

A review of behavioral problems among individuals with learning disabilities and their counseling needs

Mohamed Amrani¹, Karima Izidi²

Mohamed ben Ahmed university, Oran 2, Algeria

Email : moodbas01@gmail.com , karimaizidi@gmail.com

Received : 21/03/2024 ; Accepted : 14/08/2024 ; Published : 11/09/2024

Abstract

This study aims to identify some behavioral problems among students with learning difficulties and the necessary guidance needs to alleviate or reduce these problems. It stems from the research question: Is there a relationship between learning difficulties and behavioral problems among middle school students? The study is based on a set of objectives, including an attempt to identify the behavioral problems of students with learning difficulties and their general guidance needs, and an exploration of the prevalent behavioral problems among these students, drawing on various explanatory theories.

Keywords: Children with Learning Difficulties; Behavioral Problems; Guidance Needs; Learning Difficulties.

1. Introduction:

The tragic situation that the school environment has reached, with its inappropriate behaviors among students, hinders the proper progress of the educational process. Despite the involvement of many psychological and social specialists in studying behavioral problems, they remain a subject of study and research regarding their causes as a phenomenon, factors for their spread, methods of diagnosing and categorizing them, and the nature of these problems across different age groups, including childhood in its stages and adolescence, as they are two fundamental stages in a person's life. This is what some studies have aimed for, focusing on addressing disruptive behavior among adolescents in middle school, such as the studies of Allen (1996), Bird (1995), Scott (1991), Lindsay (1997), and Burke (2000). Similarly, the study by Viola Al-Biblawi (1998) aimed to identify the behavioral problems common among children (middle childhood, late childhood, early adolescence). The results revealed seven main factors of behavioral problems: aggressive behavior, hyperactivity problems, behavioral discipline problems, social behavior problems, psychosomatic symptoms and nervous tics, moral behavior problems, and lack of motivation (Samia Mousa Ibrahim, 1999: 119).

What are behavioral problems?

The diversity of behavioral problems and the differences in their severity have prevented researchers from agreeing on a single definition. However, we cannot deny their efforts in this regard, including:

- A behavioral problem is an abnormal behavior in terms of its intensity and frequency, exhibited by the child as a result of psychological tensions and frustrations that they cannot cope with, forming an impediment in their developmental path and a deviation from normal behavioral standards, attracting the attention and concern of those around them (Samia Mousa Ibrahim, 1999: 112).

Starting from a general hypothesis: There is a correlational relationship between learning disabilities and behavioral problems among middle school students, attributed to gender and educational stage factors.

The hypotheses were divided into several sub-hypotheses as follows:

- There is a correlational relationship between learning disabilities and behavioral problems among middle school students.
- There is a statistically significant difference between genders (males - females) in the prevalent behavioral problems among students with learning disabilities.
- There is a statistically significant difference between first and second stage middle school students in terms of gender in learning disabilities.
- There is a statistically significant difference between first and second stage middle school students in terms of gender in behavioral problems.

The study is based on a set of objectives, which are as follows:

- Identify the prevalent learning disabilities among primary and middle school students in some southern Algerian provinces.
- Identify the prevalent behavioral problems among students with learning disabilities.
- Identify the differences between genders males and females in the prevalent behavioral problems among students with learning disabilities.
- Identify the differences between first and second stage middle school students in terms of gender in the prevalent behavioral problems among students with learning disabilities.
- Identify the differences between genders in learning disabilities.
- Identify the differences between first and second stage middle school students in terms of gender in learning disabilities.
- Explore the relationship between behavioral problems and learning disabilities.
- Identify the guidance needs of students with learning disabilities.

The significance of this study lies in its subject matter, which focuses on first-stage middle school students, as this stage is essential in the life of the learner. During this period, students develop their personality and academic knowledge, which shape their ambitions. Learning disabilities, in general, pose a threat to the student's educational journey, potentially leading to the development of social behaviors that may limit their professional and educational path. From this perspective, it is crucial to address such topics and seek possible solutions to alleviate or reduce these problems.

Operational Definitions:

- **Students with Learning Disabilities:** This can be defined operationally based on the definition provided by the U.S. Office of Education, which states: "The concept of learning disability refers to a statistically significant discrepancy between a child's academic achievement and their general intellectual ability in one or more areas of oral or written expression, listening comprehension, reading comprehension, basic reading skills, mathematical calculations, mathematical reasoning, or spelling. The criterion of significant discrepancy is met when a child's achievement level in one or more of these areas is 50% or less of their expected achievement, considering their chronological age and various educational experiences" (Sayed Abdel Hamid Suleiman Al-Sayed, 2000, p. 106).
- **Behavioral Problems:** Impulsivity, aggression, depression, withdrawal, and deviating from social norms and rules are all characteristics that fall within behavioral problems. Therefore, behavioral problems are disturbances in a student's behavior, which make them stand out negatively from their age group and lead to rejection by others, whether peers or teachers.
- **First Stage of Middle School:** This educational stage begins in the first year of middle school and ends after the completion of the third year of middle school.
- **Second Stage of Middle School:** This educational stage includes the fourth year of middle school.
- **Middle School Stage:** This educational stage extends from the first year to the fourth year of middle school.

Study Limitations:

- **Human Limitations:** The study population consists of a sample of first and second stage middle school students from some southern Algerian provinces, specifically focusing on students with learning disabilities, with particular mention of the province of Adrar.
- **Geographical Limitations:** The study is limited to certain middle schools that have students with learning disabilities, within a geographical scope that includes some southern provinces of Algeria.

2. Major Theories Explaining Behavioral Problems:

Here we review the major approaches that explain behavioral problems:

2.1. Psychoanalytic Approach:

Al-Khatib, 1998: 207) emphasizes that Freud believes the origin of behavioral disorders lies within the individual, resulting from a disruption in psychological functions along two pathways:

- **The first pathway:** Inadequate upbringing during early childhood (the first five years).
- **The second pathway:** An imbalance in the functioning of the psychological systems (Id, Ego, and Superego).

2.2. Behavioral Approach:

Proponents of the behavioral approach argue that disturbed behavior is the result of environmental conditions rather than internal psychological processes, as suggested by the psychoanalytic perspective. Therefore, it focuses on behavioral symptoms and disregards unconscious or deep human conflicts, as the psychoanalytic

approach does. This perspective considers behavior as a learned phenomenon acquired according to specific laws (laws of learning or conditioning) (Al-Qasim et al., 2000: 92).

