

Original Article

Experience of an integrated management model for the treatment of "Specific Learning Disorders (DSA)" and of "Special Educational Needs (BES)"

Francesca Rosati

Autonomy is Life, Rehabilitation Center of Falconara, Italy

Enrico Gasparrini

Department of Pediatrics and Neonatology-Hospital of Macerata, Italy

Maria Teresa Gaetti

Department of Pediatrics and Neonatology-Hospital of Jesi, Italy

ABSTRACT

The Authors report their experience for the treatment of "Specific Learning Disorders (DSA)" and "Special Educational Needs (BES)", with an "Integrated Management" Model, in which the various professional figures implement educational-didactic interventions integrated to the psycho-assistance and to the habilitative-therapeutic ones, within a single Structure. This model is embraced and applied at the "Autonomy is Life" Center in Falconara Marittima, where the patient is surrounded by specialized figures who provide different aids, integrating with each other, each with its own competence, in an unity of purpose. The Structure acts as a "case management", whose purpose is to create a stable and continuous assistance network through a multi-professional and multi-disciplinary group work. In three years of activity of the Center, in which the Operators work on children and adolescents from 3 to 18 years of age, 120 patients were

treated, of which 51.7% were affected by DSA, 33.3% by BES and 15% from H. Almost all patients benefited positively from the educational-didactic paths and from the psycho-therapeutic and enabling assistance, obtaining, in most cases, the complete resolution of their disability and, in other cases, notable improvements.

The Authors conclude by stating that the type of specialist assistance based on the "Integrated Management System" has proven to be effectively valid and hope that it can be more widespread, also in the light of what emerged from the finding of a serious lack of social and health assistance in the territory, at least in the investigated area, to the subjects, in school age, framed in the "Annual Plan of Inclusivity (PAI)", a tool used by the Italian Schools to identify and treat pupils with learning difficulties, disabilities and socio-cultural and emotional-relational problems.

Background

The specific learning difficulties, according to the World Health Organization [1], refer to a concept of disability to acquire new knowledges and skills in the field of school learning. In particular, they occur when, at standardized reading, writing and calculation tests, the level results at least two standard deviations lower than the predictable results, according to the age of the subject, his global intellectual competences and his cultural and educational maturity [1].

These disorders are subtended by specific neuropsychological dysfunctions, isolated or combined (evolutionary dyslexia, dysorthography, dysgraphia, dyscalculia, impaired understanding of the text).

In Italy there are many children who, in primary school, have learning disabilities. According to data reported by the Ministry of the Education of the University and of the Research, in the 2016-2017 school-year, the students of Italian Schools,

of all levels, having "Specific Learning Disorders (DSA)" totaled 254.614, equal to 2.9% of the total school population, increasing compared to past years, when these disorders were hardly recognized and diagnosed.

After careful observation, it turns out that, for many children, the diagnosis of ASD is made inappropriately and often at a time when the symptomatology is not indicative of this pathology, while, for many others, it is not diagnosed or intervened on such disturbance, trusting in its natural resolution. In other cases, the scholastic difficulties due to family and social problems are often mistaken for learning difficulties; also these subjects must be helped, but in a different way. Finally, there are children who, in front of the new school experience, become emotionally disoriented and unable to keep up, but then, during their schooling, they show to be able to win the battle, on their own [2]. Of course we must not intervene on these children, but it is necessary to understand them and give them time to mature, taking into consideration that no teaching can be learned unless

there is an acceptance of the school by the child and an adequate emotional and educational relationship between teacher and student.

In Italy the most widespread approach in the scientific field is the cognitive approach with which are evaluated objectives and levels reached by the examined subject, but, in our opinion, in this evaluation the single aspects of the child's emotional are not taken into consideration, aspects that are prerequisites for learning to read and to write. The choice to devote exclusive attention to cognitive development has meant that affective maturity ended up in the shade, while is a fundamental aspect in order to guarantee the achievement of adequate autonomy and the ability to contain frustrations necessary to the growth process [3]. In the process of personal growth it is essential that his cognitive development is integrated with his affective maturity and that the child recognizes himself as the protagonist of his evolution at every step of the difficult path that leads to knowledge [4]. From this point of view the concept of health is undoubtedly complex, both in its theoretical definition and, above all, in the possibility of representing it in operational terms and thus being able to measure it [5].

