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Assessment of Learning Difficulties - an Overview

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Malaysia population 30m, ~ 3.7m aged 7-12 years in primary school

- 5-10% with Learning Difficulties ie 185,000 to 370,000 children
- 5% with ADHD ie 185,000 children
- 3% with Intellectual Disability ie 112,200 children
- Others with ASD, physical disability, vision or hearing impaired
- Overall 12-17%, ~5% severe disability, 10-12% mild



Malaysia National Education Blueprint 2013 to 2025

- Universal access: preschool to upper secondary school
- Compulsory school commence at 6 yrs
- Students with physical and learning disabilities go to schools with facilities and equipment to create a conducive and supportive learning environment.



Malaysia Special Education Regulations 2013

- Pupils with special education needs eg visual, hearing, speech, physical disabilities, learning difficulties attend:
- Inclusive education program
- Special Education Integrated Program
- Special Education Schools

with Individual Education Plan



Definition of LD ?



Definitions of LD

- Gap between ability and achievement
- Difference between verbal/ performance scores on cognitive assessment
- Specific definition eg of dyslexia

Continuum of learning ability and disability ie dimensional not categorical view



What's in a name?

- Learning *difficulties* outcome of constitutional and environmental factors, prevalence 15-20%
- Learning *disabilities/disorder* neurological, prevalence 2-4%



Definition Learning Disabilities

- Refers to a number of disorders which may affect the acquisition, organisation, retention, understanding or use of verbal or nonverbal information in those with otherwise at least average abilities
- Result from impairments in processes related to perceiving, thinking, remembering or learning



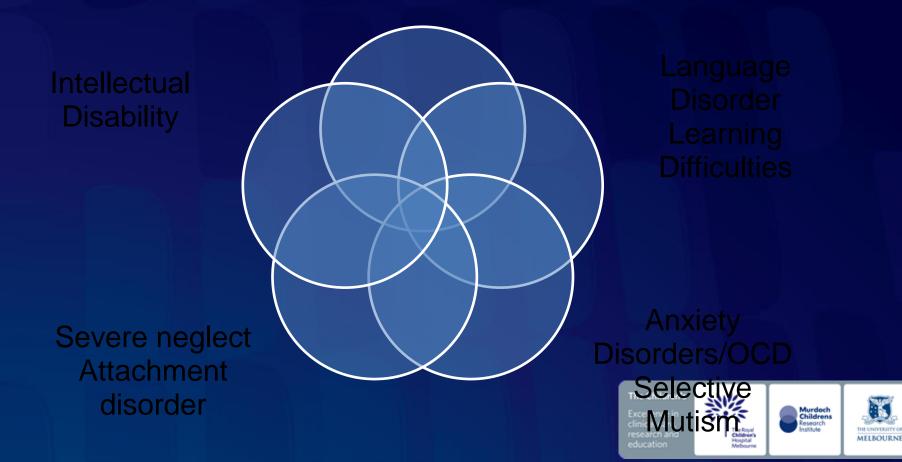
Definition dyslexia – NICHD USA 2003

 Dyslexia is a specific learning disability that is neurobiological in origin. It is characterised by difficulties with accurate and/or fluent word recognition and poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction



