

Individual Counseling for Dyslexic Students

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Abstract: Students with dyslexia have difficulty reading so they are less able to understand learning material which has an impact on low academic, social and emotional scores. Based on these conditions, dyslexic students need counseling in dealing with these problems. The purpose of this study is to analyze the description of the condition of dyslexic students and individual counseling for dyslexic children. The research method is to use a literature review. The results of the study obtained data that dyslexia is caused by neurological factors that cause deficits in the areas of working memory and auditory temporal memory of dyslexia. This condition causes less accuracy in reading in dyslexic children. Individual counseling in schools carried out by Guidance and Counseling teachers can develop coping strategies to reduce the impact of stigma and difficulties on the learning process.

Keywords: dyslexia, individual counseling

INTRODUCTION

According to the International Dyslexia Association (2017) dyslexia is a specific learning disability that is neurological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected about other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede the growth of vocabulary and background knowledge.

Dyslexic children are at risk of having anxiety and feeling depressed because of their low academic achievement (Willcutt & Pennington, 2000). In addition, poor academic, social, emotional, and self-esteem values in dyslexic children have a correlate with the lack of information obtained for them when they receive a diagnosis (McNulty, 2003; Stampoltzis & Polychronopoulou, 2009; Terras et al., 2009) or lack of support academic and emotional after diagnosis (Doikou-Avliidou, 2015).

In addition to emotional problems, dyslexia can cause social problems including problems with self-regulation, social interaction (De Beer et al., 2014), and social anxiety (Terras et al., 2009). A child with dyslexia also has problems finding friends because it is caused by a negative attitude toward people with cognitive disorders (Lisle & Wade, 2014). This problem also allows fear of their learning disabilities being exposed or interpreted by others as not smart (Denhart, 2008; McNulty, 2003).

Based on the conditions above, dyslexic children need individual counseling to be able to minimize any problems that can arise as a result of the obstacles they have. Individual counseling can be referred to as guidance and counseling services that allow counselees to get face-to-face direct services (individually) with the supervising teacher in the framework of discussing the alleviation of personal problems suffered by counselees (Sofyan, 2007). However currently, there are still many teachers who do not understand learning disabilities in students caused by dyslexia which is the main factor causing low student learning outcomes (Supena, A., & Dewi, I. R., 2021). The Indonesian Dyslexia Association as well as a diagnostic and intervention center for dyslexic children revealed that studies on dyslexia in Indonesia are still very few compared to the breadth of problems that require solutions (Rachmawati, I., Soegondo, K.D., & Solek, P., 2019).

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LITERATURE REVIEWS

1. Dyslexia

Dyslexia is an inherited neurobiological disorder (Scerri & Schulte-Korne, 2010) with neural differences throughout a wide network of brain regions, including the cerebellum (Richlan, 2012; Sun., Lee, & Kirb, 2010). One of the most interesting potential contributions of the cerebellum in dyslexia is part of a procedural learning system in language-related tasks to learn complex cognitive or motor skills (Nicolson, & Fawcett, 2011). According to Fisher, & DeFries, (2002) about 40-50% of the risk of dyslexia is caused by genetics rather than family environment.

The definition of dyslexia according to the Diagnostic and Statistical American Psychiatric Association fifth edition (DSM-V) is difficulty in reading accuracy or ability that is inconsistent with an individual's chronological age, educational opportunities or intellectual abilities (American Psychiatric Association Division of Research, 2013). The DSM-V classifies dyslexia as a specific learning disorder and the diagnosis of dyslexia is made at school age (children aged 7 years).

Based on data from the International Dyslexia Association (2017, pp. 5-6) that the common problems experienced by dyslexics are (1) learning to speak, (2) learning letters and their sounds, (3) organizing written and spoken language, (4) memorizing number facts, (5) reading fast enough to be understood, (6) following and understanding longer reading assignments, (7) spelling, (8) learning a foreign language, and (9) performing mathematical operations correctly. Meanwhile, according to Gerber (2012) and Goswami, Schneider & Scheurich (1999) that some of dyslexic children cannot see the similarities and differences between printed symbols and related to their pronunciation (phonological-orthographic processing), grammatical structures, and syntax in their native language (syntactic processing-grammatical), and vocabulary and word formation patterns compared to their native languages (semantic processing).

The above problems are due to dyslexia having poor short-term memory for words and difficulties in performing phonological manipulations that require maintaining phonological information while it is being changed (Banai & Ahissar, 2004; Gathercole et al., 2005; Verhagen & Leseman, 2016). Based on the auditory temporal processing (ATP) deficit theory for dyslexia, difficulty in processing appropriate fast stimuli interferes with the coding of sounds necessary for good phonological representation in reading (Stefanics et al., 2011., Rosita., & Nurihsan, 2022). According to Fostick., & Babkoff. (2013) ATP is an individual's ability to process sound quickly.

