

MALCOLM WEST,  
*Graduate Studies,  
University of Alberta.*

## A THERAPEUTIC-TUTORING PROGRAM FOR CHILDREN WITH PSYCHOGENIC LEARNING DISABILITIES

**ABSTRACT:** This article contends that intervention in psychogenic learning problems must be two-fold. First, therapy is directed toward changing the child's ineffective personal styles where these interfere with learning. Second, tutoring is provided to ameliorate specific knowledge deficits. Traditionally, these two aspects of treatment have been carried out by two different professionals, the therapist and the teacher. The therapeutic-tutoring program described here has attempted to combine the roles of these two persons into one composite helping role. Real life examples are offered to illustrate the approach.

Ineffectiveness in his pupil role is among the most common problems for which the psychologist is consulted by a child's parents. For example over 60 percent of the children seen at a private child guidance clinic were referred directly because of poor school results. The present article describes a treatment program for school failure children which has attempted to synthesize the functions of two professional people, the therapist and the teacher, into one composite helping role.

The significance of this approach is that it cuts down on the inconsistencies which may obtain were the child to see one professional for personal therapy and yet another for the remediation of academic deficits. Within the framework of the therapeutic-tutoring technique, the worker can be sensitively attuned to the effects on the child of planned change in the learning sphere, as well as gauging the readiness of the child to meet increased learning demands. In this way, the possibility that the learning requirements which one professional may enforce on the child contradicting the therapeutic plans of a second professional is bypassed.

I shall preface the discussion of this particular program with a brief statement on etiology. This is advisable in order to delimit thereby its boundaries of applicability, and to check the convenient and inherently satisfying tendency to claim a more general usefulness of a given program than is warranted.

### *Etiological Bases*

On the basis of what is taken to be the primary causative factor,

three main groups among learning problem cases may be distinguished:

1. Pupil role ineffectiveness where some type of somatic process forms the essential part of the difficulty. Representative of this group are those clear-cut cases of neurological deficit evidenced by a medical and/or historical record of brain damage. In this group, the physiological working tools requisite for learning are impaired, with a consequent low upper ceiling of what is actually possible from an academic performance standpoint.

2. Pupil role ineffectiveness where a somatic base of a developmental or deficiency nature is suspected but neurological or psychological evidence of such a base is equivocal or absent altogether. Minimal brain dysfunction (MBD), or a "lesion that occurred during childhood and did not hinder, in large measure, normal development (Zimet and Fishman, 1970, p. 143)," has been the term most often employed to denote this group. In actual practice, since some form of behavioral disturbance, in the absence of detectable medical signs, is used to establish the diagnosis of MBD, it is often difficult to differentiate between the egg of brain dysfunction and the chicken of experiential influence.

3. Pupil role ineffectiveness where a somatic base is neither found nor expected and in which the learning difficulty is a consequence of psychological factors only. In this group, the working tools for learning are intact but the personal style of the child works against or seriously reduces their effective utilization. Psychogenic learning disability has been the term applied to cases falling into this group.

The treatment program described in the succeeding sections has been worked out and applied with special reference to the latter group, that is, those cases where the learning problem is frequently but one specific expression of the child's total personal style as he moves in the world. However, the recent movement away from treating MBD as a generic category, which is either present or absent in the individual case, to the view that MBD is a type of behavior with very fluid boundaries, suggests that the treatment of these cases needs to assume a more psycho-educative emphasis instead of being restricted to remediation of the assumed physiological deficiency. This kind of perspective would appear to make sense especially if we take account of the fact that the child always has an emotional reaction or adopts an attitude toward his being disabled, regardless of whether the disability is primarily physiological or psychological in origin.

### *Rationale*

The over-riding working assumption of the therapeutic-tutoring program is that in the bulk of the cases of children with psychogenic learning difficulties, treatment, in order to have a minimal impact, has to be concentrated on two fronts simultaneously. Specifically, tutoring needs to be coordinated with therapy as part of the total

treatment plan. The basis of this orientation derives from the following cyclical pattern operative in the great majority of these cases.

Initially, the personal style of the child interferes with the fulfillment of achievement obligations attached to his pupil role. As a direct consequence, the child comes to exhibit secondarily very real deficits or gaps in his skills and knowledge in various subject matter areas. These concrete learning task deficiencies produce anxiety and/or frustration due to feelings of inadequacy, incompetence, and helplessness, leading to further avoidance of learning.

