

## Challenges and Issues in Family Therapy: Case Study of a Slow Learner

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### Abstract

Family therapy is an important component of the management of any psychological issue- the connotation being that social support enhances the chances of recovery faster and for better prognosis. Hence the significance of family therapy cannot be undermined at all. The researchers have also at various times done globally have also indicated the same. The present study reinforces the argument in favor of family therapy where it has been expanded in detail using the case study method. Teachers have to deal with the issue of slow learners in their class room and require study of expertise, energy, patience, forbearance in dealing with the issue. Right amount of social support is required as is explained in the present work.

**Keywords:** *Slow Learner; Psychotherapy; Learning Disability*

### Introduction

Family therapy is a type of psychological counseling (psychotherapy) that can help family members improve communication and resolve conflicts. Family therapy is usually provided by a psychologist, clinical social worker or licensed therapist.

Family therapy is often short term. It may include all family members or just those able or willing to participate. Specific treatment plan will depend on the family's situation. Family therapy sessions can teach skills to deepen family connections and get through stressful times, even after the family is done going to therapy sessions.

Family therapy can help a family improve troubled relationships with their partner, children or other family members. They may address specific issues such as marital or financial problems, conflict between parents and children, or the impact of substance abuse or a mental illness on the entire family:

- A family may pursue family therapy along with other types of mental health treatment, especially if one of the Family members has a mental illness or addiction that also requires additional therapy or rehabilitation treatment. For example:
- Family therapy can help family members cope if a relative has a serious mental illness such as schizophrenia - but the person who has schizophrenia should continue with his or her individualized treatment plan, which may include medications, one-on-one therapy or other treatment.

- In the case of addiction, the family can attend family therapy while the person who has an addiction participates in residential treatment. Sometimes the family may participate in family therapy even if the person with an addiction hasn't sought out his or her own treatment.

Family therapy can be useful in any family situation that causes stress, grief, anger or conflict. It can help you and your family members understand one another better and learn coping skills to bring you closer together.

Family therapy typically brings several family members together for therapy sessions. However, a family member may also see a family therapist individually. Sessions typically take about 50 minutes to an hour. Family therapy is often short term - generally about 12 sessions. However, how often the member can meet and the number of sessions you'll need will depend on the family's particular situation and the therapist's recommendation.

During family therapy, the family members can:

- Examine the family's ability to solve problems and express thoughts and emotions in a productive manner.
- Explore family roles, rules and behavior patterns to identify issues that contribute to conflict - and ways to work through these issues.
- Identify your family's strengths, such as caring for one another, and weaknesses, such as difficulty confiding in one another.

### Specific learning difficulty

A specific learning disability is a disorder that interferes with a student's ability to listen, think, speak, write, spell, or do mathematical calculations. Students with a specific learning disability may struggle with reading, writing, or math.

"Specific learning disability" is an umbrella term that can describe many different types of learning issues. An educational evaluation may show that your child has a specific learning disability in a certain subject area. For example:

- A specific learning disability in reading, also known as dyslexia.
- A specific learning disability in writing, also known as dysgraphia.
- A specific learning disability in mathematics, also known as dyscalculia.

The signs of Specific learning disability are as follows:

- Persistent difficulties in reading, writing, arithmetic, or mathematical reasoning.
- Inaccurate or slow and effortful reading or writing.
- Poor written expression that lacks clarity.
- Difficulties remembering number facts.
- Inaccurate mathematical reasoning.

Dyslexia is a specific learning disability that is neurobiological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge.

At a very general level educationalists and particularly educational psychologists tend to prefer the term 'specific learning difficulties' and clinicians, voluntary organizations and concerned lay people the term 'dyslexia'. These differences of opinion can be seen as partly

due to the different perspectives that educationalists and clinicians are likely to have.

### Slow learner

A slow learner is a child of below average intelligence, whose thinking skills have developed significantly more slowly than the norm for his/her age. This child will go through the same basic developmental stages as other children but will do so at a significantly slower rate. However, this development, while being slower, nevertheless is relatively even.

On the other hand, a child with specific learning disability is one of average or above average intelligence who has specific difficulties which can make learning very difficult. There may be deficits in any of the basic central nervous system functions, which have to do with the acquisition and use of listening, speaking, reading, writing, reasoning or mathematical abilities i.e. attention, memory, language, auditory and visual perception, motor coordination and planning, spatial orientation, impulse control and sequencing. In short, if there is a discrepancy between the child's potential and actual achievement.

Most Slow Learners grow up to work in skilled or semiskilled jobs such as construction or office work. Unfortunately, because school is so hard for them, many of these children drop out of high school. Slow Learners may have problems not only with math and reading but also with coordination such as penmanship, sports, or dressing. Often they are quiet and shy, and they have trouble making friends. They may have a poor self-confidence. They have trouble with abstract thinking such as in social studies or doing math word problems. They often have a short attention span. All of these problems cause them to have a poor self-esteem.

### Review of Literature

John Everatt [1] reports a study contrasting dyslexic children against a control group of children without special educational needs (SEN) and a group with varied SENs. Children's abilities were compared on tasks assessing phonological processing, visuo-spatial/motor coordination and executive/inhibitory functioning; being targeted for assessment based on theoretical proposals related to the working memory model.

Selekman MD (1997) states children with emotional and behavioral difficulties be treated effectively in a short-term managed care context, the author combines the best elements of a range of current approaches with family play and art therapy techniques to create a comprehensive solution-focused model. Solution-Focused Therapy with Children serves as a clinical resource and text for practitioners and students of child and family therapy, child psychiatry, clinical and school nursing, social work, and psychiatric nursing.

