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ABSTRACT

The document consists of six issues of the "PRISE (Pennsylvania Resources and Information Center for Special Education) Reporter" which cover issues and happenings in the education of the mentally retarded, learning disabled, emotionally disturbed, physically handicapped, visually handicapped, and speech/hearing impaired. Lead articles include the following titles and authors: "Clusters of Capability--The Emerging Challenge to Regular Teachers" (M. Reynolds) which identifies 10 domains of professional competence important to teachers participating in the design and implementation of individualized education; "Attributions for Success and Failure--The Black Hole in Special Education" (T. Bryan and R. Pearl) which reviews research on the attributions of learning disabled children which affect their success or failure; "Special Education Services for Emotionally Disturbed Children--A Need for Expanded Goals and Alternate Methodologies" (P. Newcomer); "Creative Curriculum Development for Students Who Have Physical Disabilities or Health Impairments" (J. Mullins) which suggests adaptations of the standard curriculum to meet students' needs; "Stimulating Visual Functioning in Preacademic Visually Impaired Students" (S. Moore); and "Teaching Hearing Impaired Children to Use Spoken Language" (D. Ling). Each issue also contains special columns addressing dissemination happenings, research, tests, current citations, instructional materials, and films. (SB)

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PARISSE reporter

issues and happenings in the
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no. 12, september 1980

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TO THE EDUCATIONAL RESOURCES
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CLUSTERS OF CAPABILITY: THE EMERGING CHALLENGE TO REGULAR TEACHERS

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University of Minnesota

Public Law 94-142, the Education for All Handicapped Act of 1975, requires—among other things—that handicapped children be educated in regular classrooms with their nonhandicapped peers to the maximum extent feasible. This mandate has led to a revision in the social structure of the schools, popularly known as mainstreaming, and has thrust demands upon teachers to develop new competencies. Unfortunately, neither school nor teacher have been adequately prepared to fulfill these responsibilities. It is becoming increasingly clear that the goals of P.L. 94-142 will only be realized when the quality of teacher preparation, both preservice and inservice, has been improved. Quickie lessons on how to fill out Individualized Educational Program (IEP) forms, and how to obtain parental assent to plans are not enough. The situation must be examined for its most fundamental topics and implications.

In an effort to define the implications of P.L. 94-142 and mainstreaming for teacher training and practice, a number of Deans' Grant Projects have been undertaken. These grants are given to deans of education in teacher-preparing colleges and universities to help support the development of revised preparation programs for regular teachers.

Ten "clusters of capability" for teachers were extracted from the broad experience and discussions of the participants in the Deans' Grant Projects. The clusters are intended to provide a convenient map of the domains of professional competence that are important to every teacher who participates in the design and implementation of individualized education as required by P.L. 94-142. Brief summary statements of the ten clusters follow. Although they were selected for their particular application to the regular classroom, they are relevant to special educators as well.

1. Curriculum. It is clear that the addition of handicapped students to regular classrooms and schools increases the breadth of learning needs represented in the classroom. All teachers should have a general knowledge of the curriculum that is offered across all grade levels and of procedures for altering curriculum to meet individual needs. Each should be able to relate curriculum to what is known about human development and to the function of schools as social institutions.

2. Teaching Basic Skills. All teachers should be able to teach basic skills effectively. These skills fall into three main categories: literacy, life maintenance, and personal development.

Literacy skills are those for which the school has primary responsibility and which are necessary to continued learning as well as effective social and economic functioning. They include reading, which all teachers should be able to teach to at least the fifth grade level (word attack, word recognition, comprehension, and rate), writing (letter formation, sentence structure, and paragraph structure), spelling (rules and exceptions), arithmetic (whole-number computation, simple fractions, time, and measurement applications), study (use of resources, critical thinking, and organizing data), and speaking (sending and receiving accurate verbal messages, expression, and intonation).

Life maintenance skills are those that are necessary for effective self-maintenance in society. Sometimes referred to as survival or life skills, they include health (personal hygiene and nutrition), safety (danger signs, maneuvering in traffic, and home safety), consumerism (making purchases, making change, and comparative shopping), and law (human rights, appeal process, court systems, and personal liability).

Personal development skills are necessary for self-actualization. They include knowledge of self (values, moral behavior, and physical development), expansion of self (leisure activities, personal goal setting, and creativity), work processes (time management, problem solving, and decision making), and working in groups (conflict management, leadership, communication, and responsibility).

3. Class Management. All teachers should be able to apply individual and group-management skills to insure a high level of positive responses from students in instructional situations. They should be highly effective in group-alerting techniques, management of transitions in school activities, responses to daily crises, and management of a variety of learning activities in a single setting at the same time.

4. Professional Consultation. All teachers should be adept enough at collaboration, consultation, negotiation, joint planning, interviewing, conferring, staffing, and other forms of communication, as both initiators and receivers, so they can establish and maintain professional interactions with colleagues, students, parents, and administrators. Key elements in all such interactions include a firm grounding in consultation processes.

5. Student-Student Relationships. All teachers should be able to teach students, including those who are handicapped, how to relate to each other in ways that produce satisfaction and self-improvement. This ability should be based on counseling skills, competency in using group activities that encourage cooperative behavior, and strong foundation studies in human development.

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Peer and cross-age teaching is a specific kind of constructive relationship that can be used advantageously by all participants. Encouraging students to teach and help one another is a complex undertaking but, like effective teaching in other forms, it produces a high return.

6. Exceptional Conditions. All teachers should understand the basic procedures involved in the instruction of students with limited sight or hearing, emotional problems, or limited cognitive abilities. They should be aware of the literature and practices in each area that can be pursued in depth when an exceptional student is enrolled in the class. Also, teachers should be cognizant of the functions of various specialists who work in the schools (e.g., psychologists, educational audiologists, social workers, resource teachers for the visually impaired), so they can cooperate in the instruction of exceptional students.

7. Referral. When a student presents a problem, which a teacher feels unable to resolve, it is not a mark of inadequacy for the teacher to seek the aid of a colleague. In fact, failure to make a referral in such an instance is a violation of professional ethics. Depriving a person of access to someone who can provide help is professional malpractice.

An important aspect of a good referral process is being able to make and report on systematic observations of pupils who are experiencing difficulties.

8. Individualized Teaching. All teachers should be able, while managing and monitoring a group of students, to carry out an individual assessment, identify individual learning styles, spot special needs, personalize and adapt assignments, and keep records on individual student progress toward established objectives.

These skills form the essence of teaching to the individual. It *does not* mean, of course, that all teaching is one-to-one, nor does it mean that teachers should attend to all students at the same time with the same degree of intensity. It *does* mean that teachers should have mastered the tactics of instruction that make for continuity of learning, with a reasonably close match between the interests and abilities of the pupils and the content that is being taught.

A particularly important aspect of individualizing instruction is competency in using measurement, assessment, evaluation, and grading systems that promote honest and useful information-sharing with the individual student. Thus, teachers should be competent in domain- or criterion-referenced assessment and in structuring case data for interpretation.

9. Teacher-Parent-Student Relationships. All teachers should learn the skills and develop the sensitivity needed to deal with the parents of their students, especially with the parents and siblings of handicapped, disadvantaged, and other exceptional students. They should understand and respect the role of the family in the nurturing and education of children. In addition, they should understand the history of disenfranchised groups (e.g., handicapped, black, Hispanic, native American, and migrant) and the effects of such disadvantages on families—especially on family-school interaction—and on parental views of teachers and other professionals. Teachers should have some training and experience in clinical approaches to suspicion, hostility, and anger, and in the building of trust and cooperation. They should be prepared to share teaching skills with parents so that both developmental and corrective programs for students can be continued, whenever it is appropriate, in home.

10. Professional Values. All teachers, in their personal commitment and professional behavior, should exemplify consideration for all individuals and their educational rights. They should also be skilled in assisting parents, colleagues, and students in understanding and accepting as positive values the increasing diversity of students who are enrolled in regular school programs. They need to be able to listen to opposing viewpoints without considering them as attacks on their own behaviors or values.

Both practicing teachers and teacher educators should be skillful and consistent models in what they say and do as professionals and in their commitment to the intent of national and state laws relating to education. Educators are free to dissent as a matter of individual conscience. But they should distinguish between their continuing professional obligations to students, and each other, under existing laws and their rights as individuals to propose and promote orderly changes in the law.

Public Law 94-142 is causing surprisingly complex and fundamental reviews and reform of teacher education. The serious efforts for reform now underway in many colleges and universities should be encouraging to everyone. The fact is that P.L. 94-142 amounts to a new and urgent call for examining all aspects of teacher preparation, practice, and accountability.

This article was abstracted from a paper prepared by Jack W. Birch, Dawn Grohs, Robert Howsam, Catherine Morsink, and Maynard Reynolds. The complete paper, A Common Body of Practice for Teachers: The Challenge of P.L. 94-142 to Teacher Education, is available from the American Association of Colleges for Teacher Education, Suite 610, One Dupont Circle, Washington, DC 20036.

National Diffusion Network

The National Diffusion Network (NDN) is a nationwide system which helps local school districts improve their educational programs by making previously developed exemplary programs available for adoption or adaptation. As part of its system, the National Diffusion Network funds a number of State Facilitators who are responsible for helping interested school districts match their local needs with an NDN model program. These State Facilitators also provide the information, training and implementation assistance needed for local implementation. As an awareness service for Pennsylvania special educators, the PRISE Reporter will include brief descriptions of selected exemplary programs in the NDN System. The following paragraphs describe a few of these programs relevant to educating mentally retarded persons. For further information on these or other NDN programs, Pennsylvania educators should contact the State Facilitator, Research and Information Services for Education (R.I.S.E.), 198 Allendale Road, King of Prussia, PA 19406. Telephone: 215/265-6056.

Elsmere Project

This is a vocational program for trainable mentally retarded persons, ages 5-21. It provides instruction in academics, socialization, independent living, prevocational, and vocational skills. Students begin their training by engaging in simulated work activities in the classroom and progress to on-the-job training as their abilities allow. The project developed an original assessment device to measure student growth, and 67 percent of the project's graduates have jobs in sheltered or competitive settings. The project is best adapted at the school level.

Program for Children With Down's Syndrome

This is a developmental program for Down's Syndrome children from birth to six years of age. Students participate in activities that foster physical, personal-social, communication, and cognitive development, and instruction in preacademic and academic skills. The children are divided into five groups from infant learning to kindergarten, with time of attendance gradually increasing from one to eight hours a week. Parents attend classes with their children and they receive training in teaching and data gathering to continue developmental gains at home. Children who completed the program averaged 96 percent of normal development, while those who did not attend averaged 61 percent.

To Be Born Well

This is an enrichment program designed to teach junior and senior high school students about the causes and prevention of mental retardation in newly born children. The program is designed to be taught by health, biology, home economics, and secondary special education teachers. The focus is on what causes of retardation are now preventable, and what expectant or potential parents can do to decrease the probability that their child will be retarded. A variety of instructional and resource materials are available for the program.

Effectiveness of Different Reinforcement Strategies on Vocational Skill Training

Although there has been a great deal of research demonstrating that retarded persons are capable of performing such complex tasks as bicycle-brake and saw-chain assembly, most of the existing studies tend to focus on training technology. Relatively little is known about the effectiveness of the reinforcement strategies used in these vocational training programs. This investigation compared various types of social and tangible reinforcement techniques used in teaching assembly tasks to the lower functioning retarded persons. In order to determine whether an interaction existed between reinforcement strategy and task complexity, tasks of varying degrees of difficulty were used in two different experiments. Subjects were nine severely retarded and moderately retarded institutionalized adults. The training tasks in the first experiment consisted of assembling a three-speed bicycle brake with minimal reinforcement and assembling a spin-cast fishing reel with extra reinforcement. In the second experiment, clients learned to construct two abstract designs using Lego building blocks also with either minimum or extra reinforcement. Both sets of tasks were equated in steps, the number of movements required to perform each step, and the type of discriminations necessary to complete the work.

A comparison of the performance of the clients on each set of tasks varied. In Experiment 1, assembly of the brake was learned more readily than that of the reel, thereby negating the effects of reinforcement. In Experiment 2, however, the experimental reinforcement treatment had a clear effect for all of the subjects. The errors made on individual steps were greater in the minimal reinforcement condition than they were in the extra reinforcement condition. A majority of the clients also spent less time completing tasks with extra reinforcement. The authors conclude that extra reinforcement generally facilitated the learning of tasks, and that the clients preferred to learn under such conditions.

Koop, S.; Martin, G.; Yu, D., & Suthons, E. Comparison of Two Reinforcement Strategies in Vocational Skill Training of Mentally Retarded Persons. *American Journal of Mental Deficiency*, May 1980, 84(6), pp. 5.

Testing the Mentally Retarded

The Social and Prevocational Information Battery, Form T, (SPIB-T), is a set of nine tests that assess the familiarity of trainable mentally retarded junior and senior high school students with the skills needed for daily living and community adjustment. The areas measured are: hygiene and grooming, functional signs, job related behaviors, home management, health care, job search skills, budgeting, banking, and purchasing habits. These nine areas were chosen because of their frequent appearance and significance in school and community work experience programs for retarded adolescents and adults. The tests reflect five long-range objectives: employability, economic self-sufficiency, family living, personal habits, and communication. The SPIB-T is orally administered with a slight emphasis on reading skills, except when this ability is crucial to the skill being evaluated. This helps assure that low readers and nonreaders can be assessed fairly. The test can be used for screening, diagnosis, and program planning and evaluation. Validity and reliability data are provided in the examiner's manual.

