



## Children and adolescents with learning disabilities: its impact on school, family and society

Millions of children in Europe, U.S, the Caribbean and primarily Africa, have trouble in learning and reading. Most of these children may not be able to read at all, while many might be considered “slow readers.” Besides being a slow reader, many children in Africa lack the basic reading and writing skills associated with learning in high schools for better college education. Learning disability was first used around forty years ago to cover a wide range of disabilities. In the United Kingdom, the term is called developmental disability. In the United States and Canada, learning disability (LD) refers to a group of disorders that affect a broad range of academic and functional skills including the ability to speak, listen, read, write, spell, reason and organize information. In Africa it is called “dull brain”, deaf or dumb individual lacking the ability to undertake any academic challenge. It is called developmental disorder because it manifests itself in a discrepancy between ability and academic achievement. Specific learning disability (SLD/LD/LLD) means a disorder of one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, read, write, spell or do arithmetic calculations (Cropper, 2003).

Learning disabilities occur in approximately 5% of school-age children. Although this percentage is much, LD itself is not a single disorder, but includes disabilities in any of the seven areas related to reading, language, and mathematics (Lyon, 1996). The seven specific areas related to learning disabilities are: 1) Receptive language (listening), 2) Expressive language (Speaking), 3) Basic reading skills, 4) Reading comprehension, 5) Written expression, 6) Mathematics calculation, and 7) Mathematical reasoning. Based on scientific experience from treatment and observable knowledge, Lyon add that these types of learning disabilities frequently co-occur with one another and also with certain social skill deficits and emotional or behavioral disorder such as attention deficit disorder. Scientific knowledge and experience on LD leads a therapist, a special education teacher, a mental health case worker, a parent and a psychiatrist to reflect deep and specify each disorder from another. Therefore, “Specific learning disorder/disability” according to the code of Federal regulation means a disorder in one or more basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, speak, read, write, spell, or do mathematical calculations. Permit me to add that this term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia.

Learning disabilities do not stem from mental retardation, sensory impairments, emotional problems, or lack of opportunity to learn, and they cannot be remediated through normal



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instructional methods (Cropper, 2003). This is why it is referred to as a discrepancy between a child's apparent capacity to learn and his or her level of achievement. Children and adolescents with learning disability have difficulty collecting, processing, or responding to verbal and non verbal information. Because of this difficulty, poor verbal and mental processing makes learning disability a neurological-based disorder (Silver, 2008). Learning disability as well as poor verbal and non verbal skills affects speaking, math articulation and skills in children. This disability also affects other social life in children, causing poor vision or hearing, emotional disturbance, or mental retardation (NDCCD, 2004). According to National joint committee for learning disabilities (1981; 1985) these disorders are intrinsic to the individual and presumed to influence the central nervous system and cause a significant academic and intellectual dysfunction. A well know Learning disabilities in children include: dyslexia, dysgraphia, and dyscalculia. Studies have shown that learning disability is not indicative of low intelligence. Again, it is not indicative of average or super intelligence. It is not indicative of hereditary outcomes either. Reasons for learning problems seem to be that the brain of a child is "wired" in a way slightly different from the average normal persons. Children with these disabilities have difficulties achieving their intellectual potentials because of a defect in one or more of the ways their brain process information. While learning disability is common with Africans and Western children, we must not confuse it with ADHD (attention deficit hyperactivity disorder). Any attempt to engage in such confusion challenges the effort and distinction made by DSM IV. Learning disability is not developmental delay or developmental disability. It is not hearing or vision problems or sensory integration dysfunction. Study shows that about 20 percent of children with these disabilities have related problem: attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD). Its symptoms include hyperactivity, distractibility, and impulsiveness. Adolescents with learning disabilities had significantly higher rates of general delinquent behavior and most often engage in more violence, substance abuse, and school disruption than non-learning disabled adolescents (Winter, 1983). Statistical experience compared between Western and African adolescents, who experience learning disabilities, show that adolescents in industrialized societies are more violent in schools than adolescents from African continent who remain delinquent in learning and in school activities. It has been found that adolescent in industrialized culture experience distractibility and impulsiveness from academic concentration than adolescents from Africa who study within nature's provision. The reasons for this are yet to be identified. But one reason could be that there are lots of activities and established conditions that can distract an individual from concentration, contemplation and calm. Because of these underlying difficulties, Grande (1988)



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proposed three treatment hypotheses why individuals with learning disabilities are more likely to become delinquent than non-learning-disabled individuals: He investigated whether individuals who are learning disabled are more likely to be picked up by the police than non-learning disabled individuals for comparable levels of delinquent activity? 2) Whether individuals with learning disabilities that are charged with a violation are at a greater risk of adjudication than non-learning disabled individuals? 3) Whether individuals who are learning disabled are more likely to receive a severe disposition from juvenile court than non-learning-disabled youngsters? Susceptibility hypotheses proposed by psychiatrists and medical scientists show that the neurological and intellectual difficulties of learning disabled individuals directly contribute to antisocial behavior. The psychiatric and school hypotheses on one hand, proposed that the school failure typically experienced by learning disabled individuals is a first step in a sequence that culminates in delinquency. This sequence can only be reversed by assessment and treatment, by well knowledgeable therapists who know their onions.

