poor self-image, manifests more anxiety and overreacts. He is also less able to cope with stress and change.¹

Emotional Disturbance--A Brief History and Etiology

John F. Kennedy died at the hand of an assassin who, as a child, was described as "an emotionally, quite disturbed youngster."² It is ironic that President Kennedy's efforts on behalf of the handicapped served as a catalyst and a foundation for building educational programs for the handicapped. It is only since the late 1950s and early 1960s that educational programs for the emotionally disturbed have materialized.³

The term emotionally disturbed is the term most often used to describe children who have emotional or behavioral

¹Spears and Weber, "The Nature of Learning Disabilities," p. 30.

²The President's Commission on the Assassination of President Kennedy (Washington, D. C.: Government Printing Office, 1964), p. 10.

³Reinert, Children in Conflict, p. 3.

problems. This term has been used in literature for about seventy-five years but has no universally accepted definition.¹

Definitions of children's behavior disorders are generally drawn from two different frames of reference--the psychoeducational and the behavioral.

In the psychoeducational or psychodynamic approach behaviors vary from acceptable to extreme psychotic. The unconscious plays a major role in this approach. According to psychodynamic therapy, the child's behavior is influenced by primitive biological impulses. These processes function below the conscious level and the individual is not aware of them.²

In the behavioral approach the inadequate or inappropriate behavior is learned and therefore can be changed. Children's behavior varies from one environment to another and from one situation to another depending on responses to those behaviors. Definitions which include reference to the environment, therefore, are likely to be more widely applicable. Considering behavioral disorders from an ecological reference, the perceiver determines what is deviant, how it is interpreted and designated. Behavioral approaches are concerned with the maladaptive behaviors that the child

¹Ibid., p. 4.

²Norris G. Haring, Behavior of Exceptional Children, p. 255.

manifests, the relationship of environmental events to the behaviors, and how the environment can be changed in order to change the child's behavior.¹

Causes of emotional disturbance can be placed into three general categories. The psychogenic category views emotional disturbance as basically genetic and inherited. Correlations between groups of children and parents are looked for in order to identify the source of a disturbance, usually in terms of personality or psychological traits. The second category is the biogenic. This category attributes disturbances to biological problems. It is assumed that the central nervous system and behavior are largely controlled by biochemical functions and that there is a relationship between chemical imbalance and maladaptive behaviors. The third category is the behavioral. In this approach, the child's behavior problems are considered to be "learned behavior". Of course, the more severe disturbances such as autism and schizophrenia behaviors are considered to have a biological basis.² For the purpose of this paper, the third approach, that of behavioral, was used. The behavior itself is of prime concern for the classroom teacher.

¹Ibid., p. 256.

²Ibid., p. 260.

Characteristics of Emotional Disturbance

Most children are emotionally disturbed at one time or another. A child who is inattentive, nonconforming, or withdrawing to a degree that he consistently fails to meet the teacher's expectations or the expectations of the school or community is likely to be labeled "emotionally disturbed."¹

Kephart proposed two different types of emotional disturbance. The first is a disturbance resulting from highly traumatic events which affect behavior but not learning. These traumatic events are intense but of short duration. The second type of emotional disturbance results from prolonged experiences which are of less intensity but result in continued stress. This second type of disturbance appears to result in an interference with functional relationships within the central nervous system producing effects very similar to brain injury.²

It has been estimated that 10 percent of all public school children have mental health problems.³ The way these problems are manifested often determines whether the child receives special help. Not all emotionally disturbed

¹Hewett, Education of Exceptional Learners, p. 58.

