# Children with Learning Disabilities – Teaching Effective Coping Strategies

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In India, disability is still viewed in terms of a "misfortune" with a 'better dead than disabled' approach; the idea being that it is not possible for children with disability to enjoy and lead a good quality of life. The parents of children with disabilities develop 'chronic sorrow' characterised by periodic recurrence of grief, shame, shock and pain. They are overwhelmed by feelings of glumness, resentment, and humiliation. Rejection, projection of blame, guilt, pain, withdrawal and acceptance are some of the usual parental reactions. Some parents also experience helplessness, feelings of inadequacy, anger, shock and guilt, whereas others go through periods of disbelief, depression and self-blame. The siblings also experience feelings of guilt, shame and embarrassment (Frude, 1992).

There is a strong belief in some families that the birth of the child with disability in the present life is attributable to past life. In the Indian context, mothers are often held responsible for the birth of a child with disability, in the credence that she is punished by God. Illiteracy is seen as the reason behind most of these beliefs and taboos. Regardless of various government policies since independence, a major portion of the Indian population is still illiterate. Universal Elementary Education (UEE) is one of the Millennium Development Goals (MDG) set for the Year 2015. UEE implies universal enrolment, universal retention and universal performance. This MDG synchronises with the targets set by the government of India. The National University of Educational Planning and Administration (NUEPA) has recently developed School Report Cards of more than one million Primary and Upper Primary schools. Covering 11,24,033 schools, the publication updates more than 400 variables for 604 districts across 35 states and union territories on all aspects of universalisation of

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education, and shows that Kerala, Delhi, Tamil Nadu, Karnataka and Himachal Pradesh are the top five while Bihar, Jharkhand, West Bengal, Uttar Pradesh and Assam are the five bottom-ranked states (DISE District Report Cards, 2005-06). Whatever may be the reflection through the ranks in education development index, the gains are lost due to 'burning at both ends' – high rate of school dropout and poor performance due to poor quality.

Currently, there is a trend towards inclusive education. At present, 5.5 million teachers teach 202.5 million children in about one million schools. Statistics show that 82 per cent of the population has access to primary education within a one-kilometer radius of home (Rajakumar, Kumar, Uppal, and Devikar, 2005). The number of children with disabilities in normal schools is approximately 40,000 (Mani, 2001), which far exceeds the number of children in special schools.

One of the primary objectives of SSA is to educate girls and children with special needs, currently less well-served. There are children who have special needs, for whom the nature and intensity of required care is even more significant. There are many children who look normal and behave normally but academically are not as good as their peers. In spite of having average or above average intelligence, these children may face difficulties in one or several areas of academics such as reading, arithmetic, spelling and writing. Some

of these children excel in many areas other than the problem area; others are merely slow in acquiring school related skills (Karanth, 2003). These children are wrongly called lazy, unmotivated, stubborn, not trying to work, dumb etc. Unlike physical disabilities, learning disabilities are not so obvious and have been referred to as "hidden handicap". Sometimes these disabilities go unrecognised by parents, teachers, and physicians. Learning Disability (LD) is one of the prime causes of poor academic performance in children. In learning disability, the acquisition and use of academic skills of reading, writing, spelling, reasoning, mathematics or social skills may be significantly impaired, even though the child has normal or above normal intelligence. Learning disabilities are disorders that affect the ability to understand or use spoken or written language, do mathematical calculations, coordinate movements or direct attention (National Institutes of Health, 2011). It is reported that in India, nearly 10 per cent of children and adolescents in the age range of 0-18 years experienced learning difficulties. In the majority of cases reading and calculation deficits are seen together. Thus, learning disabilities are prevalent but are more difficult to recognise and define in comparison to physical disabilities. Children who have learning disabilities represent a group of people who have been excluded, rejected, ridiculed and often feared for centuries. The inheritance of a

