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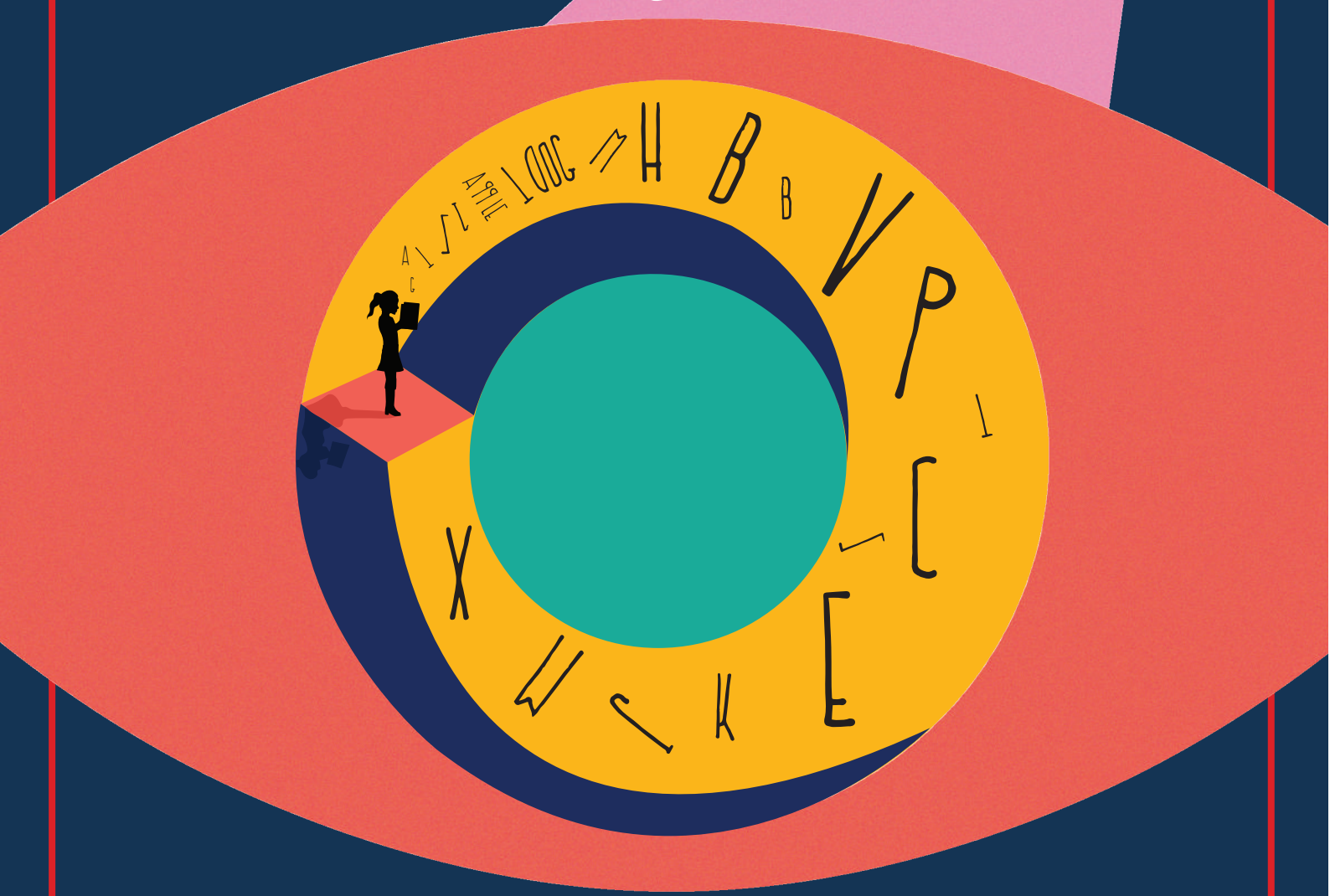
The Mind's *Eye*



Issue 6

Philip Kurian

I would like to thank you all for your good response towards our newsletter. This will be the last issue for 2017 before we set ourselves to release a brand new issue for 2018.

Last month, We spoke about Dyslexia and the role played by the teachers to address such issues in kids. This month, we will be covering importance of identification of Learning Disability at an early age and how to address them.

