

# Impact of Counselling on Dyslexia (Learning Disability) of Child



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## Abstract

At present time there are many children suffering from Dyslexia, they are facing problems at home, out of home, specially at school. Learning disabilities are neurologically-based processing problems. These processing problems can interfere with learning basic skills such as reading, writing and speaking. For this study we have taken of one case of Dyslexic child who have completed Counselling Sessions for diagnosis. In present study, we have been using Psychological Report and Interview data sheets as tools. Results shows dyslexic child is facing many problems at school and home. He is facing many problems like reading, writing and spelling problems. He has also showed anxiety and frustration, because he is facing learning disabilities like Dyslexia and Attention Deficit Disorder. Individual Education Programme was very effective to reduce dyslexic and attention problems. It was found that dyslexic problems of child reducing continuesly session by session of counselling.

**Keywords:** Counselling, Learning disabilities, Dyslexia, Attention Deficit Disorder.

## Introduction

Dyslexia "a syndrome which mainly affects reading, writing and spelling."

**-Dr. Margaret Meehan, Dyslexia Tutor, 2002**

Learning disabilities are neurologically-based processing problems. These processing problems can interfere with learning basic skills such as reading, writing, speaking and/or math.

A child with a learning disability cannot try harder, pay closer attention, or improve motivation on their own; they need help to learn how to do those things. A learning disability, or learning disorder, is not a problem with intelligence. Learning disorders are caused by a difference in the brain that affects how information is received, processed, or communicated.

It is important to recognise that dyslexia is not related to intelligence and can occur in severe, moderate, or mild forms. dyslexia does not only affect literacy skills such as spelling, but most of what we know about it relates to its relationship to language and literacy

## Signs and Symptoms

In early childhood, symptoms that correlate with a later diagnosis of dyslexia include delayed onset of speech, difficulty distinguishing left from right, difficulty with direction, and a lack of phonological awareness, as well as being easily distracted by background noise.

School-age children with dyslexia may exhibit signs of difficulty in identifying or generating rhyming words, or counting the number of syllables in words – both of which depend on phonological awareness.

## Causes of Dyslexia

1. Neuroanatomy118
2. Genetics
3. Gene–Environment Interaction

Counselling is a process where clients are helped in dealing with their personal and interpersonal conflicts by a third party therapist. Counselling is the service offered to the individual who is under going a problem and needs professional help to overcome it. The problem keeps him disturbed high strung and under tension and unless solved his development is hampered or stunted

There are some counselling types which plays big role to reduce Learning Disabilities.

**Rehabilitation Counselling**

Rehabilitation counselling is focused on helping people who have disabilities achieve their personal, career, and independent living goals through a counseling process.

**Mental Health Counselling**

Mental health counselling is what people typically think of when they hear the word counselling, but counselors' actual job duties may go well beyond what people imagine. Clinical counselors do indeed talk people through problems. In many cases, though, they diagnose as well as treat mental illness.

**Effective Techniques of Counselling**

**Behavior Modification**

Behaviour modification is a treatment approach, based on the principles of operant conditioning that replaces undesirable behaviors with more desirable ones through positive or negative reinforcement. There are some techniques of Behaviour modification - Positive reinforcement, Negative reinforcement, Punishment, Flooding, Systematic desensitization, Aversion therapy, Extinction

**Individual Education Programme**

The IEP is meant to address each child's unique learning issues and include specific educational goals. It is a legally binding document. The school must provide everything it promises in the IEP. A child who has difficulty learning and functioning and has been identified as a special needs student is the perfect candidate for an IEP.

**Review of Literature**

Sanders M.R., Healy K.L., Grice C., Del Vecchio T. (2017) conducted a study on Evidence-Based Parenting Programs: Integrating Science into School-Based Practice. The quality of parenting children receive has a pervasive impact on children's development including how well they do at school academically and socially. This chapter explores how schools can assist parents to support their children's academic and social development at school and at home. Results shows that Schools have great potential to enhance the wellbeing and academic success of children by encouraging parental involvement in evidence-based parenting programs.

Holly L. Stack-Cutler, Rauno K. Parrila, Minna Torquay (2015) conducted a study on University Students with Reading Difficulties: Do Perceived Supports and Comorbid Difficulties Predict Well-Being and GPA? We examined the impact of the number of comorbid difficulties, social support, and community support on life satisfaction and academic achievement among 120 university students or recent graduates with self-reported reading difficulties. Results supported a main effect model in which the number of comorbid difficulties and social, but not community, support predicted life satisfaction. Social and community support did not moderate the relationship between the number of comorbid difficulties and life satisfaction, lending no support to the buffering effect hypothesis.

Nicolson (1994) conducted a study on deficits in Cognitive and Motor skills among children

with Dyslexia. Thirty five children with dyslexia and normally achieving children matched for IQ and age, were tested on basic skills. Subjects' performance on such tasks as phoneme segmentation, picture naming, speed, tachistoscopic word recognition, speeded bead threading and balance showed less complete automatization than did controls. Results reveals that cognitive and motor skills of dyslexics childrens are deficit than other children.