²Newell C. Kephart, Learning Disability: An Educational Adventure, p. 12

³Donald D. Hammill and Nettie R. Bartel, Teaching Children with Learning and Behavior Problems (Boston: Allyn and Bacon, 1975), p. 123.

children demonstrate sensory or neurological problems in school but inattention, distractibility, hyperactivity, poor coordination, and perceptual-motor deficits are common. There is a continuing effort to establish a link between behavior and organic functioning. However, this would benefit the neurologist more than the teacher as it is the symptoms with which she must work.¹

Between the ages of six and twelve the child has an emotional development "resting period." During this time he concentrates on acquiring new concepts, skills, and knowledge. At twelve or thirteen years of age, development picks up again, and everything breaks loose, with the adolescent having to re-master each stage he has previously mastered. There is a loss of confidence and mastery of his body and the adolescent retreats back to a dependent position. He must again master moving from dependency to independency. Once he has regained his independency from the family and shifted his allegiance to his peer group he then must struggle to answer the question "Who am I?" Identity crises are normal during this time. Aggressiveness, rebellion, and rejection of conformity to the values of society are characteristics that are normal at this time.²

Even the normal adolescent who has no emotional or learning disability has a difficult time with his conceptions

¹Frank M. Hewitt, The Emotionally Disturbed Child in the Classroom (Boston: Allyn and Bacon, 1968), p. 27.

²Larry B. Silver, "Emotional and Social Problems of Children with Development Disabilities," in Handbook on Learning Disabilities, ed. Robert E. Weber (Englewood Cliffs, N. J.: Prentice-Hall, 1974), pp. 103-105.

of himself and his environment and acts in a way unacceptable to society. The young person who enters adolescence with the added handicap of a disability reacts even more illogically. He, too, wants to know who he is, what he can do, what goals he can achieve and how to achieve them. He is so uncertain of himself and his ability to attain a goal that it appears that he is seeking self-destruction.¹

Hewett refers to the types of disturbance seen in the older child as "conduct disturbances." These disturbances relate to a conflict between the child and his environment and emerge as aggression, destruction, nonconforming, and/or delinquent behavior.²

Based on an analysis of teacher ratings of problem behaviors, Quay, Morse, and Cutler found that behavioral characteristics could be listed under three categories: Conduct problem; Inadequacy-immaturity; Personality problem.³

The "conduct problem child" is defiant, uncooperative, and boisterous. His frustration is shown through aggression and destruction. He attempts to set rules himself and tries to coerce the world into meeting his needs on his terms.

The "inadequacy-immaturity child" displays a lack of interest, is lazy, and has no interest in learning. He

¹John C. and Evangeline Wilcox, "A Neurologically Handicapped Adolescent," Academic Therapy 5 (Summer 1970): 274.

²Hewett, Education of Exceptional Learners, p. 60.

³H. C. Quay, W. C. Morse, and R. L. Cutler, "Personality Patterns of Pupils in Special Classes for the Emotionally Disturbed," Exceptional Children 33 (1966):297-301.

dislikes school and is inattentive; often escapes through fantasies. He prefers passive activities such as watching television.

The child with the "personality problem" sees any new experience as a threat because of his inferior feelings and lack of confidence. He often has a distorted view of his environment and uses withdrawal as a means of escape.

In an attempt to relate the problems of emotionally disturbed children to learning, the Neuropsychiatric Institute (NPI), School of the Neuropsychiatric Institute in the Center for Health Sciences of the University of California, Los Angeles has developed a developmental sequence of educational goals. It hypothesizes that in order to learn successfully a child must pay attention, respond, follow directions, freely and accurately explore the environment, and function appropriately in relation to others.¹ Hewett states that:

. . . psychosis, neurotic traits, behavior problems, and other social-emotional difficulties can be viewed as failures to pay attention, respond, follow directions, explore, function appropriately in a social context, acquire intellectual and adaptive skills, and develop a self-motivation for learning.²

These characteristics apply to the older child with an emotional disability as well as to the younger child.

¹Hewett, The Emotionally Disturbed Child in the Classroom, p. 42.

²Ibid., p. 79.