Learning Disability/disorder, as a disability has received attention recently in light of the amendments in Person with Disability (PWD) Act, emphasizing the need to ensure timely identification and remediation in order to minimize and prevent its disabling effects on individuals. Often quoted as an 'invisible disability', as not easily identifiable like other 'disabilities', LD is marked by disabilities in many areas of functioning and not restricted to academic difficulties. The movement to sensitize people about learning disability began around 50 years ago in India. Despite the passage of time, there still isn't enough awareness or rehabilitation measures available for children with learning problems. A new study from the University of Melbourne says that every classroom is likely to have two or three children with learning disability. This is an alarming number and the same might be true for India. If these statistics rings the bell, then my urge to you is do your own bit to address these issues in kids and help them overcome these learning barriers resulting in a healthy life.

Wishing you all a Merry Christmas and a Happy New Year.

Warm Regards,
Philip Kurian
Director and Country Manager,
Pearson Clinical & Talent Assessment

Professional of the month

Dr. Manoj Kumar Bajaj

Dr. Bajaj has done his M.Phil. in Clinical Psychology from IHBAS,Delhi University, Delhi and Ph.D. in Psychology from M.D.University, Rohtak, Haryana. He has also been recently awarded the prestigious BB Sethi Award by Indian Association of Social Psychiatry. He has been registered with Rehabilitation Council of India as Licensed Clinical Psychologist. Dr. Bajaj, who is All India Council Member of the Indian Association of Clinical Psychologists (IACP), is also an editor at the International Journal of Education and Applied Sciences Research, Special issue of the International Journal of Computers in Clinical Practice "Computer Applications in Brain and Behavioural Sciences". He has been elected unopposed as Honourable Treasurer of IACP recently. Dr. Bajaj's areas of interest are Cognitive behavior therapy in emotional disorders, Clinical Neuro-Psychology, Geriatric Mental Health. His Areas of strength revolve around Neuropsychological Rehabilitation in traumatic brain injury, Neurological, Psychiatric and geriatric disorders.

He has very special interest in Biofeedback training. His Research Publications span over 13 Original Articles in International and National Journals, 1 book Chapter, Supervisor of 12 M.Phil Clinical Psychology Thesis's and Co-supervisor of 3 MD Psychiatry thesis. He has excellent skills in Psychometry, Psycho-diagnostics, Neuropsychological, Personality, Intellectual and Specific Learning Disability Assessments. He has also participated and been a part of the organizing committee of more than 30 national and international conferences, workshops and symposiums. He has been conducting workshops in Clinical Neuropsychology and in Geriatrics. He has been the key person in establishing Social Skill Unit, Neuropsychology Unit and Behaviour Therapy Unit at GMCH. Dr. Bajaj is currently looking after the M.Phil. Clinical Psychology Course at GMCH, Chandigarh as Core Faculty.

Learning Disability- Indian scenario.

According to the National Center for Learning Disabilities, LD is a neurological disorder that affects the brain's ability to receive, process, store and respond to information. The term learning disability is used to describe the seeming unexplained difficulty a person of at least average intelligence has in acquiring basic academic skills. These skills are essential for success at school and at workplace and for coping with life in general. LD is not a single disorder. It is a term that refers to a group of disorders in listening, speaking, reading, writing and mathematics.

The other features of LD are: (a) a distinct gap between the level of achievement that is expected and what is actually being achieved (b) difficulties that can become apparent in different ways with different people (c) difficulties with socio-emotional skills and behavior. However, specific reading disabilities, in children and adults, have been classified as 'dyslexia' or 'developmental dyslexia' or even 'specific developmental dyslexia'. These terms are in use interchangeably with LD. Different types of specific learning disabilities were defined: dyslexia (difficulty in reading), dysgraphia (difficulty in writing), dyscalculia (difficulty in numbers and mathematical concepts) and dysnomia (difficulty in naming). Simultaneously dysphasia (expressive language difficulty) was also being noted together with receptive language difficulties (Karanth, 2002). Today all these are included under the umbrella of Specific Learning Disability (SLD).