Over time, the above conditions make dyslexic children have poor academic self-esteem and lead to emotional lability, which may result in decreased motivation (McNulty, 2003). The impact of dyslexia also causes low self-esteem in aspects of competence and power (Kusumawardana, & Rosita, 2021). So to balance the psychological level and improve academic and social dyslexic children need help in developing coping strategies to reduce the impact of stigma and personal reactions to difficulties in the learning process (McNulty, 2003; Shifrer, 2013; Terras et al., 2009).

2. Individual Counseling

Individual counseling is a form of responsive service carried out by Guidance and Counseling teachers in schools. Responsive services are assistance to students who are experiencing an emergency or need immediate assistance. The purpose of this assistance is for students to have strategies for dealing with problems so that they can meet the stages of psychological and cognitive development.

Individual counseling is a process of providing assistance that is carried out through counseling interviews by an expert (counselor) to individuals who are experiencing a problem (client) which leads to solving the problems faced by the client (Prayitno., & Amti., (2004). As for according to Paisley., & Borders. (1995) revealed that counseling in schools is a comprehensive program. So that the individual counseling process is able to have a major influence on increasing student understanding, this is because counselors try to improve student attitudes by interacting for a certain period time with a face-to-face way to produce improvements in students, both ways of thinking, how to behave, and behaving.

The implementation of individual counseling aims to increase students' awareness of self-improvement and finding solutions. Meanwhile, according to Gibson, Mitchell and Basile (in Rahman, H. S., 2003) the goals of individual counseling are as follows:

- a. The purpose of development, namely the client is assisted in the process of growth and development and anticipate things that will happen during the process (such as social, personal, emotional, cognitive, physical, and so on).
- b. The purpose of prevention is that the counselor helps clients avoid unwanted results.
- c. The purpose of improvement is that the counselee is helped to overcome and eliminate unwanted developments.
- d. The purpose of the investigation is to test the feasibility of the goal to check options, testing skills, try new activities, and so on.
- e. The purpose of reinforcement is to help the counselee to realize that what is being done, thought, and felt is good.
- f. Cognitive objectives, namely to produce a basic foundation of learning and cognitive skills.
- g. Physiological goals, namely to produce basic understanding and habits for healthy living.
- h. The psychological goal is to help develop good social skills, learn to control emotions, develop a positive self-concept, and so on.

For counseling to be optimal, it is necessary to carry out the counseling process following the specified stages.

According to Sofyan (2007) the counseling process is divided into three stages:

- a. The initial stages of counseling are the stages carried out by the counselor to build a counseling relationship that involves the client, clarifying and defining the problem, and making interpretations and assessments.
- b. The middle stage, namely the counseling stage to explore client problems, and find out the assistance provided based on feedback that has been from client problems.
- c. The final stage of counseling is the action stage which has the following objectives:
- d. Deciding adequate changes in attitude and behavior the client can make that decision because he has created various alternatives from the start and discussed them with the counselor, then he decides which alternative is the best.
- e. Transfer of learning occurs in the client so that the client learns from the counseling process about his behavior and things that make him open to changing his behavior outside the counseling process.
- f. Implement behavior changes, so that at the end of counseling the client will be aware of his behavior.
- g. End the counseling relationship that must be through the client's consent. So that before closing counseling there are several client tasks, namely making conclusions regarding the results of the counseling process, evaluating the course of the counseling process, and making agreements for the next meeting.

RESULT AND DISCUSSION

Based on a literature review, data was obtained that dyslexia is an inherited neurobiological disorder (Scerri & Schulte-Korne, 2010), this is evidenced by the existence of problems in working memory and auditory temporal processing (Stefanics et al., 2011; Verhagen & Leseman, 2016). This causing dyslexic children to be less accurate in understanding the information received and to have poor short-term memory. This also has an impact on students' lack of understanding in the learning process, especially in reading. So students with dyslexia have low academic conditions because they do not understand what they read and have difficulties in representing material understanding in written form.

The above conditions have an impact on emotional instability and decreased motivation (McNulty, 2003), low self-esteem in aspects of competence and power (Kusumawardana, & Rosita, 2021), self-regulation problems, social interactions (De Beer et al. al., 2014) and social anxiety (Terras et al., 2009). Thus, dyslexic children need assistance in developing coping strategies to reduce the impact of stigma and personal reactions to difficulties in the learning process (McNulty, 2003; Shifrer, 2013; Terras et al., 2009).

Individual counseling is a strategy to help dyslexic students deal with the problems they face because counseling at school is a comprehensive program (Paisley, & Borders, 1995). According to Gibson, Mitchell, and Basile (in Rahman, H. S., 2003) the goals of individual counseling include (1) cognitive goals, namely to produce a basic foundation of learning and cognitive skills, (2) psychological goals, namely to help develop good social skills, learn to control emotions, and develop a positive self-concept and so on.

CONCLUSION

Based on the results of the literature review, it can be concluded that students with dyslexia have difficulty reading, which causes less optimal learning. Thus students with dyslexia require individual counseling to deal with problems that arise both from an academic perspective as well as from a social and emotional perspective. Individual counseling can be carried out by Guidance and Counseling teachers at school. Increasing the self-awareness of dyslexic students in solving their problems requires a reflective approach individually with the Guidance and Counseling teacher.

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