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## **Specific Learning Disabilities: An Indian Perspective**

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Learning Disabilities, is a neurological disorder manifested as an imperfect ability to speak, write, listen, read, spell, do mathematical calculations and interact socially in an appropriate manner. However, this disability is intrinsic in nature implying that every individual with learning disability is a unique person and needs an individualized intervention plan in order to improve the areas of weaknesses. The notion “one size fits all” couldn’t be more incorrect viz remediation for learning disabilities.

Remedial intervention basically implies improving upon a weak skill that is remediating an area in which a child is performing below what is expected of children of his/her age. It can be said that the achievement is not matching the ability of the child in question. The child is expected to achieve but for some reason is performing below par. Thus, requiring intervention or remediation in order to bridge the gap that may exist between the expected and actual performance. It will be of significance to note at this stage remediation can be implemented in any area of development, be it, motor, cognitive, perceptual, language, memory, attention and so on. Basically, all psychological process can be worked upon to better the performance of the individual to a certain extent.

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However, to predict the extent of improvement would be difficult if not impossible as there are individual differences and each individual's pace of showing improvement is different.

In the study conducted it is very evidently proven that structured remedial intervention shows significant improvement in the child's psychoneurological profile. Each child has shown improvement in his/her performance. However, the extent of improvement in each area or skill is different which is indicative of intraindividual differences which exist within each individual. This basically implies that even within each individual there is difference in his/her skill profile. A child may be brilliant in languages but might not grasp mathematics at the same pace. A reality, which needs to be taken seriously in the context of Indian education system!

As discussed in methodology the sample of 60 children were divided in 3 groups according to their diagnosis: dyslexia (Specific Reading Disability), dysgraphia (Specific Writing Disabilities) and dyscalculia (Specific Mathematical Disabilities). For each group (dyslexia, dysgraphia and dyscalculia) the constituents were further divided into control and experimental groups. The baseline scores (pre scores) were found for both the control and the experimental groups. Care was taken to keep all other influencing factors similar. For instance, the age, gender ratio, education qualifications of parents, family setup and so on. All groups had children each between the ages of 8 to 11 years. Children of all groups went through a "Pre and Post" experimental design, separated by a period of getting remedial intervention. This implies that each child was tested twice, once before the remediation and once after the remediation, to gauge the difference the remediation made on the performance of the child. Children from all groups were given "remedial" intervention; however, in case of the children belonging to the control group remedial intervention was basic interactive sessions of activities. In case of the experimental group each child went through a series of sessions structured in nature planned according to the neuropsychological profile, which emerged after the pre-test. These "structured" sessions consisted of the input in all the areas which appeared "weak" during the assessment of the child. The remedial sessions were individualized, that is 1:1 and lasted 1 hour. The reason for the control group receiving intervention was to nullify the effect of as many extraneous factors as possible. The study aimed at creating as much uniformity as possible for all three groups so that the results would be reflective of the "true" picture. However, we need to bear in mind that the subjects of this study are children and there is always that small chance of unpredictability that exists with human nature. The prevalence of intraindividual differences is to a large extent the cause of the different rates of learning a skill. Some children learn "faster" than the others. Some children are better in the languages and some in solving mathematic problems.

One more very important aspect, which reiterates the presence of intraindividual differences (within an individual) and inter individual differences (between individuals) is that of Multiple Intelligences. According to Harvard Gardener, there are numerous intelligences we humans have. He has postulated 9 types of intelligences and said that there might be many more. Unfortunately, our education system (Indian as well as in the West) is based on only 2 intelligences – Verbal / Linguistic and Logical / Mathematical. This implies that our education system is basically geared towards the academic skills (reading, writing and doing math!) and it doesn't give any due leverage to other strengths the child may have. Strengths like music, dance, sports, arts and people's skills are mostly ignored. A reality which is not only sad but extremely lopsided as all the people cannot be good at languages and mathematics!

Another aspect, which, was highlighted at this juncture, is the importance of Learning Styles. There are basically 3 different types of learning styles – Visual, Auditory and Kinaesthetic. This means that individuals learn best by either “seeing”, “hearing” or “doing”. The key word here being “best”, i.e., they learn most effectively using the modality, which they are intrinsically “wired” to use. But this doesn't imply that they can't learn using other modalities. In our schools the notion of using multisensory instruction to reach out to all different kinds of learners, is next to non-existent. Therefore, there is a possibility that children don't learn as they should because they are not being taught in the manner they can learn. For this reason alone, the remedial instruction used in this study is highly multisensory in nature, making effective use of all sensory pathways in an individual.