Learning disabilities can affect a person's ability in the areas of listening, speaking, reading writing and mathematics and is often first suspected when there is a clear and unexplained gap between an individual's level of expected and actual levels of achievement. Learning disabilities also can encompass problems in the area of social-emotional skills and behaviour, and some individuals with learning disabilities struggle with peer relationships and social interactions in addition to academic challenges. Thus LD can be described as one of the main reason for school-drop out, lack of interest in studies and poor academic performance.

The identification and description of LD began in the west in the 1950s and 60s. The major developments of the LD movement during this period centered on children, who appeared normal in many intellectual skills but displayed a variety of cognitive limitations that seemed to interfere with their ability to read, write and learn in the classroom. These were essentially deficient general learning processes centering mostly on what we today call distractibility, hyperactivity and visual-perceptual and perceptual-motor problems.

The LD movement in India is of a recent origin and is today comparable with that of its Western counterpart. Reports of lower incidences of LD in the East were attributed by Western scholars to the general lack of awareness and sensitivity among educationists to the specific difficulties faced by children learning to read in overcrowded classrooms.

The Nalanda Institute report (2002) has highlighted that in India during the last two-decade or so, there has been an increasing awareness and identification of children with LD. Despite this growing interest, India still does not have a clear idea about the incidence and prevalence of LD. Unfortunately, epidemiological studies of LD are fraught with difficulties ranging from the very definition of LD, identification, assessment, to socio-cultural factors unique to India. The implications of these terms for identification of children with LD in a pluralistic society such as ours are immense and cannot be easily handled (Karanth, 2002). The inherent complexities of the notion of LD are further complicated by an acute lack of teacher awareness, of clear-cut assessment procedures or indigenous tools for assessment of processing deficits, intelligence testing and testing for proficiency in reading and writing (Karanth, 2002).

The spectrum of difficulties and their severity makes diagnosis of SLD extremely difficult especially when they are confounded by environmental, cultural and economic disadvantages. In India these factors namely, the poor exposure of many of these children to education, knowledge and language makes diagnosis even more problematic.

At present, in India, LD is considered the prerogative of a few in the big cities. 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 LD an elusive entity. Teachers attribute the learning difficulties to a “language problem”, not realizing that LD too is a language based disorder. Most of the (research and intervention) work in the area of LD is being done by private organizations and the NGOs. There is little communication between these organizations and the state educational authorities. Adding further to the problems, there is a divide between the personnel in the health and the educational fields, be they private or government.

LD as all other developmental problems is both a health and an educational issue, but regrettably, the meeting point between the two is few and far between. The multilingual social context in India, where children often have to learn to study through a medium other than their mother tongue is a complexity that makes not only diagnosis extremely difficult but also, estimation of prevalence next to impossible. The language issue is further compounded by factors such as age of enrolment in school, preschool exposure and literacy support available in their respective homes during the school years.

An epidemiological study (1995-2000) of child and adolescent psychiatric disorders in urban and rural areas of Bangalore, was done by the Dept of Psychiatry, Epidemiology and Biostatistics, National Institute of Mental Health and Neuro Sciences, Bangalore to determine prevalence rates of child and adolescent psychiatric disorders for the Indian Council of Medical Research. The total prevalence rate in 4-16 year old children in urban middle class, slum and rural areas was 12%. However the children with SLD were eventually excluded from this study as most of them lacked adequate schooling as per the ICD-10-DCR criteria for SLD. In addition, many of

the assessments were incomplete due to lack of cooperation for the lengthy testing for Specific Learning Disabilities (Srinath S, et al., 2005).

The prevalence study on Learning Disability conducted at the L.T.M.G. Hospital, Sion, Mumbai reveals that of the total number of 2,225 children visiting the hospital for certification of any kind of disability, 640 were diagnosed as having a Specific Learning Disability. These children came from the lower, middle and upper middle socioeconomic strata of society. Referral was due to their poor school performance (LTMG, 2006). 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 learning disability of one form or the other.The Institute for Communicative and Cognitive Neurosciences (ICCONS), Kerala, has been conducting research programs in child 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). Other studies have been done at child guidance clinics in India (Khurana, 1980; John & Kapur, 1986) where 20% children attending the clinic were diagnosed to be scholastically backward. However, variables such as the socio-economic class, exposure to language act as confounding variables in such clinic-based studies (GEON, 2005).