### **WARNING SYMPTOMS & SIGNS:**

There are high percentage of children in pre-school who show slow vocabulary development and growth. These percentages have difficulty rhyming words, or sound and show poor pronunciation skills. Comparative studies have shown that Italians and the Germans speak and pronounce words slowly. On the other hand, Africans speak fast and pronouns word with tick accent. Generally, children in K-4<sup>th</sup> grades who experience this disability have confusion with basic words like (run, eat, and want). They have slowness in learning simple letters, sound connections, consistent error involving letter reversals (b/d), inversions (m/w), transposition (felt/left), and substitution (house/home). These conditions have become lifelong issues that require special understanding and help throughout grade school, high school and beyond. They are life disabilities that have significant effects outside the classroom, interfering not only with academic work but also with children's games, daily activities, and even friendships. Parents, health care providers and teachers are often surprised to find out that a child they think as bright as rocket scientist and imaginative as Isaac Newton is struggling in school. A child they see agile at home like Michael Jordan is slow to learn in school. They may be surprised by an unexpectedly low score on a standardized text. The child might be underachieving or not measuring up to his/her full potential. This is a very big problem to parents, families, school system and healthcare facilities. It is a nagging problem I have observed among minority students, among children from low socio-economic upbringings in the class room.



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### **SYMPTOMS OF LEARNING DISABILITIES IN PRE-SCHOOL YEAR:**

Signs that a pre-school child has a learning disability are:

- delay or difficulty in understanding or using spoken language
- difficulty understanding simple instructions
- slowness in naming objects and colors
- limited awareness of or interest in print (in books and other sources)
- difficulty coloring, coping and drawing
- problems with physical coordination
- short attention span (can't sit still long enough to be read a story)

### **SYMPTOMS OF LEARNING DIABILITY IN ELEMENTARY SCHOOL OR SECONDARY SCHOOL:**

Parents and teachers may note the following problems in elementary school and secondary school students:

- has difficulty pronouncing words, reversing letters or transposing syllabus
- Has difficulty carrying out a sequence of directions
- Doesn't hear fine differences in words; e.g. writes "pin" for "pen"
- has problems starting thoughts in an organized way or describing math problems in words.
- confuses the order of letters in words or numbers in a math problem
- Doesn't recognize words previously learned. Spells a word several different ways; doesn't recognize the correct version.

### **SYMPTOMS OF LEARNING DISABILITY FROM GRADE 6 TO ADULTHOOD:**

- has difficulty remembering something just read
- has difficulty concentrating when reading or writing
- Is unable to tell important information from unimportant details
- has great difficulty with the mechanics of writing
- has problems taking notes or coping math problems accurately



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-has difficulty organizing and completing written projects

### **CAUSES OF LEARNING DISABILITY:**

The primary cause of learning disability is largely unknown. However, the risk factors include: genetics, problems during pregnancy, birth and factors in early childhood. Attention-deficit disorder (ADD) that affects a child's ability to concentrate, learn and maintain a normal level of activity is sometimes associated with cause of learning conditions.

### **TYPES OF LEARNING DISABILITIES:**

#### **Academic skills disorders:**

Developmental reading disorder (dyslexia) is a development problem with reading, making sense out of written language no matter how simple they are. This form of disorder includes writing disorder (dysgraphia). This disorder is common in children. Whether you call it dysgraphia or childhood disorder, I make bold to say once more that there is no relationship between bad hand writing and intelligent. What iPod, video games and Keyboard (artificial intelligence) has done to modern man is depriving him the opportunity to write constantly and develop his writing skills. Again, school experiences associated with dysgraphic are not limited to problems with hand writing or with writing in a way that makes sense to others or to oneself. Children with this disorder literally can't read their own handwriting, the handwriting of the class room teacher, or the handwriting of another person. A child who cannot read his own hand writing would not be able to read the hand writing on the wall. Developmental arithmetic disorder in children is another problem associated with calculations or abstract mathematical concepts. One of the ways to overcome this problem in schools is to provide a child with reading and writing aids very early in life. Children can be provided with reading aids and other materials that simplifies mathematics, calculation and abstract concepts. Children who are mentally challenged receive these writing or reading tools because they are treated as "special education" students.

