

# **Focus on Solutions:**

**Fostering Psychological Wellness for Individuals with LD**

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# Thomas Edison

**"My teachers say I'm addled...my father thought I was stupid, and I almost decided I was a dunce."**

**"I haven't failed. I've just found 10,000 ways that won't work."**

# Albert Einstein

- **"He told me that his teachers reported that he was mentally slow, unsociable, and adrift forever in his foolish dreams."** Hans Albert Einstein, on his father Albert Einstein
- **Imagination is more important than knowledge.**  
(Einstein, 1949)

# Winston Churchill

- **"I was, on the whole, considerably discouraged by my school days. It was not pleasant to feel oneself so completely outclassed and left behind at the beginning of the race."**

# Charles Schwab

- **"...That's the real problem with kids who struggle with learning... some kids feel like they're stupid. I want them to know that they're not. They just learn differently. Once they understand that they have the tools to learn in their individual way, then they can feel good about themselves."**

# Psychological Wellness and LD

- “I never really felt different from everyone else though sometimes I felt slow, dumb, humiliated, and very frustrated. I knew what I wanted to do, where I wanted to go, but I just couldn't get there. One of the biggest struggles was to understand that I was a little different and that was OK.”

# Causes of mental distress in people with LD

- Increased risk factors such as low self-esteem and lack of social support contribute to distress
- People with learning disabilities are more likely to be vulnerable to mental health problems due to traumatic life events such as:
  - social rejection
  - educational failure
  - lack of job opportunities
  - boredom

# Characteristics of LD

- “Hidden” disabilities
- Above average to average intelligence
- May have difficulty collecting sorting, storing, and expressing information
- Combination of strengths and weaknesses
- Inconsistent learning profile
- Career and post-secondary concerns



# Psycho-social Problems

- May occur as a result of:
  - Frustration
  - Difficulty in self-expression
  - Emotional pain
  - Low self-esteem

# Emotional Challenges

- Difficulty adjusting to new situations, or changes to academic routines and expectations
- Feeling “destined” to fail
- Anxiety and/or depression, especially during adolescence
- Issues around disclosure in post-secondary and employment settings

# Behaviour and Compensatory Effects

- Failure is commonly experienced among children with LD as they try to learn and keep up with their peers.
  - May manifest in defensive postures, disruptive behaviors or social withdrawal

# Social Skills

- Difficulty "reading" facial expressions, body language
- May display excessive anxiety, anger, or depression because of the inability to cope with school or social situations
- Disorganized in space – may confuse up and down, right and left
- Disoriented in time, i.e. often late to class, may be unable to finish assignments in the standard time period

# Study Skills

- Problems with reasoning and abstract concepts
- Inability to stick to simple schedules, repeatedly forgets things, loses or leaves possessions, and generally seems "personally disorganized"
- Difficulty following directions
- Poor organization and time management

# Mental Health is...

- Your sanity...are you stable...how well you are doing in your thoughts (16)
- Whether you are sick inside...not just your body...how you feel in your mind (12)

# Mental Health is...

- A state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society and meet the ordinary demands of everyday life.

# Mental Health Concerns...

What do mental health concerns look like?

- You can tell by their face...you can tell also by how they act (12)
- At school... they (other youth) can't concentrate, stressed out, ...not always connected with others...may lack motivation (16)



# Mental Health Concerns...

- *A mental disorder* is conceptualized as a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual that is associated with distress or impairment in one or more important areas of functioning.

