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Reading Ability Counseling For Learning Difficulties Children With Dyslexia Using Multi-Factor Analysis

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Abstract

Difficulty reading in a dyslexic person becomes a problem for students, whereas reading becomes a benchmark in the academic success of students in the class. Reading disability at diagnosis is common in children with normal intelligence but have difficulty building reading skills. Learning difficulties in dyslexic children can be detected from various analyzes of phonological awareness, memory skills, visual stimulation, and auditory stimulation. This study aims to obtain a description of the factors affecting learning difficulties in dyslexic children. The subjects in this study were divided into dyslexic categories as many as 106 and non-dyslexic as many as 104 students in grade 2 until grade 3 of elementary school and the diagnosis was carried out based on the criteria contained in the specific learning disorder category in DSM-5. Measurements were made by testing the reading ability of elementary school students who have an indication of dyslexia with a multi-factor method. The results showed an indication there was an influence between memory, visual stimulation, auditory stimulation with phonological awareness and also a correlation between variables. Students with dyslexia must immediately receive counseling from the counselor.

Keywords: learning difficulties, dyslexia, Reading counseling

Introduction

Students in class are asked to read by the teacher, but after a while, it can't be done. So, what the teacher thinks at the same time is whether the child really cannot read or the child has difficulty reading. An incorrect assumption according to (Franklin, 2018) that students who have difficulty in learning are considered

students who fail, are not attentive and are considered not intelligent. For many students who have difficulty learning languages especially reading can cause students to lag behind the academic side. (Afangideh, M.E & Jude, 2012, p. 296) reading is an interactive ability, where the reader gives meaning based on reading based on the background of his experience. There is an interaction between the reader and the reading.

This reading disability disorder usually starts to be noticeable in the first year of school children as soon as the children learn to read (Larusso, M.L., Facoetti, A., Bakker, 2011). Reading disability diagnosed has occurred in children with normal intelligence but has failed to develop reading skills, as well as the absence of neurotic and psychiatric problems in general (Lorusso, Facoetti, Bakker, 2011, p 137). Reading disability that occurs in students is called dyslexia (Mather, N., Wendling, 2012).

Dyslexia is defined as a specific learning disability. This definition refers to specific learning disabilities that are contrary to the general understanding of learning difficulties. Meanwhile, the categories of learning difficulties generally include broad disturbances from listening, reading, writing, and mathematics (Nelson, A & Ellison, 2009). Dyslexia or specific reading difficulties reflect reading difficulties that can occur concerning cognitive abilities, intelligence and education level (Nelzon & Ellison, 2009; Shaywitz & Shaywitz, 2008). Dyslexia is mainly related to reading disabilities but also affects many other fields of learning and expression. It is predicted to reach between 5% to 17% in school-age children (Shaywitz, 2008).

Litt (Santrock, 2011, p 214), researching dyslexia as other types of learning difficulties is most likely not only involving parts of the brain at a particular location but rather caused by problems in integrating information from a portion of the brain or subtle difficulties in the structure and function of the brain. Reading difficulty is one of the many views of dysfunction in various conditions of imperfections of the state of a person's neurocognitive. Brady, Shankweiler, and Mann (Nicolson & Fawcett, 2008, p 98) found that dyslexic children aged 8 years were significantly slower and less accurate in repeating words. Stanovich (Nicolson & Fawcett, 2008, p 98) revealed that readers who experience language deficits up to the age of 10 years show deficits in the speed of repetition of words in sentences and require a long time setting in reading.

The World Neurological Federation (Reid, 2011, p 5), dyslexia is a disorder that is manifested in reading difficulties. Vender (2017, p 19) suggests that one of the symptoms of dyslexia that is most easily detected is a failure to obtain reading and spelling skills correctly. These difficulties are certainly very surprising to children as people with dyslexia, who are not low in intelligence and understand enough about letters. In particular, dyslexics have poor abilities when asked to read words.

The International Dyslexia Association (Martinez, Ramos, Callaway, Miller, 2014, p 8) describes dyslexia as a neurological disorder, a disorder that often occurs in language. Various kinds of disturbances are seen in the reception and expression of language, including the process of spelling, in reading, writing and guessing and arithmetic. Nicolson & Fawcett (Lachmann, 2018, p 7), dyslexia is a specific form of learning difficulty originating from neurobiology, which is characteristic of difficulties with the accuracy or fluency in recognizing words, as well as deficiencies in spelling and word coding abilities. The types of difficulties that result from the inability to absorb phonological components in language. This is often an unexpected outcome of cognitive abilities and effective classroom instruction provisions. Pinel (2009, p 310) suggests that cognitive neuroscience research sometimes involves electrophysiological recording and sometimes focuses on subjects with brain pathology, so the boundary between neurocognitive and neuropsychological becomes difficult to separate.