negative social history shows how a lack of value can persevere across generations and prejudice the lives of individuals. Students with learning disabilities are typically less well-liked, more frequently rejected, have lower academic self-concept scores (Vaughn and Elbaum, 1996), score lower in selfperceived intelligence, academic skills, behaviour, and social acceptance (Smith and Nagle, 1995), and tend to be more vulnerable to bullying (Mishna, 2003) than other students. This environmental stigma, more intangible and unpredictable than for people with physical disabilities, magnifies the importance of socialisation and social comparison for people with learning disability (Dagnan and Waring, 2004). People with learning difficulties may prefer not to identify with others with disabilities, because of perceived negative effects on self-esteem (Harris, 1995) and a desire for normalisation. Although some individuals with learning disabilities might cope by regarding themselves as part of a minority group which rejects prejudice, others might distance themselves from those disabilities and from potentially stigmatising services (Jahoda and Markova, 2004). Some students may go to great lengths to avoid difficult tasks while trying to appear competent and pass as "normal" (Rueda and Mehan, 1986). There is strong evidence that individuals with learning disabilities (LD) experience more social, emotional and motivational difficulties than those without LD. In school, students with LD have academic difficulties coupled

with lower academic self-concepts and lower self-perceptions and selfesteem. In addition, it has generally been acknowledged that students with LD view their own academic skills and self-regulatory capacities as weaker than those of their normally achieving (NA) peers.

The IDEA (2004) represents the most influential of learning disabilities. As defined in IDEA (2004), the SLD definition reads as follows:

**In General** - The term "specific learning disability" means 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 an imperfect ability to listen, think, speak, write, spell or do mathematical calculations.

**Terms Included** - Such term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia.

**Terms Not Included** - 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. (P.L. 108-466, Sec. 602[30])

Subtypes of learning disabilities include:

 Reading (dyslexia): Dyslexia is functionally defined as a disorder in one or more of the basic skills involved in reading, including decoding (i.e., letter-word recog-

- nition, phonetic analysis) and comprehension.
- 2. **Mathematics** (dyscalculia): Dyscalculia is functionally defined as a disorder in one or more of the basic skills involved in mathematics, including mechanical (computational) arithmetic and mathematics reasoning abilities.
- 3. Written expression (dysgraphia): Dysgraphia is functionally defined as a disorder in written expression that involves deficits in one or more of the following: (a) the motor production writing, including letter formation, speed of writing production, and spatial organisation of writing; (b) knowledge of rules for spelling, punctuation and capitalisation, and grammatical usage; (c) semantic abilities related to clear expression of information written form; and (d) organisational ability, related to the thematic construction and organisation of written discourse.
- 4. Social-emotional functioning (social-emotional learning disabilities): Social-emotional learning disability is functionally defined as a form of socio-emotional disturbance caused by specific patterns of central processing abilities and deficits, as opposed to socio-emotional reactions that often develop secondary to the frustration inherent in dealing with the consequences of learning disabilities. The functional social emotional deficits lie in the

areas of adaptation to novel situations, social competence (e.g., judgement social interaction, social perception) and poor pragmatic communication ability.

### **Facts about Learning Disabilities**

- More boys than girls are identified as learning disabled; the ratio is about 3:1. Recent studies suggest that as many girls as boys may have the condition but are not identified.
- Students with learning disabilities are usually identified by the time they reach late third or early fourth grade.
- More students are identified because of deficits in reading and the language arts than in mathematics.
- IQs of identified LD students are typically in the 90 to 95 range.
- Students with LD tend to have deficits in short-term memory. In looking at testing results, you will find that short-term memory scores are often below the 25th percentile.
- About one-third of students on Resource Specialist caseloads have attentional deficits, and a somewhat higher percentage of students in special day classes have attentional problems.
- Phonological awareness deficits and poor phonics development are common among the LD population. Phonemic awareness and phonics training will make

- LD students better readers and spellers.
- Students with LD are not as socially acceptable as other students when rated by their peers and teachers.
- As many as 50 per cent of students with LD will drop out of school prior to high school graduation

Learning disabilities comprise a heterogeneous group of individuals displaying various behavioural patterns. Individuals with LD need early identification, sound remedial teaching appropriate to their needs, personal and family counselling, continuous training in social skills, vocational guidance, and on-the-job coaching. This suggests the needs for the adaptation of instructional methodologies and approaches to accommodate the learning disabled children.

