



IO 4 advanced training modules for the teachers and professionals involved

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Project number: 2017-1-DE02-KA202-004136

IO 4 Module 2 About the connection between the support focuses of learning and socio-emotional development

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After...

- Hypoglycaemia? Hypnotised? or ???

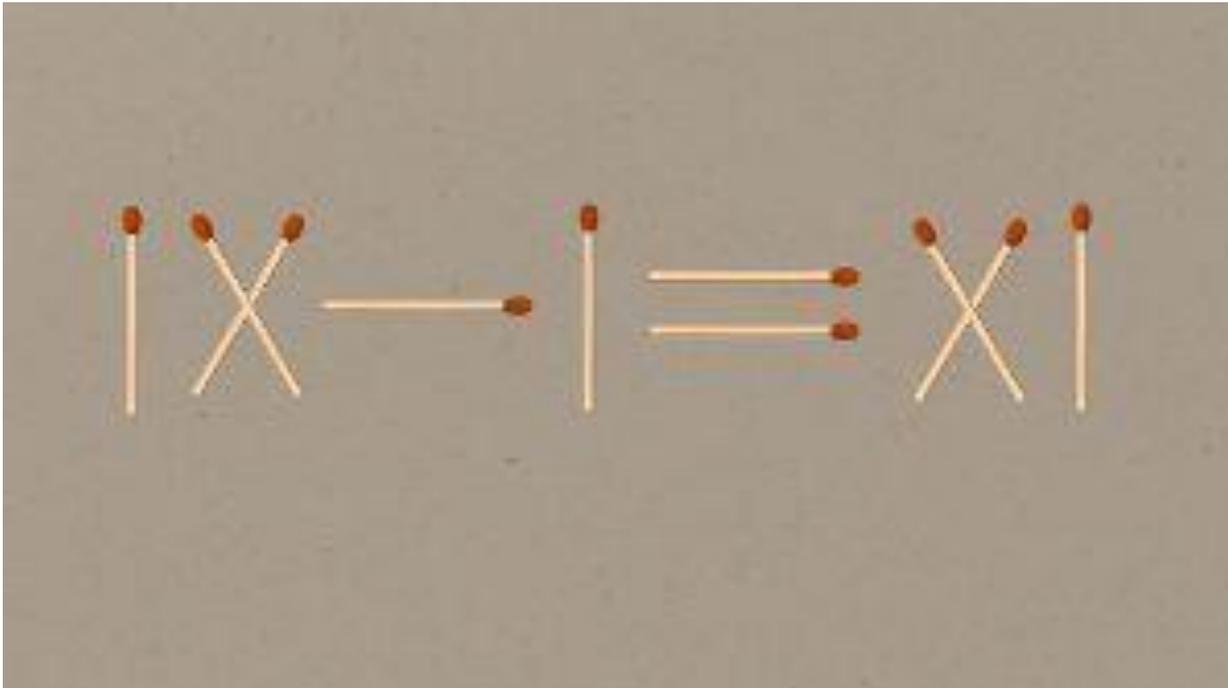


What to expect...

- A little warm-up
- Preliminary remarks
- Personality - an overview
- Young people **learning disability** in difficult circumstances
- **Learning disability**
- Comorbidity
- Three explanatory approaches for the covariation of learning and behavioural disorders and further explanations
- Pedagogical optimism
- Two “pedagogical” quotes from **Eugen Roth** (1895-1976)

A little warm-up

- **Tricky** puzzle: Only one change and the equation works - there are **two** solutions! (30 seconds!)