CTB/McGraw-Hill, Del Monte Research Park, Monterey, CA 93940. 1979. Specimen Set \$5.50. Examiner's Set \$20.00.

Carter, R. **Effective Vocational Training Procedures for EMR Students. Final Report.** Alabama State Department of Education, Montgomery, Division of Vocational Education. 1979. 58 p. (Available from: ERIC Document Reproduction Service, P.O. Box 190, Arlington, VA 22210. ERIC No. ED 178 775. Cost: Microfiche \$0.83, hardcopy \$4.82 plus postage). This report describes a project to train vocational education instructors in effective teaching techniques and appropriate instructional procedures for mildly handicapped students. Vocational education areas covered are welding, food service, and brick-masonry. Objectives include developing a positive attitude toward handicapped students and the instructor's ability to teach them, and adapting written and taped materials for use in the vocational education labs.

Cohen, S. B., & Plaskon, S. F. **Language Arts for the Mildly Handicapped.** Charles E. Merrill Publishing Company, 1300 Alum Creek Dr., Columbus, OH 43216. 1980. 544 p. \$16.95. This text examines the modification of materials and methods to integrate mildly handicapped students into a regular language arts curriculum. The authors promote the integration of all language arts skills as a single, combined curriculum and instructional procedure, and emphasize the need for educational assessment and individualized instructional programming. Each chapter presents procedures and instructional activities for one language arts skill. Covers measuring and evaluating language performance and recording and reporting pupil progress.

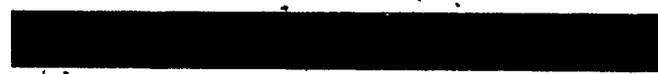
Marsh II, G.E., & Price, B. J. **Methods for Teaching the Mildly Handicapped Adolescent.** C. B. Mosby Company, 11830 Westline Industrial Dr., St. Louis, MO 63141. 1980. 367 p. \$14.95. This text addresses the problems encountered by students with learning handicaps in the secondary curriculum and the pressures of socialization. Section One examines the learner as someone who is being transformed from a child into an adult. Sections Two and Three cover the role of school administrators and special education teachers in educational programming. The final section discusses program development, compensatory teaching, remedial programs, and vocational training.

Stowitschek, J. J.; Gable, R. A., & Hendricksón, J. M. *Instructional Materials for Exceptional Children: Selection, Management, and Adaptation*. Aspen Systems Corp. 20010 Century Blvd., Germantown, MD 20767. 1980. 392 p. \$22.50. This is a self-instruction manual for teachers on how to select, retrieve, manage, and adapt instructional materials for handicapped children. It also serves as a reference guide to solving specific problems in using materials and lists publishers who produce special education materials. Chapters discuss testing and evaluating materials, budgeting, classroom design, child-based evaluation, learning problems, and the applications of media, materials, and educational technology to the problems of educating children with handicaps.

Wright, K. C. *Library and Information Services for Handicapped Individuals*. Libraries Unlimited, Inc., P.O. Box 263, Littleton, CO 80160. 1979. 196 p. \$15.00. This text provides an overview of the major handicapping conditions, and identifies the kinds of library services needed by handicapped persons. References to sources of information and special media hardware are included. Covers the legal situation facing society and handicapped individuals.

The *Taking Care of Simple Injuries Program, a Project MORE, Daily-Living Skills Program*, is designed to teach moderately to severely mentally retarded persons the methods and supplies needed to care for injuries that can be treated safely without the aid of a physician. The program includes a series of eight units, the first four units of which deal with antiseptics and bandages. Additional units teach the care of burns, animal and insect bites, and how to telephone for assistance. The program also includes material on the teaching strategy, reinforcement, and data collection methods required; student review and maintenance booklets; and certificates of achievement. Cassettes and filmstrips reinforce the information in each unit.

Hubbard, Box 104, Northbrook, IL 60062. 1979. Complete program \$79.00.



Board and Care. Lila and Ricky are teenagers, they are friends, they want their friendship to grow. This realistic expectation of youth presents a problem for them however, as Lila and Ricky are retarded. Filmed in California, this film is a dramatic account of two Down's Syndrome teenagers who are denied input into major decisions affecting their lives. The two principal actors, both of whom are retarded, depict the story of a son of a migrant farm worker who meets a young woman like himself—a girl living in a group home—for the first time in his life. Although the young people enjoy each other's company, the adults in their lives are determined to keep them apart. The issue of rights for the retarded is not a simple matter. There are no solutions offered, but the film can lead to a sensitive discussion of the special problems of special people.

16mm/color/27 minutes/1980/\$425.00

PYRAMID Films, Box 1048, Santa Monica, CA 90406.

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ATTRIBUTIONS FOR SUCCESS AND FAILURE: THE BLACK HOLE IN SPECIAL EDUCATION

*Tanis Bryan & Ruth A. Pearl
University of Illinois at Chicago*

The best laid Individual Educational Plans, the best teachers, and the best resources may fail to have the expected positive impact upon children unless the children believe they have the capacity to learn. In the absence of faith that one's efforts and hard work will result in successful outcomes, the will to persevere may falter—particularly when a disability makes learning slow and difficult. For children to be cooperative partners in the educational enterprise, all those involved must believe that continued effort will result in success because the children have the capacity to succeed.

During the past two years, with funding from the Office of Special Education, researchers at the University of Illinois, Chicago, have been studying the attributions learning disabled children make about the causes of their successes and failures. This research program was predicated on the hypothesis that learning disabled children sometimes fail to use skills they have because of their beliefs about the reasons for their performances. Please note, however, that while these studies focused on comparisons of learning disabled and nondisabled children, the issues involved in understanding the effects of attributions on children's performance are germane to all exceptionalities.

These studies addressed the question of whether learning disabled children believe their efforts have an effect on success and failure. Children who do not consider achievement outcomes to be under their control show learned helplessness, or lack of persistence in the face of failure, even when success is clearly within their capabilities. If learning disabled children make maladaptive attributions about their successes and failures, their performance may not only fail to reflect the abilities they do possess, but also may deteriorate further over time. They will face new challenges unconvinced that their efforts will have an influence on the outcome.

In the first study, the Intellectual Achievement Responsibility (IAR) Scale was administered to third through eighth grade learning disabled and nondisabled parochial school children. These children were grouped as learning disabled and nondisabled on the basis of teacher ratings, intelligence tests, and reading scores. The IAR yields two scores, one of which indicates perceptions of control over positive outcomes, and the other perceptions of control over negative outcomes. The results indicated that learning disabled children differ from nondisabled children in their perceptions of control over positive events. The learning disabled children were less likely to adopt an internal locus of control, that is, less likely to think that

successful outcomes resulted from their own effort and ability, and more likely to believe that they occurred because of external sources such as luck, other people, or task characteristics.

In the next study, children's perceptions about specific causal factors were examined more closely. First through eighth grade learning disabled and nondisabled children, identified as described above, were asked to indicate on a four-point scale (it makes a lot of difference — it doesn't make any difference at all) how important the factors of ability, effort, task difficulty, and luck were to their successes and failures in reading (a specific academic task), in doing puzzles (a neutral task), and in getting along with others.

The results indicated that learning disabled children thought that not trying hard enough was less a cause of their failures than did nondisabled children. This belief was held not only for failures in reading, an area in which the learning disabled children in this study had documented difficulty, but also in other domains as well. Because children who do not attribute failures to a lack of effort have been found to give up trying after a failure, this result suggests that learning disabled children may react to the inevitable occasional failure with impaired performance, even in areas in which they do not have a specific disability.

In addition, it was found that learning disabled children were more likely to believe that their successes occurred because a task was easy than that their failures occurred because a task was hard. This finding indicates that these children may be rather pessimistic about their ability to influence outcomes, and may feel dependent on the good will of others (i.e., teachers giving them easy materials) for their successes.

The attributions of a labeled group of third and fourth grade learning disabled children were examined in the next study. Responses to a questionnaire read to the children indicated that they made attributions similar to those of the unlabeled learning disabled children in the previous study. The learning disabled children did not believe, to the same degree as the nondisabled children in a comparison group, that their failures in reading and on puzzles were due to a lack of effort. Compared to their nondisabled peers, the learning disabled children thought that good luck, rather than ability, was more of a factor in their successes, and that bad luck was less of a factor in their failures. These results indicated again that successes are not necessarily interpreted by learning disabled children as reflecting something positive about themselves, and failures are not necessarily viewed as something that can be overcome with effort.

In the next study, the explanations given by learning disabled and nondisabled children for successfully or unsuccessfully completing a task were examined. It was hypothesized that, on a task in which success proved difficult to attain, nondisabled children would explain their performance in more analytic, strategy-specific terms than would learning disabled children. In other words, it was predicted that the lack of success would serve as a signal for nondisabled children to analyze the task in a manner that provided information useful in future efforts, while instead cueing the learning disabled children to make other types of less helpful attributions.

A novel task, a laboratory bowling game, was used so that the children's performance would not be contaminated by their prior history on the task. Further, the task did not require the use of one particular type of strategy for success. Thus, it was possible to examine the children's attempt to engage in strategy analysis without the additional difficulties that might be posed by using a task with an ideal strategy for solution.

The game was programmed so that all children playing it would alternately experience either high success (i.e., many high scores), or low success (i.e., many low scores). On specified probe trials the children were instructed to speak into a microphone and explain why they got those scores. Their explanations were coded in terms of how much strategy analysis was made. Thus, statements referring to specific, controllable methods for approaching the game received high strategy scores. Statements indicating more general or unspecified methods for approaching the game, or statements indicating an assessment of the task but indicating that the child did not perceive control over it, received partial credit. Other statements (e.g., "I don't know") were given no credit.

The results indicated that nondisabled children experiencing a low degree of success made more specific analyses of their performances than did the nondisabled children experiencing a high degree of success. Learning disabled children's explanations, however, did not differ over the two conditions. Their attributions for low scores, assessed after they completed the game, suggest that the differential behavior of the learning disabled and nondisabled children may have been related to their beliefs about the causes of their difficulty.

The nondisabled children achieving a low rate of success tended to favor a lack of effort as an explanation for their low scores, while the learning disabled children tended to blame the difficulty of the task on bad luck. If these latter factors are viewed as reasons for one's lack of success on a task, there would be no reason to respond to a poor performance by altering one's behavior. Task difficulty is a factor that remains stable, and one can only wait for fate to improve one's luck.

In a fifth study, learning disabled and nondisabled children rated how well they did in comparison to their classmates on ten different school subjects and school related behaviors (i.e., paying attention, following directions, expressing themselves in class). Learning disabled children rated themselves as significantly less skilled than classmates on every academic subject and on other school related behaviors as well. In addition, when asked to predict how well they would be doing next year, the learning disabled children expressed significantly less optimism about future performance than nondisabled children.

The results of this series of studies indicate that many learning disabled children do not believe that successes reflect their abilities, but that failures do and, therefore, cannot be surmounted. For intervention to succeed it may be important for special educators to focus on children's attributions for success and failure as well as on the content of the successes and failures. One goal would be to help these children cope with

failure by changing their attributions for failure, when they do in fact possess the skills required for success. It may be necessary to stress to learning disabled children that, when they do encounter difficulty, it should not be taken as a sign that they are incompetent but only as an indication that they are using an ineffective strategy.

A second goal would be to help children make differential assessments regarding their strengths and weaknesses rather than allow them to generalize maladaptive attributions across domains. This would help produce a third goal of attribution intervention, that is to alter the children's attributions for success. Learning disabled children appear to need to be encouraged to take credit for their achievements and to develop feelings of efficacy when they are indeed making progress in learning. Finally, more attention needs to be directed towards our own (parents', teachers', etc.) attributions about learning disabled children. In our frustration with their slow, difficult progress we may be unintentionally communicating to the children that their hopeless attributions are correct.



Teaching Decoding to Improve Reading Ability

In recent years there has been a great deal of emphasis on the teaching of decoding skills in beginning reading instruction. Research also suggested that slow learners who are experiencing reading difficulty would profit from training in these skills. The purpose of this study was to determine the effectiveness of an instructional program that teaches basic decoding skills to learning disabled children. One hundred fifty seven LD children between the ages of 7 and 12 were tested, and 63 were identified as having a significant lag in their ability to blend and analyze on the phoneme level. These children were then divided into 17 experimental groups. A control group of LD children was selected using the same procedure in a comparable school district. Treatment in the experimental groups consisted of learning to analyze syllables and short words into phonemes and then blending phonemes into syllables and words. After proficiency in these tasks was accomplished, letter-sound correspondences and decoding skills were taught. Teachers were asked to use the program daily for approximately 20 minutes as a supplement to their regular reading program. Subjects who successfully completed the program were expected to be able to decode multisyllable words and nonsense combinations, whether or not they had previously seen that particular combination. Children in the control group received traditional reading instruction involving a wide variety of materials and basal programs. Evaluation took place at the end of the first and second years of the program, at which time both the experimental and control groups were retested on the skills used in the initial screening. The results at both times indicated that the experimental program successfully taught general decoding strategies. After training, the pattern of posttest scores were similar in both years. The experimental groups were able to read a significantly greater number of words, including words that had not been used in training, than were the control groups. Moreover, observations in the classrooms found that teachers liked the program, and that there were no difficulties with understanding the tasks or with holding the pupils' attention. The author concludes that these findings suggest instruction in decoding skills is an important component of a comprehensive reading program for learning disabled children.

