Examining the Role of Resiliency as It Relates to Learning Disabilities and Attention Difficulties and Their Impact on Classroom Functioning

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Objectives

Research indicates that the presence of learning disabilities (LDs) or an attention difficulty can have a negative impact on a student's functioning in the classroom (Panicker & Chelliah, 2016; Piers & Duquette, 2016; Stein et al., 2024). This study seeks to examine the ways in which students with diagnosed learning and attention difficulties may experience challenges in the classroom environment and how levels of resiliency may influence a student's experience of classroom difficulty.

The Feifer Assessment of Childhood Trauma (FACT; Feifer, 2024) is a multipurpose rating scale designed to assess the impact of stressful and traumatic experiences on students in a school-based setting. Data from analyses conducted during the development of the FACT indicate that there are significant and substantial differences in FACT scores between students in the normative sample and those in attention-deficit/hyperactivity disorder (ADHD) and combined clinical samples. These differences were observed in both Parent and Teacher form ratings across all scales (Physiological Impact, Emotional Impact, Academic Impact, Behavioral Impact), the Total Trauma index, and the Resiliency cluster.

In this study, we conducted further analyses to determine if similar differences exist between students in the normative sample and those with LDs. Additionally, the relationship between level of resiliency and magnitude of classroom difficulty was examined.

Methods

Participants were parents and teachers of children ages 8 to 18 years who attend school in a brick-and-mortar environment and were part of the FACT standardization sample. See Table 1 for demographic information about these groups.

Table 1. Demographic Information for FACT Study Participants

	FACT Parent Form						FACT Teacher Form					
	ADHD		Combined clinical		LD		ADHD		Combined Clinical		LD	
	ADHD sample	Matched normative sample	Combined clinical sample	Matched normative sample	LD sample	Matched normative sample	ADHD sample	Matched normative sample	Combined clinical sample	Matched normative sample	Matched normative sample	LD sample
n	42	42	107	107	21	21	31	31	94	94	30	30
Sex %												
Male	69.0	69.0	52.3	52.3	66.7	66.7	74.2	74.2	55.3	55.3	53.3	53.3
Female	31.0	31.0	47.7	47.7	33.3	33.3	25.8	25.8	44.7	44.7	46.7	46.7
Age (years)												
M	11.4	11.5	12.6	12.7	11.1	10.9	12.0	12.0	13.1	13.1	10.8	11.0
SD	3.6	3.7	3.5	3.5	3.7	4.0	3.6	3.6	3.2	3.3	2.6	2.6
Range	4–17	4–17	4–18	4–18	6–18	4–18	4–17	4–17	4–18	4–18	7–17	7–18
Race/Ethnicity (%)												
White	73.8	73.8	58.9	58.9	33.3	33.3	87.1	87.1	59.6	59.6	36.7	36.7
Black	2.4	4.8	8.4	7.5	23.8	23.8	3.2	3.2	14.9	12.8	13.3	13.3
Hispanic	16.7	19.0	25.2	29.9	38.1	38.1	3.2	6.5	19.1	21.3	40.0	40.0
Other	7.1	2.4	7.5	3.7	4.8	4.8	6.5	3.2	6.4	6.4	10.0	10.0
Parent Education Level (%)												
Less than high school	9.5	2.4	12.1	2.8	4.8	4.8	0.0	0.0	9.6	8.5	10.0	10.0
High school graduate	26.2	26.2	27.1	28.0	23.8	23.8	22.6	25.8	31.9	29.8	23.3	23.3
Some college	14.3	21.4	13.1	21.5	23.8	23.8	22.6	19.4	13.8	17.0	16.7	16.7
College graduate or above	50.0	50.0	47.7	47.7	47.6	47.6	54.8	54.8	44.7	44.7	50.0	50.0

Note. Percentages may not total 100% due to rounding methods.

Measures: Parent (73 items) and Teacher (79 items) forms of the FACT.

Procedures: Parents and teachers evaluated students in five areas of functioning: physiological functioning, emotional functioning, cognitive/academic functioning, behavioral functioning, and resiliency.