Failure to pay attention. This is a characteristic common to many emotionally disturbed children. A child who is severely disturbed may retreat into fantasy, hallucinate, and/or be totally oblivious to his surroundings. The less severely disturbed child may be intermittently inattentive, easily distracted, unable to attend to directions or to stay on task for long without escaping into daydreams or without being distracted by other stimuli.¹

Responding. After having gained the student's attention another characteristic of emotionally disturbed students follows. That of responding. The student may be afraid to undertake a new learning task. He lacks the motivation--he has failed so many times that he feels either afraid of failing again or has given up. Often he has a record of having failed academically since the primary grades.²

Order problems. This is perhaps the most disconcerting characteristic to the teacher of adolescents who have emotional problems. The child has poor control of impulses. Although the adolescent is less impulsive than the younger child, he continues to be unpredictable and overreacts. He has difficulty adapting to routine and rules,

¹Ibid., p. 80.

²Ibid., p. 83.

following directions, is haphazard in his approach to assignments, and in general is chaotic. It is difficult to get him to start, follow through, and complete an assignment and to keep him from disrupting others. The adolescent with an order problem is more difficult to work with and tolerate in the classroom than an emotionally disturbed student who may have a much more serious problem.¹

At the fourth level of the developmental sequence is the student who is an inadequate explorer. This child does not have an accurate knowledge of his environment. This may be the result of his lack of attention and inappropriate behaviors. The adolescent who has an exploratory and also an order problem has perceptual-motor difficulties. He may have difficulty with coordination, spatial and temporal orientation, and be oversensitive to stimulation.²

Social behavior. Emotionally disturbed children vary in their social behavior. At one end of the spectrum is the teenager who is oblivious to social standards, rules, and expectations. He has a deficit in social perception and is unaware of or unconcerned about what is appropriate. At the opposite end is the child who pleases at any cost and lives in constant fear of offending someone.³

¹Ibid., p. 86.

²Ibid., pp. 88-89.

³Ibid., p. 91.

The emotionally disturbed child is often an under-achiever. He may underachieve because of attention, response, order, exploratory, and social problems. Hewett found that the child who has had difficulties in these areas and has improved invariably makes much progress in exploratory and social areas.¹ There is consistent evidence that children with emotional problems do not achieve in line with their intelligence.² A study by the California State Department of Education concluded that children with emotional disturbance test near normal on individual psychological tests and perform significantly lower on academic achievement tests.³

Based on a review of literature, Woody concluded that there is evidence that children with emotional and behavioral problems are underachievers.⁴ This is consistent with Bower's finding that emotionally disturbed children function significantly lower than their peers in reading and arithmetic.

¹Ibid., p. 95.

²Hewett, Education of Exceptional Learners, p. 182.

³Haring, Behavior of Exceptional Children, p. 258.

⁴R. H. Woody, Behavioral Problem Children in the Schools (New York: Appleton-Century-Crofts, 1969), p. 95.

The difference was greater in arithmetic than reading and the differences became greater in higher grades.¹ Bower also found that emotionally disturbed children scored lower on intelligence tests than children who were not disturbed.² However, it must be realized that his performance on the test may have been influenced by his inattention and resistance to taking the test, therefore, resulting in a lower score. Woody found new diagnostic patterns on intelligence tests taken by emotionally disturbed children.³

¹E. M. Bower, Early Identification of Emotionally Handicapped Children in School (Springfield, Illinois: Charles C. Thomas, 1960), quoted in Frank M. Hewett, Education of Exceptional Learners, p. 182.

²Ibid., p. 181.

³Woody, Behavioral Problem Children in the Schools, p. 95.

CHAPTER III

COMPARISON OF CHARACTERISTICS OF LEARNING DISABILITIES AND EMOTIONAL DISTURBANCE

In an article in U. S. News and World Report, Dr. William Glasser blames much of the rebelliousness of youth on accumulated failures. He states that school is the main contributor to these feelings of failure.¹ Few children can fail in the basic tasks that are assigned to them in school without developing symptoms of low ego esteem, guilt, depression, frustration, and sometimes hostility. In most cases these symptoms are assumed to be secondary reactions to the failure and not the cause of it.² Learning disabilities are often "determinate factors" in a child's disruptive behavior and teachers are often unable to separate learning and behavior problems. Identifying the behavior which the children exhibit is the first step in prescribing a program for educationally handicapped children.³

¹William Glasser, "Youth in Rebellion-Why," U.S. News and World Report, April 27, 1970, p. 42.

