

Early Intervention for Children with Learning Difficulties: An Update

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Abstract

Identification is an important process that enables detection of children with learning difficulties. The ultimate goal of early identification is to provide appropriate treatment and support needed for successful functioning of the students in and out of school. But identification is rarely performed before the end of kindergarten, or before the first grade. The signs of learning difficulties are generally confirmed during the course of elementary school. Many times pupils are not properly identified as pupils with learning difficulties over an extended period of time which is common for children with high intelligence. Late identification among students may create significant learning difficulties. This may cause a fall in motivation and self-esteem development, and difficulties in learning can continue in adulthood. Because of this, early identification which aims to detect children with developmental problems at an early age is of essential importance. Thus the need for referral of the child for targeted testing and / or detailed assessment becomes an important factor. Researchers are working on different methods to find out the best method for early detection and intervention. Despite the differences that exist, researchers still do not agree which is better and more efficient intervention method. Because of this situation, there is need for additional scientific-professional research in this area, which would have significant educational and practical implications and would contribute to a more successful identification of students with specific learning difficulties and opportunities for more effective identification, prevention and treatment of these students.

Keywords: *identification, intervention, self-esteem, assessment*

Introduction

Learning Difficulty is a developmental disorder that begins by school age, although it may not be recognized until later¹. It involves problems in academic skills, including reading, writing, and math. LDs may also affect the way an individual is able to write, spell words, reason, recall, or organize information. LDs are becomes a lifelong condition that comes with varying levels of challenges unique to each individual. Based upon the

early detection and treatment of the condition the impact that a LD has on an individual can be minimized. The treatments provided should be evidence based and selected as a result of the individual's learning needs, preferences, and background².

A number of definitions have been formulated in the attempt to define learning difficulties. Unfortunately there is still no comprehensive, universally accepted definition. The most commonly used definition, which first was written in 1968 by IDEA (the Individuals with Disabilities Education Act), says: learning disability (LD) is "a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in the imperfect ability to listen, think, speak, read,

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write, spell, or do mathematical calculations. Such term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Such term does not include a learning problem that is primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage”³.

The characteristic indication of students with learning difficulties include: less attention paid to the instructions provided by the teacher and the task which leads to reduced learning engagement; low self-esteem; dysfunctional attitude; negative behavior; lack of cognitive and metacognitive strategies; lack of organization and low efficiency; passivity; not taking risks; frustration; lack of motivation and depressive tendencies⁴. Learning difficulties in some pupils are also diagnosed in nursery school when a parent or a teacher notices that the children cannot follow directions for a game or is struggling to do work that he or she should be able to do easily. But some students develop sophisticated ways of covering up their learning issues, so the learning difficulties may show up until the teen years when schoolwork - and life - gets more complicated and it becomes difficult to correct⁵.

India is a highly populated and a developing country and is “home to one third of the world’s poor”, but since the instigation of “the world’s largest elementary education program” in 2001, remarkable strides have been made in the quality and accessibility of schooling⁶. India has a multi-tiered system of education. Education research, curriculum planning and education policies are enabled by the National Council of Educational Research and Training (NCERT). The schooling include both government and independent institutions. The medium of instruction in most government schools is the state vernacular, which is most commonly accompanied by the national language (Hindi) and English. Because English is prominent in the global market, parents who can afford it will send their children to an English-medium school^{7, 8}. Non-government schools are associated with higher standards and often unregulated and may be highly selective of students⁹. In order to comply with the requirements of the school and curriculum, many Indian families often employ additional after-school tutors. Parents assume that if their ward has difficulty in a

particular subject it is because they have not understood the subject. They either fail to understand that the child has a difficulty in understanding or they do not have knowledge about learning difficulties the student can come across. Parents and teachers should be aware of the learning difficulties a child can develop either in birth or later. Lack of knowledge about LD by the parents, care givers and facilitators will delay the identification and early intervention¹⁰.

Identification of students with learning difficulties:

Identification is an important process that enables detection of children with learning difficulties. The ultimate goal of early identification is to provide appropriate treatment and support needed for successful functioning in and out of school. Usually, the first signs of specific learning difficulties appear as early as in kindergarten. But identification is rarely performed before the end of kindergarten, or before the first grade. The signs of learning difficulties are generally confirmed in the course of elementary school. Many times pupils are not properly identified as pupils with learning difficulties over an extended period of time which is common for children with high intelligence.