2.3. Physiological Approach:

The physiological approach suggests that behavioral disorders are the result of a malfunction in the functions and organs of the human body, which leads to behavioral disturbances. This may be caused by a deficiency or excess in the secretion of endocrine glands or other organs in the human body. Additionally, heredity plays a significant role in the emergence of behavioral disorders.

2.4. Environmental Approach:

Environmentalists tend to integrate the individual and the environment into one concept, arguing that the individual cannot be separated from their environment. Consequently, an individual's problems become prevalent within society, and issues are not addressed on an individual basis. If there is a disturbance within the community, the individual will be affected by the environment. The ecological system provides a model that states: "You have harmed me, so I will harm you." Haring and Philip define a behaviorally disturbed individual as "a person who has significant problems with other people, such as peers, parents, or teachers" (Yahya, 2000: 53).

3. Characteristics of Children with Behavioral Problems:

3.1. Cognitive Characteristics:

Children with behavioral disorders do not have a specific IQ range. On average, their intelligence is around 90 IQ points, with a few possessing abilities above the average. However, a significant proportion of behaviorally disturbed children fall into the categories of slow learners and those with mild intellectual disabilities. Studies also indicate that these children suffer from various learning difficulties and exhibit poor academic performance due to their inability to concentrate, maintain attention, and, in some cases, poor memory.

3.2. Emotional Characteristics:

Anxiety is evident in the behavior of disturbed children, which manifests as fear, tension, and restlessness. These children are also described as lacking motivation, primarily because they do not understand the tasks assigned to them and suffer from a low self-concept due to repeated failures. This emotional state leads to social immaturity, inappropriate responses, and psychosomatic complaints in some cases.

3.3. Behavioral Characteristics:

Behaviorally disturbed children often display noticeable chaotic behaviors marked by verbal and physical aggression. Their actions are unpredictable due to mood swings, and they exhibit hyperactivity, making it difficult for them to transition from one activity to another. They also demonstrate negativity by enjoying only a limited number of activities. Some are impulsive, while others are less active, and they are characterized by continuous defiance and sexual deviance.

4. Classification of Behavioral Problems:

The expansion and diversity of behavioral problems have led to differences among researchers in classifying them. Some of the prominent classifications include:

4.1. Classification of Behavioral Problems by Severity:

1. **Mild Behavioral Disorder:** This involves a few behavioral problems that meet diagnostic criteria but cause only minor harm to others.
2. **Moderate Behavioral Disorder:** The severity of behavioral problems falls between mild and severe.
3. **Severe Behavioral Disorder:** This involves multiple behavioral problems that cause significant harm to others, such as serious physical injuries to victims, severe violations of laws, major thefts, or extended absences from home. (Mohamed El-Mahdi, 2003: 26, 11, Majaneen)

4.2. Classification by Specialized Committees:

This includes classifications from the second, third, fourth, and fifth editions of the American Diagnostic and Statistical Manual of Mental Disorders (DSM). These classifications are based on the presence of specific characteristics in the child with behavioral problems or the symptoms they display during interactions with others.

5. Methods for Diagnosing Behavioral Problems:

There are multiple methods used to identify or diagnose behavioral problems, including:

- **Self-report measures:** These are most effective for diagnosing internalized disorders, where the individual describes themselves through feelings, attitudes, and internal matters.

- **Reports from teachers, parents, and those in the individual's environment:** These are among the most important and consistently relied-upon sources of information. Peer assessments also provide valuable insights.
- **Direct observation:** This method can offer unique information by observing specific behaviors directly in various settings.
- **Institutional records:** Records from social institutions, such as police records, school records, and judicial records, are regularly reviewed to gather information.
- **Clinical interviews:** These are essential for collecting data through directed questions posed by the examiner to the subject, along with observing the individual's behavior during the interview.
- **Psychological tests:** These include projective tests, such as the Rorschach inkblot test and sensory association tests, like the Thematic Apperception Test (TAT) for both adults and children.

Educational specialists have also explored the relationship between behavioral problems and learning, questioning whether learning disorders cause these problems or if they are a result of them. Learning disorders can take various forms, such as learning disabilities and slow learning, prompting the question of whether behavioral problems differ based on the type of learning disorder. Studies by Saeed Abdullah Debis (1994) and Kheiri Ahmed Hamed (1997) found that students with learning disabilities exhibited patterns of maladaptive behavior, including social withdrawal, hyperactivity, inferiority, low participation in classroom activities, poor social competence, and low academic performance. Davies (1972) also concluded that behavioral problems are a reflection of academic learning difficulties, resulting from the constant frustration caused by the student's inability to meet academic requirements and their repeated failure in achievement.

What are learning disabilities?

6. Learning Disabilities:

6.1. Definition by the U.S. Federal Government (1977, Public Law 94/142):

This definition is widely applied in educational institutions across the United States and many other countries. It defines children with learning disabilities as those who exhibit deficiencies in one or more of the basic psychological processes involved in understanding or using spoken and written language. These deficiencies manifest as difficulties in listening, thinking, reading, writing, spelling, or mathematical calculations.

These issues stem from perceptual impairments, brain injuries, minimal brain dysfunction, dyslexia, or developmental aphasia resulting from brain damage. This definition includes learning problems caused by hearing, visual, or motor disabilities, intellectual disabilities, emotional disturbances, or environmental deprivation. (Sayed Abdel Hamid Suleiman Al-Sayed, 2000: 55)

6.2. Classification of Learning Disabilities:

There have been various classifications of learning disabilities based on different criteria. However, the most common and widely accepted classification, proposed by Kirk and Calvanet in 1984, divides learning disabilities into two main categories: developmental learning disabilities and academic learning disabilities.

1. Developmental Learning Disabilities:

These refer to difficulties related to brain functions and cognitive processes that children need for academic achievement. They primarily result from functional disorders in the nervous system and are further divided into two subcategories:

- **Primary Developmental Disabilities:** These affect basic cognitive processes, including attention, memory, and perception.
- **Secondary Developmental Disabilities:** These involve difficulties in thinking, oral language, and comprehension (Sayed Abdel Hamid Suleiman Al-Sayed, 2000: 56).

This theoretical classification does not imply that these cognitive processes are independent of each other. They are interconnected, with primary difficulties directly influencing thinking, comprehension, and language, leading to the emergence of secondary difficulties (Mohamed Ali Kamel, 1996: 150).

