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ABSTRACT

The paper presents an analysis of learning disabilities (LD) issues from a systems perspective. Noted are the possible causative factors, different manifestations of the condition, and maturational delays in age appropriate ego functioning. Difficulties of parenting a handicapped child are said to be magnified for families with limited resources. Issues involved in serving handicapped children, specifically those with LD, within the child welfare system, are examined. Implications for clinical and systems intervention are considered regarding intervention for the children themselves and the systems in the community. Professionals' roles in understanding and involving multiple systems are addressed. Barriers to collaborative relationships between child welfare workers and school personnel are noted, including physical distance, different professional turfs, status, different expectations and terms of accountability and confidentiality. A three-page list of references concludes the report. (CL)

LEARNING DISABILITIES AND THE CHILD WELFARE SYSTEM: SOME ADDITIONAL SYSTEMS ISSUES IMPACTING ON MULTI-DISCIPLINARY INTERVENTION.

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Introduction

New developments in research on neurological impairments and brain functioning are only just beginning to provide the basis for interprofessional intervention with children with learning disabilities. Once thought to impact solely on the educational success of children this perplexing handicap is increasingly recognized as permeating the life space of both children and their families. The stress created by this invisible handicapping condition puts both children and their families at risk (Silver 1970; Vigilante 1983).

While this situation holds true for families of all economic classes and racial backgrounds, children with learning disabilities in minority and economically disadvantaged families and communities constitute an especially vulnerable population. Not only do these families have fewer financial resources but community services of all kinds are less available. The interpretation of problems is frequently guided by available resources systems and prevailing professional turfs.

Since the implementation of the major legislation highlighting the educational needs of children with handicapping conditions, PL 94-142 (1975) there has been an accumulation of legal suits documenting the inappropriate classification of minority children within the educational system (Lora v Board of Education; Larry P. v Riles; P.A.C.E. v Hannon;). Labelled as mentally retarded, socially maladjusted, or emotionally disturbed, far in excess of their proportional representation in their school districts, these children have suffered the effects of a racial and ethnic sorting process reflecting

societal expectations and biases. Non-minority children, on the other hand are disproportionately represented in classes for the learning disabled. The critical difference is that children with learning disabilities are defined as having realizable average or above average potential, the mentally retarded child is not. Paradoxically, the path breaking legislation which provided access to education for the handicapped, has in many instances legitimated a labeling process with negative impacts far beyond the school's doors. (Reschly 1984; Kinzer 1984).

The lack of appropriate and timely recognition of the existence of specific learning disabilities may have devastating effects on a child and family far beyond the arena of educational achievement. The behavior patterns normally associated with learning disabilities are frequently interpreted as deviant and may propel the child and family into the child welfare, retardation or penal system (Broder et al. 1981).

Recent studies have documented that over one half million children are in out of home care under the auspices of the child welfare system (Knitzer 1982). Within the child welfare system significant numbers of children have been formally and informally identified as having learning disabilities (Dane 1985). Social workers within the child welfare system have particularly important yet difficult roles in relation to this group of children. However few social workers have had specialized education or training to meet the complex needs of children and their families, or in the analysis and development of critical system supports.

An understanding of the complexities of bio-psycho-social developmental issues associated with learning disabilities is a critical prerequisite to multi disciplinary work with these children. This paper

presents selected issues for consideration within a systems perspective.

A New Look At Learning Disabilities

Understanding of possible causative factors for learning disabilities has grown over the past twenty years. Suspected causes include; nutritional deficits, prenatal drugs, obstetric medications, pre-or post natal trauma, low birth weight, infections, alcohol, smoking, environmental toxins and inherited tendencies (Brown 1983).

Given these possible causative factors it is reasonable to assume that children who have experienced economically, medically and socially deprived environments would be particularly susceptible to developmental impacts of a variety of these stresses. Longitudinal studies involving young minority mothers have documented the high incidence of poor prenatal nutrition, use of drugs and alcohol and accidents with resulting developmental impacts. (Sameroff and Chandler 1975; Werner and Smith 1980). However recognition and documentation of specific learning disabilities and their impact on the biopsychosocial growth of disadvantaged and minority children has been minimal.

The neurological basis for some of the manifestations of this complex handicap has been assumed for some time. The catch all term "soft neurological signs" was intended to differentiate developmental markers from "hard findings" characteristic of severe neurological handicapping conditions. Recent neurological and pediatric research has progressed considerably in the identification of a series of neurological indicators and physical findings which point specifically to central nervous system dysfunction (Levine 1982).

