

Learning Difficulties and Attention Deficit Hyperactivity Disorder

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Introduction

This article is not intended to be a thorough academic analysis or a guide for parents and teachers. Rather, it is wished-for to be a kind of case study, from a layman's perspective, on learning difficulties and attention deficit hyperactivity disorder. It is vital to stress early detection and early intervention of childhood disorders for the improved academic performance of the children and well-being of the society at large. Learning disability (LD) and intellectual disability (ID) are entirely two different things and so we should not mix them up. Children with LD exhibit significant discrepancy between the potential for academic achievement and actual performance. On the other hand Intellectual Disability (ID) is a global delay in brain development; and their academic performance, in general, matches the brain's potential. 1 out of every 5 children has some degrees (mild, moderate, severe etc.) of learning difficulties. They are dyslexia, dysgraphia and dyscalculia or combination of them that may need additional training or special education. We cannot bury a problem live. An integrative five finger approach would definitely circumvent children's academic crises along with emotional and behavioural problems as well.

Ariana (patient) was a 1st grade student (6.3 years). She found it difficult to match alphabets to their sounds or combine alphabets to create words. But she was not worried about her learning difficulties as she had no insight about the same. She can answer questions verbally but is not able to write them into answer sheets. Sometimes, she copies the questions or rewrites the answers already written instead of writing the correct answer (which she knows well). She prefers being read out to her and she dislikes reading. Her mathematical and communication skills are good enough.

Ariana is highly restless and fidgety and can't remain seated. She winds up tasks prematurely. She won't finish her work and peeps into others' work. Her attention span is poor. She blurts out answers before questions have been asked. She has difficulty organizing tasks and activities. She is intolerant of criticism and frustration. She is adamant and her demands are to be met immediately.

Birth history is uneventful. Developmental milestones were reportedly normal. Self-help skills are fairly independent. A regular routine is followed at home. She enjoys drawing, colouring, and is fond of dancing and singing songs.

When the class teacher informed Ariana's parents, they replied that their daughter was intelligent and would gradually pick these things as time passed. However, when the results came, Ariana had received C and D grades in various subjects and this got the parents worried. This time, the teacher gently insisted that the parents approach a clinical psychologist for an evaluation of her learning difficulties and over active behaviours they compiled.

The psychologist educated the parents about Learning Disability (LD), Attention Deficit Hyperactivity Disorder (ADHD) and explained that there are standardized assessments available for assessing these conditions. He explained the various tests and the functions they measure. As the tests were administered and the results emerged, the parents were able to obtain a better understanding of the difficulty Ariana faced.

As per her score in the Wide Range Achievement Test, Fourth Edition (WRAT4) [1] she functions at KG-II in Word Reading, Sentence Comprehension and Spelling. But she functions at Grade I in Math Computation. Wechsler Preschool and Primary Scale of Intelligence - Fourth Edition (WPPSI-IV) [2] shows that her full scale IQ is 101 which indicate Normal Range of Intelligence. Her Mental Age is 6 years 4 months. She obtained a score of 93 in Verbal Comprehension Index (VCI), 103 in Visual Spatial Index (VSI), 103 in Fluid Reasoning Index (FRI), 110 in Working Memory Index (WMI) and 109 in Processing Speed Index (PSI). The discrepancy in scores of VCI and rest of the VSI, FRI, WMI & PSI and the incongruity in the levels of intelligence and academic performance indicates Learning Difficulties (more significantly in listening & reading comprehension and written expression). She obtained a score of 15 in Connors Abbreviated ADHD Rating Scale [3] which proves that she is hyperactive.

The psychological assessment proved that Ariana has a mild to moderate level of LD (Dyslexia & Dysgraphia) along with ADHD. The details of the type of LD were also evident on these tests. Phonological difficulties are rampant in her reading. She is not able to frame sentences when she was asked to write a composition about 'my school'. But she is good in oral expression. A detailed assessment was done by the psychologist and a psychiatrist to rule out other medical, neurological and psychological disorders commonly associated with LD and ADHD.

Parents were given parental training for behavioural management and advised to take help from a special educator/remedial teacher. As time passed, with the help of the remedial, Ariana made substantial progress. Presently she is almost at par with her peers. She is motivated to put in the extra work and her grades have improved.

Among children with normal intelligence, as many as 1 out of every 5 children have some degree of learning difficulty that may need additional training or special education.

The following terms are used in the context of Learning Disability, but most children have a combination of these difficulties -

Dyslexia – is the difficulty to read

Dysgraphia – is the difficulty to write

Dyscalculia – is the difficulty with arithmetic skills

LD occurs 2 to 3 times more often in males than in females. There is an increased risk of 4 to 8 times in first degree relatives for reading

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deficits, and about 5 to 10 times for mathematical deficits – showing a strong genetic tendency.

LD varies from person to person. It is caused by differences in how the brain processes information. LD children are not intellectually disabled, lazy or adamant. In fact, they usually have average or above average intelligence. Children with LD exhibit significant discrepancy between the potential for academic achievement and actual performance. On the other hand Intellectual Disability (ID) is a global delay in brain development; and their academic performance, in general, matches the brain's potential.

LD is a chronic condition; may not progress much in several cases. They deserve extensive help/support and concessions. However, children with LD can do well and can be taught ways to get around their LD. With the right help, children with LD can and do learn successfully. Remedial therapy is the best choice. Individualized Education Plan/ Programme (IEP) helps them to circumvent and overcome the learning difficulties. "If the child can't learn the way you teach, teach him/her the way he/she can learn".

Children with LD get frustrated and intolerant when they are not able to perform well in academics. Parents and teachers often pressurize them and this often results in fear and anxiety, low self-esteem and low confidence, loss of interest, and other emotional disturbances. This may lead to school refusal and school phobia too.

LD assessment by a clinical psychologist forms the basis establishing eligibility for academic services and concessions through Government Regulatory Bodies.

Some other psychological disorders are commonly seen associated with LD - communication disorder, attention deficit hyperactivity disorder, fine motor difficulties, oppositional defiance, conduct problems, tics, obsessive compulsive traits, social anxiety and depression. Diagnosis and Management of these associated problems are vital for the overall wellbeing and improved academic performance of the child.

In conclusion, it is imperative to stress that early detection and early intervention are vital. When a child has troubles in learning to read, to write, to listen, to speak or to do math, teachers and parents must get it investigated at the earliest.

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