Analysis: Independent samples *t*-tests were conducted to evaluate differences in FACT Parent and Teacher form *T* scores for the LD sample, ADHD sample, combined clinical sample, and matched normative sample. Effect sizes (Cohen's *d*) were also computed to examine the magnitude of these differences. Typically, a medium effect size ranges from .40 to .75, with large effects being greater than .75.

Additionally, to evaluate the strength and directionality of the relationship between resiliency and level of difficulty in classroom functioning, correlations between Resiliency cluster scores and scale and index scores were calculated in separate samples of LD, ADHD, and combined clinical cases and normative subsamples that were demographically matched to each clinical group. Typically, correlations between .50 to .70 are considered moderate, with strong correlations being greater than .70.

Results

T-Score Differences Among Clinical and Normative Samples:

See Tables 2 and 3 for results of the independent samples *t*-tests comparing the clinical groups.

Parent Form. Scores in the ADHD sample were significantly and substantially higher than those in the normative sample ($p < .05$) for the Physiological Impact, Emotional Impact, and Behavioral Impact scales, with large effect sizes ranging from 1.32 to 2.05. In the combined clinical sample, scores were significantly and substantially higher than those in the normative sample ($p < .05$) for all impact scales and the Total Trauma index, with large effect sizes ranging from 1.45 to 2.51. No significant differences were found between the LD and normative samples in terms of level of difficulty in classroom functioning.

Table 2. Mean FACT Parent Form Scale, Index, and Cluster Scores for the ADHD, Combined Clinical, and Normative Samples

	Sample					
	ADHD[a]		Normative[b]			
Scale/Index	***M***	***SD***	***M***	***SD***	**Mean difference**	***d***
Physiological Impact	63.19	13.93	50.14	9.11	13.05**	2.05
Emotional Impact	63.62	13.89	50.31	9.90	13.31*	1.92
Academic Impact	n/a	n/a	n/a	n/a	n/a	n/a
Behavioral Impact	59.07	14.91	48.95	10.99	10.12*	1.32
Total Trauma	n/a	n/a	n/a	n/a	n/a	n/a
	Sample					
	Combined clinical[c]		Normative[d]			
Scale/Index	***M***	***SD***	***M***	***SD***	**Mean difference**	***d***
Physiological Impact	64.92	13.64	50.53	8.71	14.39***	2.33
Emotional Impact	65.69	13.61	50.20	10.35	15.49**	2.11
Academic Impact	66.36	12.17	50.07	9.53	16.29*	2.41
Behavioral Impact	61.62	14.71	49.30	9.83	12.32***	1.77
Total Trauma	67.18	12.82	50.18	9.55	16.99**	2.51

Note. Means and standard deviations were calculated using combined-sex *T* scores for the scales and index. Prior to calculating mean differences and effect sizes, *t*-tests were conducted. Groups with nonsignificant *t*-tests ($p < .05$) are indicated by n/a. [a]$n = 42$. [b]$n = 42$. [c]$n = 94$. [d]$n = 91$. *$p \leq .05$. **$p < .01$. ***$p < .001$.

Teacher Form. Scores in the ADHD sample were significantly and substantially higher than those in the normative sample ($p < .05$) for the Physiological Impact scale, with a large effect size (1.94). Scores in the combined clinical sample were significantly and substantially higher than those in the normative sample for the Physiological Impact, Emotional Impact, and Behavioral Impact scales as well as for the Total Trauma index. Effect sizes were large, ranging from .89 to 2.34. No significant differences were found between the LD and normative samples in terms of level of difficulty in classroom functioning.

Table 3. Mean FACT Teacher Form Scale, Index, and Cluster Scores for the ADHD, Combined Clinical, and Normative Samples

	Sample					
	ADHD[a]		Normative[b]			
Scale/Index	***M***	***SD***	***M***	***SD***	**Mean difference**	***d***
Physiological Impact	57.26	13.58	48.10	6.77	9.16**	1.94
Emotional Impact	n/a	n/a	n/a	n/a	n/a	n/a
Academic Impact	n/a	n/a	n/a	n/a	n/a	n/a
Behavioral Impact	n/a	n/a	n/a	n/a	n/a	n/a
Total Trauma	n/a	n/a	n/a	n/a	n/a	n/a
	Sample					
	Combined clinical[c]		Normative[d]			
Scale/Index	***M***	***SD***	***M***	***SD***	**Mean difference**	***d***
Physiological Impact	62.01	15.09	48.45	8.46	13.56***	2.27
Emotional Impact	62.38	13.75	48.39	8.47	13.99***	2.34
Academic Impact	n/a	n/a	n/a	n/a	n/a	n/a
Behavioral Impact	59.42	12.90	48.91	8.94	10.51*	1.67
Total Trauma	62.30	13.17	49.06	8.81	13.24**	2.13

