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Teachers' Experiences of Teaching Children With Learning Difficulties

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Teaching Children with LD

Michelle Francis

A Report Submitted in Partial Fulfilment of the Requirements for the Award of Bachelor of Arts Honours in Psychology

Faculty of Community Studies, Education and Social Sciences

Edith Cowan University

November 2004

I declare that this written assignment is my own work and does not include:

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Declaration

I certify that this literature review and research project does not incorporate, without acknowledgement, any material previously submitted for a degree or diploma in any institution of higher education and that, to the best of my knowledge and belief, it does not contain any material previously published or written by another person except where due reference is made in the text.

Signature: 

Date: 31-1-2005
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Issues in Teaching Children with Learning Difficulties

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Abstract

The purpose of this review is to present some of the issues involved in teaching children with learning difficulties (LD). Approximately one in five children within mainstream classrooms will experience LD. Many of these children will also exhibit social, emotional or behavioural problems (for example, withdrawal, depression, Attention Deficit Hyperactivity Disorder and Conduct Disorder). Teachers' perceptions and judgments about LD and their self-efficacy influence their teaching practice of students with LD. It is recognized that teachers cannot manage the needs of LD students alone and need support in their teaching from specialist consultants and also for their own psychological well-being. Issues for further research are also discussed.

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Issues in Teaching Children With Learning Difficulties

Current Education Department policy (Education Department of Western Australia, 2001) emphasises the right of every child to attend an inclusive school, whereby every students' social, emotional and educational needs are met in a supportive environment, and where each student is valued by all members of the school community. A major concern is the number of children that are at risk of educational and mental health problems. However, according to the Department of Education (2001b), as many as one in five children will experience some form of mental health problem that will affect their ability to engage in these educational opportunities. As it is recognized, that children’s mental health and well-being impacts on their academic achievement (Department of Education, 2001b), students with a mental health problem are five times more likely to have below average academic achievement (Zubrick, et al., 1997).

Learning difficulties (LD) and behaviour problems are of major concern for educators (O'Shaughnessy, Lane, Gresham & Beebe-Frankenberger, 2003). The 1997 Western Australian Child Health Survey found that approximately 20 percent of Western Australian children had below average academic achievement in relation to their age (Zubrick, et al., 1997). This is consistent with the Centre for Inclusive Schooling's (2000) claim that 16 to 20 percent of students within all mainstream classrooms are likely to experience learning difficulties.

Furthermore a recent groundbreaking study of 4,319 Western Australian five year olds found that 26 percent of the children assessed, were classified as vulnerable to LD and 13 percent were classified as at high risk of having LD (Hart,
Brinkman and Blackmore, 2003). The children were assessed in five developmental domains using the Canadian standardized Early Development Index (EDI). The authors were concerned that Australian children did not score as well as their Canadian counterparts in each of the five developmental areas. The EDI is argued to be a predictor of later learning, behavioural, social and emotional problems in Canadian children (Hart, et al., 2003). Therefore, the challenge now, in Western Australia, is for early childhood programs and schools to provide early intervention strategies to help these vulnerable children onto a positive developmental trajectory as they start school. This would indicate that schools are increasingly being challenged to promote both the educational and psychological development of the children in their care.

To fully appreciate the impact that this has on schools this review will present a broad view of the issues involved in teaching children with LD. This review will start by introducing the nature of LDs and other problems associated with LD. Reference is also made to how this impacts on the teaching and learning of children with LD. Second, the teachers’ role and the effect teachers’ beliefs, attitudes and perceptions have on teaching children with LD will be presented. Third, the value of specialist consultation services and how their delivery may be improved is discussed. Child and adolescent mental health problems are considered a major health issue in Australia and therefore, the importance of promoting mental health and well being in schools is also presented.
What is a Learning Difficulty?

There are many and varied definitions of the term ‘learning difficulties’. Often the terms ‘learning disabilities’ and ‘learning difficulties’ are used synonymously. The American National Joint Council for Learning Disabilities (Gearheart & Gearheart, 1989) refers to learning disabilities as a group of disorders characterised by difficulties acquiring listening, speaking, reading, writing, reasoning and mathematical abilities. These disorders are thought to be due to a central nervous system dysfunction and they may be comorbid with other conditions such as sensory impairment, mental retardation, social and emotional disturbances, or environmental factors, but are not the result of these conditions.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) (American Psychiatric Association, 2000, p.49) describes learning disorders as being present ‘when the individual’s achievement on individually administered, standardized tests in reading, mathematics, or written expression is substantially below that expected for age, schooling, and level of intelligence’. It further states that the problem must significantly interfere with the individual’s achievement, or activities that require the use of reading, writing or mathematical skills.

In Australia there is a distinction made between learning disabilities and learning difficulties. This differentiation is considered necessary for the diagnostic process, and for funding allocations made to support students that fall into these categories. The Ministerial Task Force Report, on The Education of Students with Disabilities and Specific Learning Difficulties, (1993, p. 17) adopts the State Disability Services Bill definition of disability, which states:
Disability means a disability –

a) which is attributable to an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment or a combination of these impairments;

b) which is permanent or likely to be permanent;

c) which may or may not be of a chronic or episodic nature; and

d) which results in –

i) a substantially reduced capacity of the person for communication, social interaction, learning or mobility; and

ii) a need for continuing support services

Therefore, ‘learning disabilities’ are the consequence of below average intelligence, and result in the child acquiring skills more slowly than age related peers. A child with learning disabilities will exhibit overall underachievement (Department of Education, 2001a).

Learning difficulties (LD) is the categorisation applied to children who present with underachievement in some areas, whilst achieving average or above-average in other areas (Department of Education, 2001a). The Ministerial Task Force’s (1993, p.20) definition of learning difficulties:

*Refers to those students whose achievement levels in mathematics and/or language (literacy) are significantly below specified benchmarks and where these results cannot be attributed to intellectual or physical disability or sensory impairment.*
The central component of defining learning difficulties (also referred to as specific learning difficulties) is a significant discrepancy between achievement and intellectual ability (Sattler, 1992).

The unexplained failure to learn, identified in children with normal or above average intelligence, is thought to stem from specific cognitive dysfunctions (Prior, 1996). These children often exhibit short term memory problems, visual and auditory perceptual problems, hyperactivity, impulsivity, attention problems, and inadequate organisational skills. They may also lack information processing skills, reasoning, listening and speaking abilities, and perceptual motor skills (Ministerial Task Force, 1993). Many children with LD are also identified as having social, emotional and behavioural problems. Therefore it is important to explore these factors.

Socio-emotional and Behavioural Problems

The relationship between LD and emotional and behavioural problems has long been established. There is a comorbidity of around 40 to 50 percent between learning difficulties and behavioural problems (Prior, 1996). As LD and behavioural problems are often simultaneously present there are suggestions about the causal pathway involved. The first pathway suggests that children's academic underachievement leads to disruptive behaviour as a means of avoiding tasks for which they lack the skills. The alternative pathway suggests that disruptive behaviour prevents children from participating in learning activities and therefore contributes to academic underachievement. A third model suggests there is an interaction between LD and behaviour problems (Lane, Gresham & O'Shaughnessy,
there is no resolution in sight, Lane, Gresham and O'Shaughnessy (2002) argue that schools should implement interventions at the primary, secondary and tertiary levels that target both LD and behavioural problems. Providing such interventions is a formidable task for classroom teachers.

Teachers must deal with all the problems children with LD exhibit regardless of where the students' difficulties originated. Children with LD may lack communication skills, such as reading body language or facial expressions, which will inhibit social interaction, or they may be overly dependent creating learned helplessness (Gearheart & Gearheart, 1989). These social difficulties may lead to internalizing behaviours such as withdrawal (Gearheart & Gearheart, 1989), anxiety, fearfulness, sadness or depression (Prior, 1996). These characteristics may lead others to make judgments about the behaviour of children with LD.

For example, Nabuzoka (2003) obtained teacher ratings and peer nominations of children on behavioural descriptions such as, cooperates, disrupts, shy, fights, seeks help, leader, bully and victim of bullying. The teachers rated 121 children, including 20 who had LD. Peer nominations were obtained for 55 of these children, which included 15 with LD. Both the teachers and peers rated children with LD as shy and victims of bullying significantly more than non-LD children. They both rated non-LD children as cooperative and leaders significantly more than children with LD. LD children, rated as victims, were associated with shy and help-seeking behaviours by peers. While teachers associated them with fighting, disruptive and un-cooperative behaviours. These results suggest that teachers tended to describe children with LD with more negative attributes than their peers
did. These perceptions could lead to teachers and other students treating children with LD differently from their peers. However, the social perception of children with LD is not all negative.