Analysis of dyslexic difficulties also arises from the analysis of cognitive functions and motor functions that are impaired. This is a nervous system problem that connects cognitive and motor abilities in the brain (Nicolson & Fawcett, 2008, p 68). Neurological and genetic disorders, as well as language disorders, are factors that cause dyslexia, such as phonological processing difficulties, visual and auditory stimulation, and factors causing dyslexia that are related to memory difficulties and difficulties in language processing (Reid, 2011, p 20).

The phonological deficit hypothesis is considered the dominant cause for dyslexia disorders and has been agreed in recent decades by experts, as the main assumption framework for the difficulties experienced by dyslexic individuals in reading and spelling assignments, as well as poor forms of phonological awareness. This approach claims that the main cause of the development of dyslexia is poor phonological awareness, as a result, people with dyslexia will

suffer from specific disorders that affect the representation, storage, manipulation, and speech taking (Vender, 2017, 81). Other disorders of dyslexia are seen in long-term verbal memory and short-term verbal memory (Swanson, Xinhua, Germany. 2009, p 261).

Students with learning difficulties certainly need good treatment, such as counseling and effective counseling is needed from the teacher or therapist. Henderson and Thomson (2016, hal 67) suggested that effective counseling is counseling that can promote feelings of mastery, self-efficacy, realistic expectations, and optimism. Counseling goals for children with learning disabilities will include enhancing social skills, helping to overcome feelings of failure, and promoting positive attitudes towards learning.

Method

This research is a quantitative study, with sampling using a purposive sampling technique that is sampling based on certain criteria or characteristics, namely students who have a dyslexia disorder category. To find out students who have dyslexia, it is necessary to identify with dyslexia diagnosis measurement tools. The subjects in this study were elementary school students in class II and class III with ages 7-9 years who had dyslexia criteria in several randomly drawn primary schools. The subjects in this study were 210 students, consisting of 106 students experiencing dyslexia consisting of 58 boys and 48 girls, and 104 students without dyslexia with 73 boys and 31 girls. Identification of research subjects who have dyslexia and not dyslexia is done by conducting a diagnostic test for students using a dyslexia diagnosis test. The reliability obtained from the dyslexia diagnosis test was 0.955, with a mean of 60.73 and a standard deviation (SD) of 58.338.

The results of the phonological awareness measurement obtained the validity of 0.926 with a reliability of 0.946, the validity test of the visual stimulation measurement of 0.762 with a reliability of 0.952, the validity test of the verbal stimulation measurement of 0.782 with a reliability of 0.951, as for the memory measurement test with a validity of 0.550 with reliability of 0.959. The results of data retrieval are then carried out by the process of data processing and data analysis so that the results of the planned research are obtained by obtaining a model of the relationship between variables in students with dyslexia.

Theoretical review

The development of dyslexia is a disability-based learning process that interferes specifically in language acquisition. This disorder, which has clear neurological and genetic origins, affects about 5-15% of the population and is inherited. Based on the results of the study it was recognized that dyslexia occurs in families that it is estimated that a child with a parent or sibling with dyslexia has a 50% chance of becoming dyslexic (Vender, 2017, p 19).

The International Dyslexia Association (Martinez, Ramos, Callaway, Miller, 2014, p 8-9) states that the characteristics of dyslexia in learning are related to reading difficulties and perceptions, including 1) difficulty in spelling, 2) have a high level of errors in reading, 3) difficulty in finding the meaning of the writing without repeating it first, 4) low reading speed, 5) when reading some letters or words are missing, 6) inability to read quickly the entire reading, 7) kerdapat missing words from the text and 8) feel visually disturbed when looking at white paper or whiteboard. As for the American Pediatric Association (2013, p 66), in the Journal and Statistical Manual of Mental Disorder (DSM 5), the dyslexic criteria refer to specific learning difficulties namely learning difficulties and use of academic skills, among others related to 1) Inaccuracy or slow or non-existent attempts at reading (for example inaccuracies when reading letters or too slow and hesitant, often guessing words, having difficulty hearing words). 2) Difficulty understanding the meaning of what is read (for example, being able to read text accurately but not understanding the sequence, relationships, conclusions, or meaning deeper than what is read). 3) Difficulty with spelling (for example, can add, remove, or substitute or consonant vowels). 4) Difficulties with written expressions (for example, making grammatical mistakes or punctuation errors in sentences; ideas in written expressions do not have clarity).