Williams, J. P. Teaching Decoding With an Emphasis On Phoneme Analysis and Phoneme Blending. *Journal of Educational Psychology*, February 1980, 72(1), pp. 1-15.

National Diffusion Network

The following programs are available for adoption or adaptation through the National Diffusion Network (NDN). For further information on these or other NDN programs, Pennsylvania educators should contact the State Facilitator, Research and Information Services for Education (RISE), 198 Allendale Rd., King of Prussia, PA 19406. Telephone: 215/265-6056.

Oklahoma Child Service Demonstration Center for Secondary LD Students (Alternate Paths to Learning)

This is an alternate secondary learning disabilities program that utilizes diagnostic-prescriptive procedures and a resource room. Components of the program include: a professionally staffed learning lab; a diagnostic-prescriptive team composed of a psychoeducational evaluator and a prescriptive diagnostician with special abilities in developing individual intervention programs; and a media library. Students leave their regular classrooms when subjects are being taught that they need special help in and go to the learning lab to work with special materials. An evaluation of the program showed that participants had significant increases in their verbal IQ and reading achievement scores, improvements in their self-esteem, and 18 percent of the students were mainstreamed after one year's participation.

Project Learning Disabilities

This is an early identification and intervention program for students in grades K-2 who have learning disabilities. The goals of the program are: to improve the achievement, social skills, and self-esteem of the children; to enhance teachers' abilities in working with learning disabled children; and to enable parents to understand and help their children. Resource room teachers were employed to show regular classroom teachers how to diagnose and remediate learning disabilities. The resource room teacher would write instructional prescriptions, review them with the regular classroom teacher, and then instruct the teacher on how to carry out the plan. Parents visited the classroom and participated in training sessions.

Neurological Screening Instrument

Neurological Dysfunctions of Children (NDOC) is a screening measure designed to aid in the diagnosis of a learning disability that may be related to neurological causes. The test can be used by psychologists, physicians, nurses, occupational therapists, and teachers to determine whether a child between the ages of three and ten should be referred for a neurological evaluation. NDOC consists of 18 items that require a yes or no response, depending upon the child's neurological functioning. In item 1 through 16, the child is asked to perform simple tasks such as walking on tiptoe, walking along a straight line, walking on heels, standing on one leg, and hopping on one foot. Item 17 involves measuring the circumference of the child's head to determine if it is within the chronological age normal range. Item 18 is a developmental history of the child that is collected from a parent interview, the examiner's observations, and health records. Screening and referral charts allow easy recording of responses and relate the child's scores to interpretational clusters, which recommend referral to the appropriate specialists (ophthalmologist, audiologist, physician, speech specialist, or neurologist) when deficiencies are detected. Reliability and validity data are included in the administration and use manual.

Publishers Test Service, 2500 Garden Rd., Monterey, CA 10. 1979. Examiners Set \$24.95.

Behr, M. W., Snyder, A. B., & Clopton, A. S. *Drama Integrates Basic Skills: Lesson Plans for the Learning Disabled*. Charles C Thomas Publishers, 301-327 E. Lawrence Ave., Springfield, IL 62717. 1979. 117 p. \$12.75. This book demonstrates how a carefully planned and executed drama activities program can help integrate and develop the learning disabled child's basic affective and cognitive skills. It includes step-by-step lesson plans that are presented as dramatic sketches on themes from folk tales to outer space adventures. Some of the lesson plans are brief activities and some are long-term projects. The drama activities are tailored to learning disabled children's needs, and they are structured to protect children with poor impulse control from confusion, overstimulation, and failure.

Chaiken, W. E., & Harper, M. J. *Mainstreaming the Learning Disabled Adolescent: A Staff Development Guide*. Charles C Thomas Publishers, 301-327 E. Lawrence Ave., Springfield, IL 62717. 1979. 150 p. \$12.50. This manual describes a program for mildly learning disabled students who would benefit from the services of a resource room while being placed in the mainstream of a middle school curriculum. Total staff involvement is seen as the key to a successful program and is the major focus of the book. The first section describes the special characteristics and needs of the adolescent learning disabled student. Ways of organizing and developing a middle school resource room program are then delineated, as are techniques for staff development to facilitate the effective mainstreaming of these students. Methods for evaluating student achievement and program effectiveness are outlined, and procedures for implementing a mainstreaming program are suggested.

Cruickshank, W. M., Ed. *Approaches to Learning*. Syracuse University Press, 1011 E. Water St., Syracuse, NY 13210. 1980. 250 p. \$11.95. This is the first volume of what may become a yearly publication of the best presentations from the annual Association for Children with Learning Disabilities international conference. This collection of essays will appeal to teachers, parents, psychologists, administrators, and physicians. The chapters in the book address: reading and cognitive development, pediatric pharmacology, cerebral lateralization and dominance, and play environments outside the school building that reflect the internal educational philosophy and program.

Cruickshank, W. M.; Morse, W. C., & Johns, J. S. *Learning Disabilities: The Struggle From Adolescence Toward Adulthood*. Syracuse University Press, 1011 E. Water St., Syracuse, NY 13210. 1980. 285 p. \$18.00. The book deals with the nature and needs of the learning disabled adolescent. The first four chapters introduce and discuss the theoretical backgrounds of both adolescence and learning disabilities, followed by five chapters, each a detailed case history of a young man. The final chapters explore teaching methods, assessment procedures, and problems of reading, organization, study skills, and written language. This book will be useful for educators, psychologists, parents, and those charged with implementing junior and senior high school learning disabilities programs. Includes references.

Grzykiewicz, W. *Basic Education for Children with Learning Disabilities*. Charles C Thomas, 301-327 E. Lawrence Ave., Springfield, IL 62717. 1979. 280 p. \$15.50. This handbook offers teachers a guide to current, effective concepts and practices in the education of children with learning disabilities. Descriptions of the behaviors characteristic of problem learners are provided to assist the teacher with observations and understanding. Explanations of Piaget's theories are included

to provide a basis for the developmental approach the book uses. The book stresses the need for a very basic plan for remediation, and it describes teaching activities that can be used with individual students or small groups. A reading list and glossary are included.

Lovinger, S. L. *Learning Disabilities and Games*. Nelson-Haft Publishers, 111 N. Canal St., Chicago, IL 60606. 1979. 143 p. \$6.95. This book describes how games can be developed into learning experiences for young learning disabled children. Games such as peek-a-boo, hide and seek, and hot and cold are treated as tools for parents and teachers to use in developing sensory motor, perceptual, visual motor, cognitive, and integrative skills. These games will encourage feelings of competence and help children assume responsibility for themselves. The book includes a bibliography.

The **Early Childhood Mainstreaming Series** is a program of six filmstrips and audiocassettes, each of which addresses a single exceptionality. The program examines the medical basis and educational prescription for learning disabilities and speech, hearing, visual, physical, and emotional impairments. The learning disabilities section of the program reviews the observable characteristics of children with this handicap, and then presents the teaching techniques used in remediation. The program offers a basic introduction to early childhood learning disabilities.

Campus Film Distributors Corp., 14 Madison Ave., Valhalla, NY 10995. 1980.

Each program \$33.00; complete series \$175.00.

PRISE reporter

1013 West Ninth Avenue
King of Prussia, Pennsylvania 19406

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Whatever Happened to Mike? is a film that looks at the life of a learning disabled man six years after he has graduated from high school. The film is a sequel to an earlier production entitled *If a Boy Can't Learn*. In the first film Mike was a 12th grader who couldn't read or do math, and was a behavior problem. After he was diagnosed as learning disabled, Mike was given special help and was able to complete school. In this film Mike is employed as a skilled worker in a sawmill, a position he earned after working his way up from a laborer's job. The film is narrated by a teacher who helped Mike in high school. The teacher discusses improvements that have been made in the identification and remediation of learning disabilities, and then points out Mike's successes as an employee, as a husband and father, and as a member of his community. Mike's wife talks about their life together and how her family has come to accept Mike after some initial hesitancy because of his disability. This is an inspirational film designed to demonstrate that learning disabled persons can succeed in life.

16mm/color/12 minutes/1979/\$385.00

Lawren Productions, P.O. Box 666, Mendocino, CA 95460.

PRISE is federally funded through the Pennsylvania Department of Education, Bureau of Special Education, Harrisburg, Pennsylvania. The local education agency sponsoring PRISE is the Montgomery County Intermediate Unit No. 23, Blue Bell, Pennsylvania, Dr. Dennis Harken, Executive Director.

Kathleen S. Ewell, Project Director

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PARISE reporter

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ROBERT G. SCANLON—Secretary of Education,
Department of Education, Commonwealth of Pennsylvania

Dr. WILLIAM OHRTMAN—Chief,
Policy, Liaison, Resource Management

SPECIAL EDUCATION SERVICES FOR EMOTIONALLY DISTURBED CHILDREN: A NEED FOR EXPANDED GOALS AND ALTERNATE METHODOLOGIES

*Phyllis L. Newcomer
Beaver College, Glenside, PA*

Many educators agree that the most problematic children presently receiving special education services are those labeled Emotionally Disturbed and/or Socially Maladjusted. One reason for this state of events may be the vagueness of the label; it can be applied to children ranging from rebellious under-achievers to psychotics. Another reason may be that educators have assumed that treatment of problems associated with emotional disturbance is beyond their sphere of expertise and is the province of psychiatrists or psychologists. Probably the most compelling reason is that most of these children are difficult to deal with. Often products of inadequate or destructive homes, they tend to be fearful, angry persons who appear most antagonistic to those who try to help them. Their tenacious persistence in behaviors that are certain to bring them to grief confounds and frustrates many well-intentioned educators.

For these reasons or others less obvious, special educators currently are being faced with an unpleasant realization: too often the services offered to emotionally disturbed children and youth constitute little more than a holding action. Children's placements in resource rooms, self-contained classes, or private schools often do little more than sustain them in school until they are old enough to leave. Despite special education, many children remain deficient in academic skills, many continue to engage in antisocial behavior, and most show little increase in their ability to understand and accept themselves.

The seriousness of the problem represented by these children is revealed in part by statistics that show steady increases in juvenile delinquency, the extraordinary incidence of drug abuse and alcoholism among young people, and increases in cases of childhood depression and suicide. Although it would be unfair and unwarranted to assign education the major responsibility for these statistics, evidence of substantial relationships between problems in school, as indicated by illiteracy, truancy, and drop-out rate, and antisocial or self-destructive behavior supports the conclusion that educational programming often is, at best, ineffectual in changing children's attitudes and behaviors, and, at worst, often contributes to their alienation from society.

The limited effectiveness of many school-based programs for the emotionally disturbed suggests that it is time for educators to consider program modifications. They must establish more comprehensive goals as a basis for programming and they must implement varied methodologies in their programs. Much of the current relevant literature suggests that effective pro-

grams are based upon two major goals. The first goal involves improving the children's basic academic skills and subject matter knowledge, and the second pertains to reducing maladaptive behaviors. Both of these goals are laudable and necessary. Experience has proven the value of individualized instruction in helping children learn and adjust better to the school environment. Relatedly, children cannot learn if they are continuously engaging in disruptive behaviors. Classroom management strategies that reduce such behavior are extremely helpful to teachers and students alike.

The limitations of programs for the emotionally disturbed are not due to the existence of these two goals, but to the absence of a third goal. Programs for emotionally disturbed children rarely attack the affective component of the problem, despite lip service to the contrary. Direct onslaughts on the distorted feelings, thoughts, attitudes, and beliefs that drain children of motivation and account for many of their academic and behavior problems usually are avoided. One reason for this avoidance is the notion that manipulation of the external environment indirectly alters emotions. As children experience success, (i.e., make gains academically and become less disruptive in more structured classrooms) they automatically begin to feel better about themselves. This is not a totally erroneous notion, but neither is it totally accurate. Most people feel better when they succeed than when they fail. As mental health experts can attest, however, success, like beauty, is in the eye of the beholder. Individuals truly view themselves as successful only when they internalize the idea that they are competent, worthy people. If they do not do so, external manipulations of the environment that are designed to ensure success make little lasting impact. Even when children feel and function better in less stressful educational placements, they often are unable to maintain those gains in the real world. Children's behaviors may appear to be more constructive and socially appropriate, but the appearance is deceptive if their attitudes and ideas about themselves in relationship to others remain unaltered.

A second reason for avoiding a direct attack on feelings, attitudes and beliefs is the notion that such mental functions are either impossible to alter or are subject to change only through deep, probing, psychoanalytic type techniques. Like the first notion, this idea has some basis in truth. Some attitudes, particularly those that are part of an individual's basic defense against the world, are very difficult to alter. Yet there is considerable evidence that many attitudes can be readily changed, not by psychoanalytic type techniques, but by direct, didactic methods. People alter buying habits, begin jogging, go to war, etc., because other people tell them to do so. When information is provided on a consistent basis, it is often internalized, and opinions change.

It is important that comprehensive programs incorporate, as a third goal, the direct alteration of children's thoughts and attitudes. Just as important is the need for expanded methodologies that will enable educators to pursue expanded goals. The literature suggests that most current school based programming for emotionally disturbed children is dominated by the principles of behavioral psychology. In particular, the reinforcement principles espoused by B. F. Skinner and his colleagues termed Behavior Modification and, more recently, Applied Behavioral Analysis, have become veritable commandments for teachers, i.e., "Thou shalt use positive reinforcement to increase the incidence of desired behavior." The dominance of this approach is reflected in the vast number of books written to aid teachers in the use of behavioral principles.