2. Academic Learning Disabilities:

These refer to a noticeable deficiency in essential academic subjects, including difficulties in reading, writing, arithmetic, or spelling. They are also called specific or special learning disabilities (Omar Mohamed Khattab, 2006: 86).

- **Reading Disabilities:** These are characterized by behaviors such as omitting, adding, substituting, or repeating words, difficulty distinguishing between similar letters, and differentiating between vowel sounds (Mercer, 1997: 53). Children may also struggle to track their reading progress, read at a slow

pace, reading word by word (Leaner, 2000: 88). Wong (1998: 237) notes that some children with reading disabilities experience problems with phonetic skills, such as changes in pitch or tone.

- **Writing Disabilities:** These refer to difficulties in expressing thoughts in written form. Common issues include improper posture, incorrect pen grip, reversing letters, confusing letter orientation, mistakes in letter, syllable, and word sequencing, confusion between the positions of letters within words (beginning, middle, or end), difficulty in staying on the same line, and poor handwriting quality, making it difficult to read (Leaner, 1993: 110).

6.3. Prominent Theories Explaining Learning Disabilities:

Several theories have emerged in attempts to explain the causes of learning disabilities. Some of these include:

❖ Medical Approach:

This approach is based on the assumption that children with learning disabilities suffer from brain injuries, such as minor brain damage or minimal brain dysfunction, which are among the most common causes of learning disabilities. These issues can occur:

- Before birth, such as through maternal malnutrition during pregnancy, diseases, accidents, or the consumption of drugs and alcohol.
- During birth, due to nerve cell damage caused by oxygen deprivation.
- After birth, from incidents such as falls, scarlet fever, or brain cell inflammation.

Proponents of the medical approach, such as "Lerner," "Hallahan," and "Kaufman," argue that these neurological dysfunctions are due to several neurological and organic factors. Genetic research has shown that chromosomal abnormalities can lead to learning disabilities. For example:

- An extra X chromosome (XXY), known as Klinefelter syndrome, can cause difficulties in reading, speech, and movement.
- An extra Y chromosome can lead to impulsivity, hyperactivity, and aggressive behavior.

Physiological factors may also contribute to learning disabilities. These include imbalances (either excess or deficiency) in biochemical elements that maintain body balance and activity. This imbalance affects the production of neurotransmitters, especially those responsible for attention regulation, motor behavior, and motivation, leading to brain dysfunction. Additionally, environmental hazards, such as lead poisoning, can negatively affect the central nervous system.

❖ Behavioral Approach:

Advocates of this approach attribute learning disabilities to several factors, including:

- Lack of motivation in students to learn or the use of impulsive cognitive strategies that are not suitable for the classroom environment.
- External factors such as negative parental attitudes towards achievement and performance.
- Inappropriate teaching methods that do not align with the student's interests.
- Absence of positive reinforcement to encourage desirable student behaviors and negative reinforcement to discourage unwanted behaviors.

❖ Psychological Approach:

Advocates of this approach, led by figures such as "Kirk," suggest that learning disabilities stem from deficiencies in fundamental psychological processes and how these affect academic skills. Several models have emerged under this approach, including:

1. Neuropsychological Model:

Kirk and Gallagher argue that learning disabilities arise from a disorder or deficiency in one of the psychological processes due to dysfunction or impairment in the central nervous system. This minimal brain dysfunction leads to deficits in attention, perception, memory, concept formation, and problem-solving, which in turn result in difficulties in academic tasks such as reading, writing, and arithmetic.

2. Developmental Perspective:

This viewpoint draws from cognitive development theory, which posits that a child's mental growth occurs in successive stages, each with its distinct characteristics. Proponents of this view, such as "Coligan," "Steinberg," and "Werner," attribute learning disabilities to what they call a developmental or maturational gap. This gap is due to delayed maturation of the cerebral cortex. They agree that children with learning disabilities pass through the same developmental stages as their peers but progress more slowly. This delay creates a gap between their mental readiness, based on the maturation of cognitive processes such as

attention, visuomotor, or linguistic abilities, and the academic activities they are expected to master, leading to difficulties in acquiring prescribed academic skills.

3. Cognitive Processing Model (Information Processing Theory):

This model is based on the idea that the human brain operates with a system of mechanisms for processing information. The individual receives stimuli through the senses, processes them mentally (by analyzing and organizing), stores them, and retrieves them when needed as responses. This process likens the human brain to a computer (Mohamed Jihad Jamal, 2005: 294).

7. Characteristics of Individuals with Learning Disabilities:

Although scholars have differed in defining the characteristics of individuals with learning disabilities, they have agreed on a set of common traits, which can be grouped into four main categories:

7.1. Behavioral Traits:

- Low attention span and poor concentration with mind wandering and distraction.
- Difficulty with auditory, visual, and motor perception.
- Hyperactivity and excessive movement, unable to remain still.
- Lack of balance in movement and walking.
- Perseveration of attention, where the child struggles to switch from one task to another, continuously repeating a specific behavior, such as reading or writing the same word without getting bored.
- Inability to complete tasks, quickly losing interest and becoming easily bored.

These traits can also be found in typical individuals, but in those with learning disabilities, they are characterized by their intensity, frequency, and the duration for which they persist in the student (Mohamed Awadallah Salem et al., 2003: 66).

7.2. Linguistic Traits: These are some of the most significant characteristics that distinguish individuals with learning disabilities:

- Difficulty with reading, writing, or arithmetic. A student with learning disabilities might:
 - Omit some words or parts of words while reading.
 - Reverse letters or read words and syllables backward.
 - Add new words that are not in the original text.
 - Substitute letters, words, or numbers due to difficulty in distinguishing direction or associating the letter or number with its form.

7.3. Academic (Achievement) Traits:

- The student with learning disabilities shows a clear discrepancy between their potential or abilities and their actual performance, or between their expected level and actual performance.
- They display a marked lack of motivation for achievement.
- Their productive activity level is low.
- They frequently experience academic failure, which is a core characteristic of individuals with learning disabilities, as noted in the definition (Mohamed Awadallah Salem et al., 2003: 67).

7.4. Social-Emotional Traits: Many students with learning disabilities exhibit social-emotional problems resulting from repeated academic failure experiences.

- They tend to be indifferent to others' feelings, which leads to difficulties in personal relationships.
- They exhibit withdrawal behaviors, avoiding talking, playing, or interacting with peers or adults.
- They often engage in aggressive behaviors, such as fighting with other students due to pushing or collisions (Rady Al-Waqfi, 2003: 77).

