The Management of a Child with a Learning Disability

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SUMMARY

Diagnostic facilities for children with learning disabilities are essential and can be made available, even in smaller centres.

Parents must be made aware of the child's needs, and details of treatment such as medication should be carefully explained to them.

The remedial programme must be selected according to the severity of the child's difficulties. Assistant tutors are required to alleviate the personnel shortage.

An investigation into the views of 43 children and their parents led to the conclusion that there is a definite place for clinics offering full-time remedial education.

S. Afr. Med. J., **48**, 753 (1974).

The child with a learning disability has no serious physical handicap or primary emotional disturbance, but fails to make the expected scholastic progress, in spite of adequate instruction under satisfactory conditions.

DIAGNOSIS

Accurate diagnosis must precede management and is best carried out by a team which includes medical, paramedical, psychological and educational professionals.

Symptoms

Recognised different clusters of difficulties occur. These vary according to the presenting combinations of language, reading, spelling, writing, arithmetic and motor co-ordination, as well as behaviour disabilities.

Each child is unique and his difficulties must be carefully evaluated before any remedial programme is planned. The design of the programme will depend not only on the child's particular learning disabilities but on his personality, emotional and behaviour problems, and the interrelationships between him and his parents, siblings, peers and teachers, as well as his recreational opportunities and socio-economic background.

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Diagnostic Facilities

These are available in larger centres at university clinics, departments of education, provincial hospitals and private clinics. Richards and Fowler[1] confirm that it is not true that little can be done for these children in a community where a diagnostic centre is not available. They describe how a useful service for such children was developed from existing resources and personnel within a particular community.

A similar approach was adopted in April 1973 when a diagnostic team from Japari, consisting of the Medical Director, a psychologist and a social worker, visited Windhoek, where it was thought that local facilities were inadequate. Full diagnostic assessments of 57 pupils were made within a 2-week period. Assessments included a full case history, psychometric assessment, medical investigations carried out by local family doctors and specialists, with referral to the Republic for further investigations in a few special cases.

Each parent was interviewed and the child's problems and needs explained. A full diagnostic report on each child was submitted in writing with recommendations for remedial programmes, and copies were sent to the family doctors and school principals concerned.

In addition a 2-day orientation course for 65 teachers and other suitable personnel was held, with teaching demonstrations for individual children. One month later, a local committee headed by a general practitioner with 6 teachers had established a joint library of reference and remedial reading books and many children were receiving individual remedial lessons. Two speech therapists and an occupational therapist, with previous experience, helped pre-school children and their parents with home programmes. A qualified teacher subsequently spent a term at Japari for in-service training. Several parents brought their children to Japari for 1 - 3-week periods for daily tuition.

These diagnostic and treatment facilities may not be considered ideal but such a programme is a positive and worthwhile step. Practical assistance can usually be found if those concerned do not adopt negative attitudes.

To ensure that the comprehensive remedial programme is effective, a co-ordinator is necessary, both in initial planning and in subsequent revision. If the child is attending a regular class, co-operation with his class teacher is important. If he is not in a regular class, adequate arrangements must be made for his reintegration into such a class after sufficient preparation in a full-time remedial class or school.

Discussion with Parents

It is important to make contact with the parents, ensure their co-operation and to include them as co-therapists whenever possible. The parents remain the most important people in the child's life. Only too often parents who have not been given adequate explanations remain overanxious, resentful, rejecting or uninvolved. Some would like to help, while others prefer not to be involved; and many need help in handling the child at home. The parents' incorrect handling of the homework situation may negate the more positive influence of the remedial teacher and retard the child's response to the programme. The parent who makes the child struggle to read simple books in front of his abler, younger brother, or the one who forces the child to do extra reading while his brother plays with his neighbours, needs guidance. Parents must understand what the over-all remedial programme involves and be helped to accept realistic goals.

Discussion with the Child

When arrangements are made for a child without his being fully informed he needs particular reassurance about his intelligence and the reasons for his scholastic difficulties. He can be told that other children and even eminent men such as Churchill, Woodrow Wilson and Rodin, or his mother or father, had similar problems at school. The knowledge that their parents are not infallible, and are prepared to admit this, is often a very significant factor in allaying a child's anxiety and helping to improve his self-concept.

Parental attitudes are extremely important in helping the child accept his transfer to a remedial class or school. When the parents regard this as a positive step and convey pleasure and approval, the child very seldom shows resentment or feels ashamed.