Despite the apparent preeminence of the behavioral approach, there has been and will continue to be impassioned debate among professionals about the application of behavioral principles in the classroom. Proponents argue convincingly that their methodology is efficient and effective. Teachers with little or no academic training in psychology can change or modify children's behavior if they use behavioral techniques. This paper will not attempt to refute that essentially sound argument, but will try to modify it. It is granted that the correct use of behavioral strategies, particularly those where the teacher controls the consequences of behavior by providing reinforcement for activity that meets prearranged standards, often reduces classroom disruption and increases the time spent on academic tasks.

It may even be true, although it is less obvious, that for some very young or very mildly disturbed children the manipulation of external reinforcements results in a change in values. That is, the children internalize the need to engage or not engage in certain behavior and provide their own internal reinforcement. Unfortunately, it has never been demonstrated that the majority of emotionally disturbed children who participate in behavior modification programs ever internalize the need to control or alter their behavior. When external reinforcement is not provided their maladaptive behaviors often reoccur. Children who take responsibility for behaving differently show that they have learned to feel and think differently about events. These different attitudes and ideas ensure a consistent difference in overt behavior.

Those who adhere strictly to the behavioral approach disclaim any intent to alter internal psychic processes such as feeling or thought. They argue that only overt behaviors are of concern and their methodology delivers changes in overt behavior. The problem identified by those less entranced with the behavioral model is that these changes are not sufficient and that the methodology is not suitable to evoke internal changes. Educators who recognize the limitations of the behavioral methodology and subscribe to the need to alter children's distorted or irrational feelings or thoughts must seek information about alternate methodologies. These methodologies should reflect the fact that children are problem solving creatures, and that their cognitive processes represent the most practical and logical means of helping them learn more constructive, socially desirable behavior. They should be drawn from a rational-cognitive approach to the problem of emotional disturbance.

Briefly stated, a rational-cognitive approach represents an attempt to directly change internal cognitive operations, i.e., thoughts, ideas, beliefs, and attitudes. The principles advanced by Albert Ellis constitute an excellent example of a rational-cognitive approach. Ellis' underlying assumptions are that disturbed feelings are triggered by harmful, unrealistic, and illogical thoughts, and that deliberate, conscious efforts to alter these thoughts will diminish disturbed emotion. In effect, a person feels unhappy because he or she literally is thinking and vocally telling himself or herself things that evoke unhappy

feelings. When that person learns to identify the destructive self-talk, recognize it as illogical, and substitute more rational thoughts, he or she will feel better. Implicit in these assumptions is the notion that thought and emotion are not two different processes, but are so closely related that they cannot be considered independently. Although emotion can be caused by noncognitive events such as sensorimotor stimulation (the sight of an automobile careening in your direction causes fear), much emotion is really "emotional thought" or attitudes (thinking about drunken drivers triggers anger).

Unfortunately, it is beyond the scope of this paper to explore the rational-cognitive approach in depth. The interested reader is referred to Ellis (1962) for elaboration of his basic principles including a list of illogical ideas that, he believes, are prevalent forces in causing and maintaining emotional disturbance. Also, a synopsis of rational-cognitive techniques applicable in school settings is available in Newcomer (1980).

BIBLIOGRAPHY

- Ellis, A. Reason and emotion in psychotherapy, New York: Lyle Stuart, 1962.
- Newcomer, P. Understanding and teaching emotionally disturbed children, Boston: Allyn and Bacon, 1980.

PRISE INFORMATION DISSEMINATION SYSTEM

The 1980-81 PRISE Liaisons are listed below. If you wish to request information from PRISE, please contact the Liaison in your Intermediate Unit.

Special education private schools, state schools and hospitals, and other special education facilities should continue to contact PRISE directly.

- | | |
|---|---|
| Ms. Lynn McDowell
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| Mr. Bruce Bishoff
Pittsburgh-Mt. Oliver IU 2
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National Diffusion Network

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Engineered Classroom for Children Who Are Both Educably Mentally Handicapped and Behaviorally Maladjusted

This is a diagnostic-prescriptive teaching program that provides individualized instruction and engineering of time and behavior for mildly handicapped children in grades 1-6. It is designed to encourage mainstreaming by involving special and regular educators and parents in each student's schooling. Students attend a learning center each day that offers highly structured cognitive and affective lessons. The students' regular home room teachers are responsible for their educational needs, overall program supervision, and parent communication. Participants in the program have shown improvements on behavior, self-concept, and academic tests.

The Rutland Center Developmental Therapy Model

This is a social and emotional growth program for severely emotionally disturbed children, from birth to 16 years of age. The program is based on the assumption that young disturbed or autistic children go through the same stages of development that normal children do, but at a different pace. The model is composed of behavior, communication, socialization, and pre-academic curricula divided into five stages of development. Parent services are included, and the program emphasizes concurrent placement of students with nonhandicapped children.



Classroom Treatment of Depression

In recent years one major concern of teachers and school psychologists has been how to deal with the increasing number of withdrawn, maladaptive, and underachieving students. Although these children are not sufficiently disturbed to be removed from the regular class, their behavior tends to interfere with emotional and intellectual development. The purpose of this study was to evaluate the effectiveness of two school-based intervention programs—role play and cognitive restructuring—on these problems. A total of 562 fifth and sixth grade children from five elementary schools were screened using the self-report Depression Battery. Fifty-six children were selected from this sample as participants in the study on the basis of high scores on the Battery and teacher referral. The students were assigned to one of four programs: role play (experimental), cognitive restructuring (experimental), attention (placebo), and classroom (control). The groups met with a psychologist for one hour each week over a ten-week period. The role play group focused on enactment of situations and problems of the depressed child followed by discussions of potential solutions. Children attending the cognitive restructuring sessions were taught to recognize irrational and insecure thoughts and were trained to establish more logical alternatives. Activities in the cognitive group were designed to enhance listening skills and understanding of feelings. The attention placebo group was taught the group investigation model of learning, that is, solving problems cooperatively by sharing the research and pooling information. The control group remained in regular classrooms over the course of the study.

After the ten sessions with each group were completed, all students were retested on the battery used in the initial screening and teachers were asked to describe any changes they might have noticed in the children. Results indicated that both quantitative and qualitative improvements were observed for nine children in the role play group, and four in the cognitive restructuring treatments. The authors suggested that the gain was more dramatic in the role play group due to the increased appeal of this strategy to preadolescent children. In conclusion, the relative success of role play and cognitive training recommends these techniques as possible strategies to improve the classroom behavior of maladapted and depressive children.

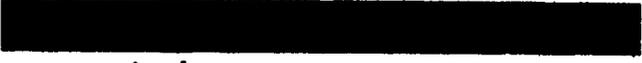
Butler, L., Miezitis, S., Friedman, R., & Cole, E. The Effect of Two School-Based Intervention Programs on Depressive Symptoms in Preadolescents. *American Educational Research Journal*, Spring 1980, 17(1), pp. 111-119.



Personality Assessment

The High School Personality Questionnaire (HSPQ) is a standardized test for adolescents that gives a general assessment of personality development. It can be administered individually or in groups and requires only one class period of time. The HSPQ measures 14 primary dimensions of personality such as: stability, tension, warmth, enthusiasm, intelligence, excitability, and self-assurance. By working with test scores, counselors and school psychologists can obtain predictions of school achievement, vocational fitness, delinquency, leadership qualities, drug abuse, and neurotic conditions. Scores for anxiety, extraversion, creativity, and other broad trait patterns can also be obtained. The test is designed for students 12 through 18 years and the scoring can be done rapidly. Reliability and validity data can be found in the technical handbook. Associated questionnaires for younger and older people are also available on the same developmental dimensions. For younger children, there are the Early School Personality Questionnaire (ESPQ), for ages 6 through 8, and the Children's Personality Questionnaire (CPQ), for ages 8 through 12. For adults there is the 16 Personality Factor Questionnaire (16 PF).

Institute for Personality and Ability Testing, 1602 Coronado Drive, Champaign, IL 61820. 1975. Specimen Set \$2.50. Examination Kit \$12.50.



Friedman, R. M. The Use of Computers in the Treatment of Children. *Child Welfare*, March 1980: 59(3), 152-159. This article describes an inexpensive method of using computers to cross-confirm information about the social functioning of behaviorally disturbed youth. In addition to describing the treatment procedure, the rationale for cross-validation, preconditions for establishment of the procedure, utilization, and potential are explained.

Ozer, M. N. *Solving Learning and Behavior Problems of Children: A Planning System Integrating Assessment and Treatment*. Jossey-Bass Publishers, 433 California St., San Francisco, CA 94104. 1980. 270 pp. \$14.95. This text describes a technique called the Problem Solving Planning System that enables handicapped students to formulate plans for dealing with problems and helps them become more aware of their own skills and resources for problem solving. The book is intended for professionals who work with children who have learning and behavior problems, and is designed to have the reader experience the process it describes.

Quay, H. C., & Werry, J. S. **Psychopathological Disorders of Childhood**. 2nd edition. John Wiley & Sons, Inc., 605 Third Ave., New York, NY 10016. 1979. 552 pp. \$18.95. This revised and expanded textbook contains critical reviews by researchers on empirical psychological and medical literature on children and adolescent psychopathology. It covers new developments in the areas of psychological assessment, hyperactivity, pharmacotherapy, behavior modification, and early infantile autism. This edition also includes chapters on epidemiology and residential treatment.

Sabatino, D. A., & Mauser, A. J. **Specialized Education in Today's Secondary Schools**. Allyn and Bacon, Inc., 470 Atlantic Ave., Boston, MA 02210. 1978. 357 pp. \$16.95. This text examines: the characteristics of disruptive and delinquent adolescents, recent research and current trends in institutionalization, evaluation techniques, and educational and training programs. The focus is on the facts, attitudes, beliefs, and misbeliefs that directly affect emotionally disturbed children. Data is interpreted to emphasize the special educational needs of adolescents in trouble.

Stiver, R. L., & Dobbins, J. P. **Treatment of Atypical Anorexia Nervosa in the Public School: An Autistic Girl**. *Journal of Autism and Developmental Disorders*, March 1980, 10(1), 67-73. In this case study a teacher uses desensitization to successfully treat a preadolescent girl with anorexia nervosa, an eating disorder associated with emotional conflict. The problems teachers face in making appropriate decisions for students afflicted with serious medical or psychological problems in the mainstream are identified as: unresolved controversies over etiology and treatment, traditional role responsibilities, and lack of expert resources and supportive services.

PRISE is federally funded through the Pennsylvania Department of Education, Bureau of Special Education, Harrisburg, Pennsylvania. The local education agency sponsoring PRISE is the Montgomery County Intermediate Unit No. 23, Blue Bell, Pennsylvania, Dr. Dennis Harken, Executive Director.

Kathleen S. Ewell, Project Director

Carole L. Norris, Assistant Director

PRISE reporter

1013 West Ninth Avenue

King of Prussia, Pennsylvania 19406

Teacher-Therapist: A Text Handbook for Teachers of Emotionally Impaired Children is a self-help book for relative newcomers to the teaching of this exceptionality. It provides a general description of the classroom conditions a teacher can expect to encounter and discusses practical methods for approaching commonly experienced problems. Emphasis is on a flexible and individualized use of methods that should help students replace inappropriate behaviors with the ones needed for acceptance back into regular class programs. Chapters are devoted to the teaching of discipline and working with specific aggressive, passive, or deceptive behaviors. Behaviors stemming from physical disabilities are discussed separately. Suggestions are provided for teaching academic skills and for developing effective communication with the students' parents. The pros, cons, and procedures for setting up a token economy system are also included.

Goodyear Publishing Company, 1640 Fifth St., Santa Monica, CA 90401. 1979. \$9.95.

Video Training Workshops on Child Variance is a set of six ¾" videocassettes designed to help teachers develop new techniques for handling problem situations in elementary or secondary classrooms. These tapes are particularly appropriate for teachers involved in working with emotionally disturbed children in regular classes. Contrasting interpretations of variant behaviors are provided by experts representing the psychodynamic, behavioral, biophysical, sociological, ecological, and alternative positions. During each of five two-hour workshops, the participants view one of the cassettes that describes and contrasts two of these theoretical models, and then watch a behavior sequence from a sixth videocassette that portrays 15 problem incidents. The implications for the diagnosis and treatment of this behavior based on the two theories presented earlier are then discussed and evaluated. The purpose of these workshops is to help teachers develop new techniques for handling problem situations in their classrooms that are consistent with some general theory of learning and behavior. A workshop manual, student text, and activity sheets are included.

Six ¾" videocassettes/color/30 minutes/1980/\$595.00

Council for Exceptional Children, 1920 Association Dr., Reston, VA 22091.

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ROBERT G. SCANLON—Secretary of Education,
Department of Education, Commonwealth of Pennsylvania

Dr. WILLIAM OHRTMAN—Chief,
Policy, Liaison, Resource Management

CREATIVE CURRICULUM DEVELOPMENT FOR STUDENTS WHO HAVE PHYSICAL DISABILITIES OR HEALTH IMPAIRMENTS

*June B. Mullins
Program in Special Education
University of Pittsburgh*

Many disabled or health impaired students function indistinguishably from their nonhandicapped peers in the classroom. Examples might be children with well controlled epilepsy or diabetes, or those with relatively minor orthopedic impairments. Others with disabilities such as spinal cord injuries may present some management problems, but few learning problems. Some may have real learning and perceptual problems related to cerebral palsy or spina bifida. All these groups of students, however, may profit from adaptations of the standard curriculum to account for their individual physical, psychological, and career development needs. These adaptations should not be made from the point of view of responding to the limitations of impaired students, but rather they should be made to capitalize on the assets and capabilities left to these students.