8. Methods for Diagnosing Learning Disabilities:

The purpose of diagnosis is to gain a deep understanding of the child with a learning disability and to identify their strengths and weaknesses. Diagnosis serves as the first step in designing appropriate educational programs for intervention and treatment.

Identifying the specific difficulty a student faces is a precise and sensitive process that requires clear criteria for specialists to rely on. Researchers have worked extensively in this area due to the uncertainty that still surrounds it, leading to the establishment of several diagnostic criteria:

Exclusion Criterion:

This criterion excludes from the category of learning disabilities all children whose learning problems stem from other factors (e.g., sensory impairments, intellectual disabilities, or environmental disadvantages) unless they also have a learning disability in addition to their primary condition.

Discrepancy Criterion:

This criterion is divided into:

- **Internal Discrepancy:** Refers to the gap between a child's potential abilities and their academic achievement.
- **External Discrepancy:** Refers to the gap between the child's intelligence level and their academic achievement. This discrepancy may manifest in the following situations:
 - A significant difference between the child's intellectual ability and their actual academic performance in one or more areas such as listening, thinking, speaking, reading, writing, arithmetic, or spelling. The student fails to achieve a level of academic performance that matches their intelligence.
 - A gap between the child's academic performance and that of peers of the same age in the same class, with a discrepancy ranging from 18 to 24 months.
 - A gap between the expected or anticipated performance and the child's actual performance (Sayed Abdel Hamid Suleiman Al-Sayed, 2000).

Neurological Signs Criterion:

This criterion focuses on identifying neurological signs in students with learning disabilities, which indicate brain injury or dysfunction in the central nervous system. These signs include:

- Perceptual disorders such as auditory, visual, or motor perception difficulties.
- Hyperactivity, impulsivity, and instability.
- Difficulties with motor function and coordination.

The critique of this criterion lies in the fact that, despite being called a "neurological signs criterion," most of the tests aimed at assessing these signs are psychological or behavioral tests rather than neurological measures (Fathi El-Sayed Abdel Rahim, 1982: 55). As for the fourth criterion, it is the criterion of maturity-related problems. According to this criterion, a student with a learning difficulty is a child who is delayed in maturity, and thus the issue is more related to a maturity delay rather than actual underlying disorders in the child (Mohamed Awad Allah Salem et al., 2003). The fifth criterion is the special education criterion: according to this criterion, a student with a learning difficulty is one who is unable to learn and follow the normal educational process in the way that most children do. This student requires special methods, and this educational intervention should differ in many aspects from what is offered in regular classroom education.

As has become apparent recently, studies on learning difficulties have multiplied and varied, considering the widespread presence of this issue in educational settings, similar to behavioral problems. This has led each researcher to focus on a particular educational stage or developmental phase, studying the nature of both learning difficulties and behavioral problems, attempting to identify their causes and characteristics. Some developmental phases have received enough attention in studies of these two topics. For example, a study by Shaqqa Samah concluded that there is a link between learning difficulties and behavioral problems among primary school students. Meanwhile, the studies of Saeed Abdullah Debais (1994) and Khairy Ahmed Hamed (1997) showed that students with learning difficulties exhibit maladaptive behavior patterns characterized by social withdrawal, hyperactivity, aggression, limited participation in classroom activities, low social competence, and poor academic performance.

Additionally, many studies conducted on primary school students and preschool children (Wickman, 1928; Ziv, 1970; Mohamed Jamil Mansour, 1979; Nazmi Awda Musa Abu Mustafa, 1996) have found that the most common behavioral problems they face are related to:

- **Withdrawal behaviors**, such as daydreaming, excessive sensitivity, introversion, passivity, and lack of cooperation.
- **Hyperactivity**, including attracting attention by any means, impulsiveness, lack of attention, and excessive movement during lessons.
- **Deviant social behaviors**, such as unethical behavior, explicit discussions about sex, stealing, and speaking to teachers in a disrespectful manner.

This can be explained as an academic reflection, with behavioral problems being a result of academic learning difficulties. These behaviors are seen as an inevitable consequence of the continuous frustration caused by the student's inability to meet academic requirements and their ongoing failure in academic achievement. This conclusion was reached by Davis (2011:173).

The late childhood and adolescence stages remain somewhat mysterious when it comes to studying behavioral problems. In an effort to explore these, the study by researcher Mohamed El-Sayed Abdel Rahman (1998), titled "A Survey Study of Problems in Late Childhood in the Eastern Province," aimed to identify the problems faced by children in late childhood, comparing gender differences and rural versus urban children. The researcher used a personal interview checklist of children's problems on a sample of 382

children in the fourth, fifth, and sixth grades of the first stage of basic education in the Eastern Province. The children's ages ranged between 9-12 years, and the study ranked these problems by their prevalence as follows: behavioral problems, sleep problems, pathological fears, psychological disorders, anxiety, nervous tics, temper tantrums, peer relationship problems, sensory hallucinations, home problems, toileting issues, school problems, and nutrition and health issues.

Saadia Bahader (1980:35) also points out that most studies conducted on adolescents emphasize the variety and abundance of their problems, stressing the importance of quickly addressing these issues and finding appropriate solutions. Al-Sharqi (1998:8) confirms that violence and aggressive behavior are widespread in schools, particularly among students in adolescence. He highlights that a proper scientific understanding of this stage guides us to prioritize prevention before seeking treatment.

What is late childhood and adolescence?

9. Definition of Late Childhood:

This stage extends from the age of nine to twelve years and is a developmental phase that provides children with essential growth requirements, contributing to the formation of their mental, social, emotional, and moral personalities. Some refer to this phase as pre-adolescence.

9.1. Growth Characteristics in Late Childhood:

This stage presents various developmental aspects, including physical growth, where a noticeable spurt in height and weight occurs, making individual differences more apparent. Changes in glandular functions, especially reproductive glands, begin as the body prepares for reproductive functions. Movements become faster and stronger during this stage, and children are better able to control them. Sensory development is almost complete, allowing children to progressively improve their ability to organize and integrate cognitive functions such as thinking, memory, and analysis when tackling specific tasks. Additionally, language skills are honed, and the ability to grasp abstract concepts improves. Girls tend to outperform boys in language abilities during this phase.