The areas, which were assessed (as per the areas in DTLTD) are the skills, which are needed to perform successfully in academics. Here I would like to reiterate that the term “academics” is looked at the in the conventional manner of doing various subjects in school, like the languages, mathematics, social studies and science. This would be indicative of the achievement of the child in school as per the norms. These skills include eye-hand coordination, perception including visual and auditory perception, cognition, memory and language including receptive and expressive language. These skills are the skills, which are required to perform well in the various subjects in school. The performance on these skills would be indicative of any learning problem the child might be facing. The scores indicate if the child may (or may not) have Learning Disabilities. Also, the learning problem is categorized according to categories – severe, moderate and mild. Two more categories, namely, average and strength, imply the child's ability in those areas. This is especially importance in planning the remediation for the child as “leveraging the strength” of the child to “improve the weakness” is in my opinion, the foundation of any remedial plan. For instance, if the child's score in the eye-hand coordination area has fallen into the category of “strength” implies that it can be used as a means to improve his performance in other areas. This is an observation, which is mostly ignored by special educators and teachers alike, reducing the chances of maximum improvement that may be possible.

For all ten domains (of DTLD) scores were found for both control and experimental groups. On these scores independent t-score was applied taking control and experimental baseline scores separately for each domain of DTLD.

No difference was found in all the three groups at the baseline (at the start). Thereafter, all the groups were given intervention. Each child from all the groups was given remediation one on one. There were three sessions per week accumulating to 36 sessions in three months. Both control and experimental group was given intervention, however it was the experimental group, which received structured intensive remedial program and the control group was exposed to basic interactive activities. It was heartening to see that the experimental group showed significant improvement in the skills after receiving the structured remediation over time.

From the extensive research conducted it was deduced that structured intervention plays a vital role in mainstreaming this 'normal' IQ child who has an uneven neurodevelopmental profile of strengths and weaknesses. The trick is to identify the weaknesses at an early stage so that the gap between expected and actual performance doesn't become too large to bridge. As Ogden Lindsley (1992, p. 25,5157) remarked: 'Effective educational methods are available. They have been available for some time. They are mostly behavioural, structured, fast paced and require a high proportion of regular daily practice.' And then it is vital to remember to leverage the strengths to improve the weaknesses. If the instructor/ educator uses the strengths and affinities of the child to work upon the weakness then the motivation of the child is enhanced. What is better than working with the child when the child wants to work hard!!

Also, the above discussion throws light on the fact that for special education to have desired results the child needs to work with a trained special educator. Special educators are trained professionals who use appropriate techniques, strategies and methodologies to work with specific deficits. A regular tutor may not know the different techniques and strategies which could be used to enhance certain skills. The tutor may not be able to identify the deficit area and the psychological process involved and would continue to work at the level of the expected performance and not at the level at which the child actually is. This tuition bears no fruit and leads to frustration both for the child as well as the parents. Unfortunately, most parents fall into this cycle of changing tutors leading to escalating frustration. The fault lies not with the parents but with the low awareness of learning disability. Not only are the parents unaware of the condition, most teachers are not aware of this disability which is primarily an array of skill deficits. Skills are a must if one wants to successfully survive in schools. Thus, this study also highlights the need to build awareness regarding learning disabilities in the schools, helping early identification and intervention.

It will also be of great benefit if our teacher training programs like the B.Ed. and M.Ed., also include a module on learning disabilities. This will ensure that the aspiring teachers are aware of the signs and symptoms of the disabilities and take appropriate

steps when they come across a child who may exhibit these symptoms. For in service teachers the schools need to take responsibility for upgrading their skills of identification and ensure that no child suffers due to lack of knowledge on the part of the teachers and school authorities. In this aspect the government of India has taken some proactive steps. It has made it necessary for schools to employ special educators in order to reach out and help the children with special educational needs including learning disabilities. However, this is limited to only government and government aided schools and does not hold good for the private and/or public schools.

Also, with the implementation of CCE the children with special educational needs have a fair chance of being evaluated on the basis of their strengths and not their deficits. The emphasis on the co-curricular skills in the CCE also is a boon for children with special educational needs as many of them are gifted in areas like art, music and sports. A famous example being the world record holder, Michael Phelps, 15 Olympic gold medals! Michael has ADHD and had a poor scholastic record. But the neurological condition of ADHD didn't stop him from becoming the only human in the world to win 15 gold medals and break all previous world records! There are other known personalities, national and international, who have claimed to have learning disability and are still very successful in their chosen career. Abhishek Bachchan, the actor, has learning disability and Mahesh Bhatt, the movie director, also claims to be learning disabled. At this stage we can confidently second what Chan and Dally (2000) say about features of an effective program for children with difficulties; and they are –

- Highly trained professionals, capable of diagnosing difficulties and planning appropriate instruction.
- A program which links closely with the regular class literacy curriculum and teaches the specific skills the children need.
- The implementation of a very effective teaching approach that accelerates students' acquisition and mastery of skills and strategies.

Thus, we can say with utmost confidence that a child with learning disabilities can become successful in life if he gets correct intervention at the right time and his strengths are identified for him to pursue them.

After all Sachin Tendulkar can't sing like Lata Mangeshkar however hard he may try!!