

CULTURAL FACTORS AND THE BORDERLINE CHILD

Problem; Children that have an I.Q. between 50-80 on the Binet scale are eligible for special education training in the Denver Public Schools as well as many other schools in the United States. There exists a shortage of qualified teachers, funds, classrooms, and public knowledge to meet the needs of these children.

In one school in Denver there were 3 special education classes, 3 teachers, 45 pupils, and 44 children on a waiting list who were enrolled in regular classes. Similar situations exist throughout the country. How many of these children actually belonged in Special Education, How many actually benefited, How many were hurt by the program, and how many of the children on the waiting list actually belonged on the waiting list are questions that will never be answered, but these questions should and must be answered in the near future.

It is the opinion of the author that only these children that will benefit from the program should be enrolled in the special education program. Furthermore, a child with an I.Q. between 70-80 (borderline case) doesn't belong in Special Education. This child with a proper environment and guidance will eventually become a contributing, self-supporting member of our society. In addition, there will exist a shorter waiting list, and the Special Education program will be more fruitful.

In many schools, the only criteria for screening children for special education is a score of 80 or below on the Binet test. It is almost impossible for a child from an environment that has caused childhood schizophrenia to get a score higher than 80. An environment can produce behavior whereby rapport with the child becomes difficult, affective reactions may be bizarre, stereotyped mannerisms are manifested, variations in mood become pronounced, and a disturbance in thought process is present. (Sarason, 1959)

It is important that the psychologist be qualified and that he look beyond the test score. This is usually impossible because of shortage of time, psychologists, and inadequate laws controlling tests. The public must be informed so that pressure is exerted on our law makers to make better laws. The child that is put in Special Education that truly doesn't belong there will be hurt because of the new environment. This in turn will hinder the potential of the Special Education program.

It should be kept in mind that the defective child has usually had an unfortunate personal, social, and economic background, and encountered environmental pitfalls. As a result the child more often than not approaches the test situation with fear, timidity, anxiety, or a feigned indifference; and the clinical psychologist must employ all his "psychology" if he is to get from the child maximum functioning. (Sarason, 1959, p. 252)

A study revealed that mexican immigrants scored better on tests than americans if there were no speed element involved. (Knapp 1960) The Binet test is based to a great extent on speed, thus it appears that the mexican children of immigrants would not score as high because of the speed element.

Another study revealed that bilingual children are not necessarily handicapped because of Binet test given in English. It was found that the children perform better in the language in which they have had formal instruction. (Jimenez, 1954)

In 1960 there was a study made that revealed that 1-3 children are culturally deprived. (Riessman, 1962). Another study revealed that there should be cultural allowances, but that these allowances be made with caution lest too much credit is given. It further showed that mexicans did better than americans in regards to performance, whereas the americans did much better on the verbal part of the test. The combined scores did not differ significantly on a full scale I.Q. (Silverstein, 1962)

One of the chief source of the child's condition is the relationship with his mother. If the mother is helpless to help the child, the child will retreat to withdraw from the mother as well as from the whole world. He will create a new world of fantasy which will hinder his development and existence in the real world. The mother is the key character; the individual from whom love and security are sought, and whose rejection of the child brings forth

from its aggressive and destructive reactions. (Sarason, 1959, p.254)
It follows that when parents are separated or divorced, the child should be given to the mother if she is found fit to have, love, and to provide the child with its basic needs. If not, the child should be placed with a foster mother that will be able to provide for the child adequately. Social workers and agencies should see to it that the child is cared for in a satisfactory manner.

A study revealed that two children with I.Q.'s of 35-46 jumped to 88-100 in eighteen months. Inquiries were made for reasons to unusual development. It was found that their 'home' or ward environment was responsible. The attendants at the ward had taken a great fancy for the children, showered them with affection, attention, and rich experiences. (Skeels, 1939). The significance of these results seems clear: The child who is consistently and satisfyingly stimulated by people in his environment, whose responsiveness is encouraged or rewarded and who has rich experiences in language, motor patterns, and self-attitudes will develop normally according to developmental scales. (Sarason, 1959)

There are factors which we are unable to measure quantitatively that affect mental development of the child. Foster parents are usually vitally interested in child. They will give him more attention, affection, and experiences that will result in a higher I.Q. than the parents that are too busy with 10 other children or with domestic problems. (Skeels, 1938)

Learning takes place, according to consensus, through interaction of motives, stimulation, goals, expectancies, and positive or negative reinforcements. Environment is the perceived stimulus pattern from whence come other learning variables; the learned drives and needs; the goals; the obstacles between the person and the goals; the reinforcements, and satisfaction. It must be cautioned that environment is not a single concept.

Major generalizations from social class research reveal that the lower the socio-economic class of individuals, the lower the I.Q. on a verbal scale; however, high in performance scale. The bright in general have rich opportunities to learn, intellectually speaking, the dull have a richness of opportunity to learn self-defecting behaviors. (McCandless, B. 1952).

Language is almost the sole means of communication of the Borderline child, and because 95% of teachers come from the middle class structure of society, (Warner, 1953) it stands to reason that the role of the teacher will be to motivate, and to stimulate the child to want to become a useful and self-supporting member of society.