This period is also known as the purposeful childhood stage, as it is marked by emotional stability. It is a time when children form gangs and groups, expanding their social circles, primarily within same-gender friendships. Children begin to evaluate behavior based on moral standards, and this phase is considered ideal for socialization, where gender differences become increasingly distinct.

9.2. Characteristics of the Late Childhood Stage:

- The growth rate slows compared to the previous and following stages.
- There is a clear increase in gender differentiation.
- Children learn essential life skills, develop moral values, and form attitudes in preparation for taking on responsibilities and managing emotions.
- This phase is the most suitable for socialization processes.

9.3. Problems of Late Childhood:

According to Abdul Rahim (1990: 38), this stage is characterized by fewer personal and social problems compared to earlier and later stages. However, problems can arise if neglected, as children's curiosity and desire for knowledge may lead to risky behavior. If a child becomes overly concerned with pleasing a peer group, this can lead to negative consequences if the group is corrupt.

Zahran (1999) highlighted some key unethical behaviors commonly observed during this stage, including fighting with siblings and peers, using foul and inappropriate language, lying, stealing, cheating, vandalism, and causing disruptions in class.

El-Zoghbi (2002) noted that if ordinary theft continues beyond the age of ten, it may indicate a severe behavioral disorder, suggesting that immediate professional help is needed. To address issues such as gang formation and rebellion, he recommended using reinforcement (material rewards) to encourage obedience and compliance.

Among the common problems faced by children at this stage is hyperactivity, where the child exhibits excessive, purposeless movement compared to a typically active child, who behaves with clear goals. Other issues include poor attention span and concentration. Children in this stage may struggle to follow through with a task to completion, as they are prone to short attention spans. Attention span refers to the period spent on a particular task, and distractions can interrupt it. Children in this stage may become unintentionally absorbed in other activities or stimuli, leading to inattention. While poor attention can result from neurological underdevelopment, psychological and environmental factors also play a significant role. Anxious children who do not feel secure and remain dependent on external guidance need continuous support and encouragement.

9.4. Definition of Adolescence:

Ahmed Mohamed El-Zoghbi defined adolescence as the period in a person's life that extends from the end of late childhood to the beginning of adulthood. This period is characterized by a series of physical, mental, emotional, and social changes (Ahmed Mohamed El-Zoghbi, 2001: 320).

9.5. Stages of Adolescence:

1. **Early Adolescence (ages 12-14):** During this stage, childish behaviors diminish, and the physical, physiological, mental, emotional, and social features of adolescence begin to emerge (Zahran, 1999: 219).
2. **Middle Adolescence (ages 15-17):** This is the core of adolescence, where all the distinct features of this developmental stage are fully expressed (Zahran, 1999: 220).
3. **Late Adolescence (ages 18-21 or 22):** By this stage, most growth characteristics have developed sufficiently, allowing the adolescent to become a functioning member of adult society. This period is marked by psychological conflict and a search for identity. Fears of failing to achieve personal ambitions increase, along with concerns about marriage and its challenges (Aql, 1998: 401).

9.6. Developmental Aspects of Adolescence:

As with other developmental stages, adolescence impacts all dimensions of personality. In terms of physical growth, there is a rapid increase in both height and weight due to hormonal changes, especially the growth of the reproductive glands, which become capable of performing their reproductive functions for both genders. Cognitive abilities, including logical and abstract thinking, develop during this stage. Adolescence is also marked by emotional instability, often manifesting as mood swings and erratic behavior. Adolescents display a strong desire to find a place in society, and social development varies by gender. Boys go through phases of imitation, followed by self-assertion and eventually social balance, while girls move from obedience to turmoil, followed by imitating boys, and finally achieving social balance. Adolescents also become keen on understanding moral knowledge.

9.7. Theories Explaining Adolescence:

Biological Approach: Proponents of this approach see adolescence as a phase of extreme change, inevitably accompanied by tension and adaptation difficulties. It is considered a period filled with emotional turmoil, psychological crises, suffering, frustration, and conflict. Stanley Hall is a key figure in this perspective, arguing that physiological changes are the primary factor driving the tensions and difficulties of adolescence, with little influence from the external environment (Aql, 1998: 363).

Anthropological Approach: In contrast, this approach emphasizes the importance of social upbringing in intensifying or diminishing adolescent problems. Margaret Mead suggested that adolescents in primitive societies pass through this stage without significant conflict, unlike those in more advanced societies like the United States. Anthropological studies have revealed the following:

- a) Adolescence is not necessarily a crisis stage in all societies; in fact, it is often a period of normal growth. Adolescents reflect the social environment in which they were raised.
- b) The main factor responsible for the complexity of adolescence is the social environment, particularly its frustrating and conflicting aspects. Mead emphasized that adolescence does not follow a universal pattern but takes on various forms depending on the environment (Aql, 1998: 365).

Field Theory: This theory highlights the conflict during the transition from childhood, a familiar domain, to adulthood, an unfamiliar one. Adolescents struggle with this transition, as they are unaware of adult values, interests, and societal norms. This lack of knowledge causes uncertainty, instability, and insecurity. Physiological and physical changes, along with new desires, contribute to this transition from a known to an unknown domain. According to Kurt Lewin, adolescents are like "marginal men," standing between two worlds—the children's group and the adults' group—uncertain of their belonging to either. They are treated like children while being expected to behave like adults, which exacerbates their confusion and hesitation (Aql, 1998: 367).

9.8. Adolescent Problems:

Adolescents face a range of challenges, which can be classified into subjective and objective problems.

❖ Subjective Problems:

These are personal issues related to the adolescent's self and body:

- Self and body issues: Adolescents often become overly concerned with themselves, to the point of narcissism. They closely monitor the various physiological and physical changes that gradually occur in their bodies, as well as how others react to their appearance. During this time, adolescents seek independence, self-confidence, identity formation, autonomy, and a sense of personal freedom.

However, this period is also marked by crises, tension, anxiety, disturbance, and conflict with family members, especially parents. Adolescents become preoccupied with themselves, their present, and their future, often experiencing doubts about their identity and rebelling against social, legal, and cultural norms.

Adolescents struggle with self and psychological discord, making it difficult for them to achieve the desired balance. Unconscious desires and hidden impulses (the id) control their behavior, leading to impulsiveness, aggression, hostility, and emotional instability. Without proper care, guidance, sound advice, and a foundation of Islamic education, an adolescent may become isolated or excessively aggressive.

