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A Child with Learning Difficulties (Case Report)

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Abstract

M.L case presents many difficulties in reading, writing and mathematical ability. These abilities are obviously under the expected level compared with his chronological age. Also these difficulties affect his daily functions, including academic and social aspects. M.L case presents disturbed emotional condition manifesting symptoms as damaged self-esteem, low motivation, frustration, annoy and unable to cooperate with peers. There is difficulty in joining and maintaining positive social status in a peer group, does not understand the humor or other people's feelings for example saying the wrong thing at the wrong time etc. Objectives assigned for his treatment plan includes: Supporting him, creating self confidence, avoiding negative labeling, identifying strong points, developing a comfortable emotional state, encouraging his skills, creating his self-esteem, expressing himself despite the frustrations and the fact that he was different from others, integrating with his peers, engaging together in activities, learning some basic academic skills. Treatment plan was an individual plan and was realized in every environment where he interacts. Also has been used Fernald method. First M.L should choose a word that he wants to learn to write it. Second, the therapist writes it on a piece of paper and repeats it several times as the child is looking at it. Thirdly, he must repeat it several times and write it on paper according to the therapist's instructions. Fourth, the child should be able to write the words without the need to look at them, although at first it may have some minor difficulties it will gradually get some improvements.

1. Introduction

M.L is 7 (seven) years old and he is in second grade. The first contact with him was in his school "Brotherhood. At first he was introduced by his teacher, and after the conversation started with him alone. The conversation was about his name, age, friends etc, in such a way as to create a closer relationship with him. At first M.L was a little shy and confused. He looked quiet, lovely but a withdrawn child, he confessed that he didn't have many friends in the classroom, nor in his neighborhood where he lived.

The assessment of M.L was based on the checklist, the protocol of assessment, his observation and also the information taken from conversations with the mother of M.L and his teacher.

1.1. The Pregnancy Story of the Case

Mother's age during pregnancy was 25 years old. Gynecological assessments of the mother indicate a pregnancy in accordance with normal development parameters.

The birth has been difficult, he was born by Caesarian method, and was also the first child of the couple. Although there have been no further complications, the mother has breastfed him up to the age of one and according to the mother there has been a normal development, he has started walking when he was 14 months old. M.L has also a younger brother. He lives with his parents, his little brother and his grandparents.

1.2. Development Story

Birth weight 3.2 kg.

Physiological parameters within normal parameters of development

The mother has been breastfeeding up to one year old

He has started to walk by the age of one year and two months

About the eighth month have been noticeably apparent his first babblements

He has been a quiet child but has had problems with appetite, "I always followed him around with plate and spoon in my hands to make him eat" says the mother. His development has been normal although a bit clumsy, his movements are calmness and slowly. The first signs of his disability appeared when he was 4 years old. His daycare teacher noticed that he had difficulties in counting, in reading the letters, was clumsier than the other children and the progress was not the same as them. His mother, as well as the school teacher says that M.L has problems in learning, he cannot succeed, fails in reading, pronunciation, math and also has problems in focusing for a long time. He gets distracted quickly. According to M.L's mother even though they both work a few hours a day on his home-work, again there are no results. She says that when he was young, she thought her son was quite intelligent and when he showed the first problems in learning "I could not understand how it was possible" says the mother of the patient, because even when he was only 3 years old you could talk to him and he did understand you. [1]

2. Evaluation

The mother during the first month of the school thought it was best to hire a private teacher but again there were no results, he still did not manage to do his home-work, it seemed for the moment like he had improvements but a few moments later he always forgot everything he learned. Perhaps the private teacher pursued a normal teaching program, similar to the children who did not show disabilities in learning. The boy complained that he had a vision problem, after having his eyes exam at the doctor, he really needed glasses. After putting his glasses, they thought that M.L would no longer have problems in learning, but it didn't go that way. He had some progress in reading, and he managed to take notes from the blackboard, something he couldn't do before, but that was all. M.L also felt quite frustrated and sorry for himself even though he tried many times again there

were no results, he often repeated "I'm a fool." He feels bad seeing that his peers succeed while he does not.[2] [9]