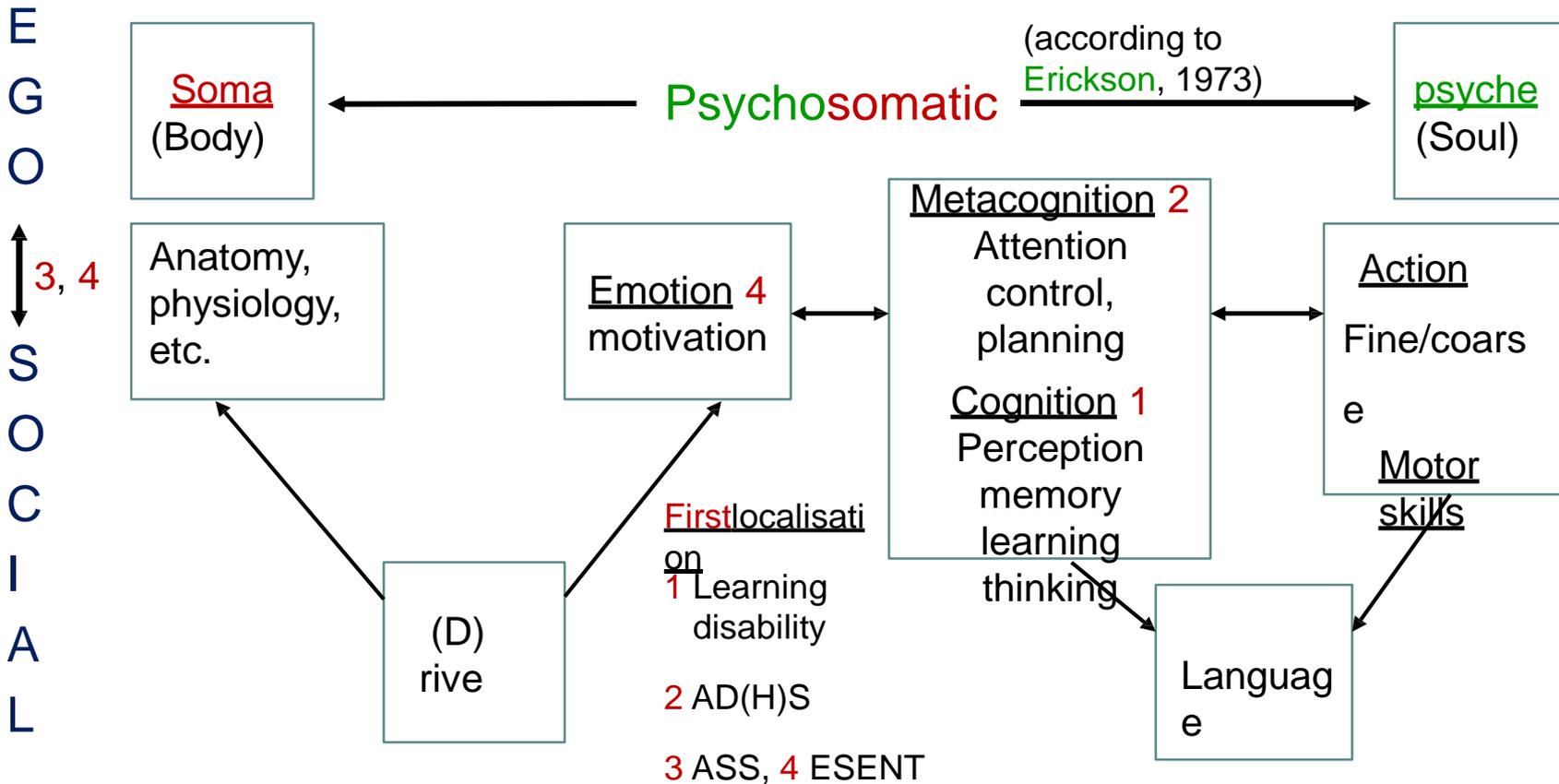
Preliminary remarks

- The following approach to the subject “*About the connection between the support focuses of learning and socio-emotional development*” takes place from the perspective of young people with **intense learning disabilities**.
- With existing experiences it would of course be just as possible to develop the topic from the perspective of young people with **social-emotional impairments** or behavioural disorders.
- The **terms** learning disabilities, learning impairment, intensive learning disabilities, special educational focus on learning are essentially used as **synonyms**.

Personality - an overview

(not the “majority” of individual functions, but rather the “unit” of the person)

- Interaction: Somatic - psychological functions



Young people learning disability in difficult circumstances (1)

- Young people with learning disabilities are often subjected to **psychological stress** due to **negative experiences** and **failure**. **Emotions** therefore play a central role in the control of their behaviour (deficient - appropriate - excessive).
- The consequences can be a **negative** self-image and **inappropriate** behaviour in school and society and later also in the workplace.
- Differences of opinion and criticism are experienced, for example, as bullying and discrimination, which may be answered with (aggressive) **outbursts of emotion** and/or with **psycho-somatic** illnesses.