Whatever anxieties the child may show initially, these disappear within a day or two if he is helped to achieve immediate success. This initial success after years of failure is most important in gaining the child's' co-operation in remedial lessons. Parent approval, child acceptance and initial success will provide the all-important inner motivation which is essential for progress. External motivation, such as rewards, may also prove helpful, but less so as a long-term measure.

Medical Care

Before the child is handed over to the remedial teacher or therapist, the co-ordinator must ensure that he is in good physical health and that any defects of vision and hearing have received attention. The hyperactive child may require medication. Methylphenidate (Ritalin) is most often the drug of choice and a trial period of 2 - 3 days usually suffices to establish dosage and effectiveness. Diazepam (Valium) may give better results in the restless or anxious child and phenothiazines or antidepressants are sometimes required for more severe emotional problems. There is no single drug for every hyperactive child. The symptoms must be evaluated carefully and the child's response monitored. The need for medication must be explained to the parents and their consent obtained. Parents are very concerned today about the possibility of drug addiction and they should be given explicit information based on follow-up studies.[2]

Behaviour

The two steps most likely to control undesirable behaviour patterns are removal from the stress situation with attention to the child's difficulties, and medication when indicated. Residual behaviour difficulties may need to be dealt with by psychotherapy for the child and parent counselling.

It must also not be forgotten that children with learning disabilities often show unacceptable patterns of social behaviour, due primarily to their learning disability, as well as being secondary to their scholastic failures. Two main factors operate in the child's ability to socialise—imitation of the behaviour of others and response to verbal instructions. They may be handicapped when unable to learn social behaviour in this way, due to perceptual, sequencing and/or memory defects. They may therefore need remedial help in social and behavioural techniques if they are to be acceptable to peers and adults.

Social and Recreational Life

As the main need is to provide adequate remedial education, there is a tendency to overlook other important aspects of the child's life. The need should not be disregarded of helping him find some constructive and satisfying activity, hobby, or interest which he enjoys and can do reasonably well, when he is not doing well scholastically. It is not fair to the remedial teacher or to the child to arrange his lessons at a time when he misses soccer practice. Sport, music, art, scouting and other activities are all available at schools, privately, or virtually free of charge at municipal recreation centres.

THE REMEDIAL PROGRAMME

The remedial programme will depend on the diagnostic assessment. Although the main emphasis is on reading and related skills, language and other therapies must be included in the programme when required. Increasing emphasis is rightly being placed on the need to ensure that the child's vocabulary and his general language ability are kept slightly ahead of reading skills taught. Visual, perceptual and other related therapies have a definite place in remedial education of the young child but will not teach a child to read or master written language.[4]

Chronological Age

The chronological age of the child must also be considered in the light of his psychoneurological maturity,

intelligence and lag in learning skills. The severity and multiplicity of his learning difficulties must also be considered.

A 6-year-old child may benefit more from a school-readiness programme with additional remedial therapy in areas of language, visual perception and visuomotor skills, while time is allowed for maturation. He may not be ready to benefit from formal Grade I tuition with additional remedial tuition in reading, spelling and writing, and his admission to Grade I is better delayed for a year.

Classification

A useful classification of pupils, when discussing full-time versus part-time remedial education, is that adopted by Murray.[3] In his category A, children continue to attend regular classes while receiving individual remedial tuition twice a week after school. In category B, children require temporary placement at a full-time remedial school for 1 - 2 years, but will return to regular classes; and the children in category C require long-term remedial class placement.

Part-time Remedial Lessons After School

These are most commonly given two or three times a week for 30- to 60-minute periods, depending on the age of the pupil. Gains in reading age are not much greater if more lessons are given. Care must be taken to ensure the co-operation of the school teachers and the parents.

Full-time Remedial Classes or Schools

Transfer to such classes is recommended when the child's scholastic skills are so far below the instructional level of his present class that he cannot benefit from attending. The choice also depends on other factors such as facilities available, the child's personality and needs, his friends, sporting interests, exposure to teasing and the co-operation of the class teacher.

Questionnaire Survey

Two questionnaires were designed to elicit the attitudes of 43 parents and their children who were attending Japari Remedial Clinic as full-time pupils. There were 34 boys and 9 girls; the children's ages ranged from 9 to 15 years, and they had been at Japari for from 6 months to 3½ years. Their verbal IQs ranged from 85 to 126 and their non-verbal IQs from 70 to 156.