The presence of this cyclical pattern means that intervention must be two-fold. Where the personal style of the child continues to block effective utilization of his abilities, therapy needs to be devoted to the amelioration of these blocks. However, it does not follow that therapy will automatically be translated into the removal of deficits in basic academic skills or in specific content areas. Direct intervention in the learning area, with the focus upon remediation of these deficits, must take place concomitantly.

While the therapeutic and tutoring aspects of treatment have been discussed as if they were distinct processes, with the exception of the early stages of treatment, this division is difficult to maintain. For example, the increased self-esteem and self-respect as a learner derived from successful mastery of skills and knowledge, coupled with the structure and limits inherent in the tutoring process itself, possess significant therapeutic value. This will become apparent in the clinical examples outlined below.

The two cases which I shall present were chosen because they illustrate quite different applications of the therapeutic-tutoring procedure. At the risk of oversimplification, the two cases may be viewed as representing, respectively, specific instances of over-socialized and under-socialized personal styles. Both of these children received therapy at an outpatient child guidance center.

### *Case One*

The client was a withdrawn 8-year-old boy, an only child, who was in the third grade. Despite a WISC full-scale IQ of 118, he was making little headway in his school work and was described by his teachers as "inattentive and lazy." After a year of remedial reading instruction had produced very scant educational gains, he was brought to the clinic by his parents for evaluation.

On examination, this youngster exhibited excessive shyness, over-politeness, and a marked reticence in involving himself with the therapist's game supplies. In short, the diagnostic picture emerged of a very constricted boy who seemed unable to allow himself to loosen up. This impression was indirectly substantiated by his parents who related that he was "well-behaved," never complained, and always did what he was told. They merely felt puzzled and helpless with regard to his

lack of progress at school, in spite of extra remedial work and their own efforts to help him with his homework.

The therapist's understanding of this boy's difficulties centered mainly around the parental attitudes and child-rearing practices which seemed to have much to do with his personal style. Specifically, it was evident that much of their interaction with their son was saturated by anxiety over school results and revolved around the supervision of his homework assignments. They were singularly insistent upon high academic achievement, while remaining almost totally insensitive to their son's other needs.

Since he had failed to respond to more conventional tutoring, the therapist declared a moratorium on school work and concentrated upon building a warm, acceptant relationship with him. The consistent message during his individual therapy hours was "my liking of you does not involve the price tag of good school results." In this way, the therapist strove to become a significant reference person in his life.

After the client had accepted the therapist as a friend, attention was directed towards modifying his over-inhibited personal style. Two broad techniques were used: he was encouraged to express his complaints by focusing upon areas that were assumed to be important to him. Conversations dealing with both the restrictions on his freedom and his ideal way of living ensued. Second, the therapist undertook to "spoil" his good conscience. This was necessary because although in many respects his conscience development was adequate, it required in other respects a denial of impulses that were also a part of him. Thus, he was seduced to give expression to these "bad" impulses so that they might be better integrated into his otherwise good conscience.

In an attempt to restructure the home environment so that it would better meet the client's needs, weekly sessions were held with his parents. The parents were guided towards methods of behavior and interaction with their child that were different from their customary modes. For example, they were encouraged to adopt a "hands-off" policy with regard to his homework, and to allow the therapist and the client to assume full responsibility for his learning. Since this strategy was a complete reversal of the previous over-involvement in their boy's schoolwork, the therapist used his weekly sessions with the parents to deflect the ensuing anxiety onto him as well as to support and reassure them. They were further advised to reduce their achievement demands to a more realistic level in order that the client could function with a secure floor under him rather than having a ceiling of expected results so high over him as to be unattainable. Finally, periodic family conferences were held to negotiate rule changes in the home. These changes were a direct outcome of the therapist's work in encouraging the client to make his demands and desires explicit.

Following a failing report card, direct intervention in the learning sphere was undertaken. A reading development program was instituted at a level well below his grade placement in order to guarantee

a success experience. Therapist and client formed a "team" to fulfill school assignments. A non-anxious learning atmosphere was carefully fostered and maintained by praising effort and downgrading the importance of a perfect performance. As of the final term, the child's performance at school was near normal academically. Ideally, further work on the child's personal development was desirable. However, the parents were not receptive to this suggestion and treatment was terminated.