# Learning Disorders (DSM IV)

## **Associated Features...**

- Low self esteem
- School drop out
- Difficulties in social adjustment (work/school)

(10-25%)

- Conduct Disorder
- Oppositional Defiant Disorder
- Attention-Deficit / Hyperactivity Disorder
- Major Depressive Disorder

# Emotional Behavioral Disorders

***Externalizing*** features represent extroversive behaviours including aggression, over-activity, impulse control problems and opposition. (e.g ADHD, ODD, Conduct)

- ***Internalizing*** features represent problems of an introverted nature, i.e., problems with self that include worries, fears, somatic complaints, and social withdrawal. (e.g. Anxiety, Depression)

# Emotional/Behavioural Conditions...

- **Often persist over time..**
- **Impact functioning and adaptation**
- Many definitions of emotional/behavioural disturbance stipulate that that an individual's condition be present over a long period of time (chronicity) and to a marked degree (severity, frequency).
- The goal of such stipulation is to exclude temporary or moderate behaviour problems that may be reactions to situational stress or normal developmental difficulties

# Emotional/Behavioural Condition

May intensify...

- During **periods of transition**
- When **significant environmental stress** is experienced
- When **minimal interpersonal support** is perceived or experienced
- When **learning accommodations** are not provided

# Emotional/Behavioural Conditions...

- May **co-exist** with each other and be inter-related.
- Individuals with more than one **co-existing disorder** are more likely to have longer lasting and more severe problems than those with only one diagnosed disorder.

# Implications for Intervention/Support

- **Early identification and intervention contribute to increased opportunity for successful adaptation, personal and social growth.**
- **Accommodations should address learning needs and areas of emotional and behavioral vulnerability.**
- **Advanced planning and preparation should be undertaken prior to changes or anticipated transitions in daily routines or relationships.**

# Implications for Intervention/Support

- **When possible, reduce situational stress.**
- **Problem-solving skill development should be encouraged and be applied to address areas of concern. Collaboration with others, supportive guidance or mentorship may be beneficial in this regard.**



# Implications for Intervention/Support

- **Recognize the misconceptions or misuses of labels**

***A common misconception is that a classification of mental disorders classifies people, when actually what are being classified are disorders that people have.***

- **Key Helper attitudes that should be evident include:  
*a genuine interest and unconditional acceptance***

# Implications for Intervention/Support

- **Ensure timely access to needed counselling, support or treatment services for those with LD/-E/BD and their family members**
- **Service and treatment providers should consult with one another and collaborate. Ideally there should be a single coordinated case plan.**
- **Clients and family members should be meaningful participants in case plan development and implementation.**

# Implications for Intervention/Support

- **Case plans should include small-step changes, ensure sufficient support and be adapted as needed.**
- **Case plans should include recommendations for implementation of healthy eating and activity routines.**
- **Explore areas of strength, interest and preference. Provide opportunity for expression of these in case plan, school and work activities.**

# Implications for Intervention/Support

- **Small steps successes should be recognized and celebrated.**
- **Be prepared to regroup and re-plan. (Grace and Hope).**

# Mental Fitness

- The absence of a recognized mental disorder is not necessarily an indication of mental health...
- **Mental Fitness** *refers to an individual's capacity to be **self-determined**, that is, his/her potential to reflect upon, formulate, and act on personal decisions that contribute to emotional and physical growth.*
- Mental fitness is fostered in environments and relationships that address important psychological needs.

# Mental Fitness Needs

- **Relatedness refers to our need** for affiliation and closeness with family, peers, and other significant individuals. Fulfillment of this need is met through interaction with people, our membership in groups, and the support and affirmation we receive from others.
- **Competency refers to our need** for understanding and using our personal gifts and strengths. Fulfillment of this provides individuals with a sense of personal achievement and accomplishment, and is met when our strengths and potential are recognized by self and others in daily activities and experiences.
- **Autonomy refers to our need** for personal freedom to make choices or decisions that affect our personal life direction and activities. When autonomy needs are met in conjunction with other need areas, freedom and choice are expressed in ways in which respect is demonstrated for self and others.