Young people learning disability in difficult circumstances (2)

Urs Haerberlin (1998) defines succinctly: Special education as a “*Special form of pedagogy*” is „*nothing more than pedagogy under difficult conditions*”. **Aggravating** and learning **inhibiting** can be (in interaction!):

1. Often unfavourable **socio-cultural-economic milieu**

- Early **psycho-social** risks* are coupled with among other things with an increased risk for the presence of a **substance abuse** in young adulthood as well as with increased **externalising** (aggressive) and **internalising** (fearful-insecure) problematic behaviour. (**Zohsel et al.**, 2017)

* Parents: Death, divorce, other separation, mental illness, substance abuse, crime, violence; abuse, sexual abuse, neglect; severe childhood illness, poverty, etc.

Young people learning disability in difficult circumstances (3)

2. Individual **special** characteristics (Grünke & Grosche, 2014)

- Restricted **area-specific basis** or **(prior) knowledge**
 - For example with regard to multiplication tables, fractions, phonological rules of language; a narrow knowledge base does not allow links with new learning content (Weinert & Helmke 1997, p. 459)
- Limited **metacognitive action control**
 - For example, solutions are only planned sketchily and superficially, one's own knowledge acquisition is not sufficiently observed, learning progress is not controlled enough and unfavourable learning paths are not changed as required
- Limited command of **Learning strategies**
 - e.g. no purposeful implementation of the planned procedure (sometimes due to lack of partial skills)

Young people learning disability in difficult circumstances (4)

- Limited **motivation** and **concentration** (“*Support functions*”)
 - e.g. low willingness to make exertion, too little “net learning time”, little stamina, easily distracted, alternative activities (guessing, playing around, anger, etc.)
- 3 Lack of **Adaptivity** of the **teaching** (**Gold**, 2014); **Kobi** (1980, 2002) speaks of **teaching** disability, specifically e.g. ...
- too little cognitive activation or too high demands (**goals**), too little individual support (**methods**), too little active learning time (**time**)
 - Living environment and norms **collision**: educated bourgeois teacher - lower class students (**Hiller**, 1991; **Weiss**, 2009)

Young people learning disability in difficult circumstances (5)

4. In addition to the previously mentioned **tertiary** cause factors (Points 1, 2 and 3) (**neuro-**) **biological risks** are not to be forgotten (**Nissen**, 1977):

- **Primary**: endogenous causes, genetic or congenital
 - Table: Twin study on correlative similarity (**Shields**, 1962)

	45 EZ (together)	45 EZ (separated)	28 ZZ (separated)
Intelligence (2 tests)	.76	.77	.51
Extraversion (FB)	.42	.61	.17
Neuroticism (FB)	.38	.53	.11

- **Secondary**: exogenous brain damage before, during, after birth

Young people learning disability in difficult circumstances (6)

- These four cause areas ensure interactive and individually weighted (also) for brainorganic microdamage in the form of fine neurological dysfunction which, initially often observable as partial performance weaknesses, under unfavourable development conditions can lead to learning and or behavioural disorders and possibly generalise and fix them.
- *“The concept of Bandura is fundamental, that behaviour, environmental influences as well as cognitive, biological or other intra-individual factors influence one another have an interaction”*. (Jonas & Brömer, 2002, p. 277)