### *Case Two*

The client was a bright 10-year-old boy referred to the Center because he was doing failing work in nearly all subjects. He was the elder of two children, with a younger sister, both of whom were adopted.

Contact with this boy and with his family indicated that a very inconsistent structure of controls existed within the home. Both parents felt fortunate in being given the opportunity of parenthood, and thus were very ambivalent in the matter of discipline. For example, the mother's conception of her parental role centered almost exclusively upon its nurturant aspects. Consequently, she was an easy victim of the client's guilt-inducing manoeuvres which were aimed at sabotaging her regulatory efforts. The father also wavered in disciplinary issues since he feared that such control would stifle his son's "spirit."

It was apparent, therefore, that this youngster's problems stemmed from the parental tendencies toward indulgence and their inability to establish firm, consistent limits. The client as a result had evolved a very controlling pattern of behavior manifested in his intent to have his way "by hook or by crook." In sum, an indulgent style of self-direction and concomitant inability to accept limits were viewed by the therapist as central to his school failure.

Given this type of background, the therapist established a relationship with the client best characterized as encompassing both "good" and "bad" parent components. The "good" parent aspect of the relationship was attentive, giving, and sympathetic. Behaviorally, the therapist demonstrated that he was an ally of the client by accomplishing a compromise solution to a conflict between the client and his teacher. In this way and by other actions, the therapist earned the right to have expectations of him and to make demands upon him. This "bad" parent aspect, which inevitably led to frustration of some of his desires, was necessary to aid in his adaptation to reality, an experience denied him at home.

Since the client blissfully denied any difficulties in school, part of the therapeutic plan involved raising his level of anxiety in order to create the minimal conditions for change to take place. In addition to detailed conversations of his performance in specific school subjects and his explanation for this, the therapist worked with the school and with the parents in a united front approach. The purpose of this total environmental control was to have the client confronted by the

same consistent message from each of the important figures in his life. To balance this pressure exerted in the learning area, the therapist was careful to gratify the client in other ways and to provide sympathetic attention to his complaints. Thus, the optimal combination of stress and gratification, of the "bad" parent and the "good" parent, was sensitively manipulated.

The parents were aided in therapy to set consistent and realistic limits to help give the client control. The mother was helped to modify her concept of herself as a mother to include, in addition to its giving dimensions, the recognition that discipline was also a legitimate and beneficial aspect of mothering. Father was helped to see that his reluctance to establish control over the client and his desire for adequate school results were essentially incompatible. One specific technique that the parents were advised to employ was pleasure deprivation wherein the privileges which the client enjoyed became contingent upon his fulfillment of school responsibilities. To support their limit-setting efforts, the therapist emphasized that they had the right both to demand that the client respect their feelings as individuals and that he meet their achievement expectations.

In the client's individual therapy hours, a systematic learning experience was combined with a more traditional emphasis upon having him seek insight into his contribution to conflicts rather than projecting the blame onto others. The learning program was structured around a mutually agreed upon amount of work to be done instead of a set time period to be spent on learning. This approach had the two-fold advantage of avoiding the likelihood that he would merely devote his energies to stalling tactics, while on the positive side it rewarded concentrated effort by freeing him to engage in play activities for the remainder of the hour. Weekly meetings between client, therapist, and teacher were maintained in order to sustain control over him and to prepare the groundwork for his own self-control. When the client began to demonstrate by his behavior that he could carry out increased responsibility for his school work, the degree of external supervision was gradually eased. By the end of the final semester, the client's school work had improved to the extent that the therapist was able to recommend promotion to the next grade.

In general, the therapeutic-tutoring technique stands between the extreme of uncovering unconscious elements and their interpretation, and the other extreme of a peripheral approach focused only upon rehabilitation of specific academic deficits. The limitation of the latter approach inheres in its susceptibility to premature closure on the presenting problem, while the former approach runs the risk of a too exclusive concern on unconscious id dynamics. By way of contrast, the therapeutic-tutoring procedure places a heavy accent on the conscious, constructive ego functions, as well as the child's transactions with others in his total environment. Placed within the broader context of personality theory, this perspective closely parallels the contemporary trend to assign equal status to cognitive variables in relation to impulses and instincts, as determinants of behavior.