Modifications in Academic Programs for Able Learners Who Are Disabled. Students who are severely handicapped, but who are also normal learners, must make the most of their mental abilities. It is extremely important that classroom activities be modified where needed to give them the very best academic and vocational opportunities. If a student cannot function as the others in the class, one of two steps may be taken: the student may be admitted to the activity after its structure has been changed to make it possible for him or her to compete successfully and to acquire the desired learning; or the school may waive a particular requirement and, after careful consideration, prescribe another that is considered an adequate substitute. In effect, the school takes responsibility for reducing barriers to the student that are inherent in its regular curriculum. Ideally, these modifications will not result in a lowering of standards. They are essentially ways of allowing the student to achieve mastery of a subject through slightly different means.

For example, some modifications in writing techniques may be necessary. Some disabled students may find typing easier than handwriting or writing by mouth or headpiece. An electric typewriter requires less exertion of energy for the clerk or secretary-in-training in a vocational class, or for the budding novelist in an English class. Severely physically limited students may find recording and listening to tapes and records easier than writing notes and holding books. A host of electronic systems such as electronic voices and scanning communication boards can be tailored to the special needs of those with limitations of speech and dexterity. Physically handicapped students have

the right to free services from the Library of Congress, Division of Blind and Physically Handicapped. The tape recorders, talking books, and automatic page turners that this organization provides can make academic life much easier.

If limitations in the use of the shoulders, arms, hands, and fingers prevent students from taking notes, other students can make duplicate sets of notes for them. If students cannot physically take a test, the manner of administering it should be changed. With the help of persons who can write what students say or the use of electric typewriters and flexible time limits, virtually any disabled student can manage the physical aspects of tests. For example, students with severe hand limitations who cannot write or type can dictate their essay test responses to persons who can write what they say. This will naturally require more time than if they typed or wrote the answer themselves, but they will have completed the test.

If papers or reports are required, manually handicapped persons could type their own or dictate their work for a typist to transcribe later. In lab situations, instructors and students can assess the physical requirements of the experiments together. Those that are within the student's capacities are retained intact in the program, and those that go beyond their physical resources are modified by, for example, teamwork with other students or substitution of certain experiments for others.

Teachers may turn to nonverbal or nonvocal expressive arts such as drawing or gesture language as alternatives to verbal communication with young handicapped children, people with a performance orientation, or those with severe verbal blocks who need or prefer other forms of expression and communication. Bibliotherapy (the use of books for personal growth) also is useful as a teaching technique. By adjusting choices of literature to ages and levels of sophistication, selected books which recount success stories of handicapped persons, for example, can serve the very young and handicapped persons who are highly academic. Creative writing can be considered part of bibliotherapy and a helpful outlet to students who are immobilized because of deformity, degeneration, or pain. Many severely handicapped authors have explored their inner worlds and displayed independence of spirit to the enrichment of us all. Bibliotherapy can also be a particularly powerful and enjoyable vehicle of attitude change toward physically handicapped persons. High school and college students seem especially interested in the literature of deviancy and this can be used to good advantage.

Accommodations for the Ill or Fragile Student. Students with cardiac problems, or those with an anemic condition or hemophilia may be quite limited physically. Frequently, though, other persons overprotect children with health impairment. Every effort should be made to give these students as much

independence as possible so as not to create a psychological handicap that the disability does not warrant, and so that undue apprehension about participation in school activities is not fostered.

If children are bedridden or mobile but limited with regard to physical activities, participation in more sedentary activities can be encouraged. Even homebound patients can enjoy pen-pal clubs, participating in student United Nations activities, stamp collecting, amateur radio building and operation, and caring for small pets. During sports activities at school, physically limited pupils can be timekeepers or team managers. The telephone or school intercom system replaces the running feet for the manager of the school paper or the student in the laboratory reporting to the teacher.

Both girls and boys can be encouraged in home science skills. Sewing by hand and machine, weaving, and other crafts are self-fulfilling and might later be important skills for employment or housekeeping. Cooking skills can be developed without physical strain. They are enjoyable, creative, and are vital for independent living. While wood shop might conceivably pose over-energetic tasks for the fragile student, courses in the repair of appliances, calculators, or radios, and other activities requiring fine-motor dexterity may be ideal.

The use of concrete objects such as cuisenaire blocks and wooden numbers, which can be selected and manipulated, may be helpful in arithmetic with nonvocal and speaking children alike. Real things, as opposed to representations or symbols of things, are often very effective with children who may be stimulus deprived because of their limited mobility and strength.

Adaptive Physical Education. Adaptive physical education is prescribed in P.L. 94-142. It should not be assumed that the physically handicapped student will always be a spectator or the scorekeeper. Physical educators have developed many adaptive techniques to include handicapped students in sports programs such as basketball and adapted track and field events. Football has spread to wheelchair sports in the form of touch football with a shortened field and five players! The most severely disabled wheelchair users can bowl. Swimming is also becoming more and more popular with the disabled. Special pools with handrails descending into the water and ramps for wheelchairs have been constructed. Swimming is an excellent exercise for even the most severely disabled, if an adult is assigned to each handicapped student in the water.

Career Education. Vocational education is also prescribed in P.L. 94-142. It is very important for students with physical problems to have the opportunity for vocational and career counseling early in their school careers. It is even realistic to consider career planning in the selection of junior high classes. Classes and subjects leading to realistic future careers are available for students across a broad spectrum of academic abilities and interests. Attitude and education are important correlates of adjustment for physically handicapped students. Vocational success among the spinal cord injured persons, for example, correlates much higher with general educational level than it does to the severity of the injury.

Students with physical handicaps, even those as minor as a repaired cleft lip or palate, may need a great deal of help and support in making a successful transfer from school to the vocational world. Handicapped students are eligible for State Bureau of Vocational Rehabilitation services at age sixteen, if they have the potential of eventual employment. This positive and optimistic process can even be emotional therapy for a student who may have become discouraged by physical limitations or feared impotence and fragility in future life.

When planning for students with life threatening illnesses, such as muscular dystrophy or cystic fibrosis, physicians' referrals and assessments are often crucial in getting acceptance into a Vocational Rehabilitation Program. They may be called upon to intercede on behalf of their patients when questions about the advisability of additional training arise. The teacher may give valuable input to the rehabilitation team in planning a reasonable educational and vocational future for such students.

Learning to Dress

Recently much attention has been focused on defining the clothing needs of the physically disabled and determining the part clothing plays in the rehabilitation process. Research has suggested that disabled persons, who may have low opinions of themselves because of their handicaps, can derive a sense of self-esteem and confidence by wearing socially acceptable clothes that accommodate disabilities without emphasizing them. In order to accomplish this, however, it is essential to consider how the individual, particularly someone who has a limited range of motion, can manipulate his or her body to get in and out of these garments. Addressing this need, this study attempted to teach dressing skills to the physically disabled through the use of a series of six pullover shirts without fasteners in which the body of the shirt was kept constant, while the size of the neckline opening and the sleeve length varied. The first shirt in the series had a large neck opening and short sleeves and was considered the easiest to put on; the sixth had a small neck opening and long sleeves, and was considered the most difficult to put on. The various shirts allowed the students to gradually learn the fundamental skills of self-dressing without the confusion of different style and design features. The subjects utilized to test this approach were 15 physically handicapped children, with a degree of hand involvement that made them dependent upon others for dressing—but thought to be capable of learning self-dressing skills. As a result of pretesting, they were randomly divided into three groups. The experimental group practiced undressing and dressing in the sequence of shirt 1 to shirt 6, and a control group practiced undressing and dressing in the reverse order to determine the most effective teaching order. A second control group practiced only unbuttoning and buttoning shirts that were similar in design to the garment used by the other groups except for the closures. This group was used to determine whether the series of shirts was effective in teaching the fundamentals of self-dressing, or whether it was simple manipulation of a garment that was facilitative. All participants were instructed for ten 45-minute sessions, over ten weeks, after which they received a posttest to determine their ability to dress independently and to establish whether these learned dressing skills were transferred to everyday garments. Three of the four students in the experimental group progressed from base level, one of the four students in the first control group progressed, and none of the three students in the second control group progressed. Thus, those who were taught in the easy to difficult order were far more proficient than those who were taught in the reverse order. Furthermore, once these fundamental skills were learned, the participants were able to apply them to their own garments. The authors concluded that because of its high rate of success, this teaching technique might prove to be a useful educational device for the physically handicapped.

Levitan-Rheingold, N., et al. Learning to Dress: A Fundamental Skill Toward Independence for the Disabled. *Rehabilitation Literature*, 1980, 41, 72-75.

National Diffusion Network

The following programs are available for adoption or adaptation through the National Diffusion Network (NDN). For further information on these or other NDN programs, Pennsylvania educators should contact the State Facilitator, Research and Information Services for Education (RISE), 198 Allendale Rd., King of Prussia, PA 19406. Telephone, 215/265-6056.

Preschool Program for the Handicapped in Rural and Non-urban Areas

This is a four-stage preschool program for multihandicapped preschool children, ages birth to 6 years, and their families who live in rural areas. The first stage of the program involves screening and identification of children. The second stage is a parent education program that provides behavior management and child development information to parent groups. The third stage provides weekly in-home educational services to parents and children with emphasis on individualized instruction. The fourth stage is a classroom program with a multi-disciplinary staff and parent involvement.

Teaching Research Programs for Severely Handicapped Children

These are two classroom programs for children with cerebral palsy, and severe and multiple handicaps that feature individualized skill instruction. The first program, for children from birth to eight years of age, teaches self-help, motor, language, and cognitive skills. The second program, for students 8-18, teaches the same skills plus practical living and social behavior skills. After pretesting, individual programs are implemented by trained volunteers under the direction of teachers. Teaching done by volunteers, and parents at home, yields data upon which future programming is based. All group instruction and training of volunteers and parents is performed by teachers.

Assessing Intellectual Development

The Psychological Stimulus-Response Test (PSR) is designed to be used in the assessment of severely multiply handicapped children who cannot participate in traditional standardized testing. Intended to help educators understand what children have learned and how they have learned it, the test is used with one- to five-year-old severely multiply handicapped children and six- to twelve-year-old retarded severely multiply handicapped children. The PSR consists of an Auditory Language Scale, a Visual-Motor Scale, and a section on Tactile Differentiation. Each test item can be responded to in a number of ways. Children may use their eyes to identify a correct object, touch a correct object, nod their heads to indicate a yes or no answer, or use simple gestures to communicate opinions. Test items are designed to minimize the physical aspects of the tasks while evaluating levels of intellectual development. The PSR allows children with very poor verbal skills or motor delay to demonstrate their knowledge at the receptive level. The test uses the concept of a functional age (FA) rather than a mental age in scoring, and it provides the examiner with an understanding of a child's best input channels and most efficient response systems. Test findings may also serve as a basis for the implementation of an individualized educational program.

Meeting Street School, 667 Waterman Ave., East Providence, RI 02914. 1980. \$35.00.

Erving, J. M. **Green Pages Rehab Sourcebook**. Sourcebook Publications, Inc., P.O. Box 1586, Winter Park, FL 32790. 1979. 96p. \$15.00. This directory of products and services for the physically handicapped is designed to serve as a referral source for those who have contact with the disabled in a work, school, social, or rehabilitation environment. Developed on the "yellow pages" concept, it lists 57 major categories of products and services in which the physically handicapped may have special needs, and then lists the names and addresses of organizations that are in the business of meeting such needs. In addition to directory listings the book also contains a large number of display ads from producers. The publisher cautions that listings in the book are not endorsed.

Goldenberg, E. P. **Special Technology for Special Children. Computers to Serve Communication and Autonomy in the Education of Handicapped Children**. University Park Press, 233 E. Redwood St., Baltimore, MD 21202. 1979. 183 p. \$12.95. This book describes the development and operation of an experimental program to use computers in a special education classroom. Intended for both educators and computer scientists, this book is organized in four parts. The first part presents a philosophy of educating handicapped children and the role that computers can play in that process. The second part focuses on the handicaps themselves, examining selected issues in the psychology and education of physically handicapped, deaf, and autistic children. The third part gives an introduction to the computer technology used in the project, and the final part summarizes the research issues encountered in writing the book. Chapters 3 and 7 explain the case histories of children with cerebral palsy who participated in the program and the special technologies that were used with them.

Hopper, C. E., & Allen, W. A. **Sex Education for Physically Handicapped Youth**. Charles C Thomas, 301-327 E. Lawrence Ave., Springfield, IL 62717. 1980. 130 p. \$8.75. This book is a sex education manual that addresses the unique needs of physically handicapped adolescents, both male and female, for information about sex and their sexuality. The book covers a variety of topics including sexual fantasies, masturbation, homosexuality, dating, reproduction, birth control, venereal diseases, life styles, and drugs and sex.

Mullins, J. B. **A Teacher's Guide to Management of Physically Handicapped Students**. Charles C Thomas, 301-327 E. Lawrence Ave., Springfield, IL 62717. 1979. 432 p. \$21.50. This book provides an overview of the major types of physical handicaps and the implications these handicaps have for classroom management. It covers 22 specific handicaps related to: the skeleton, muscles, central nervous system, stress, diseases, the senses, metabolism, and body organs. Each chapter begins with a medical and biological explanation of the disorder and concludes with classroom problems and cautions for the teacher. Two lists of resources and organizations for the physically handicapped are also included.