The social adjustment of children with LD is ameliorated by having at least one reciprocal friendship (Juvonen & Bear, 1992). Friendships provide children with an opportunity to acquire and practice social skills (Hartup, 1989). This is vitally important for children with LD. In a study of the social adjustment of 46 children with LD and 199 children without LD, Juvonen and Bear (1992) found that 83% of LD children were nominated as a friend by at least one peer, and 67% had reciprocal nominations. Adjusted children with LD (those with at least one reciprocal nomination) were also rated by teachers as having better peer social skills than non-adjusted children with LD (those that did not have any reciprocal nominations). Although not all children with LD show signs of social maladjustment, those that do could benefit from social skills training. Acquiring such skills would enhance the social adjustment of children with LD and their self-perceptions (Juvonen & Bear, 1992).

In addition, Choi and Heckenlaible-Gotto (1998) found that children who completed a classroom-based social skills intervention experienced gains in social status. Although these gains were confined to work related activities (i.e. classroom based) rather than play related interactions. The authors suggested that skills learned during classroom based training programs were more easily practiced in the structured setting and do not generalize to the playground. This suggests that whilst social skills training is beneficial for children, social skills need to be taught,
practiced and reinforced in multi settings. Therefore, schools need to involve the different settings a child participates in when designing and implementing such programs.

Externalising behaviour disorders are more commonly associated with LDs. This group of disorders brings the child into conflict with the people around them (Prior, 1996). The severe behavioural disorders are Conduct Disorder, Oppositional Defiant Disorder, Antisocial Disorder and Attention Deficit/Hyperactivity Disorder (ADHD), which is strongly associated with LDs. Results from the child and adolescent component of the 1998 National Survey of Mental Health and Well-being (Sawyer, et al., 2001) indicates that ADHD was the most prevalent (11%) of the three disorders assessed in the survey. Children with ADHD are four times more likely to experience below average academic competence and are also more likely to have other mental health problems (Zubrick, et al., 1997).

Children with externalizing behavioural disorders may exhibit short attention span, problems concentrating, fidgeting, poor organisation skills (Prior, 1996), distractibility, hyperactivity, impulsivity and perseveration (Gearheart & Gearheart, 1989). These behaviours interfere with the child's socialization and the demands of the classroom (Prior, 1996) and may also set the stage for school failure and deviant behaviours (Hartup, 1989). Negative experiences such as these are risk factors for poorer adult outcomes (Zubrick, et al., 1997). Therefore it is important that children with behavioural problems are diagnosed correctly, and receive appropriate treatment and behavioural interventions early in their schooling, to help prevent negative developmental trajectories.
Children with behaviour problems interfere with the learning of others and place great demands on teachers' time. However, teachers are recognized as being responsible for managing these problems within the classroom (Zubrick et al., 1997). Intervention strategies that teach and model adaptive behaviours have been efficacious in the short term, however, long-term behaviour change requires consistent feedback and support and regular booster intervention sessions (Hester, Baltodano, Gable, Tonelson & Hendrickson, 2003). Teachers play a critical role in the early detection of students experiencing learning, behavioural or emotional difficulties and subsequent decisions regarding interventions for these students.

The Teacher’s Role

The role of teachers is to facilitate learning of the children in their care and also provide important experiences for the development of children’s social and emotional competence (Department of Education, 2001b). According to the Students at Educational Risk Policy (Department of Education, n.d.) teachers are responsible for:

- developing and implementing appropriate educational plans for students at educational risk that both match the school’s performance indicators and meet individual student needs;
- monitoring the effectiveness of these programs in terms of the learning outcomes achieved;
- planning the educational program with the parents or caregivers, students and relevant professionals, for students at educational risk;
- reporting on the educational progress of those students identified
at educational risk to the principal, to parents or caregivers, and to students themselves; and

- communicating to the principal, their own professional development requirements to assist in meeting the needs of students at educational risk.

Inherent in this responsibility is the need for teachers to adapt or modify the curriculum, the environment and their instruction to cater for the individual needs of students with LD (Centre for Inclusive Schooling, 2000). The modification of existing curricular can lead to more success for LD students and is less time consuming for teachers than developing completely different programmes (Gearheart & Gearheart, 1989). More importantly the LD student will not be perceived as different if they are participating in the same activities as the rest of the class. Dean (1996) cautions that teachers question their expectations of the LD child because it is easy to underestimate LD children’s abilities and not expect too much from them. This requires teachers to find a balance between challenging the LD student beyond their capabilities and protecting them from failure. Having realistic expectations is important when working with LD children (Ministerial Task Force, 1993).

Several other characteristics of a ‘good’ teacher were identified in the Ministerial Task Force Report (1993, p.158). When asked, ‘what makes a good teacher when working with children with LD’, the most highly valued skill identified by teachers and professionals was the ability to adapt programmes to meet children’s individual needs. For parents, it was being open to new approaches and
flexibility with instruction and the curriculum. Other vital characteristics identified were positive attitudes and beliefs towards LD children, having realistic expectations of the LD child, sound classroom behaviour management and the ability to make time to give individual attention to LD students.

An important aspect of teaching children with LD is the expectations, beliefs and attitudes that teachers and the school, hold toward students with LD. Teachers' behave differently towards some students. This is influenced by the expectations and attitudes they have about students, and the causal attributes they have regarding student's difficulties (Durlak, 1992). Watson (1995) found that classroom interaction and the type of discourse teachers engaged in with LD students reflected teacher's views of the student's learning difficulties. Teachers who were more concerned with student's emotional reactions used more general positive feedback with very little challenging talk that extended the student's thinking. The teachers who focused on student's attention problems used general feedback to keep students on task and rarely engaged in talk that challenged the students. Teachers who used more challenging talk with students did not focus solely on the student's problems, but used talk and experiences that would extend both the student's strengths and weaknesses (Watson, 1995).

Stuhlman and Pianta (2002) argue that the way teachers talk about their relationships with specific children are related to aspects of classroom interactions towards each other. Fifty kindergarten and first grade teachers were interviewed regarding their relationships with a specific child in their class. Teacher-child classroom interactions were observed and coded for the total number of interactions,
teacher affect, teaching interactions and child behaviours. The emotional responses of teachers were closely related to their classroom behaviours. When children behaved negatively, teachers expressed negative emotions about the children and were observed to have negative classroom interactions. The link between representations of children in interviews and actual teacher-child interactions suggests that teachers would benefit from discussing their negative emotions with colleagues to gain an understanding of their emotions (Stuhlman & Pianta, 2002). When teachers have an awareness of their own emotions they are able to respond more sensitively to the needs of the children in their care. The Ministerial Task Force (1993) recommends that teachers be provided with professional development that not only develops the knowledge and skills required for working with LD children, but also addresses the values and attitudes of teachers working with LD children.

Supportive teacher-child relationships promote children's social and emotional well-being and enhance their academic abilities (Rimm-Kaufman, 2003). Rimm-Kaufman (2003) and her associates developed a teacher-training programme to facilitate sensitive and responsive teacher-child interactions in special education classrooms. Student teachers were taught behaviours that fostered sensitivity and responsiveness. When student teachers reflected on their practicum experience they were able to identify behaviours that could be changed to increase their sensitivity toward children. Self-reflection also gives teachers knowledge of events that trigger their own behaviour. This allows teachers to regulate their behaviour and prevent behavioural escalations in the classroom (Shukla-Melita & Albin, 2003). This is
especially important because teachers are behavioural role models for children. Teachers not only require insight into their own behaviour they need an understanding of children's behaviour.

As teachers are required to make judgments and interpretations regarding the nature of students' problems, training teachers may be of importance. However, Mioduser, Margalit and Efrati (1998) found that after receiving computer-based training in ADHD, teachers still had difficulty in distinguishing between ADHD behaviours and behaviours associated with other behavioural disorders. This highlights the need for specialised teacher training to increase teachers' awareness and assessment of children's behavioural difficulties. Classroom behaviour management skills are also considered to be of vital importance. However, most of the teachers surveyed by Merrett and Wheldall (1993) were dissatisfied with classroom behaviour management training they received in teachers college. They believed classroom management skills were very important, and felt that they had only learned these skills on-the-job. This again reinforces the need for specific training related to behavioural disorders and behaviour management skills.

O'Shaughnessy, Lane, Gresham and Beebe-Frankenberger (2003) argue that schools can better serve LD children if they have an understanding of empirically supported identification and intervention strategies. They further suggest that teachers continuously evaluate current theory and knowledge relating to how children learn, and effective teaching practices that facilitate learning. This will enable teachers to identify areas where they need to expand their knowledge.
Teachers also play a critical role in the early detection of students experiencing learning, behavioural or emotional difficulties and subsequent decisions to refer, or not refer students to school psychologists. Teachers' perceptions about the nature and severity of children's problems can greatly influence the intervention strategies that children receive (Gavrilidou, DeMesquita & Mason, 1993). In their survey of Greek teachers, Gavrilidou, DeMesquita and Mason (1993), found that teachers' judgements about the nature of children's difficulties concurred with the evaluations made by school psychologists. However, teachers underestimated the severity of learning difficulties and overestimated the severity of conduct and emotional difficulties compared to the school psychologists' judgements.