Overlapping Conditions

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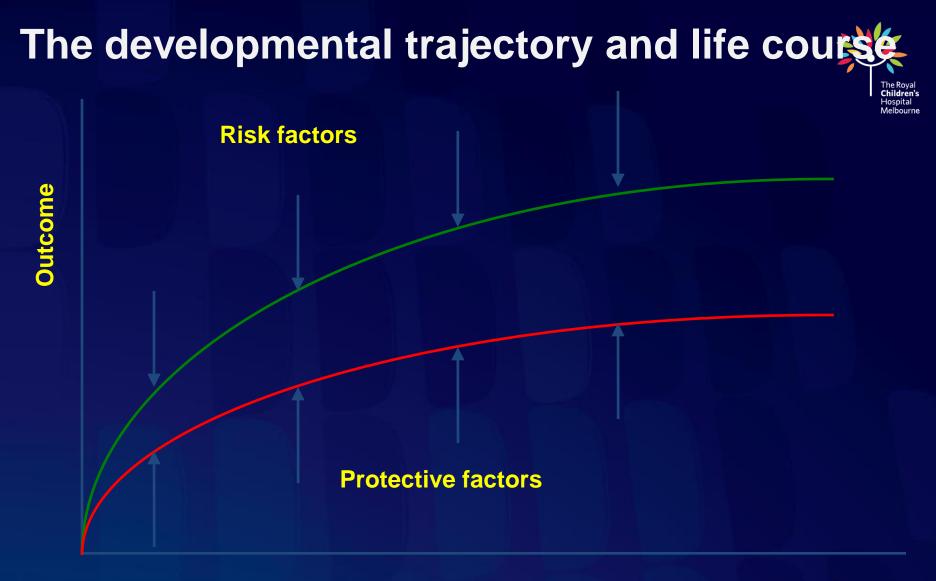
Social gradient of health

- Learning to read critical in modern urban society
- Primary school success dependant on good quality early childhood care and education
- Secondary school success dependent on good reading skills in primary school
- Adult work critical to stay in control of own life
- The more control over own life, the better health in middle to older age



Life course perspective

 The best predictor of ill health and even death in middle age may be failure to learn to read by the age of 8 years



Age

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Constitutional factors

- Genetic
- Perinatal stress
- Temperament
- Behaviour
- Health

- Vision and hearing
- Age
- Gender
- Developmental status



Environmental factors

- Poverty, socio economic status
- Cultural, language differences
- Family factors eg level of stimulation, organization, attitudes, dynamics
- Inappropriate expectations
- Limited preschool experience
- School factors



Gender issues

- Often male/female ratio quoted 5 to1
- But actual male/female ratio is 1.5 to1
- Boys recognised more, because more likely to show difficult behaviour
- Many boys with discipline problems are reacting to years of school failure



Co morbidities

- Language delay
- ADHD, other Externalising Behaviour Problems
- Autism Spectrum Disorder
- Emotional disorders
- Family dysfunction
- Medical conditions eg epilepsy, VLBW
- NB giftedness, borderline Intellectual Disability



Early predictors of reading difficulty

- Poor phonological awareness
- Language delay
- Poor self regulation
- Family history ~60% variance genetic

Early recognition, early intervention essential – gap widens after 8 years



Presentation with LD

- Delayed reading/writing
- Behaviour problems
- Social emotional difficulties
- School failure
- School refusal

May not be recognised until late



Patterns

- Reading difficulties 80%
- Associated with spelling and writing difficulties
- Isolated maths or writing difficulties less common



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I have great ideas, but when I write them down they look dumb

10 year old boy





Readiness to learn ~ 5 years

- Reading phonological awareness, beginning knowledge of alphabet, auditory memory, literacy experiences
- Writing motor skill, perceptual organization
- Maths one to one correspondence
- Behaviour self regulation, emotional security, self confidence



Cognitive processes in learning

- Phonological processing
- Memory and attention
- Working memory
- Language processing
- Perceptual motor processing
- Visual processing
- Processing speed
- Executive function; integration of information, planning and organisation

INFORMATION PROCESSING



Phonological processing

- Phonological awareness ability to recognise, identify, and manipulate syllables and sounds within spoken language
- Phonics association of letters and sounds to understand written symbols



Development of phonological awareness

- Awareness of whole words
- Awareness of syllables
- Awareness of phoneme-level units of language

Reading develops phonemic awareness

- 4yr old beginning
- 5yr old 17%
- 6yr old 70%



Working memory

- System responsible for temporarily storing and manipulating information
- Limited capacity, develops over time
- Independently related to reading, mathematical and general learning difficulties (better predictor of achievement than IQ)
- Previously thought not remediable, recent computer studies showing improvement



Paediatric assessment -individual differences model

- Developmental perspective
- Measure strengths and weaknesses
- Assessment goal -accurate description
- Individual management plan, specific to child and relevant to school