2.1. Diagnosis Discussion

After the conversation and first contact with M.L in the next meeting the checklist was used to have a closer look to his inability to learn. Also, based on the statements of the mother and the teacher, as well as the observations that continued for days M.L is diagnosed with disabilities in learning and precisely with Dyslexia. M, L showed problems in mathematics, failed in counting, problems in calculating, had problems with finding what time it was, counting money, mistakes in writing, problems with pronunciation and organization of ideas, problems in reading and understanding language, as well as problems in understating pictures, paintings, maps, symbols, his notebooks were filled with disorganized doodles, displayed problems with attention by not being able to concentrate for a long time and was too little motivated to work, was easily distracted. [3] [5]

He also had difficulties in expressing emotions, wasn't sociable, and had difficulty understanding nonverbal messages. His self-esteem was also low, he said he would never succeed, that he was stupid, and friends would not come close because he did not know anything and a set of other self-labeling. All of these caused difficulties in the classroom and in his relationship with his peers. [4]

2.2. List of Symptoms

M.L presents these symptoms;

Shows difficulties in reading, writing, and using letters.

Messes up letters for example: "b" with "d" or "p" with "q".

He has a bad handwriting, uses uneven spaces, scrawls, and wipes out what he writes.

Removes or add letters while reading without first reading the entire word or sentence.

Has difficulty in listening to the lesson and taking notes at the same time.

Easily distracted from noises.

Problems in naming people or objects.

Indicates slowness and interruption of the word by using uh, um, and, you know, so...

Uses poor grammar or misuses words in conversation.

Low motivation.

He needs the information to be repeated because he doesn't understand it the first time.

It's hard for him to work with numbers, confuses numbers like 3 and 8, or 6 and 9, and also can't duplicate numbers.

Confusion in left or right and up or down directions.

Disorganized in space by losing the road if he has not passed it several times.

Being confused about time, not doing things at the right time may be later or earlier than usual.

Frustrated, annoyed and unable to cooperate with peers.

There are difficulties with self-control

There is difficulty in joining and maintaining positive

social status

Does not understand the humor or other people's feelings for example: saying the wrong thing at the wrong time in a peer group

2.3. Differential Diagnosis

Children with attention deficit or hyperactivity disorder show low academic performance due to their inattentiveness, while the low academic outcomes for children with learning disabilities come as a result of the child's inability to read, to know the words, to do math exercises, etc. because their intelligence is below average, while in children with ADHD not. [3]

Other conditions often result in low academic performance and followed by learning disorder, include mental retardation, it results in a limitation of 3 or more of important life activities such as self-care, receptive and expressive language, learning, movement, self-direction, ability for independent living, economic retention. Reflects the individual's needs for a combination and a sequence of special, interdisciplinary, general services. Individualized support or other forms of lifelong assistance. In learning disabilities, impairments are usually limited to a certain aspect, unlike general impairments that characterize mental retardation. [3] [6]

Neurological damage, memory problems, psychiatric conditions. Additional factors such as sensitivity impairment, school scarcity, and cultural factors may be affecting the disorder. English speaking and environmental deprivation are likely to be differentiated by learning disorder. Learning disorder cannot be diagnosed if academic difficulties are predominant because of these factors, unless the first punches are greater than would be expected from granting these conditions. [3] [10] [8]

3. Treatment Plan

Once the appropriate information was gathered it was estimated that M.L needed help. In the first place M.L should be treated as a "person" rather than an "academic subject", so the patient would find it easier to develop a better emotional state and confidence to succeed in life. First, the intervention was focused on creating strong support in such a way as to teach the patient to be able to express himself despite frustrations and the fact that he was different from others. He had to initially have confidence in himself not to label himself in negative terms and after having confidence in himself and identifying his strengths to follow with the use of some strategies in such a way as for him to be more successful in academic learning. [4]

First, it was communicated to the teacher about her subjective interventions, how she had proceeded with M.L to see what she had tried with him and what the results had been.