The many different manifestations of what are loosely called learning disabilities have made identification and professional response a continued challenge. Children may show deficits in visual or auditory perception, expressive or receptive language, spatial, temporal and sequencing relationships, memory, attention, impluse control, and gross or fine motor coordination. Further confounding the dilemma of service design is the recognition that children with learning disabilities show more differences from each other than similarities (Levine 1982). Thus there is no single intervention or programmatic response appropriate for all children with learning disabilities.

All too often when children are known to have a handicapping condition the tendency is to focus on diagnosis and remedy and neglect the context within which they are functioning. This context must begin with the nutritional and health status of the mother and expand to the environment which both children and parents interact on a daily basis. For example, new professional skills in the identification of diverse neurologically-based maturational delays, brings greater depth of understanding as to why some children have such difficulties with daily living as well as school work while others do not. Greater awareness of the context and environment within which the child's maturational processes take place provides the data which guide priorities of intervention.

New understanding of the relationship between cognitive development, ego functioning and emotional well being, provide additional knowledge of the far reaching effects of this handicap both at home, in the community and in school. Beginning in infancy it has been noted that some children, who later were identified as having learning disabilities, were not responsive to their

mother's nurturing and had difficulty with early developmental milestones. Other studies have revealed that these children have been described by their mothers and psychologists at ages one and two as: not good natured, not cuddly, having distressing habits, being awkward, fearful, insecure, and restless (Werner and Smith 1980).

The child who cannot be comforted by his/her mother, soon gives her the feeling that she may not be an adequate mother. Difficulties in parenting may lead to increased intolerance for the child's behavior, and lead to emotional or physical rejection on subtle or overt levels (Birch et al. 1971). Thus the early negative interaction with the " nurturing" environment may set the stage for later patterns of interaction. The parent, the protector and advocate for the child, may not be able to act in these expected roles without outside help. Too often such help is not available until family system disruption becomes irremediable.

As they grow older, children with perceptual difficulties often do not realize their their understanding of the world is distorted. They are surprised, hurt and angry at the reactions they provoke from parents and others close to them. Many children are not correctly diagnosed, and neither they nor their parents may be aware of the extent of the developmental problems and the lifelong, devasting impacts of their mutual interaction.

While children with neuro-cognitive deficits are most frequently identified as a consequence of their academic deficits and disruptive behavior in school, there is often little recognition of the concurrent maturational delays in age appropriate ego functioning. Recognizing that perception, language and motor development are primary to the development of autonomous ego functions (Meissner 1985) it is important to identify specific

areas of difficulty in order to build in appropriate supportive resources. Vigilante (1984) suggests we look at six ego functions; reality testing and judgement, control of drives, affects and impulses, thought processes, object relations, mastery and competence and defensive functioning.

The ego functions listed are inextricably linked, reinforcing emotional and social development in children as they mature. It is helpful to make some distinctions to begin the assessment process for a child with learning disabilities. The impact of deficits in perception and integrating processes will immediately be apparent. If thought processes are not organized and logical and retrievable, then there may be an impact on effective reality testing and judgement. If perceptions of the inner and outer world are impaired, then it may be unfair to assume that consequences will be identified and the actions of others correctly evaluated. The development of appropriate interpersonal relations may be based on an unrealistic timetable if norms are rigidly applied. Attempts on the part of important adults to promote independent functioning may be met with fear and regression.

As noted by Vigilante: "Mastery-competence, a composite of one's abilities including coping and adaptation, are dependent on positive feedback from peers, family and teachers." (1985:176) Children with learning disabilities, whether formally identified or not, rarely get this feedback. Their neuro-cognitive delays, and lagging ego function consolidation often make them prime targets for negative feedback from playmates and adults. The cumulative impact of having failure mirrored back, time and again, reinforces the low self image which these children generally integrate into their self perception very early in their social careers.

The environment and culture within which children with learning disabilities live may be considered a key indicator as to the way in which neuro-maturational delays will be perceived, interpreted and responded to. For example a community in which where families are highly competitive, individual differences may be very quickly identified. The response may be to call on the many resources available in the community; early evaluation, remediation, boarding school, and summer camp. Parents and other family members are protected in every way imaginable from the emotional and psychological buffeting of daily life with a handicapped child.

Special attention to the child's neuro-cognitive development and social needs may well result in the identification of seemingly incongruent strengths which helps repair impaired self esteem. For example the child who is unable to do geometry but quickly masters the intricacies of a large, urban bus terminal gains control and independence. The child who cannot catch a baseball but makes the soccar team, is redeemed in the eyes of peers. Parents of these children quickly seize ways in which they can think about, and describe their children with pride, overcoming their own negative images of failure.

The difficulties of parenting a handicapped child are magnified for the family with limited resources. Community resources are provisional for the child with learning disabilities, little is available as a matter of course. Few of the options that serve as protections for the economically secure family, are within reach. Stresses of daily living and family demands may preclude early identification and professional response. Possible gains from early intervention are lost. Lack of varied opportunities may make it difficult to find areas of competence and unique strengths which nourish both children and parents.