The World Health Organization defines the health as “a state of complete physical, mental and social well-being” [6]. The presence of disease is no longer exclusively referred to, but the importance is also attached to the subjective perception of health conditions, as a tool to capture aspects that are not detectable by traditional indicators [6]. The perception of the state of health is now a global indicator of health conditions [1]. Therefore it is necessary to take new dimensions: lived illness and not only organic disease, possible health and not only health, maintenance and not only healing, accompaniment and not only care, patient's resources and not only technical and professional resources.

The need to recover spaces of integration and coordination in the management of care and to introduce systems of active participation of the patient in the treatment process has seen the emergence of new welfare models defined, with a very general term, of “Integrated Management” [7]. This type of management finds its extension also in the cases of intervention to the “Special Educational Needs (BES)” [8,9].

Methods

From the profound concepts and the valid considerations, we have decided to undertake a different path, able to provide specialized assistance based on a system of educational and didactic activities integrated with psycho- assistance and rehabilitative-therapeutic interventions, to be carried out operationally within a single Structure. Therefore we have created, in 2015, the “Autonomy is Life” Center in Falconara Marittima, accredited by the Region of Marche, which reflects this concept of “care”, that means: “taking care”. In this Center the various activities are carried out through educational and therapeutic interventions of “integrated management”, whose peculiar characteristic is to consider the centrality of the patient, around whom the various specialist figures work, who integrate

themselves, each with its own competence, for a single purpose.

The Operators of this Structure work on children and adolescents, from 3 to 18 years of age, treating both the “Specific Learning Disorders” (dyslexia, digraphy, dysorthography, dyscalculia) and the “Special Educational Needs” (disabilities, dyspraxia, disorders of motor coordination, specific developmental disorders, attention-deficit and hyperactivity disorders, autism spectrum disorders, emotional disorders), disorders that, typically beginning in childhood and adolescence, create psycho-behavioral, socio-relational and linguistic-cultural disadvantages to subjects belonging to the delicate and fragile developmental age, with probable consequences of further problems in adulthood.

Specifically, the Structure acts as a “case management”, whose purpose is to create a stable and continuous assistance network that integrates with the Territorial Services, in a multi-professional and multi-disciplinary work.

The educational-didactic and psycho-assistance paths, which the “Autonomy is Life” Center offers, focus not only on the specific treatment of organic and/or functional disabilities and on stimulating the individual's potential, in close collaboration with families, but also, and above all, on the formation of an “expert” patient, no more an object of the disorder, but an active subject in its management. A patient, therefore, informed about the problems of his pathology and educated in self-management and self-esteem.

In three years of activity, the Center found itself in the position of having to build numerous care processes, whose intent was to obtain improvements in the health of the child and adolescent, optimizing the systems of personalized interventions and involving the family as well, in a path of use of strategies aimed at modulating the behavior of the boy, respecting his inclinations and using his spontaneous defense mechanisms. educational and didactic activities integrated with psycho-assistential

In the 2015-2018 three-year period, a total of 120 patients, aged between 4 and 18 years (71 males and 49 females), were taken on in the Structure affected by “Specific Learning Disorders” (DSA), and “Special Educational Needs” (BES). Furthermore, subjects with “Disability” (H), included in the “Plan Individualized Education (PEI)” in the school environment, have been subjected to educational-didactic, psycho-assistance and rehabilitative-therapeutic interventions.

The 120 patients are divided as follows:

- 62 affected by DSA (51.7%),
- 40 affected by BES (33.3%),
- 18 affected by H (15%)

The management year by year was, respectively, the following:

From 2015 to 2016:

20 patients (11 males and 9 females), of which:

- 10 DSA (50%)
- 8 BES (40%)
- 2 H (10%)

From 2016 to 2017:

47 patients (27 males and 20 females), of which:

- 26 DSA (55.3%)
- 20 BES (42.5%)
- 1 H (2.1%)

From 2017 to 2018:

53 patients (18 males and 35 females), of which:

- 27 DSA (50.9%)
- 23 BES (43.3%)
- 3 H (5.6%)

All these data are shown in Figure 1.