Late identification among students may create significant learning difficulties. This may cause a fall in motivation and self-esteem development, and difficulties in learning can continue in adulthood. Because of this, early identification which aims to detect children with developmental problems at an early age is of essential importance. Among some children, slower growth is temporary and resolves itself with time, while in others it is retained within the various areas of functioning. Thus the need for referral of the child for targeted testing and / or detailed assessment becomes an important factor¹¹.

Early intervention and prevention of learning difficulties

Early intervention suggests that schools should not wait to identify difficulties in students to reinforce, but they should try to find students “at risk” as early as possible. Special education enables students with learning disabilities to be educated and to have benefit from it. This means that these students will be provided

with free and appropriate regular education, just as it is given to their peers (according to Vaughn & Linan-Thompson, 2003). Teaching approaches that have a significant impact on the achievement of students with learning difficulties should be defined, clear, and carefully designed in relation to the area in which instruction is required. Torgesen (1996, according to Vaughn & Linan-Thompson, 2003) stated that special education differs from regular education in being clearer, more intense, and more supportive. Effective educational approaches for students with learning difficulties and their effects can be summarized as follows.

Controlling the difficulty of the tasks is associated with improved academic outcomes. Teaching students in small, interactive groups is associated with increased achievement. Direct and clear instruction is associated with improved academic outcomes. Higher order processing skills may facilitate the integration of knowledge and skills in solving complex mathematical problems. Building blocks for reading and writing is essential to improve the reading and writing outcomes. The process of writing and its organizational aspects are associated with improved outcomes in writing. Teachers who provide systematic feedback on the outcomes assist students with learning disabilities ¹².

Prevention and early intervention in education can be done in levels whereupon it starts with effective exercises designed for the whole class. Then support is offered to students who need it by including monitoring of outcomes and monitoring of progress as part of teaching within the whole class. O'Connor (2000) tried to reduce reading errors made by preschool children through teaching which consisted of four levels that varied in terms of length, intensity and duration. This instruction lasted 2 years. At the end of the first grade, the mistakes made by the children with specific learning difficulties were reduced. However, the number of children who were directed to the centers for special education was not reduced. O'Connor concluded that this is related to the limited resources available to them in schools ¹³. Thus it prevented the effects of instruction that was designed for student's progress. Dickson & Brusuck (1999) also applied the same method with little difference. They found a lot of progress in reading among students who were taught in small groups. Dickson & Brusuck highlighted that deficit of time and

resources needed to provide intensive instruction are necessary to the students with learning disabilities ¹⁴.

Teaching in small groups is one of the key variables in the models of early prevention / intervention in students with learning disabilities. Intervention in smaller groups enhances greater interaction between teachers and students, individualization of teaching, focus on task, monitoring by the teacher and feedback. If reading has to be successful the size of the group is important for several reasons. Smaller groups enable students to achieve better results. The size of the group also affects the quantity and quality of verbal speech among students. Teaching reading can be customized to the individual needs of students. Elbaum & co. (1999) also examined the outcomes of teaching groups of children who have difficulties in reading. His study revealed that the effects among students who were taught in small groups and in pairs were significantly greater than the students who were taught within a larger group. Similarly, other studies showed that teaching in small groups has major effects versus learning within the whole class ¹⁵.

Individual instruction and care is required for some students because teaching in small groups may not be sufficient to provide the required level of focus and intensity. Several studies support the effectiveness of such instruction for students identified with learning difficulties. More recent research shows that additional individual instruction to students allowed them to achieve better results. Two new studies of intensive, individual instruction for at risk students gave impressive results. Vellutino & co. (1996, according to Vaughn & Linan-Thompson, 2003) conducted a study on mentoring the students for two semesters in the identification of letters, phonemic analysis and reading skills. This mentoring was conducted in the duration of 20 minutes each day for first graders who have reading difficulties. The results of this research showed that individual mentoring helped most students to have a higher GPA in reading ¹².