Drame (2002) also found that teacher perceptions of whether a learning difficulty was related to academic difficulties or behaviour difficulties were related to teachers' referral tendencies. Teachers who believed that negative behaviours such as aggression, distractibility and impulsivity constituted a learning difficulty were more likely to refer students exhibiting these behaviours (Drame, 2002). Drame (2002) cautioned that teachers' misperceptions regarding children's difficulties could lead them to referring when not warranted or vice versa. Teachers' beliefs about suggested intervention strategies influence whether they will implement them.

Tafa and Chlouverakis (2000), asked teachers to rank intervention strategies that teachers thought were acceptable and how frequently they used them when dealing with children with learning and behaviour difficulties. Specialist
consultation, positive teacher intervention (ie. encouraging or supporting), and parent/teacher consultation were regarded as highly acceptable strategies. However, there was a discrepancy between some strategies the teachers regarded as acceptable and the frequency they used them. Teachers preferred to use positive teacher intervention strategies and although specialist consultation was a highly accepted intervention, teachers did not use consultation often. It seem that teachers prefer interventions that can be implemented quickly, are not too time consuming and do not require extensive training (Durlak, 1992). Perhaps teachers view consultative intervention as a last resort when they have exhausted their own repertoire of strategies.

In comparing USA teachers and Greek teachers' responses, Tafa and Chlouverakis (2000) found that both groups of teachers considered consultation as necessary for meeting the special needs of children in the classroom. However, Greek teachers preferred specialist consultation, whilst USA teachers preferred the principal's involvement. Although they are open to consultation, teachers from both countries believed themselves as the primary source of intervention for LD children. Although Tafa and Chlouverakis (2000) did not examine teachers' self-efficacy, it is possible that the teachers had high beliefs in their ability to handle special needs in the classroom and only sought outside intervention in extreme cases.

For example, Soodak and Podell (1994) found that teachers' self-efficacy influenced whether they made teacher-based interventions or outside interventions for children with academic, emotional or behavioural problems. In this study teachers made suggestions for interventions in response to a vignette. Teachers
made a wide variety of suggestions. However, non-teacher based interventions were mentioned more frequently and outside consultation was regarded as the most effective. Teachers who made teacher-based suggestions for intervention had higher self-efficacy than teachers who suggested outside consultation. This indicates that many teachers recognise they need help to meet the needs of children with learning, behavioural and emotional difficulties in the classroom.

Teachers are in a key position to notice children who are at risk of poor developmental outcomes. They continuously make judgements about students’ academic, socio-emotional competence and their behaviours and evaluate them against norm referenced competencies (Gavrilidou, et al., 1993). However, their job is made difficult with large class sizes, increased prevalence of children with LDs, and possibly inadequate training for recognising difficulties. Teachers cannot meet the needs of all the children in their care. Teachers become concerned when all attempts to facilitate a child’s learning appear to have failed (Gearheart & Gearheart, 1989) and they may even question their self-efficacy (Jenkins, 2002). It is often at that ‘heart sinking’ point, when teachers realise they no longer have the capacity or expertise to best meet a student’s needs, that they make the decision to refer the child for assessment and intervention support (Hall & Hornby, 2003).

Referral of Children with LD

Referral of children for specialist consultation is sometimes seen as relinquishing responsibility when one can no longer cope (Agee, 2003). However, it is suggested by Zubrick et al. (1997) that teachers and schools alone cannot meet all the needs of students with LD. They need to seek the help of outside agencies to
provide the additional support that these students require. Principals surveyed in Jenkins’ (2002) report, West Australian Independent Schools’ Responses to Students With Disabilities and Learning Difficulties, felt that specialist consultation was required to assist schools in modifying the curricula and implementing specialist interventions to facilitate the teaching and learning of LD children.

Teachers do not expect consultants to fix student's problems. They value the support they receive from sharing ideas, intervention support and practical support (Athanasiou, Geil, Hazel & Copeland, 2002). Therefore, teaching LD children should be viewed as a team approach.

Hall and Hornby (2003) describe teachers working in collaboration with outside consultants as the ‘new professionalism’ in teaching. Central to this concept is the need for teachers to be open and willing to the formation of partnerships with consultants. Teachers have much to gain from consultation, including knowledge and expertise gained from other professionals, receiving a different perspective on problems, and specialist in-service training (Hall & Hornby, 2003). School psychologists are usually the first point of referral. They typically conduct psychometric and educational assessments, make diagnoses, and give recommendations for intervention. LeCapitaine (2000) believes school psychology services should not be limited to these, but should provide comprehensive services for the whole school community.

However, these sentiments were not expressed in MacKay and Boyles’ (1994) survey of teachers, regarding what they expected from school psychologists. Primary and secondary teachers both placed greater importance on the traditional,
individual assessment and support of students with LD. Primary teachers also valued advice on intervention and teaching methods, whilst secondary teachers valued counselling of students to deal with their behavioural and learning problems. There was a general consensus amongst the teachers surveyed, that the actual psychological consultation being done in schools was valuable, however because of time constraints there was not enough consultation being done (MacKay & Boyle, 1994). Principals from Western Australian independent schools expressed a similar concern at the delays in receiving specialist consultant services, in particular the limited availability of allied health professional services (Jenkins, 2002). Specialist consultation services are much sought after, however because of time and funding constraints they are not readily available (Jenkins, 2002). Lack of specialist consultation means that teachers are expected to cope alone or sometimes with assistance from learning support staff (Jenkins, 2002). The preceding issues highlight the need for schools to also provide for the mental health and well-being of their students and staff.

**Mental Health and Well-being in Schools**

As many as one in five children will experience some form of mental health problem that will affect their ability to engage in educational opportunities (Zubrick, et al., 1997). A national survey of the mental health and well-being of children in Australia assessed the presence of three mental disorders; depressive disorder, conduct disorder and AD/HD, in a sample of 4,509 children aged between four and 17 (Sawyer, et al., 2001). Fourteen percent of the children surveyed were within the clinical range of having a mental disorder. Those children identified as being in the
clinical group were reported as having significantly lower scores on general health than children not in this group. The parents also reported that their children had lower self-esteem, more behavioural and emotional problems and that these impacted upon family activities, peer and social activities and the parents themselves. Only a small percentage of the clinical group had ever received professional mental health help. Family doctors, school counsellors and paediatricians were most frequently consulted for help with the mental health problems. The authors emphasised the critical role and the opportunity that exists for schools to provide mental health interventions. However, they cautioned that teachers and counsellors must be adequately trained and also work cooperatively with specialist mental health practitioners (Sawyer, et al., 2001). Often mental health problems emerge for the first time when children start school (Sawyer, et al., 2001). Therefore, teachers are important sources of help for children and parents (O’Shaughnessy, et al., 2003).

When parents have concerns about their children’s emotional or behavioural well-being they are more likely to seek help from the child’s teacher or the school psychologist first (Zubrick, et al., 1997). The school may be the only point of contact. Schools provide parents with important advice about how to support their children’s development at home (O’Shaughnessy, et al., 2003). They are also recognised as key settings for providing universal, selective and tertiary interventions (Sawyer, et al., 2001) such as life skills education, health education, supportive learning environments, and parent education programs (Department of
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As such, school-based early mental health intervention programs can be effective (Nafpaktitis & Perlmutter, 1998). For example, Nafpaktitis and Perlmutter (1998) investigated the effects of an intervention program designed to address early school maladjustment in 35 at-risk children exhibiting mild to moderate difficulties. The children participated in a series of child directed play sessions, during which they were modelled appropriate social and emotional behaviours, and were provided feedback regarding their behaviours. The program was significantly effective in improving learning and task orientation, social skills and helped the children to become more outgoing and confident (Nafpaktitis & Perlmutter, 1998). This study provides evidence that preventive intervention programs can lead to positive changes (Nafpaktitis & Perlmutter, 1998) and promote resilience in children at risk of mental health and academic problems (Department of Education, 2001b).

Doll and Lyon (1998) argue that developing resiliency is as much about the contexts children participate in, as about the characteristics the child possesses. As such, schools are important settings for developing resiliency. Teachers are viewed as significant adults in children’s lives, who not only facilitate social, emotional and academic competence in children but can also provide them with warm care taking relationships (Doll & Lyon, 1998). Schools have the ability to develop and enhance many of the protective factors that are believed to ameliorate risk in children (Ministerial Task Force, 1993). It is acknowledged that teachers play a critical role in providing important experiences for the development of children’s social and emotional competencies. However for teachers to provide the best possible
outcomes for the children in their care, they need to feel supported and valued for their contribution (Department of Education, 2001b).