Stieglitz, M. N., & Cohen, J. S. **Career Education for Physically Disabled Students: A Bibliography**. Human Resource Center, I.U. Willets and Searington Rds., Albertson, NY 11507. 1980. 136 p. \$11.45. The bibliography provides over 3000 citations on all aspects of career education and is intended to provide a frame of reference from which program adaptations for the physically disabled can be made. The publication begins with a section on the theory of career education. Subsequent sections deal with curriculum, participants in career education programs, program evaluation, a survey of research, vocational education, occupational information, career counseling, job placement, world of work, and the case for career education. This bibliography may be useful to researchers and teachers of career education.

Survey of Handicapped Individuals' Housing Preferences. National Handicap Housing Institute, Inc. 12 S. 6th St., Suite 1216, Minneapolis, MN 55402. 86 p. \$5.00. This publication is a report of a survey of 144 disabled persons in Minnesota to determine cost-effective design solutions to housing needs and preferences of the handicapped population. Most of the handicapped persons surveyed in this report have mobility problems. Section I describes the population group surveyed in terms of social, demographic, economic, health and other characteristics important to housing requirements. Sections II and III report on and analyze the respondents' preferences in housing design features, with a focus on kitchen and bathroom layouts. In addition, one of the appendices reports on disabled persons living in a barrier-free apartment complex. The information is appropriate for people needing barrier-free design and those working to improve design standards.

Physically Handicapped is an inservice program that is designed to show parents, students, and teachers who are new to the field of special education the methods and problems that are involved in mainstreaming students with physical, visual, and hearing impairments. The filmstrip/audiocassette program begins with general information on assessment, placement, and special services. The roles of each team member while evaluating a student are seen as an integral part of the success of mainstreamed students. Services such as interpreters for the deaf, mobility training for the blind, and physical therapy for the orthopedically handicapped are reviewed, and the program explains how they can help in mainstreaming. Hearing aids, communication devices, ramps, and special school buses are also discussed. Parents of the handicapped are shown as important members of the educational team who need training to help their children attain goals. Barriers that prevent these students from obtaining achievable educational goals are elaborated. **Physically Handicapped** is part of a series which also includes the programs **Exceptional Children—An Overview**, **Learning Handicapped**, and **Developmentally Disabled**. All are from 12-15 minutes long and are available on slides as well as filmstrips.

RMI Media Productions, Inc., 120 West 72nd St., Kansas City, MO 64114. Each kit \$35.00, Series \$125.00.

PRISE reporter

1013 West Ninth Avenue

King of Prussia, Pennsylvania 19406

To Say I Am is a film about nonverbal children and the technology that is available to make it possible for them to communicate. The film is set in the nonverbal communications center at the Plavan School in Fountain Valley, California, and it portrays students using a variety of communication devices. Students as young as three attend the school and each of them is given an entry assessment to determine their communication needs. The film notes that the use of such devices is slow and requires patience, but it goes on to depict some of the successes that have been achieved. These include Ivan, a 14-year-old handicapped boy who wants to become a writer. He is shown interviewing and writing an article about a school employee for the school paper. Another student, Greg, was institutionalized and couldn't read or write before coming to the school. Now he is transported to the school each day where, with the aid of communication devices, he is making progress. Another nonverbal boy is seen traveling to a major league baseball park where he uses a strip printer to ask the players for autographs. The film notes that expecting too little of nonverbal handicapped children is a great disservice, and it creates an awareness of how communication devices can help expand the achievements of these children. A 20-page guide accompanies the film and provides information on resources and manufacturers of communication devices.

16mm/color/sound/29 minutes/1980/\$390.00

Lawren Productions, Inc., P.O. Box 666, Mendocino, CA 96460.

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PARISE reporter

Issues and happenings in the
education of the visually handicapped

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ROBERT G. SCANLON—Secretary of Education,
Department of Education, Commonwealth of Pennsylvania

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Policy, Liaison, Resource Management

STIMULATING VISUAL FUNCTIONING IN PREACADEMIC VISUALLY IMPAIRED STUDENTS

Sherril Moore
American Printing House for the Blind

At birth infants demonstrate pupil reactions to light. Within the next few weeks, fixation on objects improves and newborns will follow slowly moving objects. By three months, infants are developing hand regard, show a preference for looking at the human face, and begin to attend to color differences. Binocular coordination becomes defined, as is demonstrated by increased ability in convergence fixation. Four- to five-month-old children show an interest in bright and shiny objects and begin to grasp at things in their visual field. By the time they are six months old, infants are capable of fixating on objects three feet away, although peripheral vision is just developing. They can shift visual attention from one object to another in a field of two or more objects, and roll their eyes from extreme left to right.

In the next several months, eye-hand coordination and depth perception are refined. Seven- to nine-month old children readily manipulate objects while inspecting them visually. One-year old children have good far and near acuity, increasingly stronger binocular vision, focus, and accommodation, and are interested in various facial expressions. Often, children will try to mimic an adult's facial expression. By the time they are 18 months old, children are interested in pictures and books, are developing the ability to recall visual images, and can discriminate and identify possessions and household objects. Also, 18-month-old children have an awareness that other people possess the function of vision, and begin to use words such as "see" and "look" to enlist the visual attention of others.

The optical system is functioning efficiently by the time children are two years old. At this age they begin to search for objects and missing persons. Between two and three years, they become increasingly interested in simple, colorful puzzles and are able to match simple forms. As they near three or four years, interest grows in categorizing and sequencing objects or events. During the fourth and fifth years, depth perception and eye-hand skills are further refined. Children can identify colors, copy simple designs or patterns, and begin to associate symbols (letters, words) with tangible objects. This association of words with pictures or objects is necessary for children to develop readiness skills for reading.

The visual functioning of children can be improved through systematic training that corresponds with the stages of visual development through which they progress. It is critical, therefore, that teachers understand and sequence their classroom programs with these stages. To assist children in developing their visual abilities to the highest level of efficiency, Barraga lists educators understand that:

1. The development of visual ability is not innate and automatic.
2. Visual ability is not determined nor can it be estimated by visual acuity measurements alone.
3. Visual ability and functioning are not related necessarily to the kind of loss or degree of impairment.
4. Visual ability and efficiency may be learned through a sequential program of visual experiences.

When the eye and brain are functioning normally, children usually learn a great deal, independently and spontaneously. But when vision is impaired, they must be led carefully, step by step in their visual development and taught how to use the vision they have to understand what they are able to see. There is very little incidental learning through the visual sense for the impaired child. Efron & DuBoff state that it is necessary for children to be exposed to a rich, visually stimulating environment. The earlier assistance in systematic visual training is provided, the more the children benefit.

Many visually impaired children are reluctant to use their vision. If one has never used or benefited from the visual sense, it is not missed. Motivating such children to use their visual sense is often difficult. In these cases, it is crucial to the success of the vision stimulation program that a reinforcement schedule be designed for each child. When showing even the slightest increase in visual response, the child must immediately be positively reinforced with something motivating to the child—a hug, applause, food, or praise.

Initially, it may also be helpful to pair vision stimulation activities with activities that stimulate another sensory channel to which the child is more responsive as well. For example, if a child does not respond to light but responds favorably to vibration (tactile sense), pair the presentation of light and vibration. Efron & DuBoff state . . . *use should be made of auditory, tactile, and the other senses if cues from these senses will help the child function more efficiently visually.* Such cues should be phased out, however, as soon as possible so that the child responds to the visual stimulus alone.

It is important to present vision stimulation items in all areas of the visual field. After a child is responding visually, see whether the response varies according to position and directionality of the object. Vary the distances at which you present items and perform activities. Change the child's position to determine whether certain postures enhance his or her visual functioning. When presenting an item, use words like "look", "see", or "find". Verbal encouragement is important. Verbalize to the child what he or she is seeing. Include information about the color, size, shape, and position of the item you are using. Show enthusiasm for each activity you perform with the

child. As much as possible, make the activity a game, using strategies that are motivating to a particular child. Carefully consider the environment used for vision stimulation in regard to the quality of lighting available. When possible, reduce or eliminate environmental distractions by choosing an appropriate setting for the activities.

Selecting a wide variety of materials to be used in a program of visual stimulation is important. Consideration should be given to including items varying in size, pattern, color, shape, and function.

In 1979 the American Printing House for the Blind, Department of Educational Research, gathered data from 50 teachers on the materials they found most useful in vision stimulation. The majority of teachers surveyed taught preschool or primary level students. The items were considered by the teachers to be useful in eliciting visual attention; developing tracking, focusing, and following skills; and assisting in establishing eye contact with objects.

The types of items the teachers identified comprised a number of categories and included specially prepared and commonly available materials. Some of the items reported provided stimulation to several senses simultaneously, while others were intended solely for visual development. Sample categories and items included:

Light Sources—flashlights and penlights with colored lens caps from the American Printing House for the Blind, strings of flashing Christmas tree lights with different color bulbs, and Star Wars Force Swords (flashlights with long colored translucent tubes).

Light and Sound Sources—Radio Shack Light Organ (lights flash in synchrony with music), and Whisperlite Auditory Light (filament flickers in reaction to sound).

Reflecting Devices—bicycle reflectors, mirrors, and strips of aluminum foil.

Visually Attractive Things—Plexiglass color viewers with handles from the American Printing House for the Blind, and colored cellophane taped over holes in cardboard templates.

When using these and similar items in programs of visual stimulation for preacademic visually impaired students, teachers should be flexible and adjust their activities to the needs and abilities of individual children. Galloway suggests, however, that to assure the children's perceptions are meaningful and representative, there needs to be a conscious effort made by adults to guide and direct the children's experiences. Galloway indicates that activities to develop any particular sense follow five phases: awareness, tolerance, recognition, interpretation, and appreciation of the stimulus.

In 1975 the American Printing House for the Blind developed a Sensory Stimulation Kit to facilitate the development of basic sensory processes in very young vision impaired and multiply handicapped visually impaired children. The kit contained a variety of sensory stimulation materials and activity cards that detailed ways of using the 25 items. Following Galloway's approach, the activities in the program were structured into three levels of development: the tolerance level where activities sought to acquaint the child with the item, the identification level where the activities sought to make the child aware of the item's characteristics, and the exploration/selection level where the child would independently manipulate and choose items.

As one example of how teachers can use visual stimulation materials, the Sensory Stimulation Kit suggests the following sequence for a flashlight.

The tolerance level goal is to have a child respond to a beam of light by blinking, staring, moving, or showing attention. Activities on this level include: darkening the room; introducing the flashlight to the child; touching the child's eyes to focus attention; shining the light at different distances from the child; and shining the light with various colored caps over the lens—all while monitoring the child for observable responses.

The identification level goal is to have the child demonstrate an awareness of the light and search for it. Activities include: turning the flashlight on and off, shining it in various directions, placing it near the child but out of his or her reach, using different color lens caps and asking the child his or her favorite color, and moving the beam of light around the room—all while monitoring the child for sustained attention to the light.

The exploration level goal is to have the child independently manipulate the flashlight and select appropriate activities. Activities include: helping the child handle the flashlight, allowing the child to shine the light, using the color lens caps and asking the child to identify nearby objects of the same color, shining the light on objects and asking the child to touch the objects, and shining a hidden flashlight on a reflective surface and asking the child to find the light—all while encouraging the child to participate and explore.

Using this model and any of an almost unlimited number of visually appealing items, teachers can construct a multitude of visual stimulation activities for preacademic visually impaired children. The teacher's creativity will capture the children's interest, and working through developmental levels will insure that maximum benefit will be gained from the activities.

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- The opinions expressed and materials described in this article do not necessarily reflect the position or policy of PRISE, and no official endorsement should be inferred.*

Effective Reinforcement for the Multiply Handicapped

Within the past few years increased attention has been given to educating and training multiply, severely, and profoundly disabled students. Many are low-functioning, noncommunicative, or verbally retarded children who engage in stereotypic, self-stimulatory behaviors and respond to relatively few items or events that could be used as reinforcers. As a result, programming for these youngsters is often quite difficult for teachers. In response to this problem, this study investigated one method for determining effective reinforcers for a noncommunicating, low-functioning deaf-blind boy. A multielement design, as opposed to the traditional multiple baseline, was used by the teacher to compare the effects of two or more treatment conditions on one behavior. The subject was a nine-year-old boy who continuously engaged in self-stimulation and did not verbally interact with others at home or at school.

During an intensive three-week training workshop, an attempt was made to teach the student to sit quietly and wait upon command for increasing intervals of time. The teacher would state the instruction "wait" and fold the student's hands in his lap. The student was expected to sit with his feet flat on the floor, his head not moving, and his hands folded quietly in his lap. When the student failed to maintain this position, he was told "no" and had his jaw moved back and forth to indicate an inappropriate behavior. For correct responses, the student was provided social reinforcement, tangible reinforcement, or no reinforcement, depending on the particular intervention condition for that session. This multielement design in which no reinforcement was given during some trials, provided opportunities to see the results of treatments without conducting a return to baseline. Also, since treatment began immediately, the teacher was able to intervene on the target behavior without the extended delays for observation needed to establish a baseline common to multiple baseline design. Results of the experiment indicated that both social and tangible reinforcements were effective in reducing incorrect responses, while both types of reinforcement were more effective than sessions lacking reinforcement. As the student responded to the reinforcement, the amount of time he was required to wait was increased from one to two to three seconds, and, simultaneously, the average number of incorrect responses decreased from more than 11 per session to less than 6. Furthermore, data from the multielement design strategy allowed the teacher to identify the effectiveness of a variety of reinforcers. In general, the results of this study suggest that a low-functioning, deaf-blind boy can be taught to wait appropriately upon command for increasing intervals of time, and that the multielement design strategy may be very beneficial to educational programming.