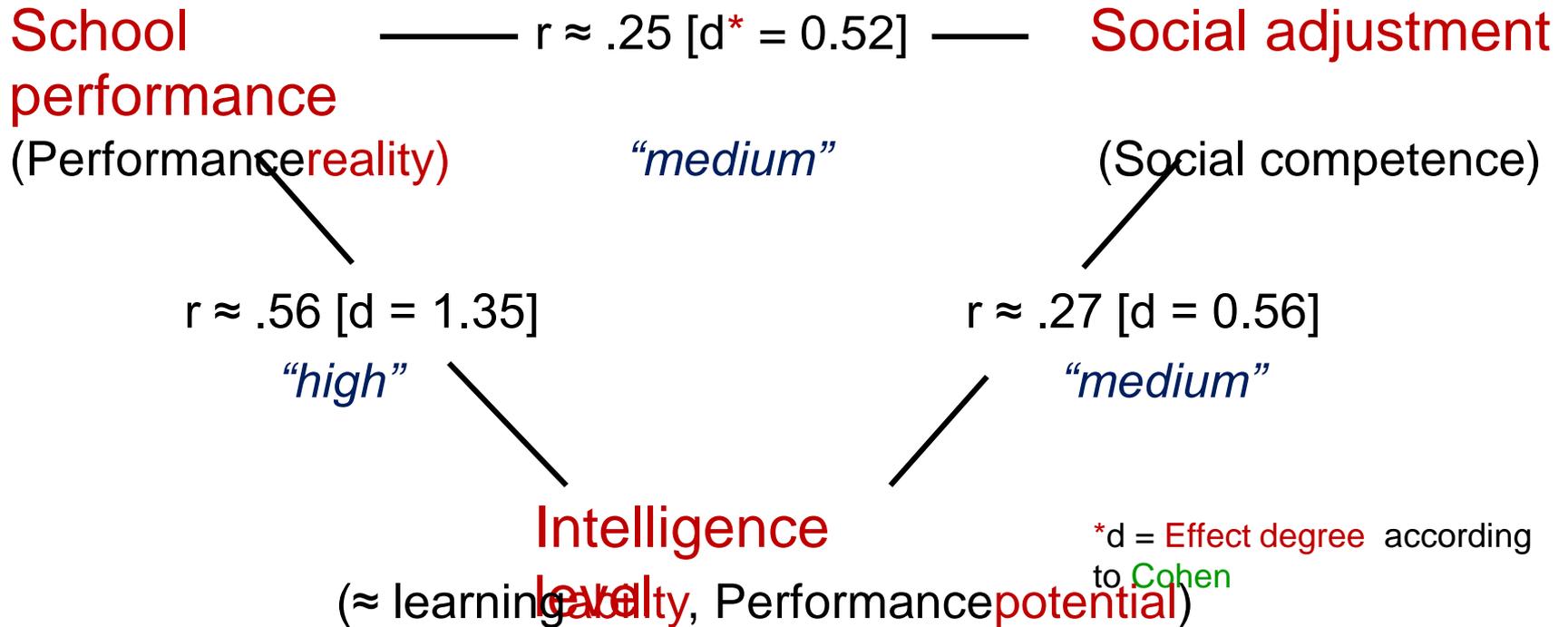
Young people learning disability in difficult circumstances (7)

- Young people with intellectual disabilities react to stress factors **much more often** and **stronger** with behavioural problems and mental illnesses (“*Vulnerability-stress-Model*”; **Zubin & Spring**, 1977).
- Expectations regarding sitting still, being alert, or refraining from inappropriate behaviour assumes that activity in class for **individual development** and **level of understanding** is suitable.
- **Changes** in **self-concept**, e.g. expectations of success / failure (also in comparison to peers) are possible primarily through self-perceived functioning, that is, recognised strengths, but also weaknesses.

Learning disability (1)

- Learning disability (*“Learning disability”*) is defined in **Great Britain** in contrast to the US **similarly** as in Germany (personal. message **Grünke**, 7 May 2018).
 - Learning disability is defined by the UK Department of Health as *“Significantly reduced ability to **understand** access new or complex information, to learn new skills (impaired **intelligence**) as well as a reduced ability to cope independently (disturbed **social functioning**) that began before adulthood “.*
- The **prevalence** of learning disabilities is in **Great Britain** approx. **2.5%** and in **Germany** currently approx. **2.6%**.
- Those affected are then especially **noticeable**, when **requirements** affect their problem area (here: Learning)!