An explanation of the factors that cause a person experiencing dyslexia can be explained from various factors:

Phonological deficit

Dyslexic children experience impairments in language voice skills, which may also be caused mainly by phonological deficits or by a lack of motor skills in language speech inaccuracy. Deficits that occur are initially identified as errors in

the repetition of words, coupled with errors in the repetition of simple words in early dyslexic children (Snowling, in Nicolson & Fawcett, 2008, p 110). Knowledge of the nervous system for reading begins with the emergence of a report from Paul Broca of individuals who suffer damage to areas in the left brain, the brain involved in a language in individuals who experience aphasia. The area is related to the language expression located to the left of the inferior frontal gyrus known as the Broca area. Another figure is Carl Wernicke, describing a different type of aphasia, namely receptive aphasia, this is seen from patients who can speak fluently, but have a wrong understanding of what is heard. The area of damage in this patient is in the left parietal tempo area, an area now referred to as the Wernicke area (Mather & Wendling, 2012, p 44). It was further suggested that the discovery of language-related brain damage was made by Paul Broca when examining data after death of aphasia patients Aphasia is a disorder that occurs due to damage to the brain in understanding language Broca initially did not realize that there was a relationship between aphasia and brain damage, and after researching aphasia patients had damage to the inferior prefrontal left hemisphere cortex which came to be known as Broca's area (Mather & Wendling, 2012, p 45).

Phonological awareness is a metalinguistic skill regarding an individual's conscious knowledge of the structure of words and is fundamental to obtaining correct and effective reading and spelling. Significantly, preschoolers who are at risk of dyslexia, dyslexic children, and adults are found to have disturbances in the tasks of assessing phonological awareness, indicated by low performance (Vender, 2017, p 82).

Motor deficit

Student with dyslexia usually shows some motor disturbances that last a long time and interfere with his learning. This behavior is not related to age, level of education, or other ability to think, so it may be that motor impairment is a risk factor associated with dyslexia. (Olson, Keenan, Byrne and Samuelsson, 2014, p 59). Furthermore, Olson, et all (2014, p 60) suggested several behaviors that can be shown by the risk of dyslexia in preschool and elementary school children, among others: 1) Difficulty in arranging words into correct sentences, 2) Difficulty in remembering letter names and memorizing letters accordingly, 3) Difficulty deciphering words, 4) Difficulty spelling words according to sound (phonetically)

or remembering the order of letters in words that are heard very often, 5) Difficulty remembering the correct sound for letters and letter patterns in reading.

Visual auditory deficit

Several theoretical points of view relating to visual and auditory deficits in dyslexic children are advanced by Stein (Reid, 2011, p 22), first covering the process of general visual recognition and with historical viewpoints of visual deficits as a cause of dyslexia. Theories included in this section often focus on visual memory in the same way as phonological theories that regard the representation of phonological consciousness as a cause of dyslexia. The proposed argument is that the process that accesses the representation of a sentence or word, is inaccurate or wrong in some ways, which causes difficulty in identifying visual forms. The second theory holds that the problem of dyslexia is associated with certain visual pathways that spread to the brain through the visual system in the brain.

Memory deficit

Memory and working memory can also affect the development of reading. Memory span involves the ability to listen to information and then verbally repeat it in a short time, usually seconds. Memory span tests ask individuals to repeat some digits, words, or sentences that increase in length. Theoretical interpretation of why a bad reader has a lower memory range than a normal reader or a good reader, because in articulating words slower and inefficiency in accessing phonological information (Matter & Wendling, 2012, p 45). Furthermore, In addition to poor memory span, the ability to make associations between verbal and visual information (paired oral pair learning) can also be disrupted by individuals with dyslexia. A common working memory test is to ask someone to listen to the sequence of numbers and then say the digits and in reverse order. The working memory model is known for identifying three main components: executive function, phonological awareness, and visuospatial (Matter & Wendling, 2012, p 46).