It is therefore important to acknowledge the need for enhancing the mental health and well-being of teachers. Hornby and Hall (2003, p.153) describe teaching as 'an emotionally as well as intellectually demanding profession'. Stress can motivate an individual to achieve optimum performance (Hornby & Hall, 2003), however, when it is prolonged or is greater than the individual's perceived coping resources it leads to distress (Male & May, 1997). Whitehead and Ryba (1995) examined 532 teachers' perceptions of job-related stress and their coping strategies. The teachers in this study reported high levels of job-related stress and identified staff relationship problems, exams, reports, marking deadlines, difficult children, work load and administration paperwork as the main sources of stress. Job satisfaction has also been correlated with levels of stress experienced by teachers (Hawe, Tuck, Manthei, Adair & Moore, 2000).

In a recent study of New Zealand teachers, Hawe, Tuck, Manthei, Adair and Moore (2000) found that teachers could be clustered into two groups. Those who experienced moderate levels of stress and job satisfaction and the other consisting of teachers who experienced high levels of stress and minimal job satisfaction. The two sources of stress that discriminated the two groups were task overload and disruptive students. The teachers in this study reported that the higher the number of students with serious behaviour or learning problems in the classroom, the higher the levels of stress experienced by the teachers (Hawe, et al., 2000). With the education reform to curriculum framework and student outcome statements...
(Jenkins, 2002) there is increased pressure on teachers to fulfil the clerical demands of their job (Hornby and Hall, 2003). Combined with high student-teacher ratios and increases in the number of students with learning, behavioural and emotional problems teachers are under extreme pressure (Whitehead & Ryba, 1995).

Whilst it is important to understand teachers' levels and sources of stress, equally important is to identify the coping strategies they use (Male & May, 1997). Teachers were cited as using emotion focused coping such as talking with family and friends (Male & May, 1997; Whitehead & Ryba, 1995). Avoidant strategies were also used, particularly if the stressor was perceived as uncontrollable (Green & Ross, 1996; Male & May, 1997). These methods may not be adequate to reduce the stress levels teachers experience. The results of these studies further reinforce the need for school-based stress management interventions. Hornby and Hall (2003) suggest that teachers are too valuable a resource to schools to have them overcome with stress.

Conclusion

The purpose of this review was to present some of the issues involved in teaching children with learning difficulties. There are several major concerns for educators today. Twenty six percent of Western Australian children in the north metropolitan area were identified as vulnerable to LD before they entered formal schooling (Hart, et al., 2003). Half of these children were considered to be at high risk of developing learning, behavioural, social or emotional difficulties. At present, approximately 16 to 20 percent of children within mainstream classrooms will experience LD (Centre for Inclusive Schooling, 2000). Furthermore, children's
mental health and well-being is a major concern, both educationally and health-wise. As many as one in five children will experience some form of mental health problem and this makes them five times more likely to also have below average academic achievement (Zubrick, et al., 1997). Many of these problems emerge when children start school. Schools, and more specifically teachers, play a critical role in detecting LD and providing for the individual need of students with LD.

It would be beneficial to understand the nature of LD and the problems associated with LD. There are several definitions of LD, however the central concept in defining LD is that there is a significant discrepancy between academic achievement and intelligence (Sattler, 1992). There is comorbidity between LD and social, emotional and behavioural problems. This may lead teachers to judge children with LD differently (Nabuzoka, 2003) and make causal attributions about students' difficulties (Durlak, 1992). Teachers' perceptions regarding LD and behavioural difficulties (Drame, 2002) and their self-efficacy (Soodak & Podell, 1994; Tafta & Chlouverakis, 2000) are also important because these influence teachers' referral tendencies and the intervention strategies they recommend for LD. Although teachers are in a key position to identify children with LD, they cannot meet all the needs of students with LD.

When teachers realise that they can no longer meet the needs of students they refer the student for specialist assessment (Hall & Hornby, 2003). Specialist psychological consultation is highly valued by teachers (Mackay & Boyle, 1994), however time and funding constraints limits the number of referrals to these services (Jenkins, 2002). This leaves teachers to cope with the problems of LD students
alone. Teaching LD children has been identified as a significant source of stress for teachers (Hawe, et al., 2000; Whitehead & Ryba, 1995) along with increased workload and paperwork (Hawe, et al., 2000). This has implications for school psychologists to broaden their focus to include development of stress management training for teachers. Schools can also help by developing a holistic approach to staff training that encompasses professional, physical, emotional, mental and spiritual development of all staff members (Whitehead & Ryba, 1995).

Understanding of the issues involved in teaching LD children, could be further enhanced by gaining an insider perspective into the day to day teaching of children with LD and the factors that impact on the teaching practice of LD children. Another but equally important consideration is to gain an understanding of the experiences of children with LD. Children’s responses could be used to guide teachers in the organization and implementation of programs (Hall, 1999). Finally there is a need to investigate how school and education policies impact on the teaching and learning of students with LD (Jenkins, 2002). Learning is not only about what happens in the classroom. Influences from all levels of the ecological system impact on children with LD and their teachers. Therefore we must understand these influences so that schools and teachers can provide the best learning environments for children with LD.
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Teachers' Experiences of Teaching Children With Learning Difficulties

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Abstract

The high prevalence of children with academic, social, emotional and behavioural problems within mainstream classrooms is placing enormous demands on schools and teachers to cater for these children's needs. This study used a qualitative approach to explore the experiences of classroom teachers and the impacts of teaching children with learning difficulties (LD). Ten teachers from five Catholic primary schools in Western Australia were interviewed. The findings indicate that teachers do not have enough time to provide the individual attention that they believe children with LD require. Experience and knowledge was believed to be an asset in teaching these children. More professional development in LD, extra teaching assistant time and assistance in planning and developing programmes were suggested as ways of enhancing the teaching of children with LD. Limitations and applications of the findings are also discussed.
Teachers' Experiences of Teaching Children With Learning Difficulties

The prevalence of learning difficulties (LD), behaviour problems and mental health problems is of major concern for educators (O'Shaughnessy, Lane, Gresham & Beebe-Frankenberger, 2003). The 1997 Western Australian Child Health Survey found that approximately 20 percent of Western Australian children had below average academic achievement in relation to their age (Zubrick, et al., 1997). This is also consistent with the Centre for Inclusive Schooling's (2000) claim that 16 to 20 percent of students within all mainstream classrooms are likely to experience learning difficulties.

Furthermore, LD and behavioural problems are often simultaneously present. The comorbidity is believed to be around 40 to 50 percent (Prior, 1996). Additionally, children with Attention Deficit/Hyperactivity Disorder (AD/HD) are four times more likely to experience below average competence (Zubrick, et al.), and a recent survey of child and adolescent mental health found the prevalence of AD/HD to be 11 percent (Sawyer, et al., 2001). Therefore schools and teachers are increasingly challenged to promote the academic, social and emotional development of children.

To fully appreciate the impact this has on teachers we must first understand the nature of LD. Learning difficulties (LD) is the categorisation applied to children who present with underachievement in some areas, whilst achieving average or above-average in other areas (Department of Education, 2001a). The Ministerial Task Force's (1993, p.20) definition of learning difficulties is as follows:

*Refers to those students whose achievement levels in mathematics and/or language (literacy) are significantly below specified benchmarks and where these results cannot be attributed to*
Teaching Children with LD

**intellectual or physical disability or sensory impairment.**

The central component of defining learning difficulties (also referred to as specific learning difficulties) is a significant discrepancy between achievement and intellectual ability (Sattler, 1992). For the purposes of the present study, this definition is adopted.

The unexplained failure to learn, identified in children with normal or above average intelligence, is thought to stem from specific cognitive dysfunctions (Prior, 1996). These children often exhibit short term memory problems, visual and auditory perceptual problems, and attention problems. They may also lack information processing skills, reasoning, listening and speaking abilities, and perceptual motor skills (Ministerial Task Force, 1993). Many children with LD are also identified as having social, emotional and behavioural problems.

Children with LD may lack communication skills, such as reading body language or facial expressions, which will inhibit social interaction, or they may be overly dependent creating learned helplessness (Gearheart & Gearheart, 1989). These social difficulties may lead to internalizing behaviours such as withdrawal (Gearheart & Gearheart, 1989), anxiety, fearfulness, sadness or depression (Prior, 1996). They may also exhibit externalising behaviours such as hyperactivity, impulsivity, aggression, distractibility, perseveration (Gearheart & Gearheart, 1989), short attention span, problems concentrating, fidgeting, and poor organisation skills (Prior, 1996).

