

# A study on Attitude of Psychiatrists, Clinical Psychologists and Special Educators towards specific learning disability

Jibin George and Dr Muhammad Mustafa K

School of Behavioural Sciences,

.Mahatma Gandhi University, Kottayam

## ABSTRACT

*The present study is intended to understand the attitude of psychiatrists, clinical psychologists and special educators towards specific learning disability. The major objective of the study is to understand the attitude of psychiatrists, clinical psychologists and special educators towards specific learning disability. The methodology used for the study was descriptive survey. The sample of the study consisted of 30 psychiatrists, 30 clinical psychologists and 30 special educators from various part of Kerala. The total sample is 90. The study found that the attitude of the psychiatrists towards specific learning disability was found to be average (62.42). The obtained percentage level of attitude of clinical psychologists towards specific learning disability is (72.75), it is above average. The highest percentage of attitude towards specific learning disability was obtained by the special educators (75.03). It is above average.*

**Keywords:** *Specific Learning Disability, attitude, psychiatrists, clinical psychologists, special educators*

## Introduction

In the present scenario the term specific learning disability is familiar with common people, especially in the school settings. In India, at present, the specific learning disability is considered as the entitlement of urban areas. Even Directors of State Education are known to express doubts at the existence of any such disability. Unfortunately, the confounding factors of English as a foreign language and lack of proper education and exposure whilst aggravating the academic difficulties for the children, also play a major part in masking the processing problems and hence make specific learning disability an elusive entity. Teachers attribute the learning difficulties to a “language problem”, not realizing that specific learning disabilities too are a language based disorder. Most of the (research and intervention) work in the area of specific learning disability is being done by private organizations and the NGOs. There is little communication between these organizations and the state educational authorities (*Rehabilitation council of India*).

In India, the research in the area of specific learning disability took up only recently (Ramaa, 2000) and it still persists as an unidentified disability. Unfortunately, in India, many children with Specific learning disability often remain undiagnosed because of a general lack of awareness leading to chronic poor school performance, class detention and even dropping out of school (Kamala,R 2013). There is no general agreed definition for the term the Specific Learning Disability. According to the regulations for Public Law (P.L.) 101-476 which is entitled The Individuals with Disabilities Education Act (IDEA), the definition of Learning Disability is “*a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. However, learning disabilities do not include, learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.*”(Learner, J, 2006)

The learning difficulties associated with specific learning disability have been experienced by the students for a long time, were not identified in the crowded classroom. (Karanth, 1998). Studies conducted by the Sree Chithira Thirunal Institute of Medical Sciences and Technology in Kerala in 1997 revealed that nearly 10% of the childhood population has developmental language disorders of one type or the other and 8-10% of the school population has specific learning disability of one form or the other. The Institute for Communicative and Cognitive Neurosciences (ICCONS), Kerala, has been conducting research programs in child 162 language disorders and developing research and rehabilitation programs for learning disabilities. Screening for LDs for Classes I to VII in schools with follow up assessments by experts in 10 panchayats in Kerala revealed that 16% of these school children have a learning disability (Suresh, 1998, *Rehabilitation council of India*).

Current literature depicts that 10-14% of the 416 million children in India have specific learning disability making it the most widespread disability. It is estimated that India has five students with LD in every average-sized class (Saravanabhavan, S 2010). The prevalence of specific learning disabilities such as dyslexia, dysgraphia and dyscalculia among primary school children in South India is 15.17 % ( Mogasale, V, V, 2010). At present, many children with Specific learning disability are studying in non-English (vernacular) medium schools especially in rural areas, are going undetected for non-availability of standardized psychological and educational tests (Karande, 2008, Kamala, R, 2013). The Attention Deficit Hyperactivity Disorder is found to be an associated condition of specific learning disability is also observed to be prevalent (Crawford, 2007). Compounding the issue of prevalence is limited awareness of specific learning disability among parents, teachers, and educational administrators, and the lack of teacher training in this area (Saravanabhavan, S, 2010).