²Charles Drake and James J. A. Cavanaugh, "Teaching the High School Dyslexic," in Helping the Adolescent with the Hidden Handicap, ed. L.E. Anderson (Belmont, Calif: Academic Therapy, 1970), p. 62

³Curtis L. Hiltbrunner and Stanley F. Vasa, "Watch the Children: Precision Referring," Academic Therapy 10 (Winter 1974-1975):167.

As previously stated, most teachers of children with learning disabilities or emotional problems agree that there is considerable overlap in characteristics of the two groups. Diagnosis and classification of these children is often chaotic.¹ In an article discussing criteria used in diagnosing special education children, Johnson stated that distinctive characteristics by which each disorder can be identified is questionable.² According to Johnson, the most widely used guide lines for identifying emotional disturbance are Bower's description of problems. His definition of emotionally handicapped with academic problems, "An inability to learn which cannot be explained by intellectual, sensory, or health factors,"³ merely restates the major criterion for learning disabilities--"An educationally significant discrepancy between intellectual potential and actual level of performance."⁴

¹Virginia M. Johnson, "Salient Features and Sorting Factors in Diagnosis and Classification of Exceptional Children," Peabody Journal of Education 52 (January 1975):142.

²Ibid., p. 143.

³E. M. Bower, Early Identification of Emotionally Disturbed Children (Springfield, Illinois: Charles C. Thomas, 1969), quoted in Virginia M. Johnson, "Salient Features and Sorting Factors in Diagnosis and Classification of Exceptional Children," p. 144.

⁴Barbara Bateman, "An Educator's View of a Diagnostic Approach to Learning Disorders," in Learning Disorders I, ed J. Hellmuth (Seattle: Special Child Publications, 1965), p. 220.

Bradfield and Criner state that a common denominator exists between learning disabled and emotionally disturbed children. They suggest that most of the behaviors usually associated with both groups can be found in any child and can be explained by "the laws of learning" and can be altered by a systematic application of those laws.¹

In a precision teaching program designed for emotionally disturbed children, 25 percent of the children had a sufficient number of symptoms to be designated as children with a learning disability.² Precision teaching projects were used in an effort to modify behaviors in both academic and social situations. It was found that there was no significant difference in the response of the two groups of emotionally disturbed and learning disabled. The conclusion was that these children are more alike than different. Highly similar results were seen in projects in reading, arithmetic, increasing attention span, and the reduction of aggressive behavior. The areas in which differences appeared were those areas that emphasized perceptual-motor responses, that is, writing and language, which were observable in

¹Robert H. Bradfield and Janet Criner, "Precision Teaching the Learning-Disabled Child," in Behavior Modification of Learning Disabilities, ed. Robert H. Bradfield (San Rafael, Calif: Academic Therapy, 1971), p. 147.

²Ibid., p. 149.

the learning disabled and not in the emotionally disturbed, and those areas concerned with increasing positive social-interactions, which were observable only in the emotionally disturbed. However, the learning disabled students did display the same "acting out" type of behavior.¹

McCarthy and Paraskevopoulos also reported a significantly greater number of aggressive behavioral problems for emotionally disturbed children as compared with learning disabled children.² This is consistent with Johnson who found that there is a difference in severity of problems, with emotionally disturbed children having more problems of greater severity than the learning disabled children. It is easier to diagnose when the behavior falls at either extreme than when it falls in the middle of the continuum, resulting in a variety of interpretations.³

In another study attempting to determine the similarity between learning disabled, emotionally disturbed children, and children in regular classes, McCarthy and Paraskevopoulos found the following four behavioral factors emerged:

¹Ibid., p. 168.

²J. M. McCarthy and John Paraskevopoulos, "Behavior Patterns of Learning Disabled, Emotionally Disturbed, and Average Children," Exceptional Children 35 (1969):73.

³Virginia M. Johnson, "Salient Features and Sorting Factors in Diagnosis and Classification of Exceptional Children," p. 144.