These behaviours interfere with the child's socialization and the demands of the classroom (Prior, 1996) and also place them at risk for poorer adult outcomes (Zubrick, et al., 1997). Therefore it is important that children with learning and behavioural problems are diagnosed correctly, and receive appropriate interventions early in their schooling, to help prevent negative developmental trajectories. Teachers play a critical
role in the early detection of students experiencing learning, behavioural or emotional difficulties and subsequent decisions regarding interventions for these students.

The role of teachers is to facilitate learning of the children in their care and also provide important experiences for the development of children's social and emotional competence (Department of Education, 2001b). According to the Students at Educational Risk Policy (Department of Education, n.d.) teachers are responsible for developing, planning and implementing appropriate educational plans for students with LD. They must also monitor the effectiveness of these programmes and report on the progress of students with LD. Inherent in this responsibility is the need for teachers to adapt or modify the curriculum, the environment and their instruction to cater for the individual needs of students with LD (Centre for Inclusive Schooling, 2000).

For teachers, important aspects of teaching children with LD are the expectations, beliefs and attitudes that they and the school hold toward students with LD. Teachers may behave differently towards some students. This can be influenced by the expectations and attitudes they have about students, and the causal attributes they have regarding student's difficulties (Durlak, 1992). Watson (1995) found that classroom interaction and the type of discourse teachers engaged in with LD students reflected teachers' views of the student's learning difficulties. Teachers who were more concerned with students' emotional reactions used more general positive feedback with very little challenging talk that extended the students' thinking. The teachers who focused on students' attention problems used general feedback to keep students on task and rarely engaged in talk that challenged the students. Teachers who used more challenging talk with students did not focus solely on the students'
problems, but used talk and experiences that would extend both the students' strengths and weaknesses (Watson, 1995).

Stuhlman and Pianta (2002) also argue that the way teachers talk about their relationships with specific children are related to aspects of classroom interactions towards each other. Fifty kindergarten and first grade teachers were interviewed regarding their relationships with a specific child in their class. Teacher-child classroom interactions were observed and coded for the total number of interactions, teacher affect, teaching interactions and child behaviours. The emotional responses of teachers were closely related to their classroom behaviours. When children behaved negatively, teachers expressed negative emotions about the children and were observed to have negative classroom interactions. This suggests that teachers need to have an awareness of their own emotions so that they are able to respond more sensitively to the needs of the children in their care.

This is because supportive teacher-child relationships promote children's social and emotional well-being and enhance their academic abilities (Rimm-Kaufman, 2003). Rimm-Kaufman (2003) and her associates developed a teacher-training programme to facilitate sensitive and responsive teacher-child interactions in special education classrooms. Student teachers were taught behaviours that fostered such positive interactions. When student teachers reflected on their practicum experience they were able to identify behaviours that could be changed to increase their sensitivity toward children. Self-reflection also gives teachers knowledge of events that trigger their own behaviour. This allows teachers to regulate their behaviour and prevent negative behavioural escalations in the classroom (Shukla-Mehta & Albin, 2003). This is especially important because teachers are behavioural role models for children.
Teachers not only require insight into their own behaviour they need an understanding of children’s behaviour.

As teachers are required to make judgments and interpretations regarding the nature of students’ problems, training teachers may be of importance. However, Mioduser, Margalit and Efrati (1998) found that after receiving computer-based training in ADHD, teachers still had difficulty in distinguishing between ADHD behaviours and behaviours associated with other behavioural disorders. This highlights the need for specialised teacher training to increase teachers’ awareness and assessment of children’s behavioural difficulties.

Teachers also play a critical role in the early detection of students experiencing learning, behavioural or emotional difficulties and subsequent decisions to refer, or not refer students to school psychologists. Drame (2002) also found that teachers’ perceptions of whether a learning difficulty was related to academic difficulties or behavioural difficulties influenced teachers’ referral tendencies. Teachers who believed that negative behaviours such as aggression, distractibility and impulsivity constituted a learning difficulty were more likely to refer students exhibiting these behaviours (Drame, 2002). Drame (2002) cautioned that teachers’ misperceptions regarding childrens’ difficulties could lead them to referring when not warranted or vice versa.

In addition, Soodak and Podell (1994) found that teachers’ self-efficacy influenced whether they made teacher-based interventions or outside interventions for children with academic, emotional or behavioural problems. In this study teachers made suggestions for interventions in response to a vignette. Teachers made a wide variety of suggestions. However, non-teacher based interventions were mentioned
more frequently and outside consultation was regarded as the most effective. Teachers who made teacher-based suggestions for intervention had higher self-efficacy than teachers who suggested outside consultation. This indicates that many teachers recognise they need help to meet the needs of children with learning, behavioural and emotional difficulties.

Teachers play a critical role in recognising LD, planning and implementing interventions, and fostering supportive relationships with children with LD. Combined with high student-teacher ratios and increases in the number of students with learning, behavioural and emotional problems teachers are under extreme pressure (Whitehead & Ryba, 1995). Given the importance of their role and the assumed responsibilities inherent in their role, there is a need to explore how the issues involved in teaching children with LD impact on teachers. This was the focus of the present study. Through the use of a qualitative approach this study sought to answer the following research questions:

- How do teachers describe their experiences of teaching children who have LD, within the classroom?
- What factors impact upon teachers’ ability to teach children with LD?

Method

Research Design

The present study used a qualitative approach to understand teachers’ experiences and perspectives of teaching children with LD. The inductive nature of the qualitative research strategy allows the researcher to investigate a phenomenon without predetermining the dimensions of that phenomenon (Paton, 1980). The importance is to allow the dimensions to emerge through analysis of participants’ stories. Qualitative
Researchers seek an intimate understanding of individuals' constructions of a phenomenon (Athanasiou, Geil, Hazel & Copeland, 2002) and reflect these constructions to the reader as accurately as possible (Gibbs, 2002).

The research strategy chosen was conversational interviews because they allow the researcher to enter the world of the participant (Smith, 1995). They also facilitate rapport, allow exploration and clarification of issues (Burgess-Limerick & Burgess-Limerick, 1998), and generally produce richer data (Smith). However, inherent in this process is the interaction between the researcher and the participants (Seidman, 1991), and the researcher and the data. Therefore, it must be recognised that the data and their interpretation may be a function of this interaction and the researcher's skills, biases and assumptions.

Therefore, Guba and Lincoln (1989) argue that qualitative researchers must demonstrate the trustworthiness (reliability and validity) of their study through the concepts of credibility, transferability, dependability and confirmability. Morse (1994) suggests one way of achieving this is through the maintenance of an audit trail. Therefore the researcher kept a journal of reflections recording summaries of participants' responses, researcher's biases and her initial interpretations. The present study used an external audit process (Nagy & Viney, 1994), whereby a second reviewer verified the transcripts and the resulting data analysis. The identities of the participants were not revealed to the reviewer.

Participants

Primary school classroom teachers, who have previously taught children with LD, formed the target population for the present study. Ten teachers of kindergarten (K), pre-primary (PP) and primary school aged children were recruited from five
independent Catholic primary schools within the northern metropolitan area of Perth, Western Australia. The participants were seven female and three male teachers with teaching experience ranging from two years to 27 years. The specific profiles of the participants are outlined in Table 1.

Table 1

Profile of Participants

<table>
<thead>
<tr>
<th>Participant</th>
<th>Current Year Level</th>
<th>Year levels Taught</th>
<th>Number of Years Experience</th>
<th>Number of Years LD Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6</td>
<td>1-3, 4-7</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>K-7</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>3</td>
<td>7</td>
<td>5-12</td>
<td>24</td>
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<td>4</td>
<td>5</td>
<td>4-7</td>
<td>25</td>
<td>25</td>
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<tr>
<td>5</td>
<td>6</td>
<td>PP-6</td>
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<td>26</td>
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<tr>
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<td>1, 3</td>
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<tr>
<td>7</td>
<td>1</td>
<td>1-3, 6</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>8</td>
<td>1</td>
<td>K-2</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>9</td>
<td>K</td>
<td>K, 2-7</td>
<td>20</td>
<td>14</td>
</tr>
<tr>
<td>10</td>
<td>6</td>
<td>3-7</td>
<td>16</td>
<td>16</td>
</tr>
</tbody>
</table>

Materials

The present study used a semi-structured interview schedule (see Appendix A) that was designed by the researcher to elicit participants’ responses to the focus of the study. Questions included: Tell me about your experiences of teaching children with learning difficulties? What impacts upon your teaching practice when teaching children with learning difficulties?