Learning disability (2)

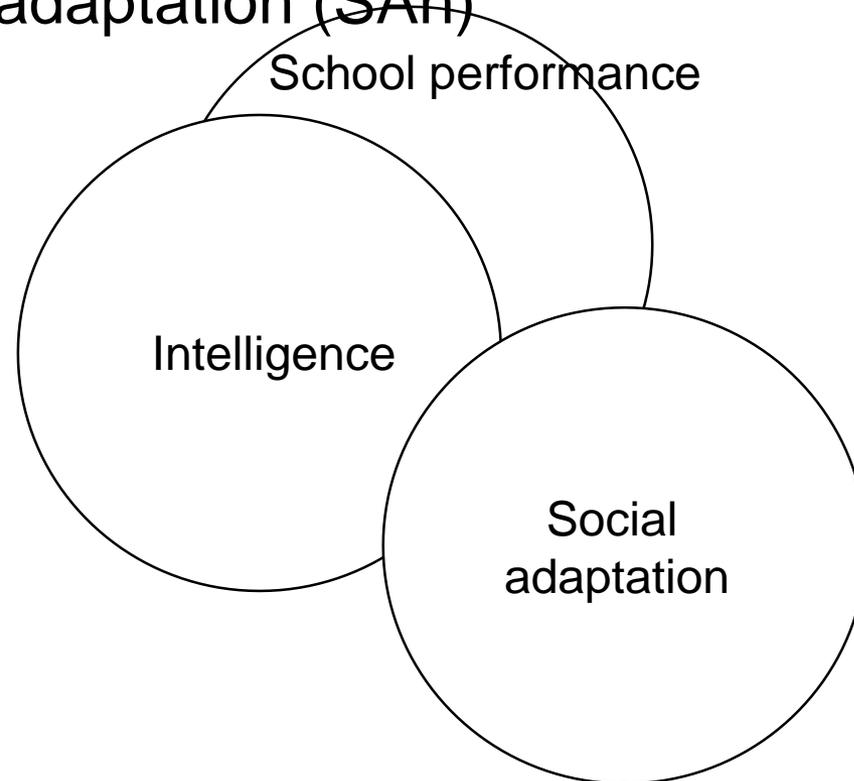


- In contrast to the relatively high correlation (.56) between school performance and intelligence, those on social adaptation (.25, .27) indicate greater independence despite being significant.
- The correlations r were determined from meta-analyses and individual studies, e.g. Maguin & Loeber, 1996; Murphy & Hall, 2011; Wolf, 2004; Rust, 2010; Asendorpf & Neyer, 2012; Frey, 2013.

Learning disability (3)

- **Common variance:** School performance (SP), intelligence (I), social adaptation (SAn)

Relation	g.V. [%] *
SP - I	31.4
I – SAn	7.3
SP - SAn	6.3



* g.V. = $r^2 \times 100$ (coefficient of determination)

Magritte: “*Make thinking visible*”

Illustrative
perception

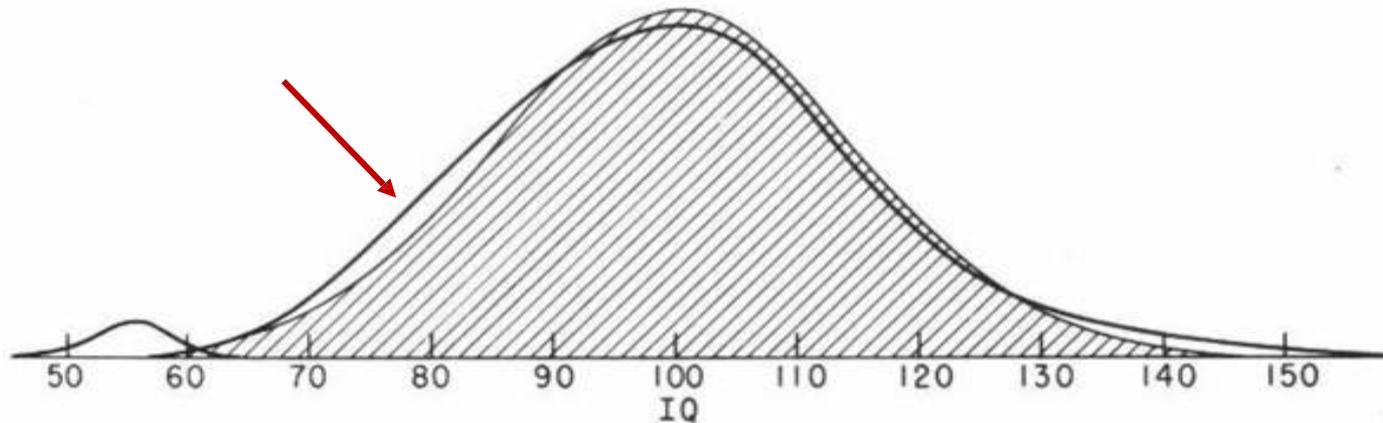


Linguistic
abstraction

HEAVEN

Learning disability (4)