Ironically, policy related to learning disability is yet to see the daylight. In absence of such a policy and incongruous environment, children with LD cannot be rehabilitated in regular schools. Though isolating such children from regular schools for training at special schools is not a good precedent, it is the best available option in the prevailing conditions and inevitable too.

The good news is that during the past three decades, RCI and Ministry of HRD, Ministry of Social Justice and Empowerment, Government of India with the help and intervention of country's strong academic community and specialists studied the instructional techniques, strategies and conditions that best enable students to learn critical skills, especially in the area of reading.

The first step in this strategy should be early detection, acceptance by parents and broad awareness among the academic community and above all a mature handling of the problem. Early detection should be preceded by early screening of the child. The checklist for LD in the Sarva Shiksha Abhiyan Manual (SSA, 2003) is also a helpful tool for initial screening by teachers in the schools. However, at present, the assessment itself is being used as a screening/identification procedure. The child must be assessed in all areas related to the suspected disability such as health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities. (National Information Centre for Children and Youth with Disabilities, 2000).This involves the services of a psychologist, special educator and occupational therapist. The present situation in India points that we have a considerable gap in the number of professionals in these areas and the requirement. In the rural areas, there is near zero awareness of LD and practically no assessment facilities. This puts the children in at a disadvantage as they require specialized teaching methods as opposed to the 'blackboard method' used in India.

At the government level, there is a need to formulate a constructive policy in this regard. To see that these steps are implemented, school vigilance and parental awareness is equally essential. Children are our future. It is crucial to have a unified system of screening, identification, assessment and remediation in this area to equip the students for a better future.

About the author:

Ann Choolackal, Clinical psychologist at Pearson Clinical and Talent Assessment

Holistic Development in School Education: Creating Progressive Thinkers

"Education is the process of living and is not meant to be the preparation of future living"
- (Dewey, 1897)

The above statement is the reflection of what education must be. When its focus is on process of living, that indicates learning begins at birth where the child gains knowledge unconsciously and primarily through touch and feel and then gradually acquiring knowledge through exploring and experiencing. Hence, it is necessary that education has two layers which are psychological at the base and the sociological. School education ought to help children be more aware of their abilities and teach life skills that are often foundational to true learning and helping them form self-identities and create self- awareness. When we say holistic education, it must prepare children for their future and help them tackle any of life's uncertainties. The School is the only place where this type of holistic education can be inculcated. The lack of holistic education is the major reason why students are not able to face failures or rejections which may lead to engaging in antisocial activities, choosing destructive behaviours out of guilt and anger, or taking the ultimate step of ending their life, etc. Education fails, if it doesn't prepare the child for community living.

Training children to use their kinesthetic(body) tools like ears, eyes, legs and hands and learning to use their discretion to make decisions in adverse conditions is the primary objective of the education system. Teachers and school management are instrumental in making this happen. As we all know, knowledge is a social condition and imparting knowledge in children via right pedagogical structure is the core responsibility of any education system. Education must focus the child as a whole -which means, the pedagogy caters to the physical, emotional, social and cognitive development of children. This in turn creates progressive thinkers. Change is inevitable. Progressive thinkers are those who can handle change using positive ways and means using the traits such as flexibility and adaptability. Holistic education must help the child to develop and nurture 21st century skills like active learning, out of box thinking, critical thinking, effective communication, collaboration, technological skills, knowledge on life skills and career personality, etc. These are some of the core attributes of progressive thinkers.

We cannot deny the fact that each student must be good at the content of the core academic subjects, but teaching essential skills that are required for personal growth and successful living is what makes students confident and progressive thinkers. Each child learns best by using predominant learning style by constructing his/her own understanding based on natural instincts, knowledge gained and life experiences and not mere testing or consuming knowledge through normative standardized practices. Hence, adopting an integrated curriculum using experiential and expeditionary learning that has elements of problem solving, critical thinking, scope to develop leadership skills emphasizing team spirit and collaborative work is the need of the hour. Children must be given a chance to achieve individual goals through highly personalized learning and at the same time contribute towards the upliftment of the community and commit to social responsibility. This ought to be the essence of education, which, in turn, will create progressive thinkers and eventually fulfill the goal of school education.