It is the opinion of the author that the solution to educating the borderline child is simple, inexpensive, based on common-sense and guidance, and time-consuming. It will require patience, time, determination, dedication, and unselfishness. The end result will be satisfaction, feeling of accomplishment, a better Special

Education program, a better society, as well as a stronger nation.

There exists in our society millions of men and women who are bored to death because they have nothing challenging to do. They spend most of their time gossipping, nagging, and complaining; however, if they were called upon by their community or country for help, they would answer the call. Pearl Harbor proved this. The author believes that an Agency, (Nation wide) should be set up to help the Special Education program. People in offices, such as the mayor and governor should personally appeal to citizens to become volunteer workers.

It has been found that mentally handicapped children from subcultural environments are often starved for adult attention; (Kirk, 1951) therefore, where it is impossible to have a small ratio of children to teachers, there should exist a much smaller ratio of volunteer workers to children. The children should be directed to correct emotional instability and anti-social behavior as well as to satisfy the basic needs of the children. There have been many cases where the resulting instability and anti-social behavior of epileptics was the only reason for institutionalization. (Yannet, 1947). Most of the borderline children only need affection, attention, stimulation, and reward for responsiveness by the environment.

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UNIVERSITY OF DENVER
School of Education

This is an outline of course work for the Master of Arts degree in SPECIAL Education, subject to modification by the student's advisor in conformity with the student's background and goals. The student should arrange an appointment with his academic advisor at the beginning of the first quarter of study to plan his course work program and, if appropriate, the transfer of graduate credit earned elsewhere.

SPECIAL EDUCATION

M.A.
QTR. HRS.

Required Core Courses:

11-328	Introduction to Educational Measurement & Research	5
11-402.1	Principles of Curriculum Development	3
11-407	Foundations of Education	8

Basic Recommended Courses (regardless of specialization)

11-380.01	The Socially and Emotionally Disturbed Child	3
11-372.1	Human Growth and Development: Child	2½
11-372.2	Human Growth and Development: Adolescent	2½
11-381.1, .2, .3	Education and Psychology of Exceptional Children	7½
11-385	Arts and Crafts for Handicapped Children	3
11-390	Counseling Parents of Exceptional Children	3
433	Mental Health in the Classroom (or 36-251)	3

Recommended Courses in Area of Specialization

Orthopedically Handicapped (20½ hours)

11-457	Remedial Reading	2½
11-383.1	Student Teaching with Exceptional Children	5
11-388	Education and Care of the Orthopedically Handicapped	3
11-445	Symposium in Clinical Methods	5
42-331.1	Speech Pathology	5

Mentally Handicapped (22½ hours)

11-457	Remedial Reading	2½
11-382.1, .2, .3	Education of the Mentally Retarded	10
11-383.2	Student Teaching with Exceptional Children	5
42-331.1	Speech Pathology	5

Speech Correction (35 hours)

42-331.1, .2	Speech Pathology	10
42-333	Methods of Speech Correction	5
42-233	Voice and Articulation	5
42-330	Anatomical, Physiological and Neurological Bases of Speech	5
42-337	Supervised Clinical Practice in Speech Disorders	5
42-340	Hearing Tests and Testing Techniques	5

Gifted Child (17½ hours)

11-453	Science in the Elementary School	2½
11-383.5	Student Teaching with Exceptional Children	5
11-387	The Gifted Child	5
97-320	Books for Children	5

Socially and Emotionally Disturbed (27½ hours)

11-457	Remedial Reading	2½
11-380.01,.02	Socially and Emotionally Disturbed Child	5
11-383.7	Student Teaching with Exceptional Children	5
36-350	Abnormal Psychology	5
36-440	Clinical Practice: Behavior Problems	5
41-312	Problems of Juvenile Delinquency	5

The programs listed here have been projected for Master of Arts Candidates holding standard teaching certificates. The sequence of courses will be individually determined in terms of the student's goals and experience.

Identical or equivalent courses taken at undergraduate level may be substituted for required courses with permission of Coordinator of Education of Exceptional Children. Students planning to meet certification requirements should plan their programs carefully with the Coordinator of Education of Exceptional Children.

See certification requirements. Consult with advisor regarding equivalent courses or recommendation for elective courses if some of the degree requirements have been met on the undergraduate level. Workshops or independent studies in the education of exceptional children are available in all areas of specialization.

Student teaching in specialized area is not required but is highly desirable in meeting the Master of Arts degree and is usually required for certification as a teacher of exceptional children. 42-337 is accepted in lieu of student teaching for Speech Correction only.

Setting up a Special Ed. Program

I Thorough study of whole education program
ex. what % of pop. retarded, gifted can
special classes take care of few.

(Westchester
County
Katonah, N.Y.) Look at needs of children - Community
survey. "Survey of Exceptional Children" 1954
State Dept. of Ed. Hartford, Conn. "We study
our schools"

II Population of school age children. ^(Residential, away from school) parochials
state all school age children. Over estimate
include nearby counties -

III Cumulative Records - review, tests, bring up
to date, Teacher observations. Phys. exam, tests etc.
Speech evaluation.

III Record of School census - Does it include
a record of exceptional children

IV Information from civic groups about exceptional
children. (Don't duplicate work)

V. Are there records of non-attendance of
Ex. children

VI. Present methods of estimating count of
except children - Review

VII. Long range method of planning for community
growth. Do surrounding areas have provisions
for exceptional children

VIII Ready for Screening. Be rather demanding of screening process.