- **Empirically:** Heaped IQ values 70 - 90 (Stemmler,
2



- Learning disability without conspicuous neurological symptoms essentially are restricted to “*Lower social classes*” .
- Cause areas: (1) Function-reducing **location** ∞ (2) **milieu-related** disadvantages, especially **emotional** or **motivational** conditions.

Comorbidity (1)

- **Learning disabled** pedagogy and pedagogy for **behavioural disorders** have many areas that **overlap**.
- **Causes** consideration: In principle three questions ...
 1. Behavioural disorders **as a result** principal school learning problems?
 2. School learning problems **as a result** of primary behavioural disorders?
 - The intelligence **potential** at ESENT is more likely not limited!
 - Always: Normal development problems **vs.** behavioural disorders?
 3. **Common** occurrence of learning and behavioural disorders due to a **third-party** cause?
- **Concomitant disorders** of learning disabilities relate, (Bleidick, 1998) and are to be judged **individually**, depending on the point of view, to their **conditions** or **consequences**

Comorbidity (2)

- **Language**: Worse language performance (“*Restricted code*”)
- **Perception, imagination**: Less structured perception and language skills (“*Field dependency*”)
- **Attention**: More easily distracted, not very persistent
- **Emotions**: Emotionally unstable, motivationally fluctuating, less differentiation of feeling and will
- **Behaviour**: Tendency to extreme behaviour (e.g. lack of distance, aggression *vs.* inhibited withdrawal) and difficult social adjustment
- The research reports **overlap rates** of learning and behavioural disorders in about **two-thirds** of those affected, e.g. **Strobel** (1975): 63%, **Myschker** (1980): 46%, **Petermann** (1993): 70% and **Walter** (2009): 64%.

Comorbidity (3)

- **Walther, P.** (2009). Behavioural problems at special schools for learning assistance. *Special education online* 01/09, 50-68.
 - **Teachers** processed the “Teachers Report Form” questionnaires (TRF after **Döpfner et al.**, 1994) of N = 199 L-pupils, 12-18 years. The participating schools (7) were randomly selected in Hessen, North Rhine-Westphalia and Bavaria.
 - Conclusion:
 - 31% (especially girls) are estimated to be in the “**internalised disorders**” as “**clinically evident**”, 36% (especially boys) in the area of “**externalised disorders**”.
 - Only 36% were “**clinically normal**”!
 - The average frequency of diagnoses “overall” per student is **1.3**.
 - For comparison: **BBW** (2012–2014) **2.2 – 2.3** Diagnoses per TN.

Comorbidity (4)

- **Mental disorders** and **behavioural problems** generally occur in people with intellectual disabilities **more often** than in the normal intelligent population (Ponoma Project, 2008; **Emerson**, 2003; **Emerson & Hatton**, 2007; **Emerson et al.**, 2010).
 - **Emerson et al.** (2010) compared in a **Longitudinal study** on an Australian sample (N = 4,337, age 6 -7 years) the frequency of occurrence of psychological problems in children with **Lower intelligence** (IQ < 70) with those of children with **learning disability** ($70 \leq \text{IQ} \leq 85$) and a **normal intelligence** control group.

Comorbidity (5)

- **Prevalences** in children (Emerson et al., 2010)

	Intellectual disability (%)	Learning disability (%)	Control group (%)
Behavioural problems	24	19 ^a	8
Emotional problems	13	15 ^a	6
Hyperactivity	26	15 ^a	8
Peer problems	35	21 ^a	11
Odds ratios			
Behavioural problems	3.4	2.3	1.0
Emotional problems	2.2	2.5	1.0
Hyperactivity	3.8	2.0	1.0
Peer problems	4.4	2.2	1.0

Reading example: The chance of having behavioural problems is twice as high in people with learning disabilities (2.3 times) as in normal intelligence people. a: difference LB vs. KG significant

