

## Learning Disability among School Children: Role of Psychological Intervention

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### ABSTRACT

Learning is the acquisition of new knowledge, skills or attitude. Children during their early years of development learn to understand the spoken language first and then learn to speak. Subsequently, during their school year, children learn to read, write and do arithmetic according to their age and intellectual capacity. But some children may not be able to learn one or more of these skills as per their age and capacity. It seems that there are some children, who in spite of having normal intellectual capacity and normal visual, hearing or physical abilities, are unable to acquire one or more age-appropriate language and/or arithmetic skills, even when adequate opportunities for learning are provided. These children are having learning disability (LD) or Specific Learning Disability (SpLd). If not remedied at the earliest, learning disabilities will lead to failure in exams and these children may develop stress-related disorders. Hence children with learning problems should be screened out scientifically at the earliest, for identification with SLD had depression, anxiety, and low self-esteem. The major objective of the review is to assess the symptom of learning disability among school children and notify that how we can change the behavior in the right direction by using as much as possible intervention steps.

**Keywords:** *Learning Disability, Prevalence, Psychological Intervention*

Learning disability are rudely regarded as variations on normal development and are only considered disabilities when interfere significantly with school performance and adaptive function. Learning disability refers to delays, deviations, and performance discrepancies in the basic academic subjects e.g., arithmetic, reading, writing, spelling as well as speech, and cannot be attributed to mental retardation, sensory deficits, or emotional disturbances. It is the general educational term- an umbrella label- that includes a variety of different conditions. Three major types of learning disabilities are dyslexia (Reading disability) Dysgraphia (writing disability) and Dyscalculia (Calculation- arithmetic disorder).

A learning disability is a neurological disorder that affects one or more of the basic psychological processes involved in understanding or in using spoken or written language. The disability may manifest itself in an imperfect ability to listen, think, speak, read, write, and spell or to do mathematical calculations. These deficits interfere with academic skills,

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leading to low grades or failures. Other associated features are low self-esteem, demoralization, social skills deficits, dropping out of school, and difficulties in employment and social adjustment. Kohli et.al. (2018).

Mogasale, Patil, Patil, and Mogasal (2011) in Belgum, a city in Karnataka, in India among children aged 8-11 years, reported 15% prevalence of SLD. Jain and Chahar (2012) reported 10% of children having LD in 500 students of third, fourth, and fifth graders. Indira and Vijyan (2015) found in their study that 15% of 4th-grade and 15% of 5th-grade children with dysgraphia. Similarly, Rao et al (2017) reported in a study done in Mysore, the prevalence of dyslexia as 13.67%. Kumar and Suman (2017) estimated the prevalence of LD as 12.31%.

Dhanda and Jagawat (2018) reported the prevalence of LD as 12.8% Overall 10% of Indian children have SLD as per the review of literature.

Weiner (2014) published a systematic review article, reported that children with SLD would develop anxiety, depression, and low self-esteem. These children internalized their problems, which leads to depression, anxiety and low self-esteem. Baumeister, Storch and Geffken (2008) found that children with SLD had experienced more peer victimization, which had a high positive correlation with depression, anxiety, and social problems. Mental health problems such as suicidal thoughts, anxiety, depression and overall mental health issues of people with SLD were twice more than children without SLD. Wilson, Armstrong, Furrie, and Walcot, (2009). Similar findings were reported by Alexi, Rappo, and Pepi (2014) among children with Learning disabilities who have poor scholastic performance and may create feelings of anxiety, inadequacy and shame, and significant stress. They lead to more social, emotional and behavioral problems in children of school age. Johnson, B., (2017).

A study was conducted by Aftab, et.al (2022) by conducting “Prevalence of Study with specific learning disabilities at primary level: A case of the province of Punjab” The data was collected from 2392 children. The result showed that 50% of children have learning disabilities in different areas. It is recommended that special support services must be established to provide the necessary provision, and regular in-service training for the management and teachers should be arranged at their schools for awareness.

In a descriptive survey, Goel, (2021) studied “Prevalence of Selected Learning Disabilities among Primary School Children through Primary School Teachers”. A quantitative, exploratory research approach with a survey design was used to assess the prevalence of selected LDs. Results concluded that 26% of primary school students are at risk of developing LDs.

### ***Role of Psychological Intervention***

Intervention is an orchestrated attempt by one or more people to someone to seek professional help for some kind of traumatic event or crisis. It is an act of intervening by sharing the experience of the victim. Professional care is provided to improve the situation with the help of medical support along with social or Psychological relief.

Intervention strategy can help to develop positive behavior to motivate desirable behavior and is profit by intervening negative behavior effectively. They are usually developed by teachers, counselors and school psychologists with parental input. Clinical psychologists can

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provide special help with behavioral interventions for needy children and parents for better management of their effective components.

Examples include cognitive behavioral therapy (CBT), Psychodynamic/psychoanalytic psychotherapy, systemic and family therapy, and counseling. Traditionally provision of psychological therapies has been at the level of behavior management combined with skills teaching and pharmacological approaches, in particular the use of psychotropic medications (Waitman and Conboy-Hill, 1992; Arthur, 2003; Willner, 2005). The mental health needs of people with intellectual disabilities have recently attracted attention from policymakers in the United Kingdom, and this has led to the recognition of the need for development.

Willner (2005) has provided an overview of the evidence on the effectiveness of psychodynamic, cognitive behavioral and cognitive approaches for people with intellectual disabilities and concluded that the limited literature available supports that all approaches can be effective for people with mild intellectual disabilities and in a proportion of those with a more severe and complex presentation. It was recommended that it is necessary to conduct further research in the area using experimental designs, and research to identify the active components of the interventions.

Systematic family therapy works with the whole family as 'the client', and seeks to treat and address family dynamics that contribute to problems and bring about resolution (Priest and Gibbs, 2004). Therapy can involve therapists working in pairs, sometimes of different genders in order to address gender-specific issues or act as role models for family members, by emphasizing relationships and communication patterns within the family unit (Neukrug and Fawcett, 2010).

### **CONCLUSION**

Schools play a crucial and formative role in the spheres of cognitive, language, emotional, social and moral development of a child, Kapur, M. (1995). By providing scientific guidance, early intervention and intensive one-to-one remedial training, the learning disabilities of children can be managed successfully.

In India around 13-14% of all school children suffer from learning disorders. These children are labeled as failures by the society we live in but in reality, it's not these children who have failed but it is the education system that has failed, failed in recognizing and helping them. As teachers are the link between the children and the education system, it's their level of understanding and awareness that sets the path for these children's future identification of learning disability.

Unfortunately, most of these children are never identified as learning disabled. Due to the lack of awareness among teachers, parents and school authorities, these children are usually labeled as slow, behind, incapable and failures. The lack of awareness among the general public as well as educators and officials in the education department is the first problem that needs to be addressed. The review of the study concluded that the teachers had a meager knowledge of learning disability. It has been recommended that orientation programmers and workshops need to be conducted so that they can diagnose the problem of these children and intervene accordingly.

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***Conflict of Interest***

The author(s) declared no conflict of interest.

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