# A Need-Based Intervention Model

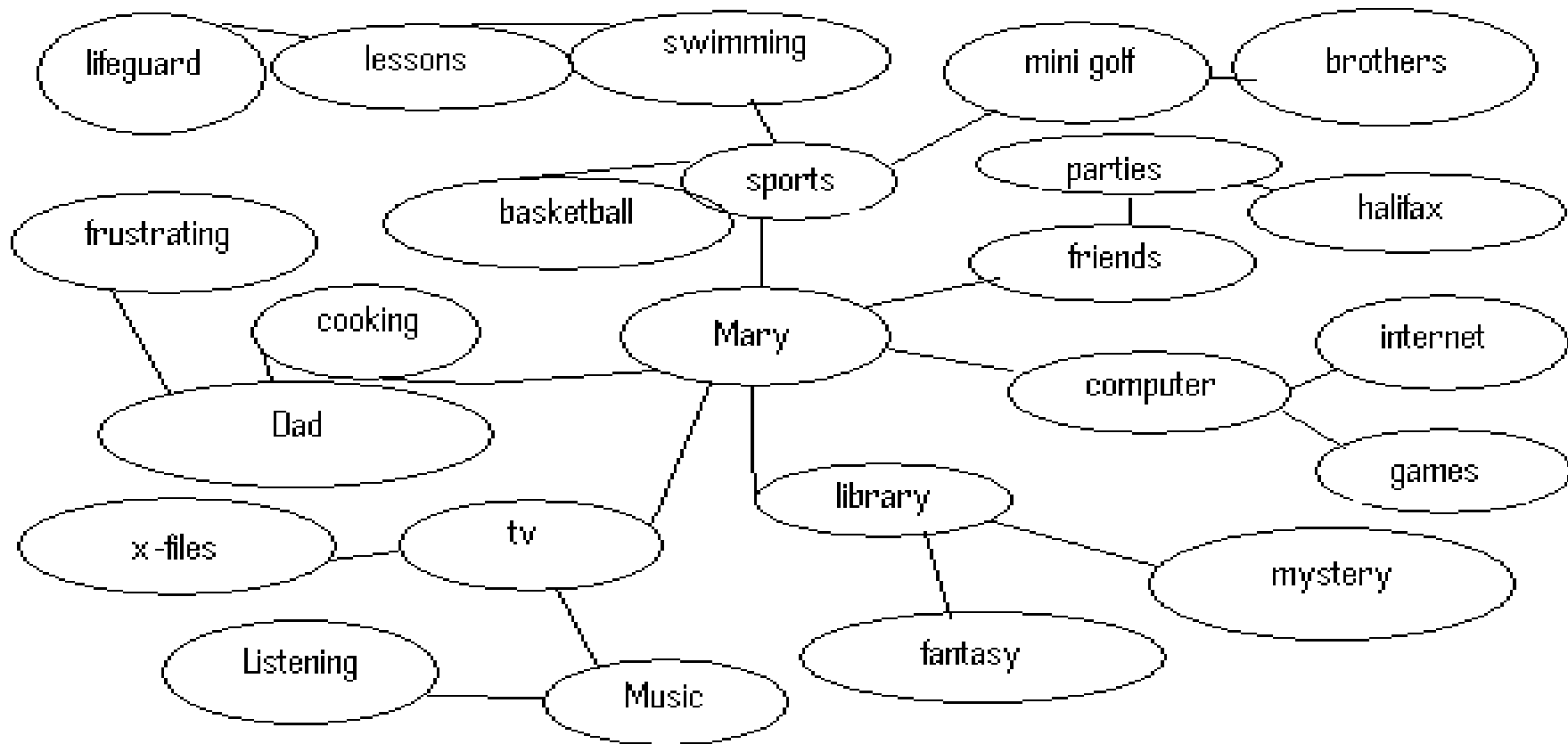
## I. Initiating the Process

- **Goals**  
To create openness to the therapeutic relationship  
To decrease relationship anxiety
- **Strategies**  
Explain the need-based intervention process