The year 2010 was a landmark year for education in the country. The government has recently launched the Sarva Shiksha Abhiyan (SSA). This proposes to implement universalisation of elementary education (UEE) in a mission mode with a focus on providing quality elementary education to all children in the age group 6-14 years. The Right of Children to Free and Compulsory Education (RTE) Act, 2009, representing the consequential legislation to the Constitutional (86th Amendment) Act, 2002, was enforced with effect from 1 April, 2010 (Ministry of Human Resource Development, 2010). This Act makes education free and compulsory to all children of India in the 6-14 years age group, and it states that no child shall be held back, expelled or required to pass a board examination until completion of Class VIII. Because the RTE Act mandates free and compulsory education to all children of India in the 6-14 years age group, the unique learning needs of children with LD, who comprise 5-15% of the school-going population, can no longer be ignored (Karande and Gogtay, 2010). However, The RTE Act seems to be ignoring the need for making adequate provisions for these children. Not only modification and accommodations in curriculum may be required but teachers also need to be trained and sensitise to guide such children.

In a country like India, the awareness to learning disability is very meager and at a negligible rate. This inheritance requires proactive measures to ensure that the learning disabled can actively participate in all aspects of social life. Cultural beliefs about disability play an important role in determining the way in which the family perceives disability and the kind of measures it takes for prevention, treatment and rehabilitation. Given the importance of children's educational outcomes, it is crucial that school professionals are well-versed of instructional strategies supported by scientific evidence. Several specific instructional methods have been used with varying degrees of success with learning disabilities: applied behaviour analysis and behavioural intervention, self-monitoring, metacognitive strategy

instruction, attribution training, cooperative learning, peer tutoring, and mnemonic devices. Various evidenced based interventions related to reading, mathematics and writings have been discussed in next section.

## Reading Intervention: supported Practices

Learning Disabled (LD) students experience greater problems with reading than any other academic areas. Researchers reported that 85% to 90% of all LD students experienced difficulties in reading. A number of empirically supported instructional practices have been demonstrated to improve the reading skills of children (National Reading Panel, 2000).

Students with learning disabilities in reading comprehension and basic reading skills, frequently have weaknesses in reading fluency. Typically, they do not process groups of words as meaningful phrases. Previewing has proven a particularly effective technique to improve the reading skills of children. Previewing is defined as "any method that provides an opportunity for a learner to read or listen to a selection or passage prior to instruction and/or testing". The most prevalent previewing strategies used in the classroom are oral previewing (the student reads the passage aloud prior to the reading session), silent previewing (the student reads the passages silently prior to the reading session), and listening (the student listens to and follows along as someone reads the passage aloud). Evidence has offered some encouragement that the reading and reading-related abilities of disabled readers can be substantially improved with intensive and focused instructional programmes. Additional practices have been recently examined that involve highly structured and explicit instruction in decoding, word recognition, fluency, and reading comprehension as well as incorporate peer-assisted learning strategies (Fuchs and Fuchs, 2005). Some strategies that can help students with reading disabilities include index card guides, comprehension through prereading, increasing vocabulary skills, researching a topic prior, ask vital questions, sight word-word bingo, flashcards, word hunts, word walls. Strategies and accommodations that may be helpful for these students include: reading material aloud, repeating key points, highlighting important information, the copying of class notes, extended time on assignments and tests, small group instruction, reducing homework, books on tape, study guides for tests, and a buddy system (Smith, Polloway, Patton, and Dowdy, 2007). For teachers it is crucial to teach the students the basic fundamentals of reading so that they can advance and fully function in society. Teachers are continuously looking for ways to help their students reach and even exceed the standards. New ideas and strategies are constantly being presented to help students with LD learn reading skills better and faster.