Linear and open systems (multiple feedback) models of psychosomatic illness in children are contrasted in terms of their implications for cause and treatment. An open systems family model is presented that describes three necessary (but not independently sufficient) conditions for the development and maintenance of severe psychosomatic problems in children: (1) a certain type of family organization that encourages somatization; (2) involvement of the child in parental conflict; and (3) physiological vulnerability. Predisposition for psychosomatic illness, symptom choice, and maintenance are discussed within this conceptual framework [2].

A study of slow learners with special emphasis in the field of secondary mathematics the area of academic learning in which the majority of the slow learners are least retarded is the development of arithmetic mechanics or computational skills. The manipulation of numbers and recitation of arithmetic combinations and multiplication tables can be. 13 and unfortunately too often are, accomplished with little or no understanding of the processes involved. The children may have little or no ability to use or apply these Skills to find the correct solution of a problem. The limitations are numerous, and the ceiling of the potentiality is low. But by working with the little talent that they have, the slow learners' destiny in life, to give glory to God, will be fulfilled. Moreover, they will be able to contribute in a positive way to the culture in which they are helping to form, the culture in which they live [3].

Evidence from meta-analyses, systematic literature reviews and controlled trials for the effectiveness of systemic interventions for families of children and adolescents with various difficulties. In this context, systemic interventions include both family therapy and other family-based approaches such as parent training. The evidence supports the effectiveness of systemic interventions either alone or as part of multimodal programmes for sleep, feeding and attachment problems in infancy; child abuse and neglect; conduct problems (including childhood behavioral difficulties, ADHD, delinquency and drug abuse); emotional problems (including anxiety, depression, grief, bipolar disorder and suicidality); eating disorders (including anorexia, bulimia and obesity); and somatic problems (including enuresis, encopresis, recurrent abdominal pain, and poorly controlled asthma and diabetes) [4-7].

### Case of a slow learner

The index child Rohan (Name Changed) aged 13 yrs studying in 7<sup>th</sup> standard was brought to the clinic by his parents with complaints of low concentration, procrastination, not doing well academically, aggressive behavior (at times) and not taking interest in studies. The parents wanted to put the child in residential school as they wanted to make him more independent individual. They felt that he was extremely dependent on the mother for doing various day to day simple tasks for him like, getting up in time, behaving proactive in doing his homework and academics and had to be prompted even to go to tuition classes on time. His school reports were also not desirable as they felt that the child had more potential. Teachers too had been complaining about the child being lazy, not being attentive in the class etc. whenever the parents were called by the school authorities which was becoming more frequently, to their dismay.

### Assessments done

1. NIMHANS Specific Learning Disability Battery.
2. House Tree person Test.
3. Sample writing.
4. Standard Progressive Matrices
5. Rosenweig Picture Frustration Study.

### Results and Interpretation

The child's performance on Rosenweig picture frustration test indicated that he has overall pleasing personality, ambitious, desires for approval by elders, is comfortable with peers, but is significantly low on confidence. His scores on Standard progressive matrices indicate normal levels of functioning.

In House tree person test the drawings made by the child indicated that he has a certain degree of frustration and inadequacy and finds little satisfaction from the environment. The person drawn by him indicated feeling of weakness and inadequacy. The human figure also indicates a certain degree of sensitivity to criticism.

On the NIMHANS specific learning disability battery his performance indicated that he has slight degree of learning disability and he was found to be a slow learner. His sample writing was suggestive of the same attributes.

The score on SPM indicated that Rohan has normal IQ although on the lower average range.

### Discussion

Family therapy/Support play an important role in the harmonious development of any individual. In this case, index child Rohan (Name Changed) has been found to be a slow learner as per the assessment results. He is a child who needs proper nurturance, adequate approval by parents, teachers' peers and other significant members of the family. In the present case unfortunately, the parents had higher expectations from the child. The elder daughter was already studying in 9<sup>th</sup> standard in a residential school and wanted the same for him as well. During initial family therapy sessions made to "see the Folly" of such an action. They were made to understand that, the child's

own mental health; it is imperative that he stays at home and work academically at his own speed for his optimum mental health. Also, the child was put on IEP (Individualized education program). Further his teachers were also spoken to by the therapist to emphasize upon the importance of patience, tolerance and the power of positive affirmation by the teachers which go a long way emphasizing the scope of inclusive education while dealing with Rohan in his IEP's. The eclectic approach of Family therapy along with a unique IEP and regular monitoring can wonders for the child and resolve the core issues faced by him.

### Implications for parents and teachers

Rohan, in the case requires lot of patience, tolerance, love, care, and nurturance on the part of his significant others- which include his parents, teachers, peers etc. the elders around him should surround him a protective sheet of right amount of indulgence, care, attention, firmness and discipline. Right amount of such dosage during evolving school years will go a long way in shaping this child who will then be able to face the world more, strongly and steadily in the years to come.

### Conclusion

Family therapy plays a very important role in shaping the way psychotherapy proceeds during the therapeutic processes and defines the prognosis too. Subtle but sure way of dealing with slow learners during their early formative years impact their future growth and development and the way their personality moulds. There is an undercurrent of emphasis on the significance of sensitizing the pre-service teachers regarding the issue of identification, appropriate and timely referral and subsequent management in the inclusive school education program which in itself is very challenging. Parents, in their emotional turbulence exact miracles, at times from the teachers who in turn feel threatened by the non-cooperation of parents in the academic and scholastic management of slow learners at home. Most teachers often complain that their suggestions are not being followed in the right spirit. School management sometimes see themselves at variance with parents and teacher's concerns. Psychologists and other mental health professionals need to develop awareness in the

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