The field of specific learning disability is the newest challenging sub area of the broader field of special education. That is the most vague and mystifying when compared to other major handicapping or disabling conditions, with the possible exception of emotional disturbances. It is only at a later date that specific learning disability was officially recognized than other handicapping conditions and so there is still a great deal of debate as to what is meant by term specific learning disability. The specific learning disability is assessed by Psychiatrists, Clinical Psychologist and Special Educators their own way. The slow learner, scholastic backward children and other learning problem due to environmental factors are considered as the specific learning disability in school settings because of their lack of awareness. The present study is intended to understand the attitude of psychiatrists, clinical psychologists and special educators towards specific learning disability. The major objective of the study is to understand the attitude of psychiatrists, clinical psychologists and special educators towards specific learning disability.

## Method

### *Participants*

All the items under consideration in any fields of inquiry constitute a population. For the purpose of the present study, the investigator selected a subset of the population. This constitutes the sample. The first step in sampling is definition of population, which is the group on which the investigator would like to generalize the results. In this study, the population is composed of all psychiatrists, clinical psychologists and special educators in Southern part of Kerala state. Selection of sample is a very important step in conducting any research study. From the different sampling techniques, the investigator selected stratified random sampling procedures for the selection of the sample. The sample of the study consisted of 30 psychiatrists, 30 clinical psychologists and 30 special educators from Southern part of Kerala. The total sample is 90.

### *Instrument*

The authors developed a 22- item survey, in English, calling for responses on a Likert-type scale ranging from *strongly agree* to *strongly disagree*. The items primarily assessed basic understanding of the characteristics of children with specific learning disability, types of specific learning disability, and assessment of specific learning disability based on current literature. A pilot survey was conducted with a sample of 10 psychiatrists, 10 clinical psychologists and 20 special educators who were not part of the sample. Items on the instrument were modified based on feedback from the pilot study. Reliability of this test was established using the split half method. Pearson's Correlation Coefficient was (0.84).

## Results

From the table 1, it shows that the Mean and Standard Deviation of psychiatrists ( $m=54.93$ ,  $SD=7.36$ ), clinical psychologists ( $m=64.06$ ,  $SD=6.25$ ) and special educators ( $m=66.03$ ,  $SD=5.45$ ) towards specific learning disability.

The mean score of the entire group falls within the range of 54 to 70. It indicates that the entire group has average level and above average level of attitude towards Specific Learning Disability.

**Table 1-** Mean and Standard Deviation of psychiatrists, clinical psychologists and special educators towards specific learning disability

Psychiatrists (N=30)	Clinical psychologists (N=30)	Special educators (N=30)
Mean 54.93 SD 7.36	Mean 64.06 SD 6.25	Mean 66.03 SD 5.45

**Table 2-** Mean, Standard Deviation and 't' value of attitude scores of Psychiatrists and clinical Psychologists towards specific learning disability

Category	N	Mean	SD	't' value
Psychiatrists	30	54.93	7.30	5.240*
Clinical psychologists	30	64.06	6.25	

P < 0.05 significant

Table 2 shows that the obtained 't' value (5.240) for attitude of psychiatrists and clinical psychologists are more than that of table value at 0.05(p<0.05) significance level. So it can be concluded that the mean scores obtained by psychiatrists and clinical psychologists differ significantly. Therefore the hypothesis that there is no significant difference between attitude of psychiatrists and clinical psychologists towards specific learning disability is rejected.

**Table 3-** Mean, Standard Deviation and 't' value of attitude scores of Psychiatrists and special educators towards specific learning disability

Category	N	Mean	SD	't' value
Psychiatrists	30	54.93	7.30	6.680*
Special educators	30	66.03	5.45	

P < 0.05 significant

Table 3 indicates the arithmetic means, standard deviation and 't' values of attitude of Psychiatrists and special educators. It is understood that the obtained 't' values (6.680) for the two groups is more than that of the table value at 0.05(p<0.05) significance level. Therefore it can be concluded that the attitude of Psychiatrists and special educators differ significantly. Therefore, the hypothesis that there is no significant difference between attitude of Psychiatrists and special educators toward specific learning disability is rejected.