1. restlessness, hyperactivity, disruptiveness, tension, distractibility--suggesting aggression--conduct problems;
2. passivity, lack of interest, daydreaming--suggesting immaturity and introvertness;
3. inferiority, dislike for school, self-consciousness, hypersensitivity--personality problems;
4. overlapping of these.

The coefficients for corresponding factors for learning disabled and emotionally disturbed, and normal children were consistently high. There was a similarity between the factors derived from the behavior ratings of the emotionally disturbed and learning disabled.¹ This is consistent with findings by Grieger and Richards that special education children rated higher on behavior problems. This was especially true in immaturity--inadequacy.²

A study testing for psycholinguistic differences in the younger child found that the mean total ITPA scores for the learning disabled and emotionally disturbed children

¹J. M. McCarthy and John Paraskevopoulos, "Behavior Patterns of Children with Special Learning Disabilities," Psychology in the Schools 7 (1969):44.

²Russell Grieger and Herbert C. Richards, "Prevalence and Structure of Behavior Symptoms Among Children in Special Education and Regular Classroom Settings," Journal of School Psychology 14 (1976):37.

were not significantly different.¹ Although this study was on younger children, it has implications for the older child. With the emotionally disturbed child having psycholinguistic deficits as severe as the learning disabled child's, more consideration of the emotionally disturbed child's cognitive deficits is necessary.²

Perception organization deficits of the adolescent are discussed by Wiig and Semel. On the Block Design and Object Assembly subtests of the WISC and WAIS they found a significant, positive correlation between measures of ability to perceive and to interpret nonverbally expressed emotions and performances.³

The state of California includes children with learning disabilities and emotional disturbance, provided that disturbance has resulted in a learning problem, under the label educationally handicapped. Salvin lists the following characteristics as ones that may be common to educationally handicapped adolescents:

¹Donald J. O'Grady, "Psycholinguistic Abilities in Learning-Disabled, Emotionally Disturbed, and Normal Children," Journal of Special Education 8 (1974):160.

²Ibid., p. 163.

³Elisabeth Wiig and Eleanor Messing Semel, Language Disabilities in Children and Adolescents, p. 308.

1. Perceptual deficits

Difficulty in perceptual areas:

a. Faulty visual-perception in the five areas:

- 1) form constancy
- 2) figure-ground
- 3) position in space
- 4) motor coordination
and body-image
- 5) spatial relationship

2. Faulty auditory perception

3. Faulty tactile and/or kinesthetic perception

4. Academic areas:

Below grade level in:

- a. reading
- b. spelling
- c. writing
- d. dyslexia
- e. difficulty with concept formation and
whole-part relationships
- f. difficulty with tasks dependent upon memory¹

Swift and Spivack designed a study to learn the relationship between children's classroom behavior and their academic success or failure in grades kindergarten through twelve. It was concluded that underachieving children often had multiple problems both behaviorally and academically. Behavior problems were found in 48 percent of the underachievers. The data indicate that there is a definite relationship between classroom behavior and academic achievement. They found the following factors to be

¹Sophia T. Salvin, "Prescriptive Team Teaching for Adolescent Handicapped Students Within a Public School Setting," in Learning Disorders 2, ed. Jerome Hellmuth (Seattle: Special Child Publications, 1966), p. 345.

significantly related to academic achievement:

1. Classroom disturbance
2. Impatience
3. Disrespect--Defiance
4. External blame
5. Achievement anxiety
6. External Reliance--cannot function independently
7. Comprehension
8. Inattentive--Withdrawn
9. Irrelevant--Responsiveness
10. Creative initiative
11. Need for closeness to teacher

Also included were: difficulty changing from task to task; quitting; slowness. Comprehension, creative initiative, and a need for closeness to the teacher showed a positive correlation.¹

Achievement anxiety becomes greater in the upper grades because of the difficulty of the material. Arithmetic is particularly affected and arithmetic grades are more highly related to behavior than are reading grades.²

Miller states that most adolescent disabled readers are emotionally maladjusted to a greater or lesser degree. She also states that many times that maladjustment is a result of the student's inability to learn to read in the elementary school. A poor self-concept is characteristic of the secondary school student having reading

¹Marshall Swift and George Spivack, "The Assessment of Achievement-Related Classroom Behavior," Journal of Special Education 2 (1968):142.

