

What are Learning Differences (“Difficulties” or “Disabilities”)?

Students who have “learning differences” (LD) can be contrasted with typically learning students in relation to academic work. Causality can be ascribed to genetic or environmental influences, or both combined. Children may have problems in reading accuracy and/or reading comprehension, and writing and maths skills, leading to low self-esteem and depression. Some have behavioural concerns which affect academic levels. All Inclusion areas lie within the combined areas targeting Child Mental Health Screening. All identified areas relate to some other specific *comorbid* disorders. The incidence of Reading difficulties in the general population is approximately 16%, but may rise to 20-25% in children with low socio-economic status (low SES). A higher level is found in Indigenous populations.

ALL children must be monitored comprehensively for Mental Health or Wellbeing, at for example 2-4, 4-5 and 6-12 years, with Parents, Teachers and Child Reports (at 7-8 years) as informants (analogous to child immunization). SES, genetic, medical antecedents, speech-language, auditory processing, motor, parent-child relations, the family environment, the school environment, internalising and externalising behaviour, inattention and identification of academic levels, child ability level and giftedness need comprehensive screening. Monitoring provides referrals for interventions to (i) schools or (ii) extra-school to professionals. Identification by teacher observation is error-prone and results in false-positives and false-negatives. Validated monitoring systems can identify children’s profiles in all areas - giving teachers the necessary information to target every child’s “Special Needs”.

Summary of (a) learning differences (b) developmental disorders related to child mental health.

(a) Slow Starter or Slow Learner. This child learns slowly, and shows poor memory/academic skills in the early years, but improves later. Due to language, speech delay or neurological problems, they may have birth complications and/or low birth weight. Features of LD problems can also be observed.

Developmental Dyslexia. A genetic problem involving fine neurological problems in the brain. Observable traits include letter reversals and rotations, bizarre spellings, word movement on a page, letters and words seemingly three dimensional. Training demands sensory-motor and phonics’ skills. Hyperlexia. Automatic word reading without, or with significantly reduced, comprehension of the text.

Dyscalculia. Problems in arithmetical reasoning and calculations, as in comparing a number of coins with a written number. Poor number memory. The inability to image numbers, eg. seen as “tramlines”.

Non-verbal learning disorder (NLD). Poor visual-spatial organization, maths, novel, complex tasks, non-verbal memory, reading comprehension and social skills. Good word reading and language.

(b) Behaviour problems. Some LD problems are the consequence of behaviour problems, but not all.

(i) Internalising: Social Withdrawal (doesn’t relate to others, avoids/avoided by the peer group, shy). Anxiety (worries a lot, fearful, panicky, poor sleeping, depression).

(ii) Externalising: Hyperactivity (overactive, impulsive, very restless). Added to Inattention = “ADHD”. Conduct-Oppositional Disorder (defiant, disruptive). Can be confused with “ADHD”.

(iii) Inattention: (Poor attention, distractible, can’t concentrate). Added to Hyperactivity = “ADHD”.

Auditory Processing Disorder (APD). Dysfunctional speech perception and listening skills affecting word discrimination, attention span and memory problems. Contributes 50% or more to Inattention.

Speech-Language Impairment (SLI). Delayed early language, poor expressive language, poor verbal vocabulary and memory. Speech production problems. Difficulties in pragmatics (facial expression, tone of voice), prosody (word stress, intonation). Poor phonological analysis and reading problems.

Executive Function Disorder. Difficulties in processing and expressing information, poor planning and organizing of thoughts, interference in thinking, reflecting, and choice-making skills.

Autism Spectrum Disorder (ASD). Severe problems in social and verbal skills, poor eye contact and body language, immature play, resistant to change, fixated interests, pronounced rituals/routines.

Asperger’s Syndrome. Difficulties understanding others’ feelings, lack of empathy, few friendships, avoidance of play. Upset by noises, touching and crowded places. Literal interpretation of phrases. Good long term memory, unusual fascinations, rituals/routines, resistant to change, poor behaviour.

Tourettes Syndrome (Tics). Motor eg. pulling faces, finger flicking. Vocal: eg. grunting, sniffing, making high or low pitched noises. Complex: repeating their own and others’ words out loud.

Developmental Coordination Disorder (Dyspraxia). Gross: clumsiness, poor balance, can’t skip. Eye-hand-motor: poor ball skills. Fine: poor finger skills, awkward hand writing (Dysgraphia).