Case Report

Establishment of Stability in Social Interest and Other Prerequisites for Communication in People with Profound Learning Disabilities-

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INTRODUCTION

Social interest and other prerequisites for communication are often hard to establish as stable behaviors in people with profound learning disabilities. The effort to establish social interest may often fail from abrupt decline in attention or instability in behavioral state [1-4]. Learning obstacles may therefor often be enlarged from instability in attention [1-4], which causes frequent break-downs in social contact and information pick-up for people with profound learning disabilities, and thereby camouflage their potentials for social interest, communication, learning and general development.

THE CASE

Espen, the case in this study was a 12-year-old boy diagnosed with profound learning disabilities. He had no speech or formal communication, and suffered from severe cerebral palsy, epilepsy and dysphagia (eating and swallowing difficulties). To be mobile, he was dependent on other persons to move him around in a wheelchair. A typical day: Espen arrives at school in low spirit, and is easily irritated. The interaction with him interrupts frequently by Espen's anger and it is difficult to adjust exterior conditions to stabilize him. During the day, his spirit becomes higher, but shifts frequently and abruptly to low, and the interaction between Espen and people in the surroundings breaks down.

From observations of Espen, interacting with him and dialogue with caregiving persons in daily contact with Espen about his daily functioning, a characteristic pattern emerged: He is visually attentive with caregiving persons in daily contact with Espen about his daily abrupt decline to low, and the interaction between Espen and people in the social state [1-4]. Learning obstacles may therefor often be enlarged from instability in attention [1-4], which causes frequent break-downs in social contact and information pick-up for people with profound learning disabilities, and thereby camouflage their potentials for social interest, communication, learning and general development.

ABSTRACT

When we interact with people with profound learning difficulties, we often experience that the contact breaks down. These breakdowns may be caused by instability in attention in people with profound learning difficulties. Instability in attention may be a consequence of dysfunction in many dimensions like immature central nervous system, reduced cognitive development, epilepsy and lack of adjustment in the environment. To stabilize attention in these people we need models that include all these different dimensions. This paper offers a description of a boy with profound learning difficulties, who had instability in his attention, and what dimensions we took into consideration to get his attention more stable. This creates a draft of a model for stabilization of attention for people with profound learning difficulties.

**Keywords:** Multidimensional classification system; Prerequisites for communication; Visual attention; Communication; Social interest

METHOD AND RESULTS

Phase 1

Adjustment of exterior condition to improve Espen's visual attention: A reflex free data screen with 100-Hertz resolution adjusted to his sitting position. Balancing his sitting position through casting of a new sitting-shell in his wheelchair. Adjustment of illumination to increase the visibility of the stimulation on a data screen. Stimulation on the screen consisted of big moving objects with high contrast to the background color. We exposed him for this new and adjusted stimuli-situation under different conditions, like variation of point in time, after he had a meal and a rest, and when he seem to feel well and was attentive. In spite of our effort to stabilize Espen's visual attention in phase 1, we had no observations that confirmed a positive change. Then randomly chosen video clips after phase 1 showed no markedly change in attentional span from before the adjustments was introduced (mean attentional span two minutes and 38 seconds with range from one minute and 38 seconds to three minutes and 11 seconds). After the first phase, in spite of many important adjustments to improve learning conditions, there was no change in the stability of Espen's visual attention or his spirits, and still frequent breakdowns in Espen's social contact with others.

Phase 2

Adjustment of inner conditions. We assessed his hearing and vision. His hearing was normal. His *visus* was 0.25 (assessed while Espen was wearing his spectacle lenses correction). We had a limited access to his cognition, emotions and his endurance due to his sudden shifts in attention and spirits. This limited knowledge decided the content in the stimulation. An evaluation at the hospital showed that he was undernourished. To improve his nutrition he received nourishment through an intelligent pig. An evaluation of his medication for epilepsy at the neurological department at the local hospital showed that his doses was too high. Reduction of his medication for epilepsy at the neurological department at the local hospital showed that his doses was too high. Reduction of his medical doses for epilepsy came in his new medical description. After phase-two Espen's visual attention functioned in a more stable manner and was radically prolonged. Three months after phase 2 was accomplished ten randomly chosen video clips showed that mean duration of attentional span had changed markedly to seven minutes.
DISCUSSION

There was a positive confirmation of the main hypothesis in this study: Stabilization of Espen’s visual attention will increase his social interest and stabilized his spirits.

Stabilization in Espen’s visual attention did not occur after adjustments of only exterior conditions like visibility of stimulus, illumination and motivational talking. When inner conditions like nutrition, epilepsy, cognition, emotions and pain were taken into consideration, visual attention became stable for a longer period of time. Treatment of medical conditions like undernourishment and epilepsy may in a directly manner affect stabilization of basic functions in a person with profound learning difficulties, but medical treatment may mainly affect stabilization of basic functions in this group indirectly through improving cognitive processes, emotional processes and by increasing energy. Stabilization of Espen’s visual attention seemed not to be a result from any linear effects, but rather a result of complex dynamic interaction involving direct and indirect effects. This is in accordance with the 11th edition of a multidimensional classification system to assess and understand people diagnosed with mental retardation published by American Association on Intellectual and Developmental Disabilities (AAIDD) [5].

Parmenter TR [6] has commented on this multidimensional classification system with focus on historical development of assessment tools for each dimension, and in what ways the dimensions in the multidimensional classification system may be implemented in treatment plans and systems of support. In treatment plans for people with profound learning disabilities, it may be of great importance to have models, which shows how the dimensions suggested by AAIDD are possible to combine, may affect each other and form a dynamic whole. Reduced social interest and participation in social interaction with others from people with profound learning disabilities may be a consequence of health conditions, reduced intellectual abilities, contextual elements or reduced adaptive behavior, or as an interacting effect of these factors. The dimensions in the classification system may be interrelated, in the way that output (behavior) is a result from complex interaction between the dimensions. If so, we need models for habilitation that take into consideration this complex interaction. This case shows the need for multidimensional models when we make habilitation plans for a person with profound learning difficulties, and it also demonstrates the need for models to analyze how the dimensions dynamically interact.

It may not have been different if we had an opposite order of the two phases. If we only had improved inner conditions mostly related to health, the benefit of these improvements may not have resulted in increased social interest and improvement of communication. Adjustments of exterior conditions may be necessary to collect a behavior gain from health improvements. This call for interdisciplinary collaboration for this group. Models for integration of different dimensions are necessary to take care of this interdisciplinary approach when we work with people with profound learning difficulties. This understanding will also with high probability, increase their well-being and quality of life.

The stabilization of visual attention facilitated development of social interest, ability to communicate and unraveled cognitive capabilities that were earlier camouflaged by his drops in attention and shifts in spirits. The stabilization of basic functions may be a necessary step to take before training or goal directed programs are set into function.

REFERENCES