We have also carried out a survey to photograph the needs of the Territory where our Structure operates by examining the data relating to the “Annual Plan of the Inclusivity (PAI)” of the primary and secondary schools of the Municipality of Falconara Maritime in the 2017-2018 school-year. The PAI is a work plan of training offered by the School, sanctioned by the Italian Ministry of Education, for the global integration of pupils with learning difficulties, disabilities and socio-cultural and affective-relational discomforts.

The schools that have agreed to provide the data for this survey are the following:

- Cambi-Serrani Institute of Higher Education

- Center Falconara Comprehensive Institute
- Nord Falconara Raffaello Sanzio Comprehensive Institute
- Galileo Ferraris Comprehensive Institute

The cases reported in the “Annual Inclusivity Plan (PAI)”, for the 2017/2018 school-year, of the Territorial Schools of the Municipality of Falconara Marittima were, in total, 384, divided as follows (Table 1).

□ Cambi-Serrani Institute of Higher Education: 73 students aged between 15 and 18, divided as follows:

- 29 DSA

- 34 BES

-10 H:

□ Center Falconara Comprehensive Institute: 153 students aged between 6 and 14, years, divided as follows:

- 16 DSA

- 132 BES

- 5 H

□ Nord Falconara Raffaello Sanzio Comprehensive Institute: 58 students aged between 6 and the 14 years, divided as follows:

- 32 DSA

- 13 BES

- 13 H

□ Galileo Ferraris Comprehensive Institute: 100 students between the ages of 6 and 14 years, divided as follows:

- 34 DSA

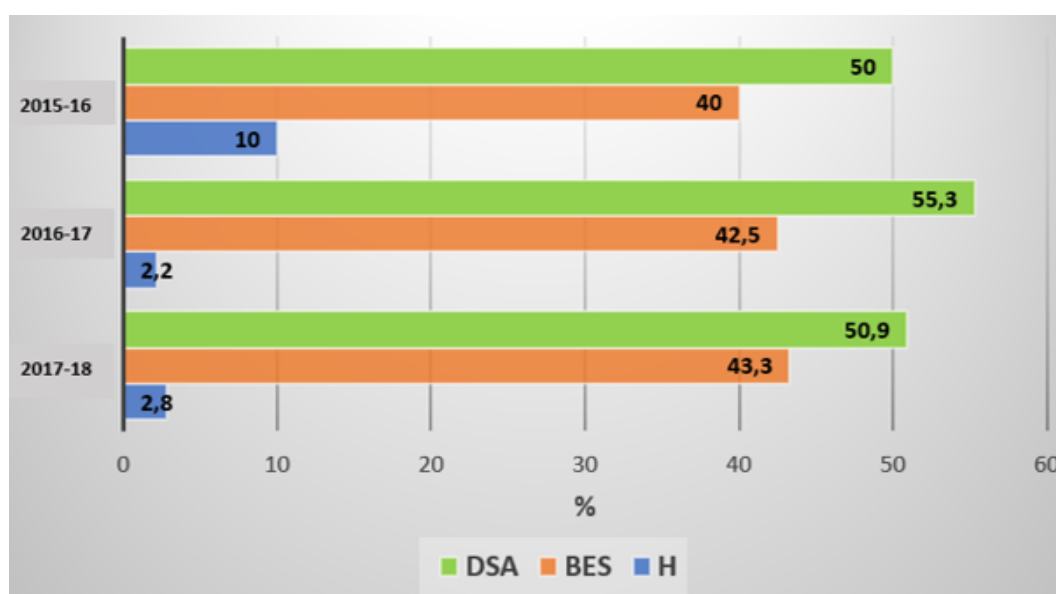


Figure 1. Cases covered from 2015 to 2018 at the "Autonomy is Life" Center

Table 1. Cases detected in the Annual Inclusivity Plan (PAI) at the Schools of Falconara Marittima in the 2017/2018 school-year