A. Ind. & group psychological examinations
qualified psychologist to follow up on group tests,
aid - (Public health, Superintendent, Mental
Health clinic) find yourself a good ally.

B. Social Worker. Go to Welfare - Request parent
Interview a necessity, Physical Examination
(School physician) visual & hearing Examinations
Sp. Ed. combines all comm. services - welfare etc.
Good Public Relations.

C. Look for what agencies can do for you - (United
Nat. Fund)

D. Look for what comm. will provide for
children free of charge. (eye-glasses) etc.

E. Isolation not the answer. Keep situation
as near normal - Itinerant teacher to help out.

F. Visit schools Bldings to look at facilities - look
for principals that want Sp. Ed. in his School.

G. Look for objections to Sp. Ed.

H. Look for help that can't be duplicated - exchange
services with neighboring communities - overall
district planning for multi-handicapped children
Mentally Retarded - Cerebral Palsy.

T E S T

Joan M. Fairchild

According to Kirk and Johnson in Educating the Retarded Child:

- 1) Jane is a child who requires complete custodial care and supervision. She would be classified as a
 - a) moron
 - b) slow learner
 - c) imbecile
 - d) idiot
 - e) hydrocephalic
- 2) Clinical types of mental defect are found more frequently among
 - a) idiots
 - b) imbeciles
 - c) morons
 - d) a and b
 - e) b and c
- 3) Environmental deprivation can occur
 - a) Only in lower-class homes
 - b) only in middle-class homes
 - c) only in upper-class homes
 - d) in none of the above
 - e) in all of the above
- 4) The most important goal that the school must keep in mind for an educable mentally handicapped child is that
 - a) he must be trained for a specific vocation.
 - b) basic reading, writing and arithmetic must be learned.
 - c) he has to accept himself as a person and be able to live and work with others.
 - d) he must accept an inferior work status and adjust within it.
- 5) Seguin's philosophy of education emphasized
 - a) the education of the whole child
 - b) the individualization of instruction
 - c) the importance of rapport between teacher and pupil
 - d) the physical comfort of the child during the learning period
 - e) all of the above
- 6) The initial admission of children to a class for the mentally handicapped should be undertaken
 - a) gradually
 - b) only after six weeks
 - c) only after six months
 - d) immediately
 - e) after a public relations study
- 7) Children within the primary level are taught by means of
 - a) a permissive atmosphere
 - b) tool subject drill
 - c) games and activities
 - d) areas of living
 - e) occupational education

8) List and explain the four essentials of a good postschool program

9) In terms of I.Q. the imbecile, on intelligence tests, rates between

- a) 0 - 25
- b) 25 - 50
- c) 50 - 75
- d) 75 - 90

10) An example of birth injury is

- a) Rubella
- b) Cretinism
- c) Phenylketonuria
- d) Mongolism
- e) Hydrocephalus

11) John, a mentally deficient child, with an I.Q. of 40, reasonably well adjusted, will be

- a) always in a crib, completely dependent.
- b) independent only in the basic self-help skills.
- c) completely vocationally self-sufficient, holding an unskilled job.
- d) partially vocationally self-sufficient, but will always need supervision and care.

12) The keynote of the Montessori system is

- a) experience education
- b) psychological interaction
- c) self-teaching
- d) physiological training
- e) child-centered planning

13) Curriculum for the special class should be

- a) handed down by "authorities"
- b) the work of the director
- c) decided upon by the children
- d) decided finally by the principal
- e) finally decided by the teacher

14) List five objectives of the primary program

1.

2.

3.

4.

5.



- 4 -
15) Differences in personality characteristics between the mentally handicapped and the normal are due to

- a) low intelligence of the mentally handicapped
- b) frustrations resulting from the failure of the mentally handicapped to meet the requirements of school and society
- c) lack of cultural opportunities for the mentally handicapped
- d) health problems of the mentally handicapped
- e) verbal inhibition of the mentally handicapped

16) Classification of mentally retarded persons into clinical types is important primarily to the

- a) educator
- b) social worker
- c) physician
- d) psychologist
- e) psychiatrist

17) Sam has been diagnosed as a brain injured child. This means that his mental defect is

- a) ascribed to emotional impact resulting from impaired functioning
- b) due to the deprived economic condition of the family
- c) ascribed directly to the organic pathology
- d) due to hereditary or genetic variation
- e) ascribed to factors in the culture

18) Mary is a mentally retarded child. Her parents are unable to accept this fact. The responsibility of the school is

- a) to place Mary in a special class.
- b) to leave Mary in the regular classroom.
- c) to excuse Mary from school because she cannot profit from the regular class.
- d) to leave Mary in the regular classroom while working intensively with her parents.

19) The usual method for identifying a mentally handicapped child in school is through

- a) a teacher's referral
- b) a physician's referral
- c) a psychologist's referral
- d) a principal's referral
- e) the referral of a team working together

20) Binet constructed an age scale for testing intelligence in order to find retarded children

- a) in institutions for the mentally ill
- b) in the public schools
- c) in hospitals
- d) in schools for the emotionally disturbed
- e) all of the above

21) A curriculum designed as a permissive environment which allows a child to react according to the structured and adapted attractions of the moment fits

- a) the postschool level
- b) the secondary level
- c) the intermediate level
- d) the primary level
- e) the preschool level

22) Give and explain four of the important factors in a language development program.