Note. Means and standard deviations were calculated using combined-sex *T* scores for the scales and index. Prior to calculating mean differences and effect sizes, *t*-tests were conducted. Groups with nonsignificant *t*-tests ($p < .05$) are indicated by n/a. [a]$n = 31$. [b]$n = 31$. [c]$n = 77$. [d]$n = 77$. *$p \leq .05$. **$p < .01$. ***$p < .001$.

Results (continued)

Resiliency Correlations: See Table 4 for the resiliency correlations. Results indicate that scores on the Resiliency cluster and scores on the FACT scales and index were significantly and negatively correlated ($p < .001$). These relationships were moderate to strong (-.50 to -.87).

Table 4. Correlations (*r*) Between FACT Scale/Index Scores and Resiliency Cluster Scores

	FACT Parent Form			FACT Teacher Form		
	ADHD sample[a]	Combined clinical sample[b]	LD sample[c]	ADHD sample[d]	Combined clinical sample[e]	LD sample[f]
Scale/Index						
Physiological Impact	-.50	-.58	-.61	-.69	-.62	-.55
Emotional Impact	-.66	-.67	-.69	-.76	-.74	-.73
Academic Impact	-.59	-.53	-.54	-.78	-.73	-.85
Behavioral Impact	-.64	-.65	-.43	-.66	-.65	-.79
Total Trauma	-.66	-.68	-.73	-.82	-.79	-.87

Note. All correlations are significant at $p < .001$. [a]$n = 84$. [b]$n = 214$. [c]$n = 42$. [d]$n = 62$. [e]$n = 188$. [f]$n = 60$.

Parent Form. Correlations ranged between -.50 to -.66 for the ADHD sample, -.53 to -.68 for the combined clinical sample, and -.43 to -.73 for the LD sample.

Teacher Form. Correlations ranged between -.66 and -.82 for the ADHD sample, -.62 to -.79 for the combined clinical sample, and -.55 to -.87 for the LD sample.

Summary: Generally, findings show that students in the normative group were rated lower than those in the clinical groups in areas related to difficulty in classroom functioning. Additionally, an inverse relationship is present between level of resiliency and level of difficulty in classroom functioning among students, including those with LDs.

Conclusions

The results of this study are consistent with previous findings that students with attention difficulties and mental health challenges experience greater difficulty in the classroom environment than do their peers without these clinical diagnoses (Climie & Mastoras, 2015; Piers & Duquette, 2016). The fact that no significant differences were observed between the LD and normative samples should be evaluated further in future research by exploring the impact of classroom interventions on difficulty in classroom functioning among students with LD.

Our findings reveal a negative correlation between high levels of resiliency and lower levels of difficulty in classroom functioning among students with learning and attention difficulties. This means that, although students with high levels of resiliency experience academic challenges, their ability to cope and willingness to acquire additional support in the classroom and at home most likely increases their capacity to manage these learning difficulties. Protective factors outlined in the FACT Professional Manual (Feifer, 2024) and additional research include skills that are developed at the individual level as well as familial and community support (Dvorsky & Langberg, 2016; Stein et al., 2024).

Classroom Implications and Recommendations: Based on the relationship between adequate to high levels of resiliency and lower levels of difficulty in classroom functioning, it is our strong recommendation that resources and interventions focused on building resiliency skills be provided as part of individual education plans, classroom accommodations, classroom interventions, and clinical interventions. Because research also shows that additional support provided at home by family and caregivers is an important factor for children struggling with learning disabilities (Dvorsky & Langberg, 2016; Piers & Duquette, 2016; Stein et al., 2024), it is important to provide parents and caregivers with resources on how to provide support and encourage resiliency skills in their student.

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