

THE LEARNING DISABLED

The learning disabled are not a homogeneous group except in one respect – an inability to learn. Beyond this single characteristic, there are many reasons for their being learning disabled.

Some of these reasons can be addressed by SOI, while others cannot.

EXPERIENTIALLY DEPRIVED

The learning disabled most amenable by SOI programs are those who are experientially deprived. Students who have not had the opportunity to develop learning abilities because their environments, especially in their early childhood years, did not provide the experiences that would informally produce those abilities expected in the entry years of schooling.

The remediation for this group is very direct and practical – test to see what abilities have not been informally fostered, and provide training to formally develop them. This is a cost-effective program that works.

However, it is seldom used to its greatest advantage because there is typically no place for individual preparation in the school system. They prefer a strategy of waiting for students to fail before they address individual needs.

MODERATELY MENTALLY IMPAIRED

These are students who were previously identified as “educable mentally retarded.” They learn more slowly than normal students and they typically have a learning ceiling which is far below the average. Nonetheless, they can be advanced with SOI abilities training.

The direct training of learning abilities is more fruitful preparation for the essential skills of social

participation than a diminished (dumbed down) curriculum. Abilities, once developed, have a much broader possibility of application than a curriculum that has been accommodated to the student’s presumably immalleable learning limitations.

In addition to the development of learning abilities, the moderately mentally impaired students need concept development. There is a misconception among many teachers that students develop concepts by reading or listening.

At the upper reaches of education this may be true, but at the ground floor level, the inverse is true. The students who do not have a concept of “group,” will not be enlightened by learning to read g-r-o-u-p. They will be able to pronounce the word, but unless attached to a concept, it is meaningless.

How can concepts be taught without reading? The surest avenue into the limited mind is figural, so any concept that can be concretized has the best chance of being understood and internalized. Once the concept is grasped, then attaching it to a written word will expand its utility.

In summary, moderately mentally impaired can improve their learning skills, but it requires special programs with special curriculum – truly special education.

LEARNING INTERVENTION

The need for learning intervention in the school system is an acknowledgment that the anticipated learning has failed and needs to be addressed. A critical point at issue in the process is when the acknowledgment of need for intervention is made.

Different school systems have very different operating procedures. Most wait for the learning failures to accumulate to the point where the

failing students are no longer benefiting from the classroom instruction.

These students become “learning disabled” by default, and the system is then prepared to address their disability with intervention (outside of the classroom) procedures.

The flash point in this model is when the referred students show up for intervention. The accumulated failures are amalgamated into a general failure, and a general malaise is very difficult to diagnose and treat – much more difficult than a specific problem.

When SOI is consulted with a general malaise learning problem, our first step is to assess vision and sensory-integration problems. Then we test for learning ability weaknesses.

This gives us assessment-guided treatment programs for learning problems in general. The key are diagnostic results that determine the treatments of the intervention.

A more efficient system is to address each learning failure as it is detected. Specific problems are more easily diagnosed than the accumulated problems amalgamated into general malaise.

However, this only works in a context where students are progressing in the curriculum independently. Very few classrooms are organized for individual continuous progress, so they fall back on the learning-disabled-by-default model.

ACCOMMODATION

The only value we see in accommodation is as a bridge to general learning – not an answer to a general learning problem. The difficulty with accommodation as a general learning intervention is that it does not generalize.

Limited parts of the society may offer general compensations for learning deficiencies, but they are very limited in their scope, and when the

accommodation is not provided, the learner is left to flounder.

The better approach is to use accommodation as a means of providing a bridge to a general remediation. For example, we use LOCAN as a bridge to processing alphabetic language.

It is an accommodation used to convince a non-reader that they can read, given the proper circumstances. But we are under no illusion that the world at large will opt to print in LOCAN to accommodate our students.

Once the accommodation has provided a means of successive approximation to our goal of reading, we provide a transition to alphabetic language. Every accommodation should be temporary – or universal in society, like curb inclines – otherwise it creates an expectation which society is not going to meet.