- 23) Persons who will always need complete care and supervision by their families or by the state are defined educationally as
- a) mentally deficient.
 - b) mentally handicapped.
 - c) slow learners.
 - d) brain damaged.
- 24) Mongoloid children are more prevalent in mothers
- a) eighteen or younger.
 - b) under twenty five.
 - c) between twenty five and thirty.
 - d) under thirty five.
 - e) over thirty five.
- 25) A school-organized program for parents of mentally handicapped children should emphasize
- a) the dissemination of information.
 - b) individual therapy.
 - c) the group therapy of getting together and talking out attitudes and problems.
 - d) all of the above.
- 26) Jane, a mentally handicapped girl has been referred for psychological testing. She will need
- a) an achievement test.
 - b) a verbal individual intelligence test.
 - c) a performance individual intelligence test.
 - d) a personality inventory.
 - e) all of the above.
- 27) The foremost advocate of the unit plan of teaching the mentally handicapped is
- a) Decourdres.
 - b) Ingram.
 - c) Wallin.
 - d) Rothstein.
 - e) Kirk.
- 28) Pre-school education for the retarded has been neglected because of
- a) cost of operation.
 - b) difficulties in discovering children.
 - c) lack of experience of school personnel.
 - d) all of the above.
 - e) none of the above.
- 29) The two major areas stressed at the intermediate level are:
- 1.
 - 2.
- 30) Most mentally handicapped children achieve an arithmetic level between
- a) 1st and 3rd grade.
 - b) 3rd and 5th grade.
 - c) 5th and 7th grade.

- 31) The child who can be educated in special classes in the public schools is defined educationally as
- mentally deficient.
 - mentally handicapped.
 - slow learners.
 - brain damaged.
- 32) Cretinism is a result of the malfunction of the
- thyroid.
 - pituitary.
 - salivary.
 - pineal.
 - thymus.
- 33) The recent rapid growth of special education for the mentally handicapped in the United States is due to
- changing social attitudes toward disability.
 - the change in parent attitudes toward their handicapped children.
 - the development of related research in medicine, physics, chemistry, psychology, and sociology.
 - all of the above.
- 34) A subject matter curricula for the mentally handicapped offers
- a sensible approach to living.
 - a "watered-down" curriculum.
 - a unit treatment of subject matter.
 - separate blocks of time for drill.
 - a way of raising intelligence.
- 35) Sally is included within a pre-school mentally handicapped class. Her m. a. is somewhere between
- 0 and 2.
 - 2 and 4.
 - 4 and 6.
 - none of the above.
- 36) John is a mentally handicapped adolescent. To best suit his needs, a secondary-school program should give emphasis to two major areas. List these:
- -
- 37) The most important factor in an arithmetic program for mentally handicapped is
- teaching of number concepts.
 - teaching of mathematical usage.
 - teaching of those skills needed for everyday living.
 - teaching the necessary background to understand the skills and concepts taught at the next step.

- 38) Jerry has been defined in the school records as a slow learner. This definition should indicate that
- a) he has acquired mental deficiency due to brain damage.
 - b) he seems to have some difficulty adjusting to the curriculum of the academic school because of slightly inferior intelligence.
 - c) he is incapable of adapting himself to a normal environment in such a way as to exist independently.
 - d) he has mental deficiency resulting from familial factors.
 - e) he is in need of education within a special class.
- 39) Hereditary mental deficiency accounts for
- a) one-third of the cases of mental deficiency.
 - b) ninety percent of the cases of mental deficiency.
 - c) two percent of the cases of mental deficiency.
 - d) two-thirds of the cases of mental deficiency.
 - e) anywhere from eight to twenty percent of the cases of mental deficiency depending on the study.
- 40) The placement of a mentally handicapped child should be based on
- a) total team evaluation including psychological testing, social and physical background, medical diagnosis, and school history.
 - b) the immediate need for removing the child from the regular classroom.
 - c) the results of a physical examination and/or intelligence test scores.
 - d) the recommendations of a physician or a psychologist.
- 41) During the nineteenth century and the beginning of the twentieth practically all educators of the mentally retarded were
- a) teachers.
 - b) politicians.
 - c) physicians.
 - d) psychologists.
 - e) sociologists.
- 42) A program for the mentally handicapped which has as its major emphasis - vocational information, vocational guidance, training and placement, and social placement is known as
- a) subject matter education.
 - b) occupational education.
 - c) experience education.
 - d) practical education.
 - e) sense education.
- 43) The cultural level of the parents of pre-school retarded children is
- a) higher than parents of the normal.
 - b) same as parents of the normal.
 - c) lower than parents of the normal.
- 44) Mentally handicapped young adults have been found by Kennedy to be predominantly employed in
- a) unskilled labor.
 - b) semi-skilled labor.
 - c) skilled labor.
 - d) personal-service.
 - e) clerical - sales.