Discussion

In the initial procedure carried out to determine the criteria for 106 students who have dyslexia disorders, the criteria used as a basis for determining

the diagnosis of children with dyslexia using diagnostic criteria specific learning disorders contained in DSM 5 (APA. 2013, pagr 66). The diagnostic test used to measure the ability to spell and read in it measures phonological abilities, visual stimulation, verbal stimulation, and memory. The score obtained is a form of a score of the total errors in each sub-test, so to distinguish between children who have dyslexia disorders and do not experience dyslexic disorders based on the number of incorrect scores. A high error in one of the sub-tests will be a criterion for the diagnosis of dyslexia, as referred to as the basic criteria in DSM-5. There are 4 criteria as a basis for the diagnosis of dyslexia learning difficulties. 1). Categories of inaccuracy or slow or no effort in reading (for example inaccuracies when reading letters or too slow and hesitant, often guessing words, having difficulty hearing words). Based on the results of the measurement of the ability to spell and read 67 children have slow reading criteria, the ability to read substandard and still stammer. In category 2) Difficulty understanding the meaning of what is read (for example, being able to read texts accurately but not understanding the order, relationships, conclusions, or deeper meanings of what is read) and the intelligence category. Obtained results of measurements of reading comprehension ability, there are 23 students included in the criteria that can read but do not understand the meaning of the sentence read, it is shown from the child's inability to answer questions on sentences read. By category 3) Difficulty with spelling (for example, can add, remove, or substitute vowels or consonants). Obtained results of the measurement of the ability to spell and read, 76 subjects can read but some letters are not read or are missing. Some words that are wrong when reading in the category eliminate letters in words like "mandi" read "madi", "simpan" read "simpa", "bangun" read "bagun".

Based on category 4) Difficulties with written expressions (for example, making grammatical errors or punctuation errors in sentences; ideas in written expressions lack clarity) and intelligence categories. Obtained from the results of the measurement of writing skills, there are 98 children with criteria having difficulty in writing with unreadable writing and grammatical errors. Using the visual memory test, it can be seen that students make many mistakes in writing letters b to d, n to u, q written k, q has written p or errors in writing words.

Based on the results of testing the analysis of the research variables conducted with the Regression Analysis of Two Predictors obtained the results of the correlation coefficient of the three variables r of 0.706 with p of 0.000 (p

<0.01), this means that there is a significant relationship between memory, visual stimulation, auditory stimulation with phonological awareness, with an effective contribution of 49.9%. Correlation test results between variables can be obtained from the results of the magnitude of the coefficient between memory variables and phonological awareness obtained r of 0.275 with p of 0.002 (p <0.01). This shows that there is a significant positive relationship between memory and phonological awareness, with an effective contribution of memory and phonological awareness of 7.5%. The results of the correlation coefficient analysis between visual stimulation variables and phonological awareness obtained r of 0.621 with p of 0.000 (p <0.01). This shows that there is a very significant relationship between visual stimulation and phonological awareness, with the effective contribution of visual stimulation to phonological awareness by 38.5%. Based on the results of the analysis of the correlation coefficient between auditory stimulation with phonological awareness obtained r of 0.565 with p of 0,000 (p <0.01). This shows that there is a significant relationship between auditory stimulation and phonological awareness, with an effective contribution of 32%. Based on the comparison of the mean and standard deviation (SD) results between children with dyslexia and non-dyslexic children shows that there is a very big difference in the mean score on each variable of dyslexic and non-dyslexic children. The comparison of each variable between dyslexic and non-dyslexic children can be seen in table 1 and table 2.

Table 1 Means and Standard Deviations between variables in dyslexic subjects

Variable	Means	SD
Phonological awareness	10.67	8.700
Verbal stimulation	13.99	5.115
Memory	7.71	7.574
Visual Stimulation	6.94	6.640

Table 2 Means and Standard Deviations between variables in non-dyslexic subjects

Variable	Means	SD
Phonological awareness	2.04	2.745
Verbal Stimulation	5.66	2.779
Memory	0.74	1.001
Visual Stimulation	1.67	2.036

Based on the results of the test the difference between dyslexic and non-dyslexic children showed a difference in the ability of all variables with a t of

14,118 with a significance of 0,000 (p <0.001), as for the mean and SD comparisons between dyslexic and non-dyslexic children can be seen in table 3.