Yarnell, G. D., & Dodgian-Ensor, B. Identifying Effective Reinforcers for a Multiply Handicapped Student. *Education of the Visually Handicapped*, 1980, XII (1), pp. 11-20.

National Diffusion Network

The National Diffusion Network (NDN) is a nationwide system which helps local school districts improve their educational programs by making previously developed exemplary programs available for adoption or adaptation. As part of its system, the National Diffusion Network funds a number of State Facilitators who are responsible for helping interested school districts match their local needs with an NDN model program. These State Facilitators also provide the information, training and implementation assistance needed for local implementation. As an awareness service for Pennsylvania special educators, the *PRISE Reporter* will include brief descriptions of selected exemplary programs in the NDN System. The following paragraph describes one of these programs relevant to educating visually impaired persons. For further information on this or other NDN programs, Pennsylvania educators should contact the State Facilitator, Research and Information Services for Education (R.I.S.E.), 198 Allendale Road, King of Prussia, PA 19406. Telephone: 215/265-6056.

Alternative Physical Education Program

The Physical Education Opportunity Program for Exceptional Learners (PEOPEL) is an individualized physical education program for handicapped high school students that is success oriented. PEOPEL uses student tutors to give individualized physical education instruction to handicapped students to help them develop their mental, social, emotional, and physical abilities at their own pace. The organization of PEOPEL classes is similar to that of regular physical education classes and they can accommodate up to 30 students (15 student tutors and 25 handicapped students). All student tutors receive special training and work under the supervision of an instructor.

The teacher's guide for the program includes 35 units of instruction that are based upon task analysis with pre- and post-testing. Other materials include an administrative guide and a student tutor training manual. Handicapped students who participated in a three-year test of the program showed significant increases in fitness and attitude.

Tactile K-2 Assessment Instrument

The Tactile Test of Basic Concepts (TTBC) is a tactile analog to the Boehm Test of Basic Concepts, Form A (BTBC). The TTBC was developed directly from the BTBC which is intended for normally sighted children. The BTBC is a picture test that is intended for children in kindergarten, first, and second grades. Its primary function is to assess the young child's proficiency in concepts that are frequently found in preschool and primary grade instructional materials, and that are fundamental to comprehending oral communications from teachers and peers. The TTBC is a tactile test developed to achieve the identical purpose with children who require braille and other tactile media in their kindergarten, first, and second grade educational programs. The testing materials include the TTBC test manual, a class record form for scoring the pupil's performance, and the test card on which the items are presented in the form of raised outline drawings. The BTBC test manual is also included, since it contains information pertinent to the TTBC and can be of use in interpreting test results.

American Printing House for the Blind, 1839 Frankfort Ave., P.O. Box 6085, Louisville, KY 40206. 1980. \$16.50.

Harley, R. K.; DuBose, R. F., & Bourgeault, S. E. Peabody Model Vision Project. Stoelting Co., 1350 S. Kostner Ave., Chicago, IL 60623. 1980. 7 booklets, \$50.00 (Individual titles can be purchased separately). A series of seven booklets of readings for instructors of multihandicapped, visually impaired students. *Reading in Orientation and Mobility* presents basic techniques and programs for severely handicapped children with visual impairments. *A Model Field Service Delivery System* describes the organization and curriculum of a program for severely multihandicapped visually impaired students in a public school setting. The *Parent Involvement* booklet explores the feelings and problems encountered by parents of the handicapped, and considers the parents' role in the education of their children and the benefits of programming for parents. The remaining booklets provide readings in other areas related to vision impaired, multihandicapped children: working with parents; development of an infant classroom curriculum; guidelines for assessment; and the factors influencing assessment of functional vision.

Kastein, S.; Spaulding, I., & Scharf, B. *Raising the Young Blind Child*. Human Sciences Press, 72 Fifth Ave., New York, NY 10011. 1980. 208 p. \$14.95. A guide for parents and educators that describes techniques helpful in aiding the language, motor, social, emotional, cognitive, and sensory development of the blind child from infancy through five years. The authors' purpose is to help parents to know not only how the blind child "sees" the world, but when and how intervention can help the child understand and integrate what he hears, touches, and smells. Chapters on development are divided into infancy, toddler, and young child stages. Topics such as blindness, play, independence, first awareness of blindness, and prereading are explored in separate chapters.

Swallow, R.; Mangold, S., & Mangold, P., editors. **Informal Assessment of Developmental Skills for Visually Handicapped Students: AFB Practice Report.** American Foundation for the Blind, 15 West 16th St., New York, NY 10011. 1978. 152 p. \$4.00. A compilation of tests to help teachers in determining some of the special needs of their visually handicapped students. These informal checklists and inventories, developed by teachers of visually handicapped students, are practical in approach, simple to administer, and can be duplicated for classroom use. Part One provides tests to measure school-age students' visual functioning, academic needs related to blindness (e.g., braille, Optacon, and typing), skills needed for orientation and mobility, vocational skills, and behavioral characteristics necessary to regular class placement. Part Two provides informal assessments useful in determining the developmental skills of younger functioning visually handicapped and/or multihandicapped children. The self-help, psychomotor, social-emotional, language, and cognition checklists can be utilized in determining school readiness.



Good Start! A Multimedia Approach to Meeting the Needs of Visually Handicapped Students is a training package that is designed to assist professionals and parents in the mainstreaming of visually handicapped students. The program includes: a 19-minute, 16mm color film, six 12-minute filmstrips with audiocassettes; and accompanying written materials. The film depicts visually handicapped students being mainstreamed in urban, rural, and suburban schools, and describes the supportive services and special aids available to assist in this process. Topics of the filmstrips include the vision impaired and: mobility, school administrators and IEPs, regular classroom teachers, school psychologists, physical education programs, and facts for parents about P.L. 94-142. This is an inservice training program that is specifically designed for those who work with the vision impaired, and each segment is geared to the needs of its audience.

American Foundation for the Blind, Inc., 15 W. 16th St., New York, NY 10011. 1979. Complete program \$300.00.



The Truly Exceptional: Dan Haley is one in a series of films that deals with people who have found physical impairments to be no barrier to impressive accomplishments. This film focuses on a musically talented 16-year-old high school student who has lost 80 percent of his vision. Dan has a rare eye disease that cannot be corrected by surgery, and over the past four years has been slowly losing his vision. His condition will eventually leave him totally blind.

Since becoming afflicted with this disease, Dan has grown more sensitive to the handicapped population—something that he did not feel before. It has also drawn him closer to his family. Dan says that his biggest problem is people trying to do too much for him. In words and action, he demonstrates that blind people don't have to be helpless. Dan does not view himself as a handicapped person and, in fact, he enjoys such hobbies as mountain climbing, bowling, and playing his guitar. The film has the potential to inspire other handicapped individuals, especially visually handicapped, to go on with their lives and to make the adjustments that are needed to function effectively in society.

16mm/color/11 minutes/1979/\$215.00

Walt Disney Educational Media Co., 500 South Buena Vista St., Burbank, CA 91521.

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TEACHING HEARING IMPAIRED CHILDREN TO USE SPOKEN LANGUAGE

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Spoken language means so much to us as human beings. Without the ability to speak, and to hear the speech of others, we cannot communicate our ideas to most people we meet. To be unable to talk with anyone or everyone is a constant frustration. To exchange ideas by other methods, is either slow (e.g., writing) or limits the range of persons one can contact directly or independently without an interpreter (e.g., signing). The general recognition of these facts is leading more and more teachers and parents to teach their hearing impaired (deaf and hard of hearing) children to talk. I am proud to have helped many such children directly, through their teachers, and through my work and writing, to speak for themselves. Most hearing impaired children can acquire speech if given orderly, systematic, and consistent teaching.

Commonly used speech sounds are too complex for children to develop as their first sounds. Simpler patterns must be acquired initially, so that they can serve as a foundation for complex sounds. This discovery led to my fascination with sequential ordering in the teaching of spoken language skills. The outcome of my subsequent work has been reported in two books: one on speech (Ling, 1976) and the other on verbal learning (Ling and Ling, 1978). I shall briefly describe my current notions on systematic speech development.

The development of speech in normally hearing children is an orderly process. This is not to say that all children acquire speech patterns at the same rate or in the same sequence, but rather that there is a broad hierarchy through which all pass.

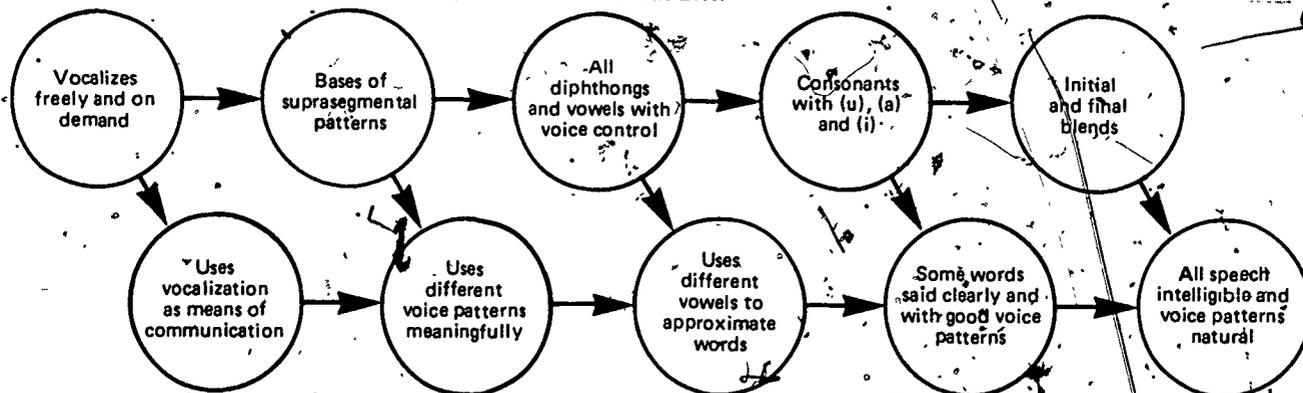
These stages, illustrated in Figure 1, are the development of vocalization, voice control, vowel production, consonant articulation and, finally, blending. Within each of these stages there may be further hierarchies. For example, control over duration of voicing usually precedes control over pitch, controlled production of consonant manner distinctions (i.e., plosives versus stops versus fricatives, etc.) usually precedes control of place distinctions (i.e., *b* versus *d* versus *g*), and the subtleties of consonant voicing contrasts (i.e., final *s* versus final *z*, etc.) follows the control of manner and place distinctions. Similarly, blends are acquired in distinct steps. Each stage of acquisition provides the prerequisite skills for the development of sound patterns in the next and subsequent stages.

The development of speech in hearing impaired children must follow a similar path. In the past, we have been quite unsystematic in our teaching and have uncritically allowed certain strategies to impede our children's progress. Let's look at some of them. First, we have tended to ignore the importance of order, because it has been difficult to discern. Second, we have lately trusted too much in hearing aids and the notion that, if we talk, talk, talk, each child's speech will come. This strategy may be fine for some children, but others are deaf, deaf, and need help, help, help. Third, we have tended to teach consonants in isolation rather than as ways of stopping and starting the vowels with which they are co-articulated. When linked with the written form this strategy leads to problems, for writing and reading are skills that should be secondary to speech. One could list dozens of inadequate strategies that lead to the typical errors in "deaf speech." Better, however, let us look at how to avoid them, for poor speech is not the inevitable outcome of deafness. Good speech can be the rule rather than the exception.

Figure 1.

MAJOR STAGES OF SPEECH ACQUISITION

Phonetic Level



Phonologic Level

To develop speech in those hearing impaired children who cannot naturally acquire the necessary skills through audition, I propose that we should work at two distinct levels, the phonetic level and the phonologic level as shown in Figure 1. At the phonetic level, we teach children the skilled motor patterns that are involved—how to make the sounds of the language. At the phonologic level, we see that children use these skills in meaningful speech. It is useless to ask children to produce a word when they do not have the motor skills to produce the elements that the word includes. Only when children have mastered the motor skill can we expect them to treat a word phonologically as well as phonetically—that is to use the word in meaningful speech. As soon as children can vocalize freely and on demand, it means that they can use vocalization as a means of communication. As soon as they can use suprasegmental patterns, that is, change their voices in intensity, duration, and pitch, they can use those different voice patterns meaningfully. As all diphthongs, vowels and consonants develop, the children must be encouraged to use them to approximate different words. This is a very important point. The object of teaching speech is not to teach motor speech skills alone. It is to teach spoken language communication. Only if we are using speech as a means of communication does work with speech become worthwhile.

Practice does not make perfect; practice makes permanent. The longer one allows children to use imperfect patterns of speech, the more habitual they will become and the harder they will be to modify. The message is that we should work effectively to develop good speech from the earliest stages, preferably from before a child's first birthday. Further, we should ensure that all children make observable progress in speech every day, whether spontaneously, through use of residual hearing, or through formal (but fun) teaching. We can do this only if we are aware of the subskills that underlie each speech target. In programs where the teachers are skilled and the system I advocate has been adopted, most children can master a subskill a day, and up to 60 percent can attain fluent intelligible spoken language in periods ranging from two and a half to three and a half years. A further 30 percent can attain similar goals over a somewhat longer period, three and a half to six years.