UNIVERSITY OF DENVER

SCHOOL OF EDUCATION

PERIODICAL AND PAMPHLET SOURCES ON THE MENTALLY RETARDED

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CHILD MANAGEMENT OF CHILDREN
SUSPECTED OF MINIMAL BRAIN DAMAGE
Courtesy of
State Guidance Department of Arizona
Clifford Stallings
February 1969

Minimal Brain Damage is a recent term applied to children who (1) show adequate medical "proof" of damage to the central nervous system, (2) show adequate psychological "proof" of impaired visual and/or motor disabilities, or (3) show adequate "proof" by displaying behavior traits typical of children with minimal brain damage.

This paper is concerned with how to manage children who have been tentatively diagnosed as brain damaged. Since most of the literature to date deals with either the diagnosis or descriptions of brain damaged children, little is offered for the teacher or parent of these children because there seems to be no one symptom or single characteristic of brain damaged children. It may therefore be helpful to specify management techniques by stating them in terms of DO'S AND DON'TS.

DO'S

1. Do have the child seen by a physician.

He can prescribe a tranquilizer or stimulant (oddly enough, either is commonly used). Your physician may have to try several medications before he can find the specific medication that will be effective for your child. Results can sometimes be dramatic. Your doctor may feel your child does not need medication.

2. Do develop a standard routine in the home and school.

Never hurry or rush the child. This only seems to aggravate the child.

3. Do expect to see day to day (or minute to minute) fluctuations in performance.

One day he can read all of the words and the next day have extreme difficulty on the same page.

4. Do place him in a quiet learning setting.

Placing the child near a window, cooler, or door only invites distracting stimuli (noises) which he cannot filter out while concentrating on educational tasks.

5. Do explain and give directions in simple terms.

Lengthy or complicated explanations only confuse him. Once you have given him an explanation or direction, don't change your wording when you repeat it. Merely repeat your remarks slowly.

6. Do provide periodic learning tasks that are easy for him and not frustrating.

This will aid him in developing confidence and allow him the opportunity of completing tasks. Task completion is a major goal in his treatment.

Injured Children

7. Do watch for signs of "early" frustrations.
Tasks requiring a long time to complete are hard for him. Break up these lengthy tasks by giving him something else, not similar, to complete. Tracing designs, words - Repetition.
8. Do approach learning by assigning him short time tasks.
You can stretch these assignments out in the weeks ahead.
9. Do be patient when he reads.
Letters blend together and rotate as he reads. Reversals and letter substitutions are frequently common when he reads. Calling attention to his specific problems only seem to make them become worse.
10. Do reinforce related responses.
Calling attention to his specific problems only seem to make them become worse. Example: Instead of stating he cannot read, tell him he has such a nice, loud voice when he reads. This removes the attention from his reading ability and as a result his reading generally improves. Tell him how straight he sits and his "shuffling" diminishes. Telling him how well he holds his pencil helps to improve his penmanship. This indirect approach of rewarding related responses instead of working directly on his shortcomings should be used, because the child has difficulty controlling his impulses, when you tell him "Not" to do something. It becomes an open invitation to perform what you tell him not to do. This negative approach is normal behavior for this child because the more he tries not to perform an act, the more he feels compelled to do it.
11. Do approach reading by sight vocabulary rather than a phonetic approach.
Research has shown he will make better gains by learning to read by the sight vocabulary approach. He has difficulty assimilating both visual and auditory cues, so a single visual cue is a better method for him to use in learning to read.
12. Do allow him frequent intervals to have mild physical exercise.
Samples:
 - 1) short walks to take messages to the principal's office;
 - 2) working on bulletin board projects;
 - 3) pantomiming characters from stories that are read in the classroom;
 - 4) dramatizations.However, beware of allowing him too much freedom in the classroom, or he may feel too free to get out of his seat whenever he wishes.
13. Do be aware that he will tend to try to handle his environment on a verbal level rather than become involved physically.
Example: Rather than drawing a picture with many details, he will only draw the essentials and tell you about the items that are not in the picture. He will typically read the first paragraph of a story, then "tell" you how he thinks the story will end.

DO NOT'S

1. DO NOT WORRY.
By the time this child is in his late teens, he will overcome this problem. For the time being, he needs your understanding and support.