Table 3 Means and SD dyslexic and non dyslexic

Variabel	Means	SD
Dyslexic	39.83	21.287
Non dyslexic	10.12	5.911

Based on the results of the analysis showed that there is a significant relationship between memory, visual stimulation, auditory stimulation with phonological awareness. Vellutino, Fletcher, Snowling & Scanlon (2004, p 3) suggested that the basic phonological deficit theory suggests that reading and writing problems in dyslexic people are caused by cognitive deficits in the development and use of phonological abilities. Reading also involves many sensory systems and brain work. Implications of sensory systems and cortical systems in both visual and auditory modalities. Awada and Plana (2018, p 264) suggest that students with reading difficulties usually have serious difficulties in understanding text patterns and are unable to recognize the structure of the text, which inhibits the retrieval of content information. Vellutino et al., (2004, p 5) poor short-term verbal memory can also affect performance on various tasks other than memory tasks, but also a performance on phonological awareness tasks such as understanding and identifying letters and words. individuals with dyslexia have poor short-term verbal memory. Short-term verbal memory is responsible for maintaining verbal information as a form of phonological awareness in a short time

Research on the correlation of phonological awareness with visual factors found that not only children with dyslexia experience more visual symptoms but also that the severity of visual problems can be related to the efficiency of motor eye-tracking and possibly to other parameters of visual function. The significance of this visual symptom is uncertain. Although it makes sense that this visual deficit plays a causal role in reading disorders, at least for some children and especially for reading texts, it is equally reflective of the efforts that children with dyslexia must make when asked to read (Raghuram, Hunter, Gowrisankaran and Waber, 2019, p 14). Stein (Reid, 2011, p 22) states that there is genetic, sensory, motor and psychological evidence in dyslexic children which is a neurological syndrome that affects brain development. Stein also provided evidence that the development of

neurons in the visual and auditory (magnocellular) pathways had an impact on the disruption of the visual system in children with dyslexia. The visual system provides the main input on the meaning of words to read.

Based on the results of correlation analysis between variables also obtained correlation results related to memory, visual stimulation and auditory stimulation with phonological awareness. The results of the correlation between memory with phonological awareness of r = 0.173, the correlation between visual stimulation with phonological awareness of r = 0.261, the correlation between auditory stimulation with phonological awareness of r = 0.208. Several theoretical points of view relating to visual and auditory factors in dyslexic children are advanced by Stein (Reid, 2011, p 23), first covering the process of general visual recognition and with historical viewpoints of visual deficits as a cause of dyslexia. Theories included in this section often focus on visual memory in the same way as phonological theories that regard the representation of phonological consciousness as a cause of dyslexia. The proposed argument is that the process that accesses the representation of a sentence or word, is inaccurate or wrong in some ways, which causes difficulty in identifying visual forms. The second theory holds that the problem of dyslexia is associated with certain visual pathways that spread to the brain through the visual system in the brain.

Studies of the spelling process in dyslexic children receive increasing attention because of difficulties in phonological processing and the acquisition of the alphabet code can describe the different patterns of spelling development of children who do not experience dyslexia. Based on observations of changes in the type of spelling errors, from the assumption of phonological failure where spelling errors change the pronunciation of words, to errors that do affect phonological awareness (Coalla, Villanueva, Pumariega & Nosti, 2016, p 4). The results appear to be the same as those found in other studies Coalla, et al., (2016, p 16) concerning the relationship between phonological processing and spelling reading in the development of dyslexic children.

The Children's Defense Fund (Henderson & Thomson, 2016, p 3) recommends priorities in handling child problems such as ensuring that every child can read at every grade level up to fourth grade and the quality of education guarantees for every child through school, students also need opportunities to succeed at schools and other activities and need support and guidance as they move toward maturity. Matter and Wendling (2012) suggest that it is very

important that children with dyslexia receive specific instructions in phonological awareness because this type of teaching makes a difference in starting reading and spelling achievement. The relationship between phonological awareness and reading ability is reciprocal and bidirectional: when phonological awareness develops, reading increases and when reading ability increases, phonological awareness in children is even better.