Approach to assessment

- Understand systems preschool, school, special needs support, special schools, community support
- Multidisciplinary parent, child, teacher, other disciplines eg psychology, speech pathology, special education, occupational therapy
- Avoid labelling unless specific purpose



Process of paediatric assessment

- Multiple sources information parent and teacher questionnaires, Achenbach Child Behaviour Check List (CBCL), Teacher Report Form (TRF)
- Detailed history
- Physical, neurological examination
- Neurodevelopmental assessment
- Referral for more detailed assessments if appropriate



Parent Questionnaire

- Problems, ? cause
- Previous help in and out of school
- Perinatal history
- Health
- Behaviour
- Development

- Daily skills rated 1-3
- Strengths
- Family history
- Achenbach Child Behaviour Checklist



Teacher questionnaire

- Difficulties and strengths
- Specific questions needing help
- School setting, resources
- Previous evaluations
- Typical daily performance rated 1-4
- Achenbach Teachers Report Form



Assessment of development

- Historical clues
- Current abilities, as rated by parent, teacher and child
- Administration of age appropriate developmental items



Neurodevelopmental assessment

- Neuromaturation
- Gross motor and fine motor skills
- Visual-motor integration
- Sequential organization auditory and visual
- Working memory
- Language observation, screening tools
- Note attention and related behaviours



Neuromaturation

- Window on developing CNS
- Minor neurological signs
- Laterality
- Propriokinaesthetic function sensory feedback
- Position in space



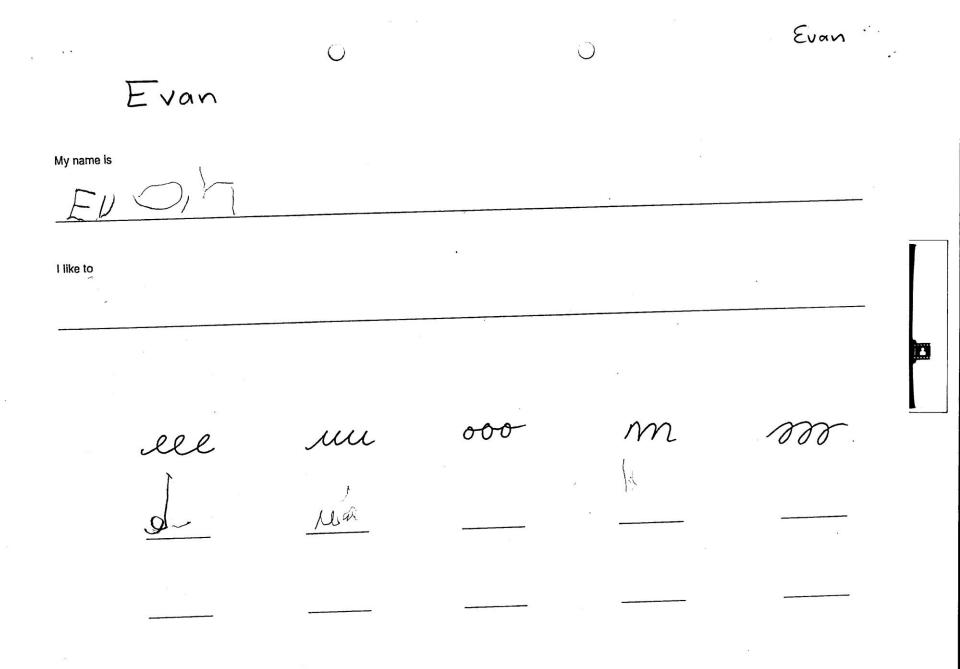
Gross Motor Function

- Coordination
- Motor planning, motor sequencing
- Linked with visual motor and spatial functioning
- Affected by impulsivity, poor self monitoring
- Important for self esteem, body image



Fine Motor Function

- Small muscle manipulation
- Includes motor planning and motor sequencing
- Linked to visual motor integration, attentional control
- If subtle, may not be apparent till later grades