Adolescents also face emotional and affective problems, often driven by an attraction to the opposite gender. They may enter into romantic relationships, typically idealistic and Platonic in nature, with intense, sincere, and innocent emotions. These first love experiences can lead to emotional shocks due to disagreements or differences in perspective between the adolescents involved.

❖ **Objective Problems:**

Adolescents encounter a range of external problems related to their family, society, and school. Based on their experiences, there are three types of adolescence:

4. **Normal and stable adolescence:** Characterized by an absence of problems and disturbances.

5. **Introverted adolescence:** Marked by isolation, withdrawal, and disengagement from family, friends, and peers. These adolescents tend to isolate themselves to reflect, think, and engage in self-introspection.

It is important to note that adolescence is not an entirely independent phase; it is shaped by the experiences of earlier childhood. Growth is a continuous process, meaning that adolescence is a product of society, environment, culture, and civilization. The values adolescents adopt are influenced by the environment they grow up in.

In light of the emphasis placed on understanding the nature of learning difficulties and investigating their causes and characteristics during both late childhood and adolescence, as well as their connection to behavioral problems, there is a parallel focus on providing solutions and guidance services that promote good academic performance and adaptive behavior.

What Are Guidance Needs?

10. Definition of Guidance Needs:

Rein (1988) defines guidance needs as "an individual's desire to express their problems in a positive and organized manner, with the aim of fulfilling their psychological or physiological needs that they could not satisfy on their own. This may be because the individual either has not discovered these needs or has discovered them but is unable to satisfy them alone. In both cases, the individual requires organized guidance services to meet these needs and resolve their problems, enabling them to interact with their environment and adapt to the society in which they live" (Mamsar, 1971: 285).

11. Classification of Guidance Needs:

Ghabbari (1998) categorizes guidance needs as follows:

11.1. Physiological Guidance Needs:

These refer to the needs related to bodily functions, such as the need for food, elimination, and temperature regulation. These needs require immediate and direct satisfaction, and fulfilling them restores the individual's physiological balance, which may have been disrupted by deprivation.

❖ **Psychological Needs:**

These are related to the psychological balance of the individual. Satisfying these needs leads to psychological stability and reduces tension caused by deprivation.

❖ **Social Needs:**

These are related to an individual's relationship with society, such as the need for social status.

❖ **Educational Needs:**

These pertain to the educational process, such as the relationship between the student and the school, teachers, and the curriculum.

11.2. Guidance Needs for Individuals with Academic Learning Difficulties:

❖ **The Need for Early Detection of Academic Learning Difficulties:**

In this context, Shiffman (1962) conducted a study on students with reading difficulties and found that identifying and addressing these students directly in the first grade resulted in an improvement rate of 84%. In the third grade, the improvement rate was 46%, in the fifth grade it was 18%, and in the sixth grade, the improvement rate dropped to 8% (El-Sayed Abdel Hamid El-Sayed, 2000: 73).

Baker and others conducted studies that showed the recovery rates for students with learning difficulties vary by grade level. Some studies found that the recovery rate reaches 85% in the second grade but drops to 16% by the fifth or sixth grade (Tayseer Mufleh Kawafha, 2003: 103).

❖ **The Need to Increase Familiarity with Reading Material:**

This need becomes evident through the following difficulties:

- Difficulty recognizing words during oral reading: Teachers can use visual aids, as sensory modalities (sight, hearing, touch, and sensory-motor perception) differ in their relative effectiveness within individuals. This necessitates a sensory or cognitive preference for receiving information, and these tools should be employed to activate all sensory modalities, complementing each other based on the following considerations:
 - Seeing the word written (using large, colorful letter models).
 - Following the words with fingers.
 - Hearing the word repeatedly from the teacher or peers.
 - Repeating the word aloud several times.
 - Writing the word multiple times.

The student can also become more active by:

- Choosing the word or words they want to learn.
- The teacher writing the word on a paper with a colored pen.
- The student following the words with their fingers while pronouncing the letters as they trace.
- Combining the student's tracing with the teacher pronouncing the word.
- Repeating the process until the student can read and write it correctly from memory.
- Using the learned words to write a story or to create sentences that incorporate the word (Fathi Mustafa Al-Zayyat, 1998: 475).
- Tiring when reading a full paragraph: The student needs to increase their familiarity with the reading material. The teacher can help with the following steps:
 - Give the student a choice between a selection of meaningful and engaging stories and assign them to read them at home, then present a summary in class. This also fosters healthy competition among students, with suitable encouragement.
 - Gradually increase the difficulty, starting with one page, then two, and so on. Success depends on family support, as they help the student with joint activities between home and school.

The need to support writing activity: This need is evident through the following difficulties:

- Poor handwriting: The teacher can break down the writing task into its component parts to better understand the steps by which the student can improve, allowing identification of the step where the difficulty lies. Suggested steps include:
 - Chalkboard activities, where the board has circles, lines, geometric shapes, and large numbers to help the student improve sensory-motor coordination.
 - Providing other materials like chalk and clay to practice the fine motor skills required for writing.
 - Ensuring the student's posture is comfortable, with the chair and desk appropriately sized for their age and physical development.
 - Teaching the correct pencil grip, where the pencil is held between the middle and index fingers, supported by the thumb.
 - Ensuring the paper is straight, with its bottom edge parallel to the desk.
 - Using plastic templates of letters, numbers, and shapes.
 - Using lined paper for practicing letter and number formation, where spacing lines are in red, and writing lines are in green, for example.
 - Teaching letters based on their difficulty.
 - Using verbal cues to explain the direction and size of letters.
- Taking too long to complete writing tasks: This difficulty reflects a lack of interest in activities that require focus on fine details. The feedback steps are as follows:
 - Give the student a list of all the letters of the alphabet to identify which letters they know and which they do not.
 - Assign simple words to write, gradually increasing the number of letters, and focus on offering positive encouragement for both achievement and active participation.
 - Provide the student with pictures of story events and ask them to narrate these events orally before writing them down, offering positive reinforcement for attention to detail and time management.

- Play a song recording for the student and ask them to write down the parts of the song they enjoy.
- Make writing enjoyable by having the student use their fingers to write with different colors, incorporating modeling and assessment, which gives the activity a mix of seriousness and enjoyment. Repetition and sufficient time should be considered.
- Forgetting words during dictation: Offering guidance for this difficulty requires a collaborative effort between the teacher and the family. The teacher can assign dictation activities for the student to complete at home with a family member. This can be done by:
 - Providing varied paragraphs from the textbook, children's stories, or magazines that contain topics of interest to the student and meet their preferences.
- Struggling to write longer words correctly: The teacher can follow these steps:
 - Meaning and pronunciation.
 - Visualization.
 - Retrieval.
 - Mastery and control.