Conclusions

Identification and intervention are very important to minimize the impact on reading disabilities in children. It is important to realize that children of religious ages struggle with written language skills, counselors must intervene as soon as possible One of them is by seeking the help of experts who have specifications for special reading counseling, the results of children's analysis are very helpful when providing reading counseling (Franklin, 2018, p 85). Based on the analysis test results obtained results that there is a relationship between memory variables, visual stimulation, auditory stimulation with phonological awareness, this shows that reading is closely related to phonological awareness in children. According to Widyorini and van Tiel (2017, p 64), clinical teaching is needed while the child is learning, this observation is done to collect data and see specific characteristics of the form of learning difficulties in children. The goal is to find a picture of the right teaching method following the characteristics of learning difficulties in children.

As in counseling with other children, regarding the counseling of children who have learning difficulties, counseling begins with recognizing and understanding children's feelings towards learning disabilities. The counselor understands the possibility of fear of failure and learning that is often said by children with learning difficulties such as "I can't do this," "I don't know how," or "I will never learn this." Some children with learning disabilities lack perception and social skills (Henderson and Thomson, 2016, p 689).

Remediation programs must be based on theoretical and causal assumptions and empirical findings. It is said that the development of dyslexia can be caused by different anomalies in brain development. At the behavioral level, all of these deficits have the potential to disrupt the process of learning to read and write. Therefore, a counseling program is needed to provide training to dyslexic

children from various points of view of the problem. Such training programs must be provided as soon as possible taking into account motivation, feedback and cognitive development. Furthermore, each improvement program implemented must be evaluated to see the results of reading and writing skills (Lahmann & Weis, 2018, p viii)

Thompson and Littrell (Henderson and Thomson. 2016, p 690) suggest solution-oriented counseling for children with learning difficulties. Using the four-step model with step 1, build relationships and help students identify, describe, and define specific problems or concerns. In Step 2, the counselor and student consider what has been tried before, what works, and possible new solutions. Step 3, the counselor helps students set specific, concrete, measurable, and attainable goals. The fourth step is to produce specific assignments to help students achieve their goals. Related to learning counseling Yusuf and Nurihsan (Arifin, 2012, p 208) argued that the guidance objectives related to learning are as follows: (1) Having a positive attitude and learning habits, such as reading habits, discipline in learning, having attention to all lessons, and actively participate in all learning activities that are programmed. (2) Having high motives for lifelong learning. (3) Having effective learning skills or techniques, such as reading books, using dictionaries, taking notes, and preparing for exams. (4) Having the skills to set goals and educational planning, such as making a study schedule, doing tasks, establishing themselves in deepening certain lessons, and trying to obtain information about various things to develop broader insights. (5) Having mental readiness and the ability to face exams.

Strategies are needed that are designed to help counselors use approaches that are tailored to the needs of children while learning. Paying attention to how the child responds to a strategy will help measure whether the counselor should continue to use that strategy or move to another strategy, this strategy will also be a guide on how much reading ability a child can do on days and even during working hours together. Besides, paying close attention to the child makes it possible to see the child learning, as well as knowing what skills the child has mastered and where they need further assistance (Franklin, 2018, p 93). Steps needed to guide children with dyslexia, remedial teaching is needed, as stated by Widyorini and van Tiel (2017, p127), that remedial teaching needs to be given to students who specifically have dyslexic learning disorders, carried out by teachers who have special education or psychology education, by handling using special

methods or carried out by counselors who are experts in the field of education, this is done because children who have dyslexia disorders have a large enough diversity, then the methods needed are suitable for children in the learning process. Furthermore, Widyorini and van Tiel (2017, p 121) provide counseling intervention solutions for dyslexic children with reading disorders, among others; 1) phonemic awareness instruction, namely teaching by teaching to understand the sound of words to improve the ability to spell and read 2) phonics instruction, namely teaching about carfax sounding words, 3) spelling an writing instruction, namely teaching by learning to spell by written, 4) vocabulary instruction is the pursuit by understanding the meaning of words that are read. 5) comprehension instruction is the pursuit by evaluating children's understanding of reading, looking for correlations between what is read with the questions that must be answered.

The success of the counseling factor by Shirk and Karver (Henderson and Thomson, 2016, p 692) found a positive relationship between the quality of the counseling relationship and the effectiveness of the treatment. It was concluded that counseling is the best predictor of counseling results and is very important for its success and effectiveness. Although the therapeutic approach to counseling will also have an impact on the outcome, the role of teachers according to Awada and Plana (2018, p 472) plays a major role in building a successful inclusive learning environment, which facilitates and promotes learning for students with reading difficulties because the inclusive environment created is very depends on the existence of the teacher's knowledge, skills, attitudes, values, cooperation, and expertise.

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