A brief demographic questionnaire (see Appendix B) was administered to each participant to obtain information relating to the number of years teaching experience, the number of years experience teaching children with LD, the year levels taught, and the types of learning difficulties encountered.
Procedure

School principals were approached regarding the nature of the present study. They were provided with information about the study (Appendix C). If they consented to the study, they were asked to circulate the participant information letters (see Appendix D) to their teaching staff. Contact details of the researcher were provided on the information letter so that interested participants were able to contact the researcher directly. Interested participants were screened to make sure they were regular classroom teachers who had taught children with LD. A mutually convenient time and venue was then arranged for the interview.

Prior to the interview the researcher informed participants that they could withdraw from the study at any time with no adverse consequences, and advised them of the need to tape-record the interview. The researcher also emphasised to participants that their confidentiality would be maintained throughout the research process and that no identifying information would be used in the report. Participants were given the opportunity to ask questions, after which they were asked to sign a consent form (Appendix D) and complete a teacher profile form (Appendix E). The audio-taped interviews were then conducted by the researcher during which time the research questions were posed. The interviews were conducted privately within the teachers' classrooms and each interview lasted approximately 30-45 minutes.

Analysis

All tape recordings were transcribed verbatim. The transcripts were checked for accuracy against the audiotape of each interview. The transcripts were then analysed according to a thematic analysis procedure as outlined by Smith (1995).
After several readings of the transcript, significant sentences were noted in the transcript and emerging themes documented. Segments of the transcripts were categorised and coded according to the themes that had emerged.

Miles and Huberman (1994), suggest the use of a thematic conceptual matrix to reduce the data into a more manageable display of patterns and themes. Coded sentences or units of speech from each participant were noted under each theme in the matrix. Common themes were grouped together to form higher-order themes and subthemes.

Findings and Interpretations

The final analysis produced five themes that relate to issues that both enhance and detract from the participants’ teaching practice of children with LD. The five themes and resulting sub-themes are presented in Table 2, followed by a discussion of each theme.

Table 2

<table>
<thead>
<tr>
<th>Themes and Sub-themes Resulting from Analysis</th>
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<tbody>
<tr>
<td><strong>Themes</strong></td>
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<tr>
<td><strong>Experience And training</strong></td>
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<tr>
<td><strong>Teaching and learning Support</strong></td>
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<tr>
<td><strong>Attitudes and Beliefs</strong></td>
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<tr>
<td><strong>Accommodating Children with LD</strong></td>
</tr>
<tr>
<td><strong>Resources</strong></td>
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<tr>
<td>Teachers' Experience</td>
</tr>
<tr>
<td>Teachers</td>
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<tr>
<td>Individual needs</td>
</tr>
<tr>
<td>Concrete</td>
</tr>
<tr>
<td>University Training</td>
</tr>
<tr>
<td>Education Support teacher</td>
</tr>
<tr>
<td>Principals/school Programmes</td>
</tr>
<tr>
<td>Modifying</td>
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<tr>
<td>Specialists</td>
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<tr>
<td>Professional Development</td>
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<tr>
<td>Parents</td>
</tr>
<tr>
<td>Peer tutoring</td>
</tr>
<tr>
<td>Colleagues</td>
</tr>
</tbody>
</table>
Experience and Training

The teachers believed that experience contributed significantly to their ability to teach children with LD.

Experience and knowledge.

Many teachers provided a retrospective reflection of their experiences teaching children with LD. One of the most salient aspects to emerge regarding teachers’ experiences of teaching children with LD was echoed in the responses of two teachers. One teacher noted that learning about LD occurs on the job and the other stated that over time she had learned how to cope with these children. Another teacher stated:

I think that I’m fairly lucky... I’ve taught in all sorts of settings.
I’ve taught in two different states... in different size schools under many different principals. So I think I have a lot to draw on.

One participant felt quite sorry for new teachers because the learning curve goes very steeply, and another felt that inexperienced teachers, even with the best of intentions, make huge blunders with learning difficulties because they don’t know [what to do]. This is consistent with Merrett and Wheldall’s (1993) survey of teachers regarding classroom behaviour management skills. The teachers surveyed believed their college training in behaviour management skills was inadequate and they had only learned these skills on-the-job.

Some teachers mentioned they struggled with LD when they first started teaching. For example, one teacher felt that when dealing with a problem you had not been exposed to before you always feel a little bit incompetent at the start and another stated she didn’t know where to go, where to start when she first started teaching children with LD. However, one teacher commented that the knowledge gained from
Curriculum Framework and First Steps was really helpful because they are so finely tuned into kids with needs. First Steps was considered by another teacher to be the best program that's ever been developed for teachers because it is a way of ensuring your understanding [of] the child's development, and also your responsibilities as a teacher.

Professional development.

One teacher believed professional development (PD) in the LD area came via learning yourself, through personal development days, in service, and chatting to other teachers. O'Shaughnessy, Lane, Gresham and Beebe-Frankenberger (2003) argue that it is essential for teachers to regularly update their knowledge of LD through evaluating current theory and knowledge in this area and integrating it into their daily practice. Teachers realise they have a professional obligation to do lots of professional reading. However, one teacher stated that teachers' days and weeks are so crammed with everything else they have to do that it was difficult to find time to read. But if you were offered a professional development day to cover a range of things then you would set that time aside. More PD in the LD area was deemed necessary. As one teacher stated:

I think sometimes more PD on children with learning difficulties because it's just sort of assumed that a regular classroom teacher can cater for everybody.

Another teacher thought PD linked to her areas of inexperience would be beneficial. She stated that she didn't know enough about assessing and then once you've assessed, then redoing your programs to suit specific needs.
University training.

One teacher suggested that learning *how to deal with a specific learning difficulty* should be something that a teacher has to learn at university. She stated that teachers were *basically taught to teach mainstream* unless you chose to *specialise in that particular area* (learning difficulties). One of the new teachers commented that *special education*, things like *Autism*, were covered at university but not a great deal on specific LDs. Most of her learning regarding LDs had been *on the job or from other people*.

Exchange of knowledge with other teachers.

Teachers mentioned that they have benefited from sharing ideas, sharing resources and *talking to other teachers* about children with LD. It seems that when teachers do not possess the requisite knowledge for dealing with LD they turn to their colleagues. One of the newer teachers in the present sample stated she was *not very experienced* and did not have a lot of strategies for use with LD children, therefore she sought the advice of other teachers. This is a similar finding to Fernandez (2004) who noted that inexperienced teachers sought advice from their more experienced counterparts regarding LD. In fact seeking support from other teachers may be viewed as an emotion focused coping strategy such as Male and May (1997) found, or alternatively, seeking strategies for use with LD students may be viewed as problem focused coping strategy.

One teacher suggested taking *time out of staff meetings* to brainstorm strategies, while another teacher suggested a system where teachers could *visit another school and exchange ideas and different strategies* for dealing with children with LD. The responses from these teachers indicate that their university training did not equip them
completely to deal with LD. However the experience and knowledge gained from other teachers is deemed as a valuable source of support.

Teaching and Learning Support

From the participants' responses it was evident that teachers cannot meet all the needs of every child within the class and in particular the diverse needs of children with LD. Although classroom teachers are responsible for facilitating the academic, social and emotional competence of children (Department of Education, 2001b), they require support to do so. In relation to support time, many teachers believed they just don't get enough. Many teachers mentioned that having an extra adult in the classroom was beneficial for teaching children with LD. However, one teacher noted that support decreases the higher up you're teaching in schools. Another teacher believed that children with LD were a lot easier to teach in junior primary because you have teacher assistants who were there ready to help.

Teacher assistant support.

Jenkins (2002) in her survey of principals found that teacher assistants were identified as a significant coping mechanism for teachers and they were utilised for literacy and numeracy support and supervision. This appears to be the situation in the present study. Most teachers found the actual teacher assistant support they received to be very valuable. They used them to work with individual children or small groups of children on modified programs. Many teachers noted that children with LD need a lot of extra help and therefore the pressure is on teachers and they need help in the classroom. One teacher stated she would prefer if the children with LD could stay in the classroom as much as possible, with a teacher assistant, rather than being taken out
of the classroom. This was because they miss the incidental teaching and sometimes
that is the best teaching.

Most teachers expressed a desire to spend more time giving children with LD
individual attention. For instance, one teacher noted: ...I don't just want to palm them
off onto somebody else, because I know what they needed and I want to be able to do it.
Several teachers suggested having a teacher's assistant oversee the rest of the class
while they worked individually with LD children within the classroom. Although the
teachers express a desire to use teacher assistants in this way, this is not what is
happening within the schools. Perhaps there is an expectation in some schools that
teachers assistants are to be utilised in certain areas. For example, one teacher stated
the way she would use a teacher's assistant is very different to the way some principals
would expect you to.