²Ibid., p. 143.

difficulties.¹ The presence of a reading problem suggests the presence of emotional conflicts, however the converse is not true, the absence of a reading problem does not indicate the absence of emotional conflicts.²

Following an evaluation of over six hundred children, Silver found the following emotional characteristics in children who were learning disabled:

1. Withdrawal into a fantasy life
2. Regression to immature or infantile behavior
3. Use of diagnosis to rationalize inabilities
4. Poor self-image--feels inadequate, worthless
5. Depressive reaction--turns frustrated and angry feelings inward
6. Paranoid--displacement and projection of feelings onto others
7. Fear reaction--fear of failure in school is projected onto someone or something specific
8. Impulse disorder--may be aggressive and explosive
9. Somatic symptoms--anxiety is reflected through bodily functions such as stomach aches, headaches
10. Hypochondrical symptoms--complaints are rationalizations for failures³

Silver concluded after evaluating over six hundred children that :

Almost uniformly, when a developmentally disabled child has emotional problems, the emotional problems are a

¹Wilma H. Miller, Diagnosis and Correction of Reading Difficulties in Secondary School Students (New York: The Center for Applied Research in Education, 1973), p. 31.

²Larry B. Silver, "Emotional and Social Problems of Children with Development Disabilities," in Handbook on Learning Disabilities, pp. 111-118.

³Ibid.

result of the frustrations and stress created by his disabilities and not the cause of the disabilities.¹

He also found that once the student receives the appropriate educational therapy, the emotional problems frequently disappear.²

Thompson refers to the handicapped adolescent as the "risk" adolescent and lists some of the most conspicuous characteristics:

Impulsivity--hinder judgment and consideration

Suggestibility--makes the child "prey to unscrupulous leadership

Short Tempers--opens the door to violence

Impaired Self-Direction--reduces responsibility, dependability and task completion

Low Self-Esteem--results in giving up and a "what difference does it make" attitude

Short-Sightedness--"only the specious present is important"

Poor Social Skills--friendships are shallow and impermanent, antagonistic, and ostracized.³

Poor social skills may result from language and learning disabilities according to Wiig and Semel. Language and learning deficits may also result in rejection and problems of sexual identity. The adolescent who has problems in the area of social perception has difficulty interpreting

¹Ibid.

²Ibid.

³Thompson, "Moving Toward Adulthood," p. 123.

the attitudes, feelings, and intentions of others. He may then respond inappropriately and be rejected or ridiculed by his peers. Wiig and Semel view deficits in social perception as possible indications of "cognitive, conceptual, visual-perceptual, or symbolic deficits."¹

Summary

Available literature on the emotionally disturbed and the learning disabled adolescent suggest that they share many of the same characteristics. That is, many emotionally disturbed children appear to have learning disabilities, and many children with learning disabilities appear to evidence emotionally disturbed behaviors.

Hewett says, "If you are going to discuss emotional disturbance and special education, what you say must have relevance to all possible combinations."² He further states that it is not clear whether behavior difficulties caused the academic functioning, or whether failure to learn created the emotional problems.³ In either case, it becomes a vicious circle, the more the student fails the greater the difference between his grade expectation level

¹Wiig and Semel, Language Disabilities in Children and Adolescents, p. 298.

²Hewett, The Emotionally Disturbed Child in the Classroom, p. 20.

³Hewett, Education of Exceptional Learners, p. 181.

and his performance level, his academic deficits accumulate and his attitude toward school becomes more and more negative. The result is an emotionally disturbed adolescent who looks much like, and acts like, a learning disabled student or vice versa.