Injured Children

- 2.. DO NOT become alarmed about his apparent inability to read.
Performance fluctuates from day to day, so use his "good" days to make gains in reading.
3. DO NOT punish the child severely.
This only tends to confuse him. Mild, yet meaningful, punishment should only be administered on those specific "rules" that have been previously established. The IF-THEN principle should be applied. "IF you do this again, then I will have to punish you by doing such and such." It is then absolutely necessary that you follow through with your IF-THEN rule. It is only after you have established the controls that he can later accept self-control. Self control can only take place after he has performed the behavior many times under your control. Once this behavior becomes automatic, he will no longer require your control.
4. DO NOT postpone rewards.
Remember, he has a basically impulsive nature. He finds it difficult to wait until the end of the day to get a star on his paper. If he gets an allowance, it might be wise to give him a portion of his allowance daily immediately after he has performed a specific duty. Always follow this with a verbal reward, "Here is your nickel, Johnny. You are very good." Eventually, the verbal reward will replace the nickel which can be postponed for a day or two. If he cannot endure the long wait for his money, try a poker chip or I.O.U.
5. DO NOT change the routine suddenly.
(A fire drill has upset brain damaged child for the rest of the day.) If you must change the routine, explain to him what he can expect without going into a lengthy detail. It might be wise to wait until you are ready to change the routine before you tell him. Remember, he finds it hard to postpone or wait for anything. A field trip on a weekend vacation would be best presented to him one day before you depart. Always explain in a calm, unemotional manner what he can expect when he is going to an unfamiliar setting.
6. DO NOT tell him, "Johnny don't do that."
Chances are he doesn't want to do what is wrong, but feels compelled to do it. Say, "Johnny, you don't want to do that," (which is probably true). In this way, you are supportive rather than restrictive.
7. DO NOT feel guilty about your attitude toward the child.
Brain damaged children frequently dislike being fondled or loved physically. As a parent, you might recall that this pattern was even present when he was an infant. The guilt you feel may not be your rejection of the child, but his rejection of you, in his own way, he understands that you love him and care for him. If you remember how you feel when you are extremely tired, under stress, or have a nauseating headache, you can better appreciate how he feels most of the time. Chances are that he does not remember what it feels to be without constant irritation, as he adapts to a certain level of functioning which seems normal to him.
8. DO NOT pamper him or single him out as being different.
This "kindness" he does not need. Remember, he needs your controls and once you set his limits for him he can function within them until he develops his own controls. To set no limits for him only frustrates him more and secondary psychological problems begin to develop. These psychological problems could prove to be more handicapping than his brain damage. When there are no limits, his impulsiveness can become so systemic that he becomes unmanageable. So, be very consistent with your "IF THEN" rules. Make them always apply under all types of situations.

Injured Children

9. DO NOT Allow him to become overly tired.

As you can well imagine, he expends tremendous amounts of energy each day. Therefore, he needs plenty of rest and a substantial diet. Food fads are sometimes typical of brain damaged children. Unless taken to extremes, it is not a serious problem. You may find it possible to use his unsatiable hunger for hot dogs as a reward for a specific behavior you want to establish. "Johnny, shine your shoes and we'll go down for a hot dog."

10. DO NOT hesitate to call us at 934-5491.

We understand that your child's problems are not solved as easily as following a few DO's and DON'Ts. rules. These rules only aid as a guideline for you. They are only a starting point. We feel that you can use these to improvise and create techniques of your own. We would appreciate it very much if you would let us know of any new techniques that you develop.

In summary, the central method of handling and managing a child with minimal brain damage is to maintain controls from without and slowly have the child learn his own controls. You will undoubtedly have setbacks, to think otherwise would be unrealistic. Even mistakes are good if we can profit by them. It seems wise then to evaluate the mistakes to find out how they failed. This may lead you to develop even better insights into your child's behavior.

The key to changing undesirable behavior or responses is to find what is reinforcing or rewarding that bad response. If you can withdraw the reward, you can abolish the bad response. Example: Johnny gets into the drawer and gets the flashlight which he turns off and on. The light going off and on is the reward. For you to withdraw the reward, you put in two old batteries that don't work. Once the light does not come on, Johnny finally abolishes the bad response of turning on the flashlight.

(NOTE: This is completed without your telling him anything.)

Another method of abolishing a bad response is to find another response which does not compliment the bad response. Example: Johnny always whines when he is in a store. However, he always acts very masculine and is on his best behavior when dressed in his cub scout uniform. Chances are he won't whine at the store if you dress him in his scout uniform, especially if you tell him how manly he looks and is acting as you walk into the store. The whining bad behavior and "manly" good behavior are not compatible, so whining becomes abolished. (NOTE: Again, a bad response is abolished without your mentioning his bad behavior.)

Injured Children

The two techniques then for abolishing a bad response or wrong behavior are: (1) withdrawing what is reinforcing the bad response, and (2) substituting a good response that does not compliment a bad response. These two techniques, if learned well by you, can take you far in shaping better behavior for your child. Their appeal is obvious. Bad responses are abolished without harsh words, fits of temper, feelings hurt, and physical punishment. Most important of all, they lead to necessary self-control.



I & II PHILOSOPHY AND GOALS AND OBJECTIVES OF SPECIAL EDUCATION

B. What is Special Education?

- a. Philosophical Basis
- b. Aims and Objectives
- c. A Definition

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III ASSESSMENT

1. Assumptions Underlying Assessment
2. Errors of Tests
3. Sources of Information for Assessment
4. ~~Explanatory~~ Implications of Assessment

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VIII THE SLOW LEARNER

1. Definition
2. Incidence
3. Characteristics
4. Educational Planning
 - a. Track Plan
5. Work Experience Program

Bibliography

Baker

IX THE GIFTED

1. Definition
2. Incidence
3. Characteristics
4. Educational Planning
 - a. Total Ability Grouping
 1. Special Class
 2. Special School
 - b. Modified Ability Grouping
 - c. Talent Sectioning

IV INCIDENCE OF EXCEPTIONAL CHILDREN

1. Distribution of Exceptionalities

2. Projection for the Future

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VII MENTALLY RETARDED

1. Definition

2. Incidence

3. Characteristics

4. Educational Planning

a. Institution

b. Residential Center

c. Half-way House

d. Colony

e. School

1. Vestibule

2. Primary

3. Intermediate

4. Junior High School

5. High School

5. Community Aspects

a. Sheltered Workshop

b. Recreational Centers

c. Vocational Rehabilitation

5. Acceleration

- a. Grade-skipping
- b. Rapid Progress
- c. Early admission
- d. Advanced Placement