Another important aspect is the training and supervision of teacher assistants.
One teacher stressed that the teacher assistant needs to be trained....to know what you
want them to do, so that they are actually catering properly for those children.
Another teacher mentioned setting the program for the children with LD in conjunction
with the teacher assistant so that when they step into the classroom they know exactly
what to do. Although the teachers felt they needed more teaching assistant support
they understood that the schools were doing the best with the resources they were
allocated.

*Special education teacher support.*

Some teachers at one school were allocated some education support teacher
time. Although this time was limited one teacher commented that she made the most of
the time she was given. This time was utilised for children that need the most
individual help. An upper primary teacher suggested that the stigma of being withdrawn develops around year five level and that it was better having the support teacher...work with the child in the class. Or alternatively for the support teacher and the classroom teacher to reverse the roles and the teacher work with the child.

Parent Support.

Parental support was seen as crucial both in following through with programmes and strategies implemented by the teachers, and in communicating what is happening with the child periodically. Regular communication with the parents was considered especially important. As one teacher stated, you can't go a day without talking to their parents about things....what's happened at home or their moods in the morning. Another teacher always keeps parents informed if anything is changing. One teacher stated it was important that parents support whatever you are trying to do, and that she must support what they're doing as well.

Some teachers had encountered difficulties with parents who won't face the child has a problem, or other parents who are quite happy for you to do all the work but then will not follow it up at home. In these situations one teacher commented, you're really hitting your head against a brick wall. Parental support of programs for children with LD is a major factor because school just doesn't seem to be enough....it needs to be at home as well. This is consistent with O'Shaughnessy, Lane, Gresham and Beebe-Frankenberger (2003) recommendations that interventions involving the family in partnership with the school are more effective at producing the desired outcomes for children with LD. They also note that teachers are in the best position to provide parents with information on continuing the interventions at home.
Peer tutoring.

A few teachers believed peer tutoring was an important source of support for children with LD. One teacher encourages the children who are finished to take an active part in doing teaching with other children who are struggling. Another teacher sits children who are very bright, or who are more mature next to the children with LD so that they can give them a lending hand. One teacher described peer tutoring as the only way you can survive at times.

Attitudes and Beliefs

Many teachers believed that people's attitudes could greatly affect children with LD and teachers themselves. This general consensus may be summarised by one teacher's comment:

*The bottom line is, we as classroom teachers are the most responsible for teaching the kids. And what we bring with our own expectations and our own personality, that's what makes the difference.*

The responses of the teachers seem to indicate that teachers need to be attuned to the needs of LD children. One teacher believed having a sense of awareness is definitely important, to pick up on the needs...and moods of children with LD. Others mentioned being able to adapt to the needs of your class, having a common sense attitude, and being switched on the whole time was necessary when teaching children with LD. A teacher's attitude on the nature and source of a child's LD has been found to affect the way teachers interact with students with LD (Watson, 1995). Similarly the way teachers talk about children in their class has been found to impact on the teachers' classroom interactions with that child (Stuhlman & Pianta, 2002). Teachers' attitudes towards children with LD affect the expectations they have of them. Since it is the
right of every child to be educated to their full potential, Dean (1996) cautions that teachers should not limit the potential of children with LD by having low expectations of them.

Realistic expectations are important when working with children with LD (Ministerial Task Force Report, 1993). Teachers need to have an acute awareness of a child’s ability and to challenge them but not make it too hard for them. One teacher commented that some people think a child with LD can only reach a [certain] level and they restrict them to it. Therefore it is important not to cut them off at the top end...you've just got to leave it open. Because children are aware of differences and difficulties, one teacher believed it was the teacher’s responsibility to create a positive environment in the classroom and counteract any negative attitudes of other children.

Principals and schools.

Several teachers believed that a positive attitude and support must come from the principal. As noted by Jenkins (2002) good leadership and positive attitudes from the top can create a whole school culture committed to students with special needs. One teacher commented that in her school learning difficulties are not just her problem, it’s the whole school’s problem and they all focus on it together. Another noted that if support doesn’t come from the top and from the admin team, then it won’t work in a school. There’s no point in a teacher waving the flag on his or her own. The support has to be there.

Another teacher stated that being given a resource budget and to have people trust you to make good judgements on how to spend it...was really good as a professional. However, another teacher stated that the expectation from the top can be
a bit of an imposition. For example, this teacher did not have the flexibility to use people (teacher assistants) the way she thought best served the needs of the children.

Accommodating Children with Learning Difficulties

Individual needs.

Many of the teachers stated that it was difficult to cater for the diverse range of needs within each class. All the teachers believed that one-to-one teaching is what children with LD require. For example, one teacher stated, if you can do one-on-one, or as close as possible, that's where you get the greatest gains. One teacher commented that some children with LD need constant supervision...to make sure they are on task and if there is a difficulty to explain it straight away. As many children with LD have externalising behaviour disorders such as short attention span, problems concentrating, fidgeting (Prior, 1996), distractibility and hyperactivity (Gearheart & Gearheart, 1989) a great deal of teachers' time is spent on managing these behaviours and refocusing these children. In fact Merrett and Wheldall (1993) found that lack of motivation, calling out, rudeness, inattentiveness, and lack of concentration were student behaviours that bothered teachers the most. Furthermore, Male and May (1997) cited challenging behaviour of students as one of the significant sources of stress in their sample of LD teachers. Although teachers in the present sample did not specifically mention stress, this could represent a factor in their professional dilemma of providing for the individual needs of students with LD.

Other teachers in the present study noted children with LD needed more reassurance, someone there to say, 'you are on the right track'; or to talk to them. However, many teachers echoed one teacher's comment; being able to give them one-
on-one attention, is just incredibly hard. Many teachers expressed dissatisfaction at not being able to give children with LD as much one-on-one teaching time as desired. All of the teachers stated that time was the biggest factor that limited their ability to provide regular one-on-one teaching sessions with LD children. As some teachers stated:

   it is hard to do because there is only one of you and you have up to 30, 35 children in a classroom and you really can’t get around to them all.

   The big class sizes...makes it harder, you have to spread yourself out more. You just don’t get the time quite simply.

   It would appear that principals are also concerned with the professional challenges faced by teachers. In Jenkins’ (2002) survey of independent school principals, many principals believed there was only so much one teacher can do and sometimes this fell short of meeting a child’s needs.

   Providing time for children with LD was closely related to class size. One teacher stated that class size is an issue with Catholic schools because it’s bums on seats...the more bums the more money. Another teacher commented that because Catholic schools have a few more kids in every classroom...you just don’t get the time to spend with children with LD. Several teachers suggested that less children in the classroom in conjunction with extra teacher assistant time would enhance their teaching of children with LD.

   Planning and modifying programmes.

   All of the teachers stated that they modified tasks for children with LD. This involved breaking down the activity, planning a simplified version of the lesson, or
negotiating the parts that they feel they are prepared to have a go at. This also involved finding extra time to plan different things and created extra workload. In fact workload and lack of time was listed as the most frequent source of stress for LD teachers in Male and May's (1997) study. Many teachers in the present sample would like extra Dot (duties other than teaching) time to be able to organise activities or make up simpler worksheets. Two teachers noted that modifying programmes to suit children with LD was sometimes difficult and they would like to see how others do it or talk with teachers about how to include those children into their programmes. Clearly the ability to adapt programmes is a highly valued skill (Ministerial Task Force Report, 1993), but one in which teachers need support to achieve effectively (Jenkins, 2002).

Resources

Concrete resources.

Many teachers were fairly satisfied with the concrete resources provided by their schools. One teacher noted that they may not be easily available:

*They are accessible. You have got to jump up and down, but you get the resources eventually..... You have got to go searching and you have got to negotiate.*

Another teacher noted that children with LD sometimes require specific resources and teachers need to have these available to use just with them. She commented further, that these resources were not always readily available for kids in that situation, because it comes back to money. Another issue in teaching children with LD is the age appropriateness of the resources. One teacher commented that resources that are more basic are usually junior primary and are not appropriate for an upper primary child.
with LD. Although teachers may experience some difficulty in accessing resources, generally they are available. However, resources may require modification for use with children with LD and again this represents a further demand on teachers time.

Specialists.