Students with learning disabilities also have difficulty with much of the vocabulary used to communicate academic concepts. Understandably, comprehension depends not only on the readers' general background knowledge regarding the topic at hand, but also on their familiarity with the terminology and vocabulary used in the text. Researchers have investigated the impact of various vocabulary interventions on both word knowledge and comprehension of passages among students with learning disabilities. For example, Jenkins and colleagues investigated the impact of various vocabulary interventions on both word knowledge and comprehension of passages among students with learning disabilities. They compared several treatments that varied in the amount of direct instruction provided. Students read sentences containing target words and synonyms, read definitions of target words, and practiced using target words in sentences. Results indicated that practice was critical to optimum learning. When students practiced using the target words, they learned more synonyms and their sentence comprehension improved, demonstrating transfer of learning.

# **Mathematics Interventions:** supported Practices

Mathematical proficiency is essential not only to success in school, but also to success in adult life. Over the past 10 years, researchers have begun to take a closer look at Mathematics Learning Disabilities (MLD). Geary (2004) estimated the prevalence of MLD at between 5 per cent and 8 per cent of the school-age population, similar to the estimated prevalence of reading disabilities. Mathematics is unique in that learners must acquire and apply a wide variety of different concepts and skills to be successful across the multiple branches in mathematics (e.g., algebra, geometry). Additionally, for most of these topics, learning is cumulative; in other words, new math skills and applications depend on mastery of previous concepts and skills. During the early years, children usually build up number sense, which then grows along the lines of the various Piagetian operations (e.g., number conservation, classification, seriation) and in combination with various counting skills. A basic understanding of arithmetic operations is established at this time. Then next step is to learn the four basic mathematical operations (i.e., addition, subtraction, multiplication, and division). Acquaintance of mathematical operations and a competence to carry out mental arithmetic play a significant role in the development of children's later math skills (Mercer and Miller, 1992; Van Luit and Naglieri, 1999). Most children with math learning difficulties are unable to master the four basic operations before leaving elementary school and, thus, need special attention to acquire the skills. Mastery of the basic operations, however, is not sufficient: Students must also acquire

- problem-solving skills in addition to the basic computational skills. For mathematical problem-solving, that is, children must not only acquire the basic mathematical skills but also know how and when to apply their knowledge in new and sometimes different situations. The third category of interventions addresses such problem-solving skills. Moreover, in solving mathematics word problems, it is not always clear just which procedure to apply or approach to adopt, which must therefore be learned. In keeping with these steps, a distinction can be made between interventions that focus on (a) Preparatory arithmetic, (b) Automatisation of basic math facts, or (c) Mathematical problemsolving strategies. Kroesbergen and Van Luit (2003) concluded that direct instruction is most effective for teaching basic skills; and are superior to peer mediated/assisted instruction (e.g., peer tutoring or computer-assisted instruction) for teaching mathematics generally. Self-instruction, a self-regulation strategy, is the most effective method for teaching math problem-solving.
- Representation Techniques: This approach refers to the interpretation or representation of ideas or information given in a word problem. Representation approaches to solving mathematical problems include Pictorial e.g., diagramming, Concrete e.g., manipulative, Verbal e.g., Linguistic training and mapping instruction (schema based).

- Strategy Training: This strategy refers to any explicit problemsolving heuristic procedures (e.g., direct instruction, cognitive and metacognitive) that lead to the solution of the problem. These may involve explicit teaching or self-regulation of a strategy in isolation or together with other elements (e.g., paraphrasing, visualising, hypothesising, and estimating the answer). Direct instruction and cognitive strategies relate to how to solve a problem, whereas metacognitive strategies relate to knowing how to solve a problem and may include selfinstruction, self-questioning, and self-regulation procedures.
- Computer-aided Instruction (CAI): This variable refers to an intervention that employs CAI tutorial or interactive videodisc programmes. Technology has proven to be an effective method of giving such students opportunities to engage in basic drill and practice, simulations, exploratory, or communication activities that are matched to their individual needs and abilities. Word processing Software, Word Prediction Software, Communication Technologies, Hyperlinks and Multimedia Environments are some of the computer activities that have significant benefits for students with disabilities.
- Peer-mediated Instruction: Peer-mediated instruction, also referred