**Objectives of the Study**

The problem of present investigation is to find out the impact of counselling on dyslexic problems of child.

**Concept and Hypothesis**

Positive reinforcement is a technique of Behaviour modification, and Individual Education Programme are part of Counselling so Hypothesis of present study is "positive impact of Counselling on dyslexic problems of Child."

**Research Design**

The methodology for research should follow from the research questions (Yin, 2009). Given that data I collected in my research was qualitative, including the interview with the parents of dyslexic child, Counsellor and some of the recorded information that involved Counsellor comments and descriptive recommendation and statements in the assessment reports (Psychological Report), Qualitative research approach to understanding this data is applied.

For this study one case of dyslexic child who have completed Counselling Sessions for diagnosis. In present study, Psychological Reports and Interview data sheet has been used as tools.

**Psychological Report - 1**

|             |                      |                 |  |
|-------------|----------------------|-----------------|--|
| <b>Name</b> | <b>Sarthak Narad</b> | <b>School</b>   | <b>Kings &amp; Queens School, Kanpur Nagar</b> |
| <b>Age</b>  | <b>14 years</b>      | <b>Examiner</b> | <b>Dr. Aradhana Gupta</b>                      |

Sarthak Narad was referred for an assessment of his reading/ writing/ spelling achievement and learning, behavioral needs. He is facing problem with his attention span. He is not attending tutoring. The testing was required as a means to ascertain his present cognitive needs and academic function. He takes time in paper pencil work and also distractible his confidence level is below.

**School Involvement**

Both parents expressed great anxiety over S's problems.

**Test Administered**

1. SIS Sound test level 1
2. Lindmood Auditory Conceptualisation Test
3. Conner's Rating Scale
4. Grade Level Assessment Device

**Behavioral Observation**

During the test minimum interruptions were experienced. He was cooperative during testing session. At last he showed fatigue. The child indicated that he felt problem with his spelling and concepts. His confidence level and communicative skills were limited. He has great problem in concentration of

maths and composition, concepts as his observation is limited and he preferred to stay in his comfort zone.

**Result & Interpretation****SIS Pre Test Level 1**

Problem in connected lowercase letters. Self correction is absent in spelling checking. He quickly printed five sentences on given topic. Spelling errors present: surround/suround, plase/place, fuly/fully

**Woodcock Reading Mastery**

1. Word Identification (Present)
2. Comprehension (average)
3. Passage comprehension (below average)

**Lindmood Auditory Conceptualisation Test**

The test measures a persons ability to listen a person's sequence of sound. Keeping one pattern in mind and compare it with new one. His level on it was below average as he needs constant supervision.

**Grade Level Assessment Device**

1. Reading deficit {81}
2. Spelling deficit {70}
3. Mathematics deficit {69}

Result on his suggest that S" is not performing at predicted levels. His basic difficulties revolving around organization, sorting out remembering and integrating. He has mixed with mild to moderate learning difficulties.

**Recommendation**

As he has delayed processing he should be allowed a writer. He needs to be taught study skills and compensatory strategies to aid his learning process for maths.

Extra time during test should be provided. Motivational counselling and special learning strategies should be applied.

**Case History - 1**

**Name** - C<sub>1</sub>

**Age** - 14 years

**Gender** - Male

**Father's Name** - CF<sub>1</sub>

**Mother's Name** - CM<sub>1</sub>

**Religion** - Hindu

**Class** - 8<sup>th</sup>

**School** - Kings & Queens School, Kanpur

**Locality** - Kanpur Nagar (U.P.)

**Counselling Experience of Client beginning to End**

He is very good teacher. He gives me some prize daily. He teaches me. He loves me and never punish.

**Counsellor Observation about the Client**

He was normal in first meeting. He was responding very well when I asked. He was poor in reading, writing and speaking. Now he is better form last 2-3 years and gives response comfortably.

**Parents and Teachers Perception Regarding the Case**

He is poor in Study. He is not responding properly like other Children.

**Parents Interview****Question**

When you have come to know that your child has been suffering from learning disability ?

**Answer**

In 4<sup>th</sup> class, when he was 9 years old.

**Question**

First time who suggested you for Counselling?

**Answer**

His class teacher suggested for Counselling when he did not written properly in notebook copying from white board and not completed learning work.

**Question**

Does any of siblings have similar behaviour difficulties?

**Answer**

No

**Question**

How would you rate your child's activity level as an infant/Toddler?

**Answer**

Average

**Question**

There any complications during the pregnancy or delivery and you take any type of medication during pregnancy?

**Answer**

Yes

**Question**

Was your child's early development (walking, talking, toileting, feeding etc.)?

**Answer**

Fairly

**Question**

Does your child have a history of sleeping disorder?

**Answer**

No

**Question**

Has your child had any significant medical problems while growing up?