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OUTLINE OF COURSE IN EXCEPTIONAL CHILDREN

1. Philosophy of Special Education
2. Goals and Objectives for Exceptional Children
3. Assessment of Exceptional Children
 - a. Concepts
 - b. Resources People - Team Approach
 - c. Instrument
 1. Types
 2. Errors
4. Incidence of Exceptional Children
5. Segregation vs. Non-Segregation
6. Marginal Status of the Handicapped
7. The Mentally Retarded
 - a. Educable
 - b. Trainable
8. The Slow Learner
9. The Gifted
 - a. Superior
 - b. Genius

The Moderately-Severely Retarded

Frequently referred to as "trainable mentally handicapped" are those who develop at such a slow rate that they are unable to profit from the program of instruction for the "educable" or mildly mentally handicapped, but they have potentialities for (1) developing the abilities to adjust acceptably to the home and neighborhood, (2) improving in their ability to care for themselves in many respects, and (3) contributing to their own economic usefulness in the school, in the home, and in a residential school or in a sheltered environment. Such children may be described as follows:

1. Many of these children have physical characteristics that accompany their specific type of mental retardation such as mongolism, microcephalism, hydrocephalism, and brain injury.
2. Their mental development is approximately one-quarter to one-half that of an average child.
3. Their speech and language abilities are distinctly limited but they are able to make their wants known.
4. They are generally not capable of learning academic skills such as reading and arithmetic beyond the rote learning of some words or simple numbers.
5. They are capable of learning to get along in the family and in the immediate neighborhood by learning to share, to respect property rights, and in general to cooperate with their families and neighbors although they cannot be expected to become self-sufficient in making major decisions.
6. They are capable of eventually learning self care in personal routines, good health habits, safety, and in other necessary skills which will make them more independent of their parents.
7. They are capable of learning to assist in chores around the house and/or in doing a routine task for some remuneration in a sheltered environment.
8. They will require care, supervision, and economic support throughout their lives.

STATE OF COLORADO
DEPARTMENT OF INSTITUTIONS
DIVISION OF MENTAL RETARDATION
328 State Services Building
Denver, Colorado 80203

SERVICES FOR MENTALLY RETARDED AND SERIOUSLY HANDICAPPED

I. PHYSICAL AND MENTAL HEALTH

- a. Case Finding
- b. Diagnosis and Evaluation
- c. Health Supervision
- d. Welfare Supervision
- e. Child Guidance
- f. Treatment
 - 1. Correction of defects
 - 2. Drugs
 - 3. Diet
 - 4. Medical
 - 5. Psychiatric
 - 6. Psychological
 - 7. Dental
 - 8. Nursing
 - 9. Social Services
 - 10. Adolescent Medical Services
 - 11. Chronic Disease Services
- g. Follow-up

II. SHELTER NURTURE PROTECTION

- a. Residential Nurseries
- b. Foster Homes
- c. Day Care
- d. Homemaker Services
- e. Short Stay Home
 - 1. Group Home
 - 2. Boarding Homes
 - 3. Nursing Homes
- f. Guardianship of Person
- g. Half-way House
- h. Long Term Residential Care

III. INTELLECTUAL DEVELOPMENT

- a. Sensory Stimulation
- b. Preschool and Nursery School
- c. Special Education by Public Schools
 - 1. Trainable Mentally Retarded
 - 2. Educable Mentally Retarded
- d. Religious Education
- e. Pre-Vocational Training
- f. Vocational Training
- g. Boarding Schools
- h. Evening School Classes

Services for M.R. & S.H. (Continued)

IV. SOCIAL DEVELOPMENT

- a. Home Training Program
- b. Environmental Enrichment
- c. Personal Adjustment Training
 - 1. Social Supervision
 - 2. Marriage Counseling

V. RECREATION

- a. Playground Programs
- b. Scouting
- c. Swimming
- d. Sports
- e. Day Camps
- f. Residential Camps
- g. Social Clubs
- h. Church Groups
- i. Evening Recreation

VI. WORK

- a. Vocational Counseling
- b. Work Exploration
- c. Sheltered Employment
- d. Sheltered Workshops

VII. ECONOMIC SECURITY

- a. Health and Hospitalization Insurance
- b. Public Welfare Services
 - 1. Aid to Dependent Children
 - 2. Disabled Children Benefits
 - 3. Total Disability Assistance
 - 4. Old Age Assistance
 - 5. Old Age and Survivors Insurance
- c. Life Annuity or Trust Funds
- d. Guardianship of Property

VIII. FAMILY

Reinforce and sustain through ongoing counseling,
"Continuum of Care", follow-up, etc.

IX. RESEARCH

Basic and applied research throughout the "Continuum of
Care", including prevention, etc.