The purpose of this paper was to review characteristics of emotionally disturbed adolescents and adolescents with learning disabilities, and to compare the characteristics of the two disorders. A review of the literature showed that although all learning disabled adolescents do not have emotional problems and all emotionally disturbed adolescents do not demonstrate sensory or neurological problems, the two groups do have many overlapping symptoms. Following are the most commonly found similar characteristics: underachievement, disruptive behavior, impulsive behavior, immaturity, poor self-image, attention disorders, low frustration level, overly dependent, poor social skills, and withdrawal. Determining whether these are organic in nature would benefit the neurologist or the psychiatrist more than the classroom teacher. The teacher must deal with the behavior symptoms regardless of the etiology.

BIBLIOGRAPHY

BIBLIOGRAPHY

Books

- Anderson, Lauriel E., ed. Helping the Adolescent with the Hidden Handicap. Belmont, California: Academic Therapy Publications, 1970.
- Bower, E. M. Early Identification of Emotionally Disturbed Children. Springfield, Illinois: Charles C. Thomas, 1969 as quoted in Johnson, Virginia M. "Salient Features and Sorting Factors in Diagnosis and Classification of Exceptional Children." Peabody Journal of Education 52 (January 1975):144.
- Bradfield, Robert H. Behavior Modification of Learning Disabilities. San Rafael, California: Academic Therapy, 1971.
- Bradfield, Robert H. and Criner, Janet. "Precision Teaching the Learning-Disabled Child." In Behavior Modification of Learning Disabilities, Bradfield, Robert H., ed. San Rafael, California: Academic Therapy, 1971.
- Drake, Charles and Cavanaugh, James J. A. "Teaching the High School Dyslexic." In Helping the Adolescent with the Hidden Handicap, Anderson, Lauriel E., ed. Belmont, California: Academic Therapy, 1970.
- Ephron, B. Emotional Difficulties in Reading. New York: Julian Press, 1953.
- Gearheart, B. R. Learning Disabilities: Educational Strategies. St. Louis: C. V. Mosby, 1973.
- Hammill, Donald D. and Bartel, Nettie R. Teaching Children with Learning and Behavior Problems. Boston: Allyn and Bacon, Inc., 1975.
- Haring, Norris G. Behavior of Exceptional Children. Columbus, Ohio: Charles E. Merrill, 1974.
- Hewett, Frank M. Education of Exceptional Learners. Boston, Massachusetts: Allyn and Bacon, 1974.

- Hewett, Frank M. The Emotionally Disturbed Child in the Classroom. Boston, Massachusetts: Allyn and Bacon, 1968.
- Kephart, Newell C. Learning Disability: An Educational Adventure. West Lafayette, Indiana: Kappa Delta Phi Press, 1968.
- Kirk, Samuel A. Educating Exceptional Children. Boston: Houghton Mifflin, 1962.
- Lerner, Janet W. Children with Learning Disabilities. Boston: Houghton Mifflin, 1971.
- Miller, Wilma H. Diagnosis and Correction of Reading Difficulties in Secondary School Students. New York: The Center for Applied Research in Education, 1973.
- Reinert, Henry R. Children in Conflict. St. Louis: Mosby, 1976.
- Russell, Robert W. "The Dilemma of the Handicapped Adolescent." In Handbook on Learning Disabilities. Weber, Robert E., ed. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1974.
- Silver, Larry B. "Emotional and Social Problems of Children with Development Disabilities." In Handbook on Learning Disabilities. Weber, Robert E., ed. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1974.
- Spears, Catherine E. and Weber, Robert E. "The Nature of Learning Disabilities." In Handbook on Learning Disabilities. Weber, Robert E., ed. Englewood Cliffs, N. J.: Prentice-Hall, Inc., 1974.
- Thompson, Alice. "Moving Toward Adulthood." In Helping the Adolescent with the Hidden Handicap. Anderson, Lauriel E., ed. Belmont, California: Academic Therapy Publication, 1970.
- Wallace, Gerald and McLoughlin, James A. Learning Disabilities: Concepts and Characteristics. Columbus, Ohio: Charles E. Merrill, 1975.
- Weber, Robert E., ed. Handbook on Learning Disabilities. Englewood Cliffs, N. J.: Prentice-Hall, 1974.