From a practical angle, it is not an infrequent occurrence that the child, his parents, or both, are unable to accept and use insight concerning the nature of their underlying motivations. This lack of readiness to respond to insight-oriented therapy, exhibited in some instances by a very intensive resistance, is not surprising in light of the fact that typically neither the child nor his parents are self-referred. However much insight is desirable in therapy, it would be prejudicial to suppose that the family cannot be helped unless its members are willing to seek self-understanding. Therapeutic-tutoring, with its focus on ego functions and situational manipulation in the form of parent counseling can be extremely useful in achieving a new balance in the child's life, and may be the treatment of choice for such children and their parents.

While it has been indicated that much practical usefulness may be derived from the focus on reality factors and environmental restructuring in those cases where an unwillingness to accept interpretation based on dynamics is present, this does not mean that the therapist remains unaware of the underlying conflicts. On the contrary, the therapist, in order to plan and adapt a course of action to meet the client's needs, must have a precise knowledge of the psycho-dynamics operative in a particular case. However, it is another question entirely as to whether the therapist's knowledge of dynamics is made known to the client through interpretation.

Previously, it was indicated that in the early stages of treatment a clear demarcation exists between the phases of therapy and tutoring. To elaborate, a general guide line is that therapy should always precede tutoring. This sequence is followed since it can usually be assumed that the child has already received some kind of extra remedial help, or that school results have been a significant source of conflict between himself and his parents. Consequently, a premature focus on tutoring merely duplicates previous modes of interaction which the child has experienced, and may eventuate in the child perceiving the therapist as just another adult who is only concerned with school results. In order to establish himself as a person significantly different from the other authority figures in the child's life, the therapist needs to devote considerable time to the building and consolidation of his relationship with the child. Tutoring should be initiated only after a period of therapy has fostered a relationship that has a real meaning for the child. For similar reasons, the therapist should be careful to maintain an equal balance between tutoring and therapy throughout treatment.

From the cases cited, it is evident that an integral aspect of the therapeutic-tutoring procedure is the attempt to restructure the child's environment in order that it may be more accommodating to his needs and abilities. The most obvious instance of situational manipulation is weekly conferences with the child's parents in which the focus is upon the whole area of their child-rearing practices. Since adjustments within their parental role can be practically useful in producing environmental shifts that are beneficial for the child, it is uncommon for

the therapist to see the child without any direct parental involvement. As a process, parent counseling alternates between specific recommendations to increase their effectiveness within their parent role, to discussions of a series of provisional alternatives, with the parents making their own decision on the basis of this exploration.

The influence exerted on the home milieu through parent counseling is extended to the larger school environment by the frequent use of the teacher in an adjunct therapist role. Through weekly discussions, the therapist helps the teacher to clarify the nature of the child's difficulties in the classroom, and to structure the ways in which she can participate to correct them. Involvement of the teacher in this adjunctive manner has the advantage of broadening her understanding of the child's personal style beyond its specific expression in the learning sphere. A related advantage is that consultation with the therapist eliminates the teacher's fear that she may be inadvertently doing the wrong thing in her efforts to help the child. For the therapist, the close association maintained with the teacher enables him to evaluate the practical effects of his therapeutic interventions in accordance with the feedback he receives from the child's milieu.

The therapeutic-tutoring program concentrates upon effecting changes both within the child and within the child's environment. Thus, the program represents a movement away from the definition of the child as a self-contained unit, with consequent therapeutic endeavours directed solely at changing him, to a perspective which views the child as an open system moving within a field of interconnected subsystems. The practical implication for treatment of this theoretical outlook is that the therapist functions as a multi-systems agent who attempts to work on all fronts simultaneously. Without this effort at complete environmental control, it is unlikely that the therapist can have an effective impact since the child's patterns of interaction with others are assumed to be the key to his problems.

**RESUME:** On prétend dans cet article que l'approche aux problèmes d'apprentissage psychogéniques doit être double. Premièrement, la thérapie est orientée vers les changements des styles personnels inefficaces de l'enfant quand ils interfèrent avec l'apprentissage. Deuxièmement, des leçons particulières sont fournies afin d'améliorer des connaissances spécifiques. Traditionnellement, ces deux aspects du traitement étaient remplis par deux professionnels différents, le thérapeute et l'instituteur. Le double programme décrit dans cet article tente de combiner les rôles du thérapeute et de l'instituteur. Des exemples tirés de la vie courante illustrent cette approche.

#### REFERENCE

Zimet, C. N., & Fishman, D. B. Psychological deficit in schizophrenia and brain damage. *Annual Review of Psychology*, 1970, 21, 113-154.