to as peer tutoring, peer-assisted learning. peer monitoring, peer facilitation, is a widely applied and research-validated intervention in both general and special education settings (Hall and Stegila, 2003). Peer-mediated instruction is an instructional arrangement in which peers serve as the main instructional agent for other students. Peers mediated approaches are not used in new content, however, it is used to reinforce, provide practice, build fluency of skills previously taught through teacher-directed instruction.

 Other: This category refers to no instruction (e.g., attention only, use of calculators) or any type of task instruction not included in the above categories (e.g., Key word, problem sequence).

### Writing Interventions: supported Practice

The ability to express oneself in writing is important for academic achievement. Written expression skills are vital for student achievement since these are basic requirement for most academic subjects. Research studies have concluded that these students have difficulties with spelling, punctuation, word sequencing fluency (that is, the number of words in a story) and difficulty with mastering planning, revising, organising and evaluating (process) elements of writing. Other features of the written products of students with LD reflect the greater

difficulty they have in producing sentence structures, as seen in their use of shorter and fewer sentences and sentence-combining links. Specific and appropriate writing instructions help them in overcoming their writing difficulties and improving the quality of their written compositions and developing their writing competence. Researches in writing showed that students with learning disabilities benefit from an integrated approach to writing instruction that focuses directly on cognitive, metacognitive, behavioural and affective factors (Englert et al., 1991; Harris, Graham, and Mason, 2006). Harris and Graham (1999) recommended that explicit and differentiated instruction is necessary for these students as their learning and behavioural challenges compound with age and grade level. Adaptations for struggling writers include providing extra support for planning and revising, developing independence and motivation, the use of peer assistance, and the joint construction of texts (Graham, Harris, Finz-Chorzempa and MacArthur, 2003). Explicit instruction in planning writing directly benefits students with learning disabilities in the middle years of schooling resulting in longer and higher quality texts (Troia and Graham, 2002). In addition, the use of peer support for students with learning disabilities contributes independently to improvement in the writing skills of students above and beyond the effects of explicit instruction (Harris, Graham, and Mason, 2006). Bruning and Horn, (2000); Graham, Haris and Larsen, 2001; Pressley *et al.*, 2001, 2004, 2006; Pressley, Mohan, Fingeret, *et al.* (2007); Pressley, Mohan, Raphael, and Fingeret (2007); Vaughn, Gersten and Chard (2000) provide an illustrative list of strategies that are evidenced based:

- Provide additional explicit teaching and modeling for students who have difficulty acquiring and applying the necessary writing knowledge, skills and strategies,
- Tailor the content of instruction to meet each student's needs (e.g., teach a simple planning strategy to students who either skip or experience difficulty with planning, and teach a more sophisticated planning strategy for those who have mastered the basics already),
- Provide targeted, opportunistic instruction in response to students' progress and needs (e.g., a mini-lesson on how to add supportive details),
- Control the difficulty of writing tasks to ensure that each student is working on something that is personally challenging but achievable,
- Use a variety of procedural facilitators to support each

- student's ability to complete writing assignments successfully (e.g., cue cards, think sheets, graphic organisers, mnemonics, and prompts),
- During guided practice, consistently and carefully monitor students' progress and provide feedback and scaffolding in response to individual needs (e.g., when students encounter difficulty, use verbal prompting and other supports in ways that encourage them to think through the task and figure out what to do, rather than telling them exactly how to proceed),
- Recognising that the amount of time individual students require to compose varies, ensure that each student receives ample opportunity to complete the stages of the writing process successfully.

Given that many children experience academic difficulties in reading, mathematics, written expression and spelling, it is imperative that school professionals intervene. Training of school teachers and other functionaries in effective instructional/ coping strategies can have positive impact on learning of children with disabilities.

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