Another most important variable that can influence the effectiveness of teaching is its duration of the session or intensity. The way to increase the intensity of teaching is to add one more session each day. Torgesen & co. (2001) conducted intensive, individual instruction of students with learning disabilities which

consisted of two sessions a day (50 minutes for each session). Students had significant improvements and most of these improvements were kept in the next two years. In addition, few students were able to return to regular classes and no need was identified for additional instruction¹⁶. To determine the length of teaching that is appropriate for students with reading difficulties of second grade, Vaughn and Linan-Thompson & Nickman (2003) performed teaching in small groups of 54 students from the second grade through 10, 20 and 30 weeks. Students with learning disabilities continued to receive additional instruction until they reached a predetermined criterion at each level. Of the 45 students who were present in all assessments, 11 students failed to reach the criterion after 30 weeks, 10 students reached the criterion after 10 weeks, 15 after 20 weeks, and 9 after 30 weeks. The results support the importance of varying the size of the groups and the intensity of intervention¹².

Conclusion

An effective approach to early prevention and intervention is to allocate teaching into arrays or levels, whereupon it begins with effective exercises designed for the whole class, and then provides support to the students that need it by monitoring the outcomes and the progress as part of teaching within the class. Students who are diagnosed with specific learning disabilities are exposed to specific treatments. Despite the differences that exist, researchers still do not agree which is better and more efficient intervention method. Because of this situation, there is need for additional scientific-professional research in this area, which would have significant educational and practical implications and would contribute to a more successful identification of students with specific learning difficulties and opportunities for more effective identification, prevention and treatment of these students.

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References

1. Cortiella C, Horowitz S. The State of Learning Disabilities: Facts, Trends and EmerginIssues. 3rd ed. 2014. p. 2-45
2. Howarth RA. Examining the Neurocognitive Profile of Dysnomia: A Comparison of Schoolaged Children with and without Dyslexia across the Domains of Expressive Language, Attention/Memory, and Academic Achievement. Ann Arbor: The University of Iowa; 2010.
3. Cortiella, C. The State of Learning Disabilities. New York, NY: National Center for Learning Disabilities.2009.
4. Westwood PS .What teachers need to know about learning difficulties, Carolyn Glascodine(ed.), Camberwell, Vic.: ACER Press,2008
5. Ahmed HA, Radwan SA, Saber AS, Shoeib RM,ElShoubary AM. Learning disabilities: Prevalence and its impact on primary school children. The Egyptian Journal of Community Medicine, 2003.
6. World Bank India country overview –Elementary Education September2011.Availablefrom:<http://www.worldbank.org.in/WEBSITE/EXTERNAL/COUNTRIES/SOUTHASIAEXT/INDIAEXTN>[2012,May26].
7. ThirimurthyV, Jayaraman B Special education in India at the crossroads. Childhood Education, 83(6), 2007.p.380-384.
8. VarmaP, Being Indian. NewDelhi: Penguin,2004.
9. Jha MM. Barriers to Access and Success: Is Inclusive Education an AnswerAvailable from:<http://www.col.org/pcf2/papers/jha.pdf>, 2011, April16.
10. BrayM. Confronting the shadow education system: What government policies for what private tutoring? International Institute for Education Planning-Policy Forum.UNESCO.Available from:[unesco.org/images/0018/001851/185106e.pdf](http://unesdoc.unesco.org/images/0018/001851/185106e.pdf), 2012,May26.
11. KavaleKA. Discrepancy models in the identification of learning disability. In: R. Bradley, L. Danielson, & D. P. Hallahan (Eds.), Identification of learning disabilities: Research to practice. Mahwah, NJ: Erlbaum.2002.p. 369-426.
12. VaughnS, LinanThompson S. What Is Special About Special Education for Students with Learning Disabilities? The Journal of Special Education, 37, 3,2003.p. 140-146.
13. O’ConnorR.Increasing the intensity of intervention in kindergarten and first grade. Learning Disabilities

- Research & Practice, 15, 4354,2000.
14. DicksonSV,Bursuck WD. Implementing a model for preventing reading failure: A report from the field. *Learning Disabilities Research & Practice*, 14,1999.p. 191-202.
 15. SlavinRE. Preventing Learning Disabilities. *Educational Leadership*. 1996.p. 4-7.
 16. TorgesenJK, AlexanderAW,Wagner RK, RashotteCA,VoellerKKS, ConwayT. Intensive remedial instruction for children with severe reading disabilities: Immediate and long-term outcomes from two instructional approaches. *Journal of Learning Disabilities*, 34, 2001.p. 33-58.