Looking back over the hundreds of children that I have helped to talk fluently and intelligibly, I see their lives as being much fuller than they otherwise would have been. Their language is rich and, as a result, they can think, read, and learn more effectively. Their speech permits them the social freedom we take for granted, with easy access to everyone—friends or strangers. Because they can communicate through speech, those who are now adults have found a wider range of work opportunities open to them and, in general, have pursued their careers and lifestyles as happy, well-adjusted human beings. I keep in touch with many of them. Those who started with me or my colleagues in early infancy remember us as teachers, but not as speech teachers. They take talking for granted—and why not?

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Ling, D. *Speech and the Hearing-Impaired Child: Theory and Practice*. Washington, DC: A. G. Bell Association for the Deaf, 1976.

Ling, D. & Ling, A. H. *Aural Habilitation: The Foundations of Verbal Learning in Hearing-Impaired Children*. Washington, DC: A. G. Bell Association for the Deaf, 1978.

The opinions expressed in this article do not necessarily reflect the position or policy of PRAISE, and no official endorsement should be inferred.

Identifying Language Disordered Children

In order to identify language disordered children, it is often necessary to rely on the initial judgments of the regular class

teachers. Relatively little research has been done, however, to determine precisely what criteria teachers might be encouraged to look for in terms of specific referral characteristics. In this study two methods of identifying language disordered children were compared. Subjects were 54 regular, kindergarten through fifth-grade teachers in two schools serving 1,212 children. The teachers were randomly assigned on a roughly matched basis to one of two groups. The first group (Group S for surface criteria) received inservice training emphasizing the traditional morphological and syntactical characteristics of language development. Referral criteria for this group included errors in noun-verb agreement, tense marking, pluralization, and syntactic transformations. The Group S teachers were given examples from current language testing procedures along with taped samples of children's speech, both of which illustrated the errors in question. The second group (Group P for pragmatic criteria) received inservice training that was similar in all respects except the criteria for referrals were pragmatic in nature. Referral criteria for Group P focused on the deeper aspects of meaning and communicative effectiveness, such as fluency, inappropriate responses, the need for repetition, and poor topic maintenance. After training was completed by both groups, all referrals made by the teachers were reevaluated by a panel of judges to determine the teachers' accuracy in recognizing significant language problems. The contrasts between groups and across grades were then examined by a two-way analysis of variance. Overall, results indicated the accuracy of Group P was 83 percent as against 61 percent for Group S. Group P referred 48 children, and of these referrals 40 were judged to be correct. Group S had the same number of children and teachers but made only 31 referrals, with 19 judged to be correct. It appeared that teachers who were taught to use pragmatic criteria identified significantly more children and were more often correct in their identification than teachers taught to use syntactic criteria. In other words, the judgments of classroom teachers concerning language problems were more apt to be appropriate when they were encouraged to look at the child's communicative abilities rather than the superficial aspects of speech. Moreover, the authors suggest that there is good reason to believe that by emphasizing the pragmatic criteria, there would be fewer false alarms (where normal children are identified as disordered) and fewer misses (where children are overlooked by the screening methods).

Damico, J., & Ojler, J. W. Pragmatic versus morphological/syntactic criteria for language referrals. *Language Speech and Hearing Services in Schools*, April 1980, XI(2), pp. 85-94.

Stuttering Severity Test

The Stuttering Severity Instrument for Children and Adults (SSI), Revised Edition, is designed for clinical and research use to establish a comparative assessment of how severely a client or subject stutters. This standardized test assesses stuttering severity in three parameters: frequency of repetition and prolongation of sounds and syllables, estimated duration of the longest stuttering events, and observable physical concomitants. The test is individually administered and yields a single numerical score in a scoring range of 0-45, which provides a measurement of severity. The SSI can also be used when a clinician needs to record changes in stuttering severity through the duration of therapy. The single score may be sufficient in describing overall changes, or each parameter can be dealt with separately. Progress in each parameter can be recorded monthly, weekly, or daily, depending upon the needs of the program. The test portfolio contains a complete manual of research, test construction, administration and scoring procedures, stimulus materials, individual test forms, and frequency tracking forms. Reliability and validity data are included in the manual.

C.C. Publications, Inc. P.O. Box 23699, Tigard, OR 97223. 1980. Complete Set \$25.00.

Fay, W. H., & Schuler, A. L. *Emerging Language in Autistic Children*. University Park Press, 233 East Redwood St., Baltimore, MD 21202. 1980. 216 pp. \$18.95. Part of the *Language Intervention Series*, this state of the art text provides insight into how autistic children are shaped by their verbal and non-verbal disabilities and how a multidisciplinary approach to language/communication intervention can be developed. The first five chapters of the book provide a theoretical framework for the study and analysis of speech, language, communication, and cognition in childhood autism; the final two chapters serve as a guide to emerging practices in speech and language training. Articulation in echolalic speech in both autistic and non-autistic children is analyzed, and specific speaking behaviors of autistic children, such as why their speech is so often devoid of meaning and communicative intent, are examined. Several chapters discuss why autistic children apparently do better when presented with nontransient stimuli that are coded in space rather than time. The characteristics of autistic children's verbal and nonverbal communication systems and the extent of their deficiencies as they interact with their environment are described. A chapter is devoted to the interrelationship of linguistic, cognitive, and social growth. A review of behavioral and alternative communication treatment procedures is included.

Gallender, D. *Symbol Communication for the Severely Handicapped*. Charles C Thomas, 301-327 East Lawrence Ave., Springfield, IL 62717. 1980. 251 pp. \$24.75. A manual for teachers, therapists, parents and residential facility staff that provides a sign language program for the severely and profoundly handicapped. Based on American Sign Language, the system gives a core vocabulary of 465 signs, each representing a total concept rather than a single word. Intended for those with no previous knowledge of manual communication, each sign is illustrated and supplemented with descriptions. Sample lesson plans describe how to teach nouns and verbs that are arranged in such functional categories as food, daily living, and personal needs.

Higgins, P. C. *Outsiders in a Hearing World: A Sociology of Deafness*. Sage Publications, 275 S. Beverly Dr., Beverly Hills, CA 90212. 1980. 205 pp. \$18.95. Based on interviews, observations, and personal experiences, the author examines the lives of deaf people within a social and historical context. The book examines deaf communities, the identities of their members and the everyday interactions between the deaf and the hearing. One chapter is on peddling among the deaf, how it is done, and how it is viewed by different deaf communities. The impact of stigmatization of the deaf is explored.

Lowenbraun, S.; Appelmaa, K. I., & Callahan, J. L. *Teaching the Hearing Impaired Through Total Communication*. Charles E. Merrill, 1300 Alum Creek Dr., Columbus, OH 43216. 1980. 210 pp. \$6.95. A text that provides a systematic procedure for teaching language skills to the preschool and elementary age hearing impaired using a Total Communication approach. Two themes run through the book, the impact of P.L. 94-142 on the education of the hearing impaired, and the use of total communication or the simultaneous use of aural-oral and manual techniques. The book begins with a look at trends in educating hearing impaired children, and then continues with sections on: instructional procedures in language teaching, the language curriculum, activities related to the language curriculum, and the management of the instructional environment. Specific chapters address: a six-component instructional model and specific techniques for implementation of the model; curricula for teaching syntax, vocabulary and auditory skills; enrichment activities; evaluation techniques; and a data collection and classroom management system. Charts, graphs, and photographs supplement the text.

Schaeffer, B.; Musil, A., & Kollinzas, G. *Total Communication: A Signed Speech Program for Nonverbal Children*. Research Press, 2612 N. Mattis Ave., Champaign, IL 61820. 1980. 263 pp. \$9.95. A step-by-step text that provides a program to help the nonverbal, retarded, autistic, emotionally disturbed, or language disabled child acquire spontaneous verbal language. The sequences of instruction parallel the linguistic development of normal children. Initially, sign language and verbal imitation are taught as independent skills, then children learn to use signing spontaneously, then to use signs and spoken language together, and eventually to speak without signing. To maximize the spontaneity the sign instruction fosters, the program follows eight guidelines: begin with the expression of desires, deemphasize imitation and receptive language, use structured waiting, foster self-correction, provide indirect information, reward spontaneity and include it in the mastery criteria, and teach signed English using total communication. Detailed instructional methods, developmental sequences, and a classroom management system are provided.

Shames, G. H., & Florance, C. L. *Stutter-Free Speech*. Charles E. Merrill, 1300 Alum Creek Dr., Columbus, OH 43216. 1980. 170 pp. \$9.95. A text that provides background theory, the phases of therapy, and practical considerations for a stutter-free clinical program developed by the authors. Five phases of therapy used in both a basic program and one for children, aged 3-8, are described along with recommendations for the use of the approach in schools. The therapy follows a pattern of initial client control of his own speech, then management independent of the clinician, transference of the new speaking skill to the client's own environment, and then eventual training in unmonitored speech and follow-up activities. Schedules, illustrations, and forms are included.

National Diffusion Network

The National Diffusion Network (NDN) is a nationwide system which helps local school districts improve their educational programs by making previously developed exemplary programs available for adoption or adaptation. As part of its system, the National Diffusion Network funds a number of State Facilitators who are responsible for helping interested school districts match their local needs with an NDN model program. These State Facilitators also provide the information, training and implementation assistance needed for local implementation. As an awareness service for Pennsylvania special educators, the *PRISE Reporter* will include brief descriptions of selected exemplary programs in the NDN System. The following paragraphs describe a few of these programs relevant to educating speech/hearing handicapped persons. For further information on these and other NDN programs, Pennsylvania educators should contact the State Facilitator, Research and Information Services for Education (R.I.S.E.), 198 Allendale Road, King of Prussia, PA 19406. Telephone: 215/265-6056.

Project SKI*HI

This is a statewide program for the identification and language facilitation of hearing impaired children, ages birth to six, through home management. The program provides for screening, audiological, diagnostic, and assessment services, and a complete home intervention curriculum for the children and their families. After hospitals have been screened for babies with a hearing loss, local part-time parent advisors visit homes to coordinate hearing aid services, parent training, psychological services, parent groups, and evaluation services.

Supportive Personnel Using Behavior Modification Techniques with Articulatory Disordered Children

This project uses trained communication aides to deliver behavior modification therapy to children with mild to moderate

articulation problems, freeing clinicians to concentrate on those with more serious speech problems. Aides receive two days of initial training and then work with a clinician for a week. Clinicians do all testing, determine prescriptions, and make all therapy decisions. Aides work with 9-14 students for 20-30 minutes each.

Central Institute for the Deaf Early Education Project

This program is designed to help parents provide an environment that will stimulate language development in their hearing impaired children who are under four years of age. The program has four elements: a home demonstration center where parents are taught how to communicate with their children in a home-like setting; continuous evaluation including audiometric and learning potential assessment; parent meetings with speakers and group discussions; and cooperative nursery care for children over two years of age.

Hands On is a manipulative program that was developed to provide educational services to multiply handicapped, hearing impaired children ages birth to 21. It was developed for use with severely multihandicapped children who are functioning below a 3-year-old level in language and/or conceptual development. The program is divided into eight major areas: readiness, functional communication, communication training, language structure, language concepts, pre-math, speech, and aural rehabilitation. **Hands-On** provides for highly structured therapy sessions that enable the teacher to pinpoint learning problems and then, through a sequence of tasks and activities, move the student towards increasingly difficult objectives. It presents low-level tasks and skills in an academic manner for ease in programming and evaluation. The instruction in each subject is aimed at developing low-level cognitive skills to enable the child to enter more advanced programs. Entry of a student into this curriculum presupposes that certain behaviors are present. The child must be able to: establish eye contact with the teacher, attend to a task for approximately one minute, and use manipulative materials appropriately. If the child does not exhibit these entry behaviors, it is recommended that behavior modification programs be employed first. Daily evaluation forms as well as a cumulative record packet are also included in the kit.

Communication Skill Builders, Inc. 3130 North Dodge Blvd.,
P.O. Box 42050, Tucson, AZ 85733. 1980. \$35.00.

PRISE reporter

1013 West Ninth Avenue
King of Prussia, Pennsylvania 19406

Understanding the Deaf is a film that is intended to assist teachers and students in regular public schools to better understand and learn to communicate with deaf and hard-of-hearing children who have entered the regular classroom after having been taught to communicate in special schools for the deaf. The film shows the instructional methods used with the deaf and examines many of the obstacles that deaf children must overcome in their education. The film clearly demonstrates how deaf children are taught to speak, to use sign language, and to lip read. In portraying how the hearing impaired learn to communicate, the film aims to show those with normal hearing how to interact more effectively with the deaf. The film points out, for example, that lip reading requires eye contact and careful pronunciation by the speaker. The film shows how we can overcome our feelings of uneasiness when interacting with deaf children with speech problems; it helps us to realize that deaf youngsters, like all children, have unique personalities and require friendship and understanding, and it reminds us that all children want to have the opportunity to become important and contributing members of our society. This film is intended for regular education teachers who will have hearing impaired students in their classes, parents who are interested in mainstreaming, and students who will have frequent contact with deaf children.

16mm/color/21 minutes/1977/\$390.00.

Perennial Education, Inc., P.O. Box 236, Northfield, IL
60093.

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