About the author:

Dr. Vasuki Mathivanan, founder of Explore Counselling-a company with a motto "hopeless to hopeful" , has obtained her Ph.D degree in Psychology from Madras University. She has exposure in the field of teaching, counseling, training, research guidance and psychological assessment for about 20 years in diversified work environments. Currently, she is the President of Chennai Counselors' Foundation-A forum for Mental Health Professionals. She is one of the advisory board members of GT ALOHA Vidya Mandir group of Institutions, Chennai.

Featured Institution

The Gujarat Forensic Sciences University

The Gujarat Forensic Sciences University is the world's first and only University dedicated to Forensic and allied Sciences. It was established by the Government of Gujarat through an act passed by the Gujarat Legislative Assembly dated 30th September, 2008 with an objective of fulfilling the acute shortage against increasing demand of forensic experts in the country and around the world. The University was recognized by the University Grants Commission (UGC) as a State University under section 22 of UGC Act, 1956 to award degrees in May, 2011. National Assessment and Accreditation Council (NAAC) visited Gujarat Forensic Sciences University on 11th July, 2016 as a part of the First Cycle, and has accredited GFSU with an 'A' Grade. The university is located in the green and clean city of Gandhinagar which is the capital city of Gujarat state, a vibrant, industrious, safe and business friendly state of Indian sub-continent.

The University runs in parallel association with the Directorate of Forensic Science (DFS)-Gujarat State, to provide hands-on training pertaining to various areas of forensic science, forensic psychology and research and development. DFS Gujarat is a state-of-the-art, NABL accredited, ISO-IEC 17025:2005 certified laboratory, maintaining international standards in terms of infrastructural facilities, experts and technology for Forensic analysis.

The University is segregated into three academic departments, namely Institute of Forensic Science (IFS), Institute of Behavioural Science (IBS) and Institute of Research & Development (IRD). Due to the advanced and specialized courses run by each of the institutions of the University, it currently offers only postgraduate level academic programs. Maintaining excellence in education, research, and patient care with appropriate facilities within this University encourage collaborations across multiple disciplines and skill sets.

Institute of Behavioral Science (IBS) is the section of Gujarat Forensic Sciences University (GFSU) representing the academic programs in the closely related behavioral areas such as Forensic Psychology, Clinical Psychology, Neuropsychology and criminology. The institute is running all post graduate courses in these areas. Institute of Behavioural Science also runs RCI recognized M.Phil. Clinical Psychology

program and Ph.D. Program. Research training and teaching are main areas where the faculties who are highly experienced in the their concerned fields.

The Institute endeavors to impart education and research in clinical and forensic psychological sciences and also to provide better caliber in diagnostics; psycho-legal consultation to referral sources (clinicians, attorneys, the courts, social services, criminal justice agencies, etc.) and treatment & rehabilitation to clients. IBS has established Buddha Psychological Services Centre (BPSC), which provides consultation and treatment services, in terms of diagnostic; therapeutic and rehabilitative services, to mentally challenged individuals and offenders in both civil and criminal cases on outdoor basis. IBS is also providing counseling services (Buddha Counseling Centre) at Sabarmati Central Prison of Ahmedabad, for jail inmates and also impart student training in Juvenile and Observatory homes in and around the vicinity. Efforts are in progress to apply socially and individually relevant methods for the rehabilitation of juveniles and prisoners. Also there are plans to set up internet De addiction center in the university for wwhich the university has already acquired a database of Gujarat state.

The institute has set up cognitive electrophysiology laboratory and research projects are carried out with other institutions and laboratories, recognized as Research Centres by GFSU. IBS works in close collaboration with Directorate of Forensic

Science, which is the central laboratory in Gujarat for all forensic investigations including those in Forensic Psychology. IBS also has such collaboration mainly with Ahmedabad Hospital for Mental Health and also with the Civil Hospital, Gandhinagar, where

students receive practical training in clinical psychological and psychiatric services. As IBS conducts various forensic psychological investigative training programs for the entire police force and judicial professionals of the country, as part of the training programs conducted by GFSU, they are also closely supported by these agencies, especially Bureau of Police Research and Development (BPR&D), New Delhi.

Mr. M S Dahiya is the Director of the department.

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