"CONTINUUM OF CARE"

LIFE STAGE SERVICES FOR MENTALLY RETARDED AND SERIOUSLY HANDICAPPED

NEEDS	PERINATAL	INFANT	PRE-SCHOOL AGE	SCHOOL AGE	YOUNG ADULT	ADULT	OLDER ADULT
PHYSICAL AND MENTAL HEALTH	Prenatal Care Prevent Pre-maturity. Screen for Metabolic Disorders. Research Genetic Counseling	Case Finding Health Supervision, Diagnosis, Evaluation, Follow-up Child Guidance & Family Counseling Treatment: Correction of defects, drugs, diet, medical, psychiatric, psychological, dental, nursing, social services			Adolescent Medical Services Chronic Disease Service		
SHELTER	Residential Nurseries Foster Homes, Day Care Homemaker Services, Short Stay Home				GUARDIANSHIP OF PERSON HALF-WAY HOUSE		
NURTURE		LONG TERM INSTITUTIONAL			Boarding Homes Nursing Homes		
PROTECTION							
INTELLECTUAL DEVELOPMENT	Sensory Stimulation	Nursery & Pre-School		Special Education by Public Schools, T.M.R.-E.M.R., Religious Education, Pre & Vocational Training, Boarding Schools	EVENING SCHOOL CLASSES		
SOCIAL DEVELOPMENT	HOME TRAINING PROGRAM			PERSONAL ADJUSTMENT TRAINING			
RECREATION	Playground Programs			Scouting Sports Swimming Day Camps Residential Camps, etc.	Social Supervision Marriage Counseling	Social Clubs Church Groups Evening Recreation	
WORK				Vocational Counseling Work Exploration		Selective Job Placement Sheltered Employment Sheltered Workshop	
ECONOMIC SECURITY				HEALTH AND HOSPITALIZATION INSURANCE PUBLIC WELFARE SERVICES: A.D.C., Disabled Children Benefits, Total Disability Assistance, Old Age Assistance, O.A.S.I. LIFE ANNUITY OR TRUST FUNDS			
FAMILY RESEARCH				Reinforce and sustain through ongoing counseling, "Continuum of Care", follow-up, etc. Basic and applied research throughout the "Continuum of Care" including prevention, etc.		Guardianship of Property	

\$2550. - 2 Pond Junction
\$2950. - Ridge - cost per child

THE MENTALLY RETARDED

LEVELS of RETARDATION	Pre-School Age 0 - 5	School Age 6 - 21	Adult 21 & over
	Maturation & Development	Training & Education	Social & Vocational Adequacy
PROFOUND (Total Care)	Gross retardation; minimal capacity for functioning in sensorimotor areas; needs nursing care.	Obvious delays in all areas of development; shows basic emotional responses; may respond to skillful training in use of legs, hands, and jaws; needs close supervision.	May walk, need nursing care, have primitive speech; usually benefits from regular physical activity; incapable of self maintenance
SEVERE (Trainable)	Marked delay in motor development; little or no communication skill; may respond to training in elementary self-help; e.g., self-feeding.	Usually walks barring specific disability; has some understanding of speech and some response; can profit from systematic habit training.	Can conform to daily routines and repetitive activities; needs continuing direction and supervision in protective environment.
MODERATE (Trainable)	Noticeable delays in motor development, especially in speech; responds to training in various self-help activities	Profits from training in social and occupational skills. Can learn simple communication, elementary health and safety habits, and simple manual skills; does not progress in functional reading or arithmetic	Can perform simple tasks under sheltered conditions; participates in simple recreation; travels alone in familiar places; usually incapable of self maintenance.
MILD (Educable)	Often not noticed as retarded by casual observer, but is slower to walk, feed self and talk than most children. Can develop social and communication skills	Can acquire practical skills and useful reading and arithmetic to a 3rd to 6th grade level with special education. Can be guided toward social conformity.	Can usually achieve social and vocational skills adequate to self maintenance; may need occasional guidance and support when under unusual social or economic stress.

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for

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PREPARED MATERIALS TO USE WITH CHILDREN

Board of Education of the City of New York
Resource Materials and Techniques for Use with the Retarded.

Report No. 1

A. Unit of Occupational Education Built Around the Tasks
of a Household Worker: Junior High School, Educable I.

Report No. 2

- A. Daily Experiences: Primary and Intermediate, Educable II.
- B. The Use of Classroom Centers in Developing Reading Readiness; Primary, Educable II.

Report No. 3

- A. Building Worth-while Experiences Through Recreation: Senior High School, Educable I.
- B. Wholesome Family Living: Senior High School, Educable I.

Report No. 4

- A. Suggested Methods and Materials for Teaching Core Topics, "Choosing, Getting and Holding a Job": Junior High School, Educable I.

Report No. 5

- A. Suggested Activities: "Seasons; Months; Housing; Food and Clothing": Junior High School, Educable II.
- B. Broadening Experiences Through an Integrated Program. "The Study of Clothing": Junior High School, Educable II.

Report No. 6

- A. Suggested Approach to Teaching a Unit on Food: Primary and Intermediate, Educable I.
- B. A Series of Lessons, "What Makes a Good Citizen?": Intermediate, Educable I.

Report No. 7

- A. A Readiness Skills Program: Vestibule, Educable II.
- B. Readiness Activities: Vestibule, Educable I.
- C. A Suggested Approach to Teaching a Unit of Safety in the Playground: Primary and Intermediate, Educable I.

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