**Table 4-** Mean, Standard Deviation and 't' value of attitude scores of clinical psychologist and special educators towards specific learning disability

Category	N	Mean	SD	't' value
Clinical psychologists	30	64.06	6.25	0.000
Special educators	30	66.03	5.45	

Table 4 shows that the means, standard deviation and t' values of attitude scores of clinical psychologists and special educators towards specific learning disability. The obtained 't' values (0.000) for the two groups is less than that of the table value at 0.05 ( $p > 0.05$ ) significant level, therefore it can be concluded that the attitude of clinical psychologists and special educators do not differ significantly. Therefore the null hypothesis is accepted.

## Discussion

### Percentage- wise analysis

The attitude of the psychiatrists towards specific learning disability is found to be average (62.42). The obtained percentage level of attitude of clinical psychologists towards specific learning disability is (72.75), it is above average. The highest percentage of attitude towards specific learning disability is obtained by the special educators (75.03). It is above average.

### Level base analysis

Majority of the psychiatrists are having the average level of attitude towards specific learning disability. The means score are obtained by the psychiatrists and clinical psychologists differ significantly. It is found to be significant difference between attitude of psychiatrists and clinical psychologists towards specific learning disability. Therefore the null hypothesis that, there is no significant difference between attitude of psychiatrists and clinical psychologists is rejected.

The attitude of psychiatrists and special educators towards specific learning disability is found to be significant difference between them. Therefore the null hypothesis that, there is no significant difference between attitude of psychiatrists and special educators towards specific learning disability is rejected. The most of the clinical psychologists and special educators are having above average level of attitude towards specific learning disability. The attitude of clinical psychologists and special educators towards specific learning disability do not differ significantly. Therefore the null hypothesis that there is no significant difference between clinical psychologists and special educators towards specific learning disability is accepted.

## Conclusion and implication

The present study revealed that the attitude of psychiatrists, clinical psychologists and special educators towards specific learning disability are average level and above average level of attitude respectively. The highest level of attitude towards specific learning disability is obtained by special educators. Most of the psychiatrists agreed that there is no assessment procedure in psychiatry setting to assess the specific learning disability. The clinical psychologists administrate various assessment tools for assessing students with specific learning disability. The special educators are well aware of the condition of the students with specific learning disability; they are not in a position to identify them by using any type of formal tools.

The present study seems to have made an attempt to deal with an area, which is still more or less a virgin province. Needless to say it requires further refinements. However, with available findings the study focused upon one of the important area, which should attract attention of policy makers on education, psychiatrists, clinical psychologists and special educators.

The present study reveals that there is no uniform pattern of assessment tools for assessing students with specific learning disability. Therefore the uniform pattern of assessment tools is essential for assessing students with specific learning disability. The uniform pattern of assessment tools should be based on major theories of psychology such as developmental psychology, behavioral psychology and cognitive psychology. It should assess the Academic functioning, Cognitive functioning and Social and Emotional behaviors of the student. The data reveals that some clinical psychologists and educators prepared assessment tools themselves and applies in assessment in specific learning disability. However this cannot be take in to consideration as a general tool for the assessment.

. The psychiatrists agreed that there is no assessment procedure in psychiatry setting, initially clinical psychologists assess the students and refer to psychiatrists and they are supposed to issue appropriate certificate for the students with specific learning disability. The special educators give remedial teaching.. It is strongly stated that the need of psychiatrists, clinical psychologists and special educators in multidisciplinary approach exclusive for students with learning disabilities.

### Limitations of the study

The study was conducted on sample selected from Southern parts of Kerala; however the sample size is only 90. The investigator mainly concentrated only the attitude of psychiatrists, clinical psychologists and special educators toward specific learning disability. A more large and proportionate sample could have given more generalizable result. Despite these limitations, the researcher has made sincere effort to make the study meaningful, truthful and valid.

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