Institutes/Schools	Specific Learning Disorders (DSA)	Special Educational Needs (BES)	Disability (H)
Cambi-Serrani Institute	29	34	10
Center Falconara Comprehensive Institute	16	132	5
Nord Falconara R.Sanzio Comprehensive Institute	32	13	13
Galileo Ferraris Comprehensive Institute	34	34	32
Total	111	213	60

- 34 BES

- 32 H

Results

Almost all the patients have benefited from the educational-didactic, psycho-assistance and rehabilitative-therapeutic path, obtaining, in some cases, the complete resolution of their disability and reaching, in others, a considerable improvement in the autonomous management of one's own pathology.

Analyzing the data taken into consideration during the 2015-2018 three-year period, the effectiveness of the integrated management method adopted was found. In fact it can be seen that out of 120 patients:

55% completed the treatment successfully

25% is still continuing the above course

20% had to abandon the route for reasons, unfortunately, of a purely economic nature.

Discussion

Our experience of treatment of "Specific Learning Disorders" and of "Special Educational Needs" through the application of a model based on a management integrated with a specialized individual interventions of educational-didactic, psycho-assistance and habilitation-therapeutic type, carried out in a single Structure, has led to surprisingly positive results, also thanks to a substantial one case studies acquired in just three years. In fact the outcome of 55% of the subjects treated is positively good, succeeding they in pursuing, in totally independent way, a concrete road out of the care path and the 25% with some difficulty, linked to the purely psychological and educational-didactic aspects. Unfortunately 20% had to abandon the path for purely economic reasons, due to the high cost of the therapies, which is totally dependent on the patient's family. This last datum highlights that, in Italy, the achievement of the proven benefits derived from the path therapeutic is a prerogative of those who have the economic possibilities for self-financing.

As far as concerning the "Annual Inclusivity Plan (PAI)", which, as we have said, was studied by Italian Schools to identify and address pupils with learning difficulties, disabilities and socio-cultural and emotional-relational discomforts, we found that the collected data frame a condition of social and health emergency: a population of subjects, in the developmental fragile age, that it needs a personalized teaching and an increasing management individualized. These data also indicate that the professionals, around the subject, must know the socio-cultural context and ethnic-demographic of the family, because these aspects can be useful not only to understand the problem that afflicts the boy, but also to develop best specific educational programs related to the disorder.

Conclusions

From this experience in the application of an Integrated Management model in the treatment of "Specific Learning Disorders (DSA)" and "Special Educational Needs (BES)", it can be stated that the type of specialized assistance based on this system of educational-didactic, psycho-assistance and habilitation-therapeutic activities in a single Structure, is effectively valid, also assuming the meaning of a great added value for the patient. The educational-didactics activity is the most useful and effective service that can be offered to children and their families: it accompanies them throughout the all school-year, identifying with them the most effective strategies and methods for each one. The Structure, with the integration of its parallel and different activities, wants to be a space in which the child perceives the experience of "being able to" and can generalize it in the personal, scholastic and family context: an appropriate place where to share knowledge and experiences, to deal better with the burden deriving from one's own disorder, with a view to improving the quality of life. The psycho-therapeutic activity, within this care pathway, becomes essential for the child, as it is based on the thought that in the child, as in all human beings, we can distinguish three ages: its chronological age, its stage of affective development and its level of mental development. What emerges from ours clinical experience with these patients, is the fact that, when the three ages are not in agreement, a conflict arises. Therefore It is a matter of the clinician find out where the blockage is, untie it and put these three ages into dynamics, so that the patient's personality is rebalanced. It is essential to work in a dynamic and flexible way for the entire way of the subject and in this case the continuity becomes essential to finalize the care process, understood as "taking care".

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ADDRESS FOR CORRESPONDENCE:

Francesca Rosati, Autonomy is Life, Rehabilitation Center of Falconara, Italy, E-mail: studioaev@autonomiaevita.it