The need to empower the student with mathematical concepts and principles: This need is evident through the following difficulties:

- Difficulty following multiple sequential steps within a method: The learner needs to simplify the learning process by breaking the skill down into simple tasks. This allows the teacher to identify the student's current performance level and determine where to begin. For example, sequential steps within a method may require:
 - Creating a table of given data.
 - Creating a table of unknowns.
 - Creating a table of requirements.
- Difficulty arranging complex numbers, such as: 11984, 23487, 1248: The teacher can use games, which represent a collective activity where the student participates with others to achieve some common goals:
 - For example, the teacher can start with the first step, which is teaching students to distinguish between digits (those between 0 and 9) and numbers (those greater than 10).
- Difficulty drawing geometric shapes: The teacher can use the technique of mental imagery, where the student is introduced to the name of the shape by comparing it to a similar object as a first step.
- Difficulty performing arithmetic operations such as addition, subtraction, multiplication, and division: For the student to learn abstract numbers, it is necessary to go through one or more stages to transition from the concrete to the abstract. For example, placing ten beans in front of the student and having them count enables them to use the concept of numbers through auditory, visual, tactile, and kinesthetic experiences.
 - The concept of the plus sign (+) is associated with the action "add to".
 - The concept of the minus sign (-) is associated with the action "take away from".
 - The concept of the multiplication sign (X) is associated with the action "add repeatedly".
 - The concept of the division sign (/) is associated with the action "distribute among".

What can be said about these needs is that they require services that are not the sole responsibility of the teacher but involve a collective effort from the family, school, teacher, psychologist, and other responsible parties.

12. Guidance Needs in Behavioral Problems:

1. **The student's need for training in participatory and stable behavior:** When a student has developed low self-esteem through certain behaviors, such as avoiding participation in group activities, fear of mixing with others, a tendency towards isolation, and shyness in new situations, it is essential for the teacher, along with the parents, to plan experiences that rebuild the student's self-confidence. Some suggestions include:
 - Assigning the student suitable tasks at home that boost their morale, such as tidying their bedroom, watering plants, or rearranging the library decor.
 - Involving them in community service activities, such as volunteering and providing services to those in need.
 - Engaging them in activities that can boost their morale, such as joining scouts or clubs, with the condition that the group is homogeneous and the activity goals are achievable for the student.

- Designating a day of the week where the student is the center of attention, which can be extended to home by giving the student a "role-reversal day," allowing them to take on the role of a parent or older sibling, for example (Al-Ezza, 2006: 148).
2. **The student's need for a sense of belonging:** When a student avoids approaching a group of peers, becomes easily agitated when criticized, or leaves when receiving negative feedback, they need support to develop self-awareness, sensitivity towards others, and consideration of their feelings. The following steps can help:
- a. Using the technique of facial expressions: to teach the student to differentiate between facial expressions of happiness, surprise, sadness, anger, fear, attentiveness, engagement, firmness, etc., and to practice using them in social interactions with peers.
 - b. Training the student in the use of vocal rhythm and its applications in interacting with others in different social roles.
 - c. Encouraging the student to plan some social activities aimed at serving and helping others and making them happy, such as trips, parties, meetings, and gatherings, with a focus on evaluating the students' social roles during these activities (Fathi Mustafa Al-Zayyat, 1998: 645).
3. **The student's need to reduce tension and anxiety:** When a student exhibits behaviors such as quick tension, distress when receiving opposition, fear, insecurity, or crying easily when being corrected, parents can follow scientific steps for systematic reassurance, guided by the school psychologist in collaboration with the family and school. These steps include:
- Training the student in relaxation techniques.
 - Identifying the main stimulus that triggers anxiety.
 - Gradually exposing the student to anxiety-inducing stimuli, situation by situation. For example, fear of social rejection can be broken down into the following scenarios:
 - Being in a group of two or more people.
 - Avoiding the social activities of their group.
 - Speaking in front of a group.
 - Another person pointing out their flaws.
 - Teasing from friends.
 - Comments from close ones that belittle their importance.
 - While the student is in a state of deep relaxation, they are asked to imagine themselves in the situation that provokes the least anxiety and gradually move through more anxiety-provoking situations with intervals in between (Ibrahim, 1980: 93).
4. **The student's need to develop attention behavior:** Behaviors such as leaving their seat during class, constant movement, and difficulty staying in one place for long periods indicate a need to shape attention behavior. This can be done through the following steps:
- Gradually increasing the time the student sits quietly for several minutes at a specific time, with appropriate verbal or tangible reinforcement, and gradually extending the time for quiet sitting.
 - Looking and responding to the teacher or parents when called or when their name is mentioned, with reinforcement provided when the desired response is achieved, gradually increasing the duration of eye contact. Physical prompting may be used if verbal prompting does not yield results.
 - Looking at a specific object when asked, and at the appropriate time. This is done with clear instructions that include the request to look at the object and pointing to it, followed by verbal or physical reinforcement once the desired response is made. Physical prompting can be used if necessary.
 - Performing a specific task or activity for a set period: The child's success in previous stages is used to transition them from receiving instructions to taking responsibility for a specific activity, such as collecting notebooks, organizing chalk pieces in a box, arranging their clothes in a closet, or washing their socks. These tasks should include:
 - Clear commands regarding what needs to be done.
 - Clear identification of items.
 - Use of verbal prompting, and if needed, physical prompting.
 - Gradual increase in the time spent on the activity (Abd El-Sattar Ibrahim et al., 1993: 157).

5. **The need for modeling and role models:** This need can be met by using role models (similarity in age, attractiveness of the model, compatibility of understanding). A short film specially prepared for teaching social skills can be shown to the student, focusing on a child – meeting the role model criteria – who successfully interacts socially, introduces new topics for conversation, and maintains eye contact despite being unfamiliar with the group. This stirs the student's desire to achieve, give their best, succeed in activities and interactions, and outperform others in their achievements.
6. **The need for play:** Behaviors exhibited by the student, such as leaving their seat during lessons, continuously stomping their feet, or teasing classmates during class, indicate hyperactivity. Play offers an opportunity to express and release emotional tensions. This need can be met through the following steps:
 - Demonstrating the desired behavior, such as staying calm in class during lessons, using a video, audio recording, or a play.
 - Encouraging the performance and directing the student's attention to areas needing improvement while reinforcing correct behaviors.
 - Repetition of the behavior until the student masters it.
 - Practicing the behavior in real-life situations to gain new experiences.

