



LEARNING DISABILITIES:  
NEW CONCEPTS IN EDUCATION

*by*

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A few years ago at a conference on Learning Disabilities, Prof. Jean McCarthy made the statement: "Never has a concept burst upon the educational scene with such cataclysmic force, as the concept of specific learning disabilities". In South Africa the movement was heralded by the Murray Report on Minimal Brain Dysfunction that appeared in 1968. Educationalists became more aware of and concerned about children with normal intelligence who failed to make scholastic progress commensurate with their mental abilities. Various bodies were stimulated to promote special teaching facilities for these children.

Courses in remedial teaching were instituted at several universities. In all provinces additional school clinics were opened and many more remedial teachers appointed by the educational departments. With the initial stress on brain dysfunction, the schools for epileptic children and especially those for the cerebral palsied took in more and more children with perceptual, language and learning problems rather than children with overt neurological disturbances.

Private schools which catered for the learning disabled, flourished and in 1972 the national Association for Children with Learning and Educational Disabilities was formed.

Everyone experienced a new optimism that with the identification of the learning disabled children, the promise of improved services and the emphasis on specialist training the problem would be radically reduced.

But less than a decade later disillusionment has begun to set in: despite the growing body of research and literature related to learning disabilities, there is as yet no definitive statement on how children learn or do not learn; despite all the claims of success by the specialist, the percentage of children who have significantly benefited from remedial services remains distressingly low and the number of learning disabled children in schools has increased rather than decreased; despite their initial optimism, parents and teachers are somewhat less enthusiastic, somewhat less convinced that the magic solution has been found.

Perhaps the time has come to turn the spotlight away from the specialist on to the general practitioner, the regular teacher, who *should* form the first line of defence but is too often completely ignored when strategies for remedial teaching are considered.

A comparison of regular teaching with remedial teaching reveals important differences in approach in regard to the assessment of the child and the goals and basic principles of teaching.

- 1) The *principal goal* of the remedial teacher is the development of the *total child*. By the time a child is referred, he has often developed a negative self-concept and an aversion to the teaching situation. This forces the remedial teacher to focus beyond the cognitive or learning problem and to take cognisance of emotional and volitional needs. She has to accept the child as a multi-dimensional being with a body and mind which can learn, think, feel and strive. Dimensions so interwoven that they can be distinguished but never separated.

The remedial teacher is also trained to view the child with reference to a particular point in time. In dealing with a learning problem that presently exists she cannot ignore the fact that the child has a history of past failures which may affect not only his self-concept and motivation but may well have clouded his future perspective.

She must bear in mind that the child is not learning or failing in a vacuum but in a particular situation and that there is a reciprocal relationship between the child and his environment — home, school or wider society.

While he is influencing and manipulating his environment, this environment is in turn shaping and influencing him. His living and learning situations are fluctuating, changing from home to school, from classroom to playground and his experience in one situation may determine his expectations and behaviour in another.

In contrast to the totality approach, the regular teacher tends to adopt a *tunnel-vision approach* which focuses primarily on the teaching of prescribed skills and facts. Her chief concern is often the child's thinking ability at the present time in the school situation. In doing this she loses sight of the child's other dimensions, of past influences, future perspectives, home and societal situations.

- 2) An important feature of remedial teaching is that it involves *continual decision making*. This is best illustrated by what Janet Lerner calls the clinical teaching cycle which should be followed once the learning disabled child has been identified and referred:

Step I: Diagnosis of the child's deficits and strengths i.e. determining what he needs to know and how he will best learn it.

Step II: Planning a remedial programme which will match the child's needs and learning style.

Step III: Implementation of the programme i.e. daily, individualised remedial teaching of the skills in which the child has failed.

Step IV: Progress evaluation to ascertain to what extent the programme and approach is succeeding.

Step V: Modifying the original diagnosis and programme in the light of the new information. In this way remedial teaching aims at making decisions and evolving programmes for the needs of each individual, unique and atypical child.

By contrast, certain factors in regular teaching seem to *minimise decision-making*. The curriculum for each standard delineates not only the breadth and depth of material to be covered, but by implication also the rate at which it must be mastered by the child. School inspectors often prescribe what they consider the perfect method to teach an academic skill, such as a reading, instead of allowing the teacher to use the method best suited to the learning style of each child.

- 3) The *nature of the problem* handled by the remedial teacher, namely specific learning disabilities, tends to be *more serious*. The problem can be chronic and the child taught compensatory strategies to circumvent the peculiarity of his learning. The problem is usually caused by factors within the child, often by some dysfunction or immaturity of the central nervous system.

The regular teacher more often deals with what is regarded as the *less serious problems* of the educationally neglected child.