## II. Exploring Need-related Stories

- **Goals**  
To increase reciprocity in conversation
- **Strategies (Need Webs)**  
Explore need-related detailing significant interests, strengths/ accomplishments, relationships, decisions and concerns

**WEBS: Interests/Fun/Interest Web (Intrinsic Motivation) Relationship Web (Relatedness), Recognition/Strength Web (Competency), Choice Web (Autonomy)**





# A Need-Based Intervention Model

## III. Recognizing Internal and External Resources

- **Goals**  
To explore and recognize accessible internal and external capacity-potential for pursuing positive change
- **Strategies (Story Web Summary)**  
Create a summary based on the four story webs

## IV. Engaging Capacity

- **Goals**  
To increase insight into meaningful approaches addressing areas of identified concern  
To formulate innovative case plan strategies
- **Strategies**  
*Apply the **strategy-building formula** to design case plan activities*

# Story Web Summary / Strategy-building Formula

Name: \_\_\_\_\_

Primary Worker: \_\_\_\_\_

Date: \_\_\_\_\_

Interests/Fun:
Recognitions/strengths:
Relationships:
Concerns/Issues:
Choices/Strategies:

**Strength/Interest +  
Relationship ---→  
Concern  
= Strong Strategy**

# Need-Based Intervention

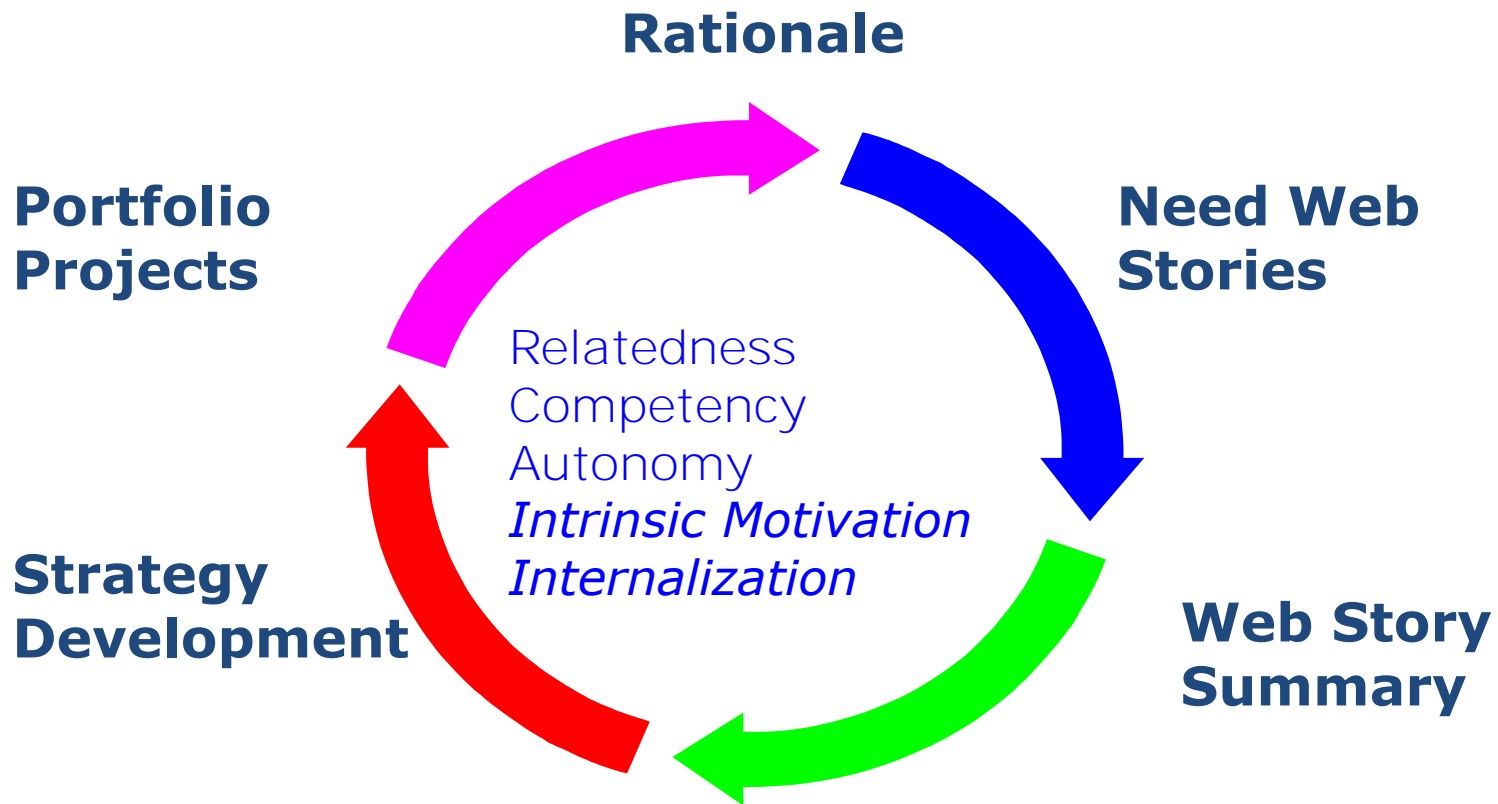
## V. Implementing Directions for Change