**Answer**

Yes

**Question**

How much time you have taken time before going to Counselling?

**Answer**

I have taken 3 to 4 months due some problems.

**Question**

What was the first experience of meeting with Counsellor?

**Answer**

First experience was hopefully good.

**Question**

What are the benefits of Counselling?

**Answer**

We find some changes like

1. Write properly
2. Reading continously
3. Learning better than from 2 to 3 years

**Counsellor Interview****Question**

What type of Learning Disorder was found in your client?

**Answer**

Learning Disorder

**Question**

What was the base while diagnosing your client?

**Answer**

Some tests and checklists were base while diagnosing my client.

**Question**

Which techniques you have applied for diagnosis?

**Answer**

Behaviour Modification and Individual Education Programme (IEP).

**Question**

Have you had any changes in your applied techniques?

**Answer**

No.

**Question**

What are the improvement in your client by counselling?

**Answer**

He gives full attention at me after some counselling session and now he is better in Learning, Writing, Speaking and Attention.

**Question**

What was your experience with your client?

**Answer**

He was very angry boy due to his learning problems.

**Findings & Results**

He is known as dyslexic child. He is also facing problem with his attention span. He can not write proper because enable to understand what he want to write. Some times, He can understand what is going on in his environment but he can not explain it because lack of words.

It was found that case study of dyslexic child which has been made by authorised Clinical Psychologist, shows learning disabled child is facing problems at school and their home. Child is facing many problems like cognitive development, reading, writing, speaking and problems in associating with sounds and pictures. Child has expressed anxiety and frustration to their parents, siblings and other relatives because child is facing different types of learning disabilities like Dyslexia and associate disorder like Attention Deficit Hyperactive Disorder. Behaviour Modification, Individual Education Programme and Contengency Management techniques were very effective to reduce dyslexic problems of child. It was found that there were reducing dyslexic problems continously session by session of counselling.

**Conclusion**

All above findings show that mother has been suffered with problems during her pregnancy, Learning difficulties does not develop later in life, they are either present before or after birth. Before birth, something may happen to the central nervous system whilst in the womb, the brain may not develop correctly, or the child may not receive enough oxygen during child birth so those problems had been affecting their learning abilities and cognitive development. According to Nicolson (1994), he conducted a study on deficits in Cognitive and Motor

skills among children with Dyslexia and Results reveals that cognitive and motor skills of dyslexics childrens are deficit than other children. Educational Counselling in the cases of Learning Disabilities, ADHD and Dyslexia. In some cases people go for Medication so we can see that is acute cases of ADHD, medicine is helpful but there is no doubt about the role of counselling. Whenever we find any related case, we may start with formal assessment because that helps to clients. IEP according to student needs, we must use eye-hand co-ordination techniques, Lesson Plans according to ones individual needs.

**Suggestions**

The parents play a vital role in the emotional and intellectual development of children. They have more responsibility so they need to Praise the child when he or she does well. Children with LD are often very good at a variety of things. Find out what the child really enjoys doing, such as dancing, playing soccer, or working with computers. Give the child plenty of opportunities to pursue his or her strengths and talents. Find out the ways how the child learns best. Does he or she learn by hands-on practice, looking, or listening? Help the child learn through his or her areas of strength.

**Note**

The Psychological Report has been taken from Clinical Psychologist Dr. Aradhana Gupta, Dyslexia therapist.

**References**

1. Anette, C. Iversen (2010), *Learning Difficulties and Academic Competence Among Children With and Without Learning Disabilities; Child & Family Social Work, Vol. 15(3), pp-(307-314).*
2. Berninger & May (2011), *Evidence-based Diagnosis and Treatment for Specific Learning Disabilities; Journal of Learning Disabilities, Vol.44 (2), pp-(167-183).*
3. Holly L. Stack-Cutler, Rauno K. Parrila, Minna Torquay (2015), *Using a Multidimensional Measure of Resilience to Explain Life Satisfaction and Academic Achievement of Adults with Reading Difficulties. Journal of Learning Disabilities, Vol. 48(6), pp-(646-657).*
4. Nicolson, R.I. (1994), *Deficits in Cognitive and Motor skills Among Children with Dyslexia; Ann Dyslexia, Vol.44 (1), pp-(147-164).*
5. Sanders M.R., Healy K.L., Grice C., Del Vecchio T. (2017) *Evidence-Based Parenting Programs: Integrating Science into School-Based Practice. Handbook of Australian School Psychology. Springer, Cham.*
6. Stein, J. C., Hetzel, J., & Beck, R. (2012), *Twice exceptional? The plight of the gifted English learner; The Delta Kappa Gamma Bulletin, Vol. 78(2), pp - (36-41).*
7. Yssel, N., Adams, C., Clarke, L. S., & Jones, R. (2014), *Applying an Rtl model for students with learning disabilities who are gifted; Teaching Exceptional Children, Vol. 46(3), pp - (42-52).*