Wiig, Elisabeth H. and Semel, Eleanor Messing. Language Disabilities in Children and Adolescents. Columbus, Ohio: Charles E. Merrill, 1976.

Wilcox, Evangeline. "Identifying Characteristics of the NH Adolescent." In Helping the Adolescent with the Handicap. Anderson, Lauriel E. ed. Belmont, California: Academic Therapy Publication, 1970.

Woody, R. H. Behavioral Problem Children in the Schools. New York: Appleton-Century-Crofts, 1969.

Periodicals

Barsch, Ray H. "Perspectives of Learning Disabilities: The Vectors of a New Convergence." Journal of Learning Disabilities 4 (1968):4.

Bateman, Barbara. "An Educator's View of a Diagnostic Approach to Learning Disorders." Learning Disorders. Hellmuth, J., ed. Seattle: Special Child Publications, 1965.

Glasser, William. "Youth in Rebellion--Why?" U. S. News and World Report (April 27, 1970);42.

Grieger, Russell and Richards, Herbert C. "Prevalence and Structure of Behavior Symptoms Among Children in Special Education and Regular Classroom Settings." Journal of School Psychology 14 (1976):33-37.

Hiltbrunner, Curtis L. and Vasa, Stanley F. "Watch the Children: Precision Referring." Academic Therapy 10 (Winter 1974-1975):167-172.

Johnson, Virginia M. "Salient Features and Sorting Factors in Diagnosis and Classification of Exceptional Children." Peabody Journal of Education 52 (January 1975):142-149.

McCarthy, J. M. and Paraskevopoulos, J. "Behavior Patterns of Learning Disabled, Emotionally Disturbed, and Average Children." Exceptional Children 35 (1969) 69-74.

O'Grady, Donald J. "Psycholinguistic Abilities in Learning-Disabled, Emotionally Disturbed and Normal Children." Journal of Special Education 8 (1974):157-165.

- Paraskevopoulos, J. and McCarthy, J. "Behavior Patterns of Children with Special Learning Disabilities." Psychology in the Schools 7 (1969):42-46.
- Quay, H. C.; Morse, W. D.; and Cutler, R. L. "Personality Patterns of Pupils in Special Classes for the Emotionally Disturbed." Exceptional Children 33 (1966): 297-301.
- Salvin, Sophia T. "Prescriptive Team Teaching for Adolescent Handicapped Students Within a Public School Setting." In Learning Disorders 2. Hellmuth, Jerome. Seattle: Special Child Publications, 1966.
- Swift, Marshall and Spivack, George. "The Assessment of Achievement--Related Classroom Behavior." Journal of Special Education 2 (1968):137-153.
- Wilcox, John C. and Wilcox, Evangeline. "A Neurophysiologic View of the Neurologically Handicapped Adolescent." Academic Therapy 5 (Summer 1970):271-275.
- Wright, Loyd S. "Conduct Problem or Learning Disability?" Journal of Special Education 8 (Winter 1974):331-336.

Reports

- Haring, Norris G. "The Emotionally Disturbed." In Behavioral Research of Exceptional Children. Edited by S. Kirk and B. Weiner. Washington D.C.: The Council for Exceptional Children, 1963.
- National Advisory Committee on Dyslexia and Related Reading Disorders. Reading Disorders in the United States. Washington, D.C.: U. S. Department of Health, Education and Welfare, 1969. Quoted in Wallace, Gerald and McLoughlin, James A. Learning Disabilities: Concepts and Characteristics. Columbus, Ohio: Charles E. Merrill, 1975.
- The President's Commission on The Assassination of President Kennedy. Washington, D. C.: Government Printing Office, 1964.
- U. S. Congress. National Advisory Committee on Handicapped Children. Special Education for Handicapped Children. First Annual Report. Washington, D. C.: U.S. Department of Health, Education and Welfare, January 31, 1968. Quoted in Lerner, Janet W. Children with Learning Disabilities. Boston: Houghton Mifflin, 1971.