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Visual motor integration

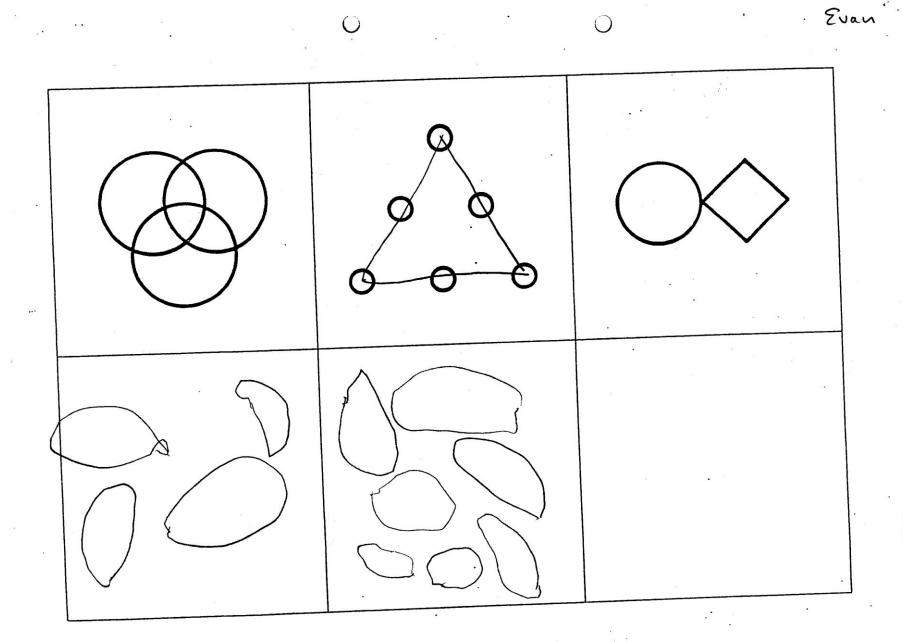
- Discrimination of visual details
- Spatial relationships
- Patterns/shapes in written material
- Meaning of maths symbols

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Temporal-sequential organization

- Auditory sequencing (Short Term Auditory Memory)
- Visual sequencing
- Understanding of time concepts
- Organization and planning
- Secondary attentional problems



Language

- Receptive and expressive language
- Comprehension
- Grammatical structure
- Concepts, eg irony, sarcasm, humour
- Spoken and written organization
- Pragmatics ie social rules



Behavioural observations

- Attention
- Emotional status
- Adaption to examination
- Self monitoring, risk taking, task avoidance

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ROYAL CHILDREN'S HOSPITAL, MELBOURNE

NEURODEVELOPMENTAL ASSESSMENT

SCORE SHEET

| Child's name: |
|---------------|
|---------------|

Date of exam:

Examiner's name:

School:

Child's age: yrs mths

NEURODEVELOPMENTAL PROFILE

| - | NEUROMATURATION | | | MOTOR | | | VISUAL MOTOR INTEGRATION | | SEQUENCING | | COMMN | BEHAVIOUR | | |
|-----------|-----------------|-----------------|---------------------|-------|-------------------|----|-----------------------------|---------|------------|--------|-------|-----------|--------|-------|
| | Soft signs | Assoc mgment | Propriokina esth | GM | Motor Planning | FM | Perf | Gestalt | Auditory | Visual | 1 | Attn | Affect | Adapt |
| Strong | | | | | | | | | | | | | | |
| Average | | | | | | | | | | | | | | |
| Weak | | | | | | | | | | | | | | |
| Very weak | | | | | | | | | | | | Ľ | | |



Paediatric Report

- Clear simple language
- Paint a picture of child, STRENGTHS
- Acknowledge contribution of school
- List issues and actions
- Provide information about development and effects on learning eg STAM, working memory, language delay, visual sequencing, visual motor integration
- Address comorbidities
- Don't tell teachers how to teach



Advocacy

- Individual by clarity of reports, support for parents, engagement with school
- System paediatric contribution to MOH, MOE policy and planning



Learning difficulties matter

- High prevalence, long term consequences, need data and surveillance
- Prevention (early literacy)
- Early recognition and effective intervention
- Opportunity for advocacy at health education interface



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