#### **Speech and language disorders:**

Developmental articulation is a speech problem producing speech sounds, pronouncing certain letters or letter combination. Developmental expressive language disorder is a problem using spoken words to communicate, or to express verbally. On one hand, developmentally receptive language disorder (auditory processing disorder), is a problem associated with understanding what other people say; it involves hearing the words but don't process them as thoughts.



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### **Other Learning Disabilities:**

Visual Processing disorder is a condition making sense of any information taken in through the eyes which affects ability to recognize spatial relationships, identify distinctive shapes and objects, or differentiates parts of an image from the whole. Developmental motor skill disorder (dyspraxia) is a problems with fine motor skills, clumsiness with told and your own fingers and hands. Nonverbal learning disorder is another form of difficulties understanding nonverbal communication. In this type of disability, the person is highly adopted with language but can have trouble with organizational, social, and motor skills.

### **STATISTICS OF LEARNING DISABILITY (LD):**

The statistics of learning disability grows very fast in our schools whether private or public. It grows rapidly in inner school districts with poor funding from private, public or chattered funds. It grows more rapidly in African culture even though it has not been identified as a handicap. Studies reveal that 15% of U.S population suffers from L.D. Also, 5% of public school students face learning disability issues. 50% of all special education students have learning concerns. Students who suffer from learning disability are disproportionate member of minority student. Learning disability is one among the disorders that need further research and analysis in African countries and the Caribbean's. The reason is because 60% of these children come from low income families. Most importantly, 10% are born by parents who did not even attend higher education or who do not know the value of education. Also, two percent believe that trading/business is a joyful and resourceful way the family can meet up modern and economic challenges.

### **INTERVENTIONS:**

There are different intervention methods available for dealing with these disabilities both in schools, psychiatric settings and at home. Case workers and therapists can use reciprocal teaching to assist children in schools. Other methods of interventions are: questioning, summarizing, clarifying and predicting. Teachers and case workers can use story mapping, setting, characters, and conflict resolution/outcome. School systems and districts' can departmentalize resource rooms for math and English, Physics and chemistry. Schools should establish three types of classrooms to met grade level performance to determine classroom size: General Education classroom; Co-taught classroom and Resource room (pullout). The fourth can be writing skill class room where every thing done in that unit will be to sharpen the writing ability of children to become good writers in the future or even to learn how to legibly write



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their names well on paper by the time to get high school and college. The reason is become some college students even don't know how to write good research papers or thesis. Specifically, Families can work out self-esteem and coping skills. Understanding they are battling and they are survivors is the first intervention approach for schools, families and psychiatric settings. In the school, teachers, psychologists and counselors must educate the general student's body or stop students from 'Negative labeling' that they are "Learning Disables."

### **THE ROLE OF CASE WORKERS IN THIS MATTER:**

Mental health professionals, including case workers, view mental health and mental illness in bio-psychosocial terms. However, some case workers have been educated to conduct client assessments and provide treatment using an ecological perspective (Germain & Gitterman, 1995). In case work assessment, individuals with learning disabilities have been noted to comprise a disproportionately large segment of juvenile delinquent populations. Case workers must apply advanced generalist perspective in working with children who have learning disabilities. The advance generalist perspective includes social, familial, school, economic and political aspect of the patient live. Using the advanced generalist perspective, a mental health mentor or a school case worker is required to work with other professional bodies to determine students with learning disability. He must work with parents, guardians, and school officials about student's social/emotional issues in determining if a learning disability exist. Sometimes, he may become involved in the classroom with students, mental with nurses and may provide some academic assistance or therapeutic advice. The school case worker and mental health therapist is to work with outside community to help make resource available to students and families who are in dire need in school and community. If the needs of students are not met in the community, they will not be met in school and learning and writing will be hampered. Therefore, the school case worker must acts as a liaison between the school, parents and the community. Besides these noble roles, a professional case worker can be of relevant importance to the following practice settings:

- Community development Agencies
- Child and family Agencies
- Social service Agency
- Health/Mental health



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- Drug Abuse program
- Nursing home facilities
- Programs for the homeless
- Correctional facilities
- Transitional living centers
- Churches
- Community based organization
- Court systems
- Community crises center/shelter and,
- Heads start program

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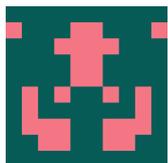


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