- **Goals**  
**To act upon case plan strategies**  
**To extend potential resources for change**
- **Strategies**  
**Formalize and implement case plan strategies as *portfolio project activities***  
**Reconnect and re-plan as necessary**  
**Repeat the web and summary process**

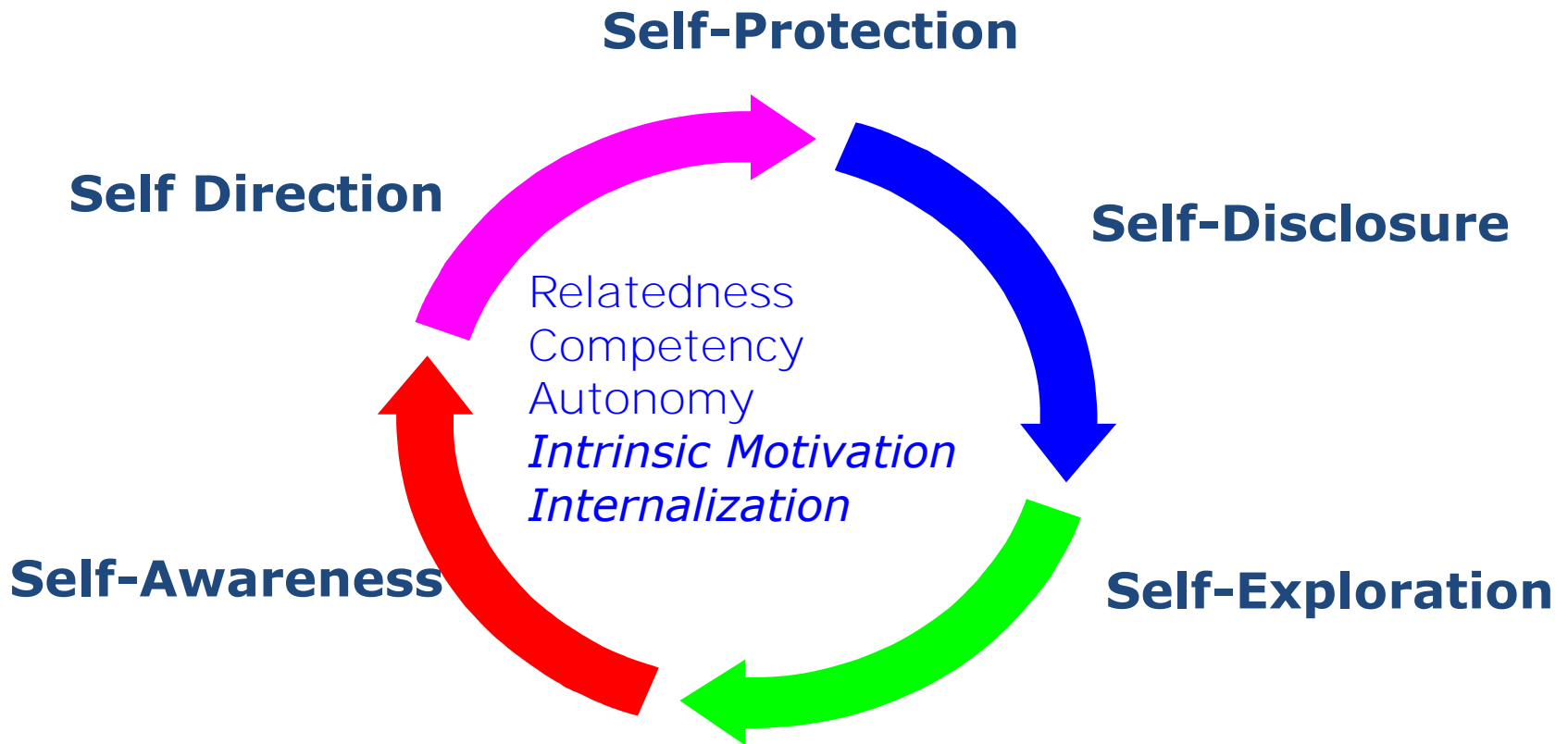
## Portfolio Projects

(Objective) Targeted Concerns	Applied Interests or Strength	Relationship Support (coach/ encourager)	Review (progress/ outcome)
1.			
2.			
3.			

# Need-Based Intervention Phases



# Associated Self-Processes



# What Can Be Done?

- When you have a hidden disability you become a "con artist." You learn to think, you find ways to get around things. Now that isn't so much of a con as a survival skill, but the **way** you do it and **why** you do it is important.
- You have to develop the **skill** and the **attitude** to know that there is **more than one way** to learn something or enter a door, and sometimes you just have to learn to wait a minute, look at the situation, and maybe see who's going and coming.

# Self Reflection

- The process of considering and regulating one's own learning through an understanding of learning processes and strategies....A thinking, predicting and questioning ethos (Atkinson 2006)
- Strategy use and metacognitive knowledge are critical to achieving transfer of learning among students with LD (Lovett et al., 1994)

# Self-Efficacy

- The perception of competence that an individual holds about his or her performance in relation to a specific task (Atkinson 2006)
- Self-efficacy may be the clearest predictor of performance on a given task and a stronger factor than actual aptitude (Pajares 1996)
- Perceived self-efficacy is concerned not with the number of skills you have, but with what you believe you can do with what you have under a variety of circumstances' (Bandura 1997)



# Self Advocacy

- Must promote self advocacy in individuals with learning disabilities
- Must be sensitive to the boundary between lending a hand and doing too much
- Shift from *having* advocates to *being* advocates

# Self Determination

The desire, ability, and practice of directing  
**one's own life**

- Set long-term and short-term goals
- Make informed decisions, both independently and with others
- Know when to seek help
- Understand strengths
- Understand personal challenges and limitations
- Consider disclosing the LD
- Know which accommodations are effective in school and at work

# Self Direction

- Emphasize self awareness and understanding - one of the most critical components of LD intervention
- Understand that social goals are as important as academic and employment goals
- Increase the individual's awareness of educational and career options

**“Luckily for me I've had some very special teachers, understanding, creative, skilled, and caring. This doesn't stop the nerves and panic whenever I start a new class with a new teacher. What will their expectations be? Will they understand my disability? Will they be willing to help me—giving me time I need, or understanding that sometimes I do things in a different way, or that no matter how hard I try sometimes I still fail?”**