This need can also be addressed using muscle relaxation techniques.

13. Conclusion:

From the above, we can conclude that the identified guidance needs are the result of academic learning difficulties, focusing on four main areas:

- The need to master mathematical concepts and principles stems from difficulties in following several sequential steps within a method, difficulties in arranging complex numbers, challenges in drawing geometric shapes, and trouble performing arithmetic operations.
- The need for early detection and identification of academic learning difficulties arises from the fact that the severity of the difficulty increases as students progress through the educational stages.
- The need to increase familiarity with reading material is due to the inability to recognize words easily during oral reading and fatigue when reading a full paragraph.
- The need to support writing activity stems from poor handwriting, taking a long time to complete written work, forgetting to write words during dictation, and making mistakes when writing words with many letters.

Academic learning difficulties are often accompanied by behavioral problems, which in turn create additional needs, including:

- The need for training in participatory and stable behavior, which is rooted in low self-esteem, shyness, and isolation.
- The need for a sense of belonging, resulting from avoiding peers and feeling agitated during discussions or criticism.
- The need to reduce tension and anxiety, which stems from fear, insecurity, and easy excitability.
- The need to develop attention behavior, due to constant movement and difficulty staying in one place for long periods.
- The need for modeling and role models, which is based on the student's developmental stage, where imitation can be used to teach essential social skills for effective social interaction.
- The need for play, as it provides an opportunity for emotional expression and release of tension.
- The need for clear guidance on what is required, stemming from a lack of communication skills, inability to interact socially, and inadequate responses to situations.

14. References:

1. Abdel Rahman Al-Issawi, *Childhood and Adolescence Problems: Their Physiological and Psychological Foundations*, Beirut, Lebanon, Dar Al-Uloom Al-Arabi, 1st ed., (1993).
2. Abdel Sattar Ibrahim et al., *Behavioral Therapy for Children: Methods and Case Studies*, Kuwait, World of Knowledge Series, Published by the National Council for Culture, Arts, and Literature, Issue 180, (1993).
3. Ahmed Mohamed Al-Khatib, *Enuresis: Causes and Treatment Methods*, Amman, Dar Wael for Publishing, 1st ed., (2003).
4. Ahmed Mohamed El-Zoghbi, *Psychological Disorders and Behavioral and Academic Problems*, Amman, Dar Al-Zahran, (2002).

5. Aql Mahmoud Atta, Psychological and Educational Counseling, Al-Khurayji Publishing and Distribution House, Riyadh, 1998.
6. Bahader Saida, Developmental Psychology, Madani Press, Cairo, p. 98, 1980.
7. Davis, G., Rimm, S., & Seigle, D., Education of the Gifted and Talented (6th ed.), Boston: Merrill, 2011.
8. El-Sayed Abdel Hamid Suleiman El-Sayed, Learning Difficulties: History, Concept, Diagnosis, and Treatment, Arab Thought Series in Special Education, Cairo, Dar Al-Fikr Al-Arabi, Issue 3, 1st ed., (2000).
9. Fathi El-Sayed Abdel Rahim, Psychology of Exceptional Children, 1st ed., Dar Al-Qalam for Publishing and Distribution, 1982.
10. Fathi Mustafa Al-Zayyat, Learning Difficulties: Theoretical, Diagnostic, and Therapeutic Foundations, Cognitive Psychology Series, Mansoura, Dar Al-Nashr Liljameaat, Volume 4, 1st ed., (1998).
11. Hamed Abdel Salam Zahran, Developmental Psychology (Childhood and Adolescence), 5th ed., Alam Al-Kutub, 1999.
12. Jamal Methqal Al-Qassem et al., Behavioral Disorders, Amman, Dar Al-Safa, 1st ed., (2000).
13. Learner, J.W., Learning Disabilities: Theories and Teaching Strategies, Toronto, Boston: Houghton Mifflin Company, 1993.
14. Mahmoud Awad Allah Salem, Magdy Mohamed Al-Shahat et al., Learning Disabilities (Diagnosis and Treatment), 1st ed., Dar Al-Fikr for Printing, Publishing, and Distribution, Amman, Jordan, 2003.
15. Mamser Mohamed Khair Ali, Problems of University Youth in Jordan and Their Guidance Needs, Master's Thesis, University of Jordan, Faculty of Arts, 1971.
16. Mercer, C.D., Students with Learning Disabilities (5th ed.), New Jersey: Prentice Hall, Inc., 1997.
17. Mohamed Ali Kamel, Psychology of Special Categories, 1st ed., Egypt, Delta for Printing, Publishing, and Distribution, 1996.
18. Mohamed El-Sayed Abdel Rahman, Studies in Mental Health, Cairo, Dar Qeba, 1st ed., (1998).
19. Mohamed Jihad Jamal, Mental Operations and Thinking Skills, 2nd ed., University Book House, 2005.
20. Omar Mohamed Al-Khattab, Measures in Learning Disabilities, 1st ed., Arab Society Library for Publishing and Distribution, Amman, Jordan, 2006.
21. Radi Al-Waqfi, Fundamentals of Special Education, Dar Zahran for Publishing and Distribution, Amman, 2003.
22. Saeed Hosni Al-Ezza, Guide for the Educational Counselor in Schools, Amman, Dar Al-Thaqafa for Publishing and Distribution, 1st ed., (2006).
23. Samia Moussa Ibrahim, Behavioral Problems in Children Aged (5-6) Years as Perceived by Educational Teachers in Kindergartens, Journal of Psychological Counseling, Published by the Psychological Counseling Center, Ain Shams University, Egypt, Issue 9, (1999).
24. Sharqi Mohamed Reda, The World of Adolescents, 1st ed., Dar Al-Bilad, Beirut, Lebanon, 1998.
25. Talaat Hassan Abdel Rahim, Psychological Foundations of Human Development, 3rd ed., Kuwait, Dar Al-Qalam, 1990.
26. Tayseer Mufleh Kawafha, Learning Difficulties and the Proposed Treatment Plan, Amman, Dar Al-Maseera, 1st ed., (2003).
27. Wong, B., Social Competence of Students with Learning Disabilities in Learning About Disabilities, Academic Press, 1998.