The teacher had somehow tried to work in a special way with the Patient by engaging him in easier tasks than the program she had with other classmates who managed to walk ahead with the curriculum. Even though he was in second grade M.L did not manage to keep in mind the letters but had

to repeat them from time to time and still could not remember, the teacher still worked with the dictation while the class had moved forward with reading the texts. According to the teacher M.L tries hard to read, he remembers for a while, but a few moments later he forgets again.

His concentration is poor, he focuses momentarily but loses it again. The fact that he doesn't see results in his effort causes him lack of motivation. He is lazy and doesn't want to try and start everything from the beginning. [5] [9]

He spends most of his time in the classroom by staying at the desk doing nothing with a haunted look, and no motivation at all.

He was encouraged for his skills to raise his self-esteem. Although he was having trouble learning he sang very nicely with a lean voice and was a very good boy, being a little drawn to the society as he considered himself incapable and the other children did not approach him as he stood isolated. Along with him was tried to integrate him more by creating better relationships with his peers, engaging together with classmates in activities that M.L could do very well, be praised by other children, and feel good about himself. [5] [10]

Based on the fact that he had some talent for music, he was singing well and he knew a lot of musicians, with the help of the teacher we were committed to creating some games and quizzes that involved singing and finding musicians with his classmates after class. M.L hardly was very excited for these activities because he felt very well that he could find the names and be praise by the class for his voice. But it was thought that these activities would be organized only if M.L had a commitment to some academic assignments. And with the idea that something beautiful was waiting for him after the assignments he was committed with much desire and will. Stayed with him at the end of the classroom to not disturb and attract the attention of other children.

It was possible to obtain some necessary materials to work with him. It was thought that he could succeed by working with academic assignments in the form of games, to make it fun and to keep alive his motivation and will. The letters and numbers were accompanied by figures and paintings in such a way that he could keep up with them and keep them in mind. The motor skills also were weak and it was suggested to his mother and the teacher to practice more physical activities to move all the muscles of the body in order to feel cheerful and more nimble. (Special education)[5]

3.1. Objectives

- Supporting him
- Creating self confidence
- Avoiding negative labeling
- Identifying strong points
- Developing a comfortable emotional state
- Encouraging his skills, creating his self-esteem
- Expressing himself despite the frustrations and the fact that he was different from others
- Integrating with his peers, engaging together in activities
- Learning some basic academic skills

3.2. Interventions and Techniques

Using Successful Learning Skills Strategies:

- Organization of games and activities to highlight his skills, to cooperate with peers and to create self-confidence.[5]
- Creating academic tasks in the form of games, to make it fun and to keep alive its motivation and will.
- Letters and numbers associated with figures and paintings in such a way that he could keep it in mind and easily
 - Using jigsaw puzzle pieces
 - Pronounce and repeat the letters
 - Scripting repeatedly
 - Aligning letters in form of magnets to create words
 - Using very simple texts and familiar stories to read and write
- Exercises on paper
- Naming of the figures
- Spelling Regulation
- Repetition of words
- Carrying out various physical activities to move all the muscles of the body, to feel cheaper and more versatile in its actions. [5] [11]

3.3. Fernald Method

First M.L should choose a word that he wants to learn to write it.

Second, the therapist writes it on a piece of paper and repeats it several times as the child is looking at it.

Thirdly, he must repeat it several times and write it on paper according to the therapist's instructions.

Fourth, the child should be able to write the words without having to look at them, although at first it may have some minor difficulties it will gradually get some improvements.