Comorbidity (6)

- **Jannelien Wieland** (2019), Leiden/Netherlands
 - **Young people with learning disability (zwakbegaafdheid):**
*“The **vulnerability** associated with learning disabilities is created at a young age. Parents of children with learning disabilities do worse with positive and sensitive upbringing and show less positive participation (**Fenning et al.**, 2014). They experience more parental stress (**Precenzano et al.**, 2016). And although the children did not behave any differently than children with an average intelligence or a mental disability, the mothers of these disabled children reported more problematic and externalising behaviour (**Fenning et al.**, 2007). According to the authors, the “Invisibility” of the learning disability plays a role. Parents do not understand sufficiently what a learning disability means ...*

Comorbidity (7)

- *and what problems children with learning disabilities have. Children with learning disabilities grow up more often than their peers with average intelligence under poor socio-economic conditions and already have an increased risk of somatic problems (Emerson et al., 2010; Emerson & Robertson, 2010). They have fewer social skills, play alone more often, have less self-confidence and more problems at school (Fennell & Ek, 2010; Baglio et al., 2016; Alesi et al., 2015; Smirni et al., 2019). They also have an increased risk of mental health problems at a young age (Dekker & Koot, 2003; Emerson et al., 2010). "* (Translation KHE)

Source: [Wieland, J.](#) (2019). Aandacht voor zwakbegaafdheid in de geestelijke gezondheidszorg [Consideration of learning disabilities in psychiatric care]. *Tijdschrift voor Psychiatrie*, 61(11), p. 761–765.

Three explanatory approaches for the covariation of learning and behavioural disorders (1)

1. Behavioural disorders **through** school learning problems
 - Chronic **failure** can lead to negative **appreciations** (attributions).
 - **External**: Attributions direction **teacher** can be the cause for rule-breaking, disrespectful behaviour.
 - **Internal**: Explanations through **low own skills** can lead to low(er) self-assessment (self-esteem), negative school self-concept and demotivation (**Schuchardt et al.**, 2015). Disparaging reactions from the environment, unfavourable feedback and inter-individual performance comparisons also contribute to this.
 - School performance often influences processes of social integration or **rejection** with subsequent behavioural problems.

Source: **Börnert-Ringleb, M., Kuhr, L. & Pavic, A.** (2019). Regarding the connection between learning difficulties and behavioural problems in school: Effective models and approaches for educational action. *Potsdam Centre for Empirical Inclusion Research (ZEIF)*.

Three explanatory approaches for the covariation of learning and behavioural disorders (2)

- Behaviour **consequences**: Withdrawn-indifferent *vs.* acting out behaviour (for example disrupting class) to avoid **performance expectations** or the own **social attractiveness** or to increase visibility for their peers.
- **Pedagogical approaches**
 - Avoid unfavourable performance attributions
 - Motivating performance feedback/evaluations through **individual reference standard** enables orientation
 - Reinforced **differentiation** in lessons and performance assessment enable (relative) competencies to be emphasised and create a sense of achievement (**hope**: more positive self-image, intrinsic motivation, positive effects on social group processes)
 - **Last but not least**: Appropriate promotion of school skills, especially in reading, writing or arithmetic, with **effective** methods

Three explanatory approaches for the covariation of learning and behavioural disorders (3)

2. School learning problems **from** behavioural disorders
 - **Extracurricular factors**, e.g. **domestic** conflicts, mentally ill **parents** or a subcultural **milieu**, can lead to children being aggressive and restless also at school.
 - This can have long-term and serious consequences in the form of manifest mental disorders, e.g. depression, anxiety disorders, aggressive behaviour, etc.
 - In particular **externalising** behaviour seems to have a negative influence on the development of school performance.
 - **Pedagogical approaches**
 - The possibilities for independent pedagogical activities for teachers appear to be limited, since the treatment of mental disorders primarily takes place **out of school** e.g. in psychiatric treatment.