Several teachers believed it was important to involve other professionals when teaching children with LD. One teacher commented that it was important to solve problems in collaboration with others rather than the teacher being the main problem solver. Collaboration is what Hall and Hornby (2003) describe as the 'new professionalism' in teaching. Teachers have a great deal to gain from specialist consultation as noted by one teacher:

*The school social worker at this school, she's been really good in helping us.....and she just supported me, but also helped the family in getting what they need. She knows so much and she's been there to back me up so much.*

Another teacher stated *whenever you have got problems, you feel you don't have to take it on board yourself, the social worker is someone to talk to about different issues.*

School psychologists were cited as being another important resource. One teacher stated that the impact the psychologists' suggestions made to the whole programme in the classroom, let alone for the child having difficulties....was positive across the board. Another teacher usually only approached the school psychologist for help with something clinical or when she had no idea what to do. This suggests that teachers may view psychological consultation as a last resort. Or as Soodak and Podell (1994) found, teachers suggested outside consultation when they had lower self-efficacy beliefs.
One teacher stated that *a lot of teachers don't even realise that it's* [psychologists] a resource, or *...what their role is*. This teacher suggested that principals could make teachers aware of what their role is *...at the beginning of the year*. Respondents echoed MacKay and Boyle’s (1994) findings that although teachers value the psychological consultation being done in schools, the supply of services is not enough. One teacher believed the school psychologists' reports to be *worthwhile* and provide *good information about the IQ of the child*, while another stated *not being able to get the psych* was a problem. One teacher further stated that the *strategies* given were not always *that practical* and he suggested that the school psychologist should spend some time in the classroom *to work out the dynamics of that child and how they are operating*. Classroom observation, recommendations and resources were also identified by teachers in Fernandez’s (2004) study as areas were school psychologists could provide additional services for teachers.

Some teachers in the present study thought that a list of strategies for different learning problems or a file of people to contact who are experienced in different areas would provide a valuable resource for teachers. One teacher stated that to look someone up, for example, who has dealt with ADHD kids really well, would especially benefit new teachers. Another teacher stated that if schools had *some kind of list...with people to contact, even a list of strategies* so that teachers did not have to go *searching for it all the time*. It would appear that teachers are responsive to using the strategies and experience of other teachers and professionals, but do not have time available to seek them out. Therefore a network system would be highly desirable.
Summary

All the teachers emphasised the importance of providing one-on-one teaching time to students with LD. They all expressed a desire to give these children more individual attention. However the overarching factor that pervaded every aspect of their teaching children with LD was time. In essence classroom teachers simply do not have enough time to plan and modify programmes or provide the one-on-one attention these students require. They attributed this lack of time to the large class sizes within the Catholic school system. Many teachers suggested smaller class sizes and more teacher assistant support time as a solution to this problem.

The main source of individual support for children with LD came from teacher assistants. While the teachers valued this support there was a strong belief that the teachers themselves should be the ones giving the support. However this was not always possible because of limited allocation of teacher assistant time and constraints from within the school on the use of their time.

Experience with LD emerged as a very strong theme in this study. Generally it was agreed that teachers' knowledge of LD mainly came from exposure to them on-the-job. Teachers made up for any deficits in their knowledge by seeking out the experience and knowledge of their colleagues. They also valued the help provided by specialist consultants in the form of assessments, collaborative planning, strategies and emotional support. Professional development days were also viewed as an excellent way for teachers to acquire more knowledge regarding strategies and programme modification for LD.
Limitations

The sample size in this study was small, therefore the transferability (generalisability) of the results to other populations such as government schools, or secondary schools is limited. A second limitation relates to the sampling procedure. A non-random, stratified purposeful sampling (Patton, 1990) was used to gain descriptions from teachers with a range of teaching experience. While this procedure provided rich descriptions of teachers' experiences, the inclusion of other subgroups such as students, principals, teaching assistants and parents would further enhance the descriptions of the impact of LD.

Practical Implications and Future Directions

Several implications emerge from these results. First, regular PD or in-service days for training about interventions, programming and implementation of strategies for LD would enhance teachers' knowledge base. For example, school psychologists may want to look at disseminating the latest research findings to teachers on a regular basis. Second, school administrators may want to look at increasing their support of new teachers through the development of a mentor program whereby new teachers are matched with a more experienced counterpart during their first couple of years teaching. Further to this the Catholic Education Office may look into developing a database of strategies and a network of contacts for teachers to refer to when they experience problems with LD.

The findings from this study expands our knowledge of the supports required by teachers to enhance their teaching of children with LD. As influences from all levels of the ecological system impact on children with LD and their teachers there is also a need to understand these influences. In regard to teachers, there is a need to
investigate how school and education policies impact on teachers. Also the impact of leadership qualities and the level of professional discretion accorded to teachers is another area worthy of investigation. Further information may be gleaned from examining how the child's family context impacts on their learning difficulties. For example, 53,400 children were involved in couples' divorces in 2001 (Australian Bureau of Statistics, 2003). Therefore many children with LD are likely to be living in single parent or joint parenting arrangements. We need to understand all of these influences so that we can create the best possible learning environment for children with LD.
References


Ministerial Task Force. (1993). *The education of students with disabilities and specific learning difficulties*. Western Australia: Education Department of Western Australia.


Appendix A

1. Tell me about your experiences of teaching children with learning difficulties.

2. What impacts upon your teaching practice when teaching children with learning difficulties?

Prompts

a. Are there any supports or hindrances that affects you in teaching LD children? What do you think could be done to improve these?

b. What strategies and support systems do you use to aid you in your teaching of LD children? How did these come about?

c. Is there anything that could enhance your role as a teacher, teaching children with learning difficulties?
Appendix B

TEACHER PROFILE

Gender: Male/Female

No. of years teaching experience: 

No. of years teaching children with LD: 

Types of schools taught in: 

· Year levels taught: 

Current year level: 

Types of learning difficulties encountered: 

Appendix C

Dear Principal,

My name is Michelle Francis, and I am currently pursuing a Bachelor of Arts Psychology Honours degree at Edith Cowan University. As part of my course requirements I am undertaking a research project. The Ethics Committee, of the Faculty of Community Services, Education and Social Sciences, has approved this study.

My study will involve a sample of classroom teachers who have children with learning difficulties (LD) within their class. Past research indicates that children with LD may also experience behavioural, social and emotional problems. Research also indicates that approximately one quarter of children are considered vulnerable to learning, social, behavioural or emotional difficulties before entering school.

The aim of my study is to explore the perspectives of teachers in relation to their teaching of children with LD. This study will collect qualitative data to further enhance our knowledge of the experiences of teachers.

Participation in this study will involve an audiotaped interview with individual teachers, lasting approximately 30-45 minutes. Participants’ names will not be required for this study and all data collected will be kept confidential. The audiotaped interview will be transcribed for the purpose of data analysis. No individual participant or the school will be identified in the reporting of this study. Participants will also be advised that their participation is voluntary and they may withdraw from the study at any time with no adverse consequences.

If you are agreeable, I would appreciate if participant information letters and consent forms could be distributed within the school. Teachers interested in participating can then contact me to schedule a convenient interview time and venue.

If you have any queries regarding this research project, please feel free to contact me or either of my supervisors, Dr Lynne Cohen and Julie Anne Pooley. If you wish to speak to someone independent of this research project, please contact Professor Alison Garton on 6304 5110.

Thank you again for your interest in this research project.

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Appendix D

Dear Participant,

My name is Michelle Francis, and I am a student at Edith Cowan University, pursuing a Bachelor of Arts Psychology Honours degree. I am currently conducting a study with the co-operation of your principal. The Ethics Committee of the Faculty of Community Services, Education and Social Sciences has approved this study.

The aim of my study is to explore the perspectives of teachers in relation to their teaching of children with learning difficulties. My study will involve a sample of teachers who are currently working with children with learning difficulties.

This research will enhance our understanding of the views of teachers in relation to their teaching of children with learning difficulties.

Participation in this study will involve an audiotaped interview lasting approximately 30-45 minutes. During the interview, I will ask questions related to the aim of my study. Your name will not be required for this study and your responses will be kept confidential. The audiotaped interview will be transcribed for the purpose of data analysis. No individual participant will be identified in the reporting of this study.

Should you be willing to participate in this study, please contact me on 9255 1260. In order to participate in the study you are requested to complete the attached consent form. Your participation in this study is voluntary and you will be free to withdraw from the study at any time without any adverse consequences.

If you have any queries regarding this research project, please feel free to contact me, Michelle Francis on 9255 1260, or my supervisors, Dr Lynne Cohen (6304 5575) or Julie Anne Pooley (6304 5591). If you wish to talk to someone who is independent of this study, please contact Professor Alison Garton on 6304 5110. Thank you again for your interest in the research project.

Michelle Francis
Appendix E

Consent Form

I ___________________________ consent to participate in the research project of
Michelle Francis. I understand that,

1. The study is exploring the perspectives of teachers who are working with children
   who have learning difficulties.

2. That any data collected in the study will be kept confidential and will only be
   discussed with the supervisors involved in the study.

3. My participation in this study is voluntary and I may choose to withdraw from the
   study at any time without any adverse consequences.

4. The interview will last approximately 30-45 minutes.

5. The interview will be audiotaped and transcripts of the interview will be made for
   data analysis purposes.

Signed ___________________________       Dated ___________________________