So far, there are some improvements in M.L mainly in his self-confidence, he has a higher self-esteem, no longer uses negative self-tags, and he attends school more freely.[7]

3.4. LD

The checklist of Learning Disabilities or Badges and Symptoms for Grades 1 to 4

Attention

- There are difficulties in keeping track of tasks or play activities
- Fails to follow the instructions and fails to complete the school's duties
 - , works, or jobs in the workplace
- There are difficulties in organizing tasks and activities
- Avoids, does not like to engage in tasks that require constant mental effort such as homework or scheduling
- Loses things that are necessary for performing tasks for example: writing tools, books, notebooks, etc.
- Easily distracted by external influences
- Forgets daily activities (routine)[12]

Other

- Messes up, left and right

- Often loses things
- Is slow at learning new games and puzzles
- There is instability in performing tasks from one day on other
- There are difficulties in generalizing (applying) skills from one situation to another [12]

Gross motor skill and fine motor skill

Seems weak and clumsy, dropping, shedding, slamming or throwing things on himself

Has limited success with games and activities that require coordination eye-hand for example: piano lessons, basketball, baseball.

Faces problems with, hooks, chains, and tying the shoelaces

Demonstrates poor ability in coloring inside the lines

Weakness and difficulties in writing

Bad experience in using small objects or items that require accuracy for example: puzzle pieces, scissors, etc.

Dislikes and avoids writing and drawing tasks [12]

Language

- Indicates delay at the start of the speech
- There is difficulty in voice modulation for example: very soft, very high.
- There are problems in naming people or objects
- There is difficulty talking about the same topic
- Includes invented words in conversation
- There are difficulties in re-telling what has just been said using unclear, inaccurate and limited dictionary
- Shows slowness and interruption of the word, using For example: uh, um, and, you know, so..., too much
- Uses poor grammar or misuse words in conversation
- Displays continually the deficiency in words
- Confuses words that sound similar to each other
- There are difficulties in rhymes
- Has limited interest in books or stories
- There are difficulties in understanding instructions or directions [12]

Writing language

- Dislikes and avoids writing or copying
- Demonstrates delays in learning to write and duplicate
- Writing is disordered and incomplete, with many scrawls and doodles
- There is difficulty in remembering the form of letters and numbers
 - Frequently rejects letters, numbers, and symbols
 - Uses unequal spacing between letters and words, and doesn't stays "in line"
 - Incorrect copying for example: messes up letters and similar numbers
 - Insensitivity in writing the letters (, the same words looks different in other places in the same document)
 - There is difficulty in self-correction at homework/ or assignments
 - Fails to develop ideas in writing so his writing work is unfinished and very short
 - Expresses his ideas in writing in a disorganized manner.

[12]

Mathematics

- He has difficulties in counting numbers, symbols, and objects
- Difficulty in recognizing numbers
- Difficulties in learning and memorizing, summing and subtracting numbers
- He shows difficulty in learning the strategic counting principles for example: from 2, 5, 10, 100)
- There are difficulties in evaluating for example: quantity, value)
- There are difficulties in comparison with, example: less than, greater than)
- He has a problem with finding what time it is
- There are difficulties in conception of the time passing
- There are difficulties in counting quickly or make calculations [12]

Social/Emotional

- Does not understand the humor / other people's feelings for example: may say the wrong thing at the wrong time)
- May not respond appropriately to harassment
- There is difficulty in joining and maintaining positive social status in a peer group.
- There are problems in separating and expressing feelings
- There are difficulties with self-control (is frustrated)
- There is difficulty facing group pressure with difficulties and unexpected challenges [12]

4. Conclusions

"In the context of overall evaluation based on the checklist, M.L has problems in some abilities, that are cognitive and linguistic development. He can tell the differences and similarities between the figures and finds some of the scenarios that are offered funny, but he fails to success in learning process.

M.L does not repeat the numbers according to the order given; fails to copy a rhombus and can not identify it as a figure.

According to his emotional condition he achieved some improvements in his self-confidence, he has a higher self-

esteem, no longer uses a negative self-tags, and he attends school more freely.

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