These problems are of a more temporary nature and often attributed to factors outside the child such as poor home environment, frequent absences, change of school or staff. In

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*. . . a team of professionals is needed . . .*

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this case normal learning would have taken place if these external factors had not been present.

- 4) Due to the complexity of the problem, *assessment* in remedial teaching needs to be *comprehensive*, and may include a medical examination, a case history and psychological evaluation to determine the child's intellectual functioning

level, visual and auditory acuity and perception (discrimination and retention), scholastic level in reading, spelling and mathematics, language development and motor co-ordination.

In regular teaching a more *limited* examination is used. This may include class tests, checking of school records for past performance, observation of the child in the classroom situation and perhaps interviews with the parents, or other member of the staff or the child himself.

- 5) Remedial assessment often requires a *multi-disciplinary team* of professionals including a psychologist, a language and hearing pathologist, an occupational therapist, a medical specialist such as a paediatrician or a neurologist, a remedial teacher.

Because assessment is limited in regular teaching the team is *uni-disciplinary* consisting at most of the class teacher, other members of staff, the principal, speech correctionist and school psychologist.

- 6) A more *thorough knowledge* of the learning process as well as of a variety of teaching methods would be expected of the remedial teacher. Her insight in the neurological, cognitive, perceptual and language processes underlying learning or the mastering of reading would assist her to select the best method or combination of methods for a particular child.

The regular teacher is often acquainted with a teaching method rather than underlying processes. Because she understands what she is doing rather than why she is doing it, she tends to *apply teaching techniques mechanically*.

- 7) The *principles of remedial teaching* according to Janet Lerner are ". . . to tailor learning experiences to the unique needs of a particular child". To do this the remedial teacher should know the child's intelligence level, home background, emotional and medical state and the nature of his learning problem, viz. his deficits, strengths and level of functioning.

Furthermore, she will have to be able to analyse any learning task into its sequential steps and then to determine where in this hierarchy of skills the child's learning broke down. Only then will she be able to plan a task (or series of tasks) to match his specific needs.

The remedial teacher uses a 'rifle approach', never a 'shotgun approach' — this requires goal clarity at all times. To remain on target, ongoing diagnosis is essential and the child's

performance evaluated after every lesson. Should the remedial teacher find that learning is not taking place, she may have to

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*. . . regular teachers are often discouraged . . .*

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manipulate variables such as length, complexity or level of the task, the quality and amount of language used, the manner of presentation or the mode of response.

Achieving goals and experiencing success in learning is of prime importance to the child with learning disabilities. Therefore the remedial teacher must grade tasks carefully to afford the child the opportunity to succeed.

She must create a therapeutic climate where she makes it clear to the child that she understands his problem, accepts him as he is, believes in his ability to succeed, allows him the freedom and security to take risks and make mistakes and thus to learn.

Essentially then remedial teaching is individualised or personalised teaching. This means a thorough knowledge of the child in his totality, a thorough knowledge of the learning processes and methods of teaching, and an ability to create a climate of warm acceptance and boundless optimism.

The question arises whether these principles are unique to remedial teaching or whether they should underlie all teaching. If the latter, then the present discrepancy between the knowledge of the regular teacher and that of the remedial teacher gives cause for real concern. It would seem that for too long the focus has been on creating 'super specialists' and in the process the main body of the teaching corps, the regular teachers, has been left behind.

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*. . . give all teachers the knowledge and skill . . .*

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Furthermore, regular teachers have often been discouraged, albeit unintentionally, of accepting responsibility and sharing the challenge of helping the child with learning disabilities. This despite the fact that he spends 90 per cent of his schoolday in the regular classroom!

According to Adelman there is a significant relationship between a teacher's ability to personalise or individualise instruction and the type and number of children with learning problems in his classroom.

The more able the teacher to individualise his teaching, the fewer the children who manifest learning disabilities due to external and even constitutional causes. In a highly individualised teaching situation, there should be no more than 1-3 per cent of the school population who need specialised help on a one to one basis.

A serious attempt should therefore be made to close the gap between remedial and regular teaching by giving all teachers (not only a chosen few) as part of their basic training the knowledge and skills that will enable them:

- i) to accept with confidence the responsibility for every child in their class;
- ii) to acknowledge the right of each child to learn what he needs to learn in his own way and at his own rate; and
- iii) to function effectively as part of a closely-knit multi-disciplinary team together with the remedial teacher and other specialists.

This would require a reappraisal of the present training programmes for regular teachers. It would also mean giving teachers, once they are trained, far greater freedom to make decisions in the selection of learning content and teaching methods.

In the final analysis it is in the regular classroom that learning disabilities manifest themselves and it is there that the challenge must be met. Regular teachers urgently need help to meet this challenge — for whether or not they are ready, the regular classroom is the battleground of the next decade.