All the children fully understood that they had come to get help with their learning difficulties and most realised that all the other pupils had come for similar reasons.

Initially 73% of the pupils stated that they were pleased when they heard they were coming; after attending Japari for a few days, 89% were pleased they had come; and after some months, only one child was still cross because he missed his friends.

Sixty-seven per cent of the children missed organised competitive sport, although sporting and recreational activities were available after school.

Seventy-three per cent of the children are looking forward to returning to previous schools or moving on to high school, but none of these wish to leave until they have completed their remedial programmes. The others preferred to remain at Japari indefinitely, as they disliked bigger schools where they thought the work would be too hard and the teachers would not help them (these were either Murray's category C or had not been at the school very long). One child wished to return to his previous school as soon as possible.

All the children were pleased that they were now able to read, and whereas only 11% of them previously read for pleasure, 89% of them were doing so at the time questioned.

All the children thought there should be schools like Japari and did not agree that extra classes at their previous schools would have achieved the same purpose.

Seventy-eight per cent of the parents reported improvement in the children's behaviour and the rest observed no change as they had no previous complaints, and only one reported adverse changes due to home problems. All the parents stated that their children were very happy attending Japari, but 2 added that the children would prefer not to go to school at all.

All the parents were satisfied that sending their children to Japari was a worthwhile step and found that the children's attitudes to work were much improved. None of the children felt their attendance at Japari to be a social stigma.

Placement at such a school did not create new psychological problems for the vast majority of the children, and in fact resolved many of their existing problems.

The information gathered indicated that there is a definite place for such full-time remedial schools.

Remedial Teachers

Although experienced, qualified remedial teachers and therapists are essential in planning the over-all programme and specific procedures, there is a tremendous shortage of such personnel, and if these children are not to be neglected, the help of other categories of tutors must be enlisted, e.g. assistant teachers, fellow-pupils, community volunteers and parents.

Several such successful programmes have been reviewed.[4-8] The success of teacher-aides depends on their receiving adequate instruction and supervision in the necessary skills and on their personalities and attitudes to the children.

Group or Individual Lessons

Individual teaching is always far superior, particularly when the child's learning disabilities are severe. The teacher

may have several children in her class, provided she deals with them singly.

The teacher can use her time more profitably if she has an assistant to help the other children with work-books or library reading while she does new remedial work with each pupil individually. More advanced pupils can be very helpful and benefit themselves by assisting the less able pupils in the class.

Duration of Remedial Programme

This depends on the severity of the child's learning difficulties and may take from 6 months to 3 years or longer. As a general rule, the child will need remedial tuition until his reading and spelling ages are commensurate with his verbal IQ and he is able to cope adequately with comprehension, written language and all other subjects in relation to his peer group in the classroom.

Remedial teachers outside the school too frequently confine themselves to teaching the child to read and ignore the fact that he cannot apply this skill to current classwork or cope with written work. If this is overlooked the child will slip back. Many children require less intensive but long-term assistance on a one-lesson-a-week basis or during school holidays. This may be necessary right through high school and even at university level.

Another important step, often overlooked, is the need, and the right, to give these pupils, when writing public examinations in the future, certificates requesting an extension of time for examination papers. This may make all the difference between passing or failing and should also be permitted in internal school examinations.

Pupils also require help in the selection of subjects so that the curriculum chosen gives them the best chance of success. Children with language disabilities should avoid extra languages and subjects such as history.

Evaluation of Results

This is required to check effectiveness of management. It implies setting realistic goals in the first place. Although most pupils make progress with effective remedial programmes, those who have a relatively low verbal IQ which does not improve on retesting after remedial tuition, will be limited in their academic achievement and should be directed towards practical training courses.

The aim of remedial education is to enable these children to fulfil their own potential, not the ambitions of their parents and teachers, and to enable them to live full and satisfying lives as well-adjusted members of society. As Muller[9] has pointed out, statistical studies of gains in scholastic skills are often highly unreliable and misleading, in that there is an undetermined number of variables. Interpretation may vary according to the viewpoint and bias of the researcher.

Remedial schools should not accept only good-risk pupils, with a high IQ. Their function is to assist every child with a learning disability to achieve his potential.

The management of each child must be directed towards giving him the best chance to achieve the best adjustment. His progress can only be measured against himself, and not in terms of which available pre-planned programme claims the best gains in educational achievement. The aim of good management is to give each child the help he needs to reach an attainable goal.

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