Three explanatory approaches for the covariation of learning and behavioural disorders (4)

- Pedagogical measures by the teacher should be **coordinated** with school social workers and/or extracurricular institutions and legal guardians.
- **Psycho-education** about emotional states can be a meaningful class-wide measure that helps to relieve those affected.
- Elaboration of **general strategies** to deal with challenging situations (cf. **Castello**, 2017)
- Use of more effective **programs** (such as "*Fit for life*") that promote social-cognitive competencies, e.g. recognising and interpreting emotions or interpreting social situations.
- For internalising disorders and negative self-image, an **attribution training** helps to practice positive ascriptions of one's own performance (**Castello**, 2017) to encourage the development of a positive self-image.

Three explanatory approaches for the covariation of learning and behavioural disorders (5)

3. School learning problems **and** behavioural disorders

- **Paradigmatic** is what the connection of **ADHD** with overall difficulties in the **behaviour regulation** is (Mackowiak & Schramm are referred to, 2016), which also concern learning.
- This attention disorder (distractibility) with increased activity and impulsiveness manifests itself in learning-related actions and in social behaviour.
 - **Cognitive** impulsiveness: Limited ability to assess a situation before taking action and to assess alternative courses of action.
 - **Emotional** impulsiveness: Low tolerance for frustration
 - **Motivational** impulsiveness: Little postponement of need
- In terms of school learning, children with ADHD often act in a scarcely planned way.

Three explanatory approaches for the covariation of learning and behavioural disorders (6)

- Lacking **regulation processes** lead to difficulties in school learning.
 - Instead of specifically applying previous knowledge of solution strategies and techniques, the task is started **hastily**.
 - After that there is only **lacking monitoring** of the work process and result (*“Self-controlling thinking”*).
- Increased impulsivity and hyperactivity result parallel to difficulties in compliant **social behaviour**, e.g. disruptions to lessons due to calling out, standing up, etc.
- This behaviour can also lead to **conflicts** with **classmates/** and cause less social integration.
- **Pedagogical approaches**
 - Use of proven **support programs**, e.g. for strategic action, self-regulation or to improve class management

Further attempts at explanation

- **Stressful bonding experiences:** Anti-social behaviour and learning disorders are common, but not necessarily, consequences of **insecure** binding patterns. (**Schleiffer**, 2009; **Fenning & Baker**, 2007; **Fertsch-Röver**, 2014; **Böttinger**, 2016)
- **Dysfunctional learning:** A lack of or subculture-related learning favours behaviour that is undesirable in terms of school content and socially. (**Eysenck** and **Rachman**, 1965ff.)
- **Inconsistent moral judgement and action:** A lack of authorities, unfavourable parenting behaviour and/or inclination towards deviant peers prevents compatible behaviour. (**Piaget**, 1954/1986; **Bandura et al.**, 1961ff.)

Pedagogical optimism (1)

- Deficits in **potential** can be compensated through a larger **commitment** , (*“Discipline beats intelligence”*).
 - Some need more **time**, e.g. more opportunity for **repetition** to achieve the same level. However: not everyone succeeds!
- Lower intelligence translates into less **depth** and **speed** of learning.
 - However, lower intelligence can be compensated for in many areas with more **knowledge** and **learning experience**.
 - **Work effort** and **working out** knowledge allow skills to be acquired in many areas. High but realistic **goals** are important and not to overwhelm. That spoils the **desire** to learn and the **joy** of the acquired skills.

Pedagogical optimism (2)

- A good **balance** of **empathy** (empathic understanding, appreciation) and **guidance/leading** is at the heart of any educational relationship!
 - Kindness and severity: *“The **dose** determines whether a thing is a cure or a poison.”* (**Paracelsus**, 1538).
 - This requires on the side of the pedagogical staff (1) an excellent **professional training** as well as (2) **“heart training”** as well as (3) **framework** (personnel, professional) that make such a complex and demanding job possible.
 - *“Education is a question of **experience** and is largely **peopledependent**”.* (**Zerle**, 2018, S. 11).

Two “pedagogical” quotes from **Eugen Roth** (1895-1976)

Praise and rebuke good resolutions

A person knows from experience: **Praise**

May be short and sweet, but rough.

For **rebukes**, even of a mild variety,

it takes long, well-chosen words.

The good intention to get better

sometimes has to be watered down.

The water power achieved in this way

drives everyday life in a fabulous way

.

Imprint

Intellectual output IO 4 Module 2

About the connection between the support focuses of learning and socio-emotional development

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