Statistics on desertion, separation and divorce among families with handicapped children are disproportionately high. (Featherstone 1980). Handicapped children frequently the targets of adult anger and frustration, are seen in disproportionate numbers within the foster care system (Gruber 1978).

Entering the The Child Welfare System

The primary reasons that children move into the child welfare system are changes in caretaker, abuse, financial need, emotional problems of a child and conflict between parent and child. The provision for the elemental needs of protection, placement and resolution of status tend to eclipse attention to pre-existing disabilities which may have contributed to family collapse. (Hughes and Rycus 1983).

Once in foster care, children with handicaps remain at risk. Traditionally, the child welfare field has shown ambivalence toward services for handicapped children and neglected the emotional, social and physical problems of this group within the system. (Kadushin 1980,) These children have more replacements and remain in care longer than other children. A chief reason for their continuing at risk status relates to the difficulties in management of their behavior at home, in school and in the wider community. Propelled by their own frustration and needs, this group of children impose unusually heightened demands on foster mothers and participating social workers. (Barsh, More and Hammerlynck 1983)

Children with learning disabilities in the child welfare system are in particular jeopardy. Their special needs are dramatically in opposition to their past and present life experience. The security of a predictable environment, with consistent parenting to allow their slower maturational

pace to be protected is is not a reality. Their invisible handicaps are such that their view of the world begins disordered. The ability to sequence, organize and remember events and happenings in their life may be seriously impaired. They often cannot make sense even the most ordinary daily events. And too often they have had exposure to extra-ordinary events. Exposure to experiences which all children would have difficulty integrating, have become familiar if incomprehensible, parts of their world.

The "second chance" offered by the new environment of foster or group home grows out of a tenacious 19th century belief. However opportunities for change do exist. Much is dependent on the professional understanding and application of knowledge about learning disabilities as a life space problem. Supportive structures for the daily experience for these children must encompass awareness of their interaction with a variety of systems. The problems of the child with learning disabilities must be seen in relation to the ability of different systems to handle it. Analysis of the life space of these children quickly brings the relevant systems to the fore. Professional service requires that protection, support, structure and are appropriate interventions which must be vigorously offered.

Clinical and Systems Intervention

Strategies for intervention fall into several areas: intervention focused on the children themselves and the systems within which they interact, and are dependent upon, in the surrounding community. Professionals when working with a child with learning disabilities.must remain cognizant of the multiple functions of their interventions. In the past the educational deficits of the child with learning disabilities were viewed as the outstanding problem requiring attention. Clinical interventions or work with the

individuals and institutions framing the child's life experience were seen as having a much lower priority. Increasingly however this perspective has shifted as the recognition that a broad therapeutic strategy must consider the contextual elements.

Neuro-cognitive deficits impact on the child's developing ego functions and require that supportive interventions be made on many levels. As Vigilante has pointed out, the important actors in the child's world have to fill gaps in ego functioning. This requires that the relevant actors within each system must be identified, and worked with, by professionals with different areas of expertise. Clinical interventions with the child may serve supportive and integrative functions, reinforcing the self esteem of the child,and assisting with verbalization of the feelings of frustration, anger and despair as the child becomes increasingly aware of his deficits. Specific interventions may include; a) clarifying the nature of specific difficulties, differentiating failure at tasks from failure as a person, and allowing a process of mourning to surface; b) identifying and reinforcing strengths and interests; c) supporting independent functioning and finding ways with the child to identify appropriate challenges which have a likelihood of providing positive and tangible evidence of success d) providing feedback to fill gaps in critical thinking, reality testing, and judgement (Vigilante 1895).

Two often neglected outcomes of early therapeutic intervention are the importance of laying the groundwork for development of a vocabulary for internal distress and the establishment of a safe haven where the customary expectations of performance are not a prerequisite for ceptance. The importance of these intangible resources are difficult to measure, and may be looked upon as therapeutic for these children in their present circumstances, as well as providing a structure for autonomous help seeking in the future.

Parents and other caretakers are often confounded by the divergent maturational patterns of children with learning disabilities, as they rarely proceed with the regularity of anticipated milestones. Particularly difficult are the questions relating to what the child should be held accountable for at different developmental stages. Through assessment and recognition of neuro-cognitive deficits and delays in ego functioning social workers and other professional intervenors with caretakers can together work out appropriate strategies to reinforce growth and independence without over whelming the learning disabled child.

Parents and foster parents and other caretakers must be educated in the performance of therapeutic roles,(Whittaker 1976) and recognition of their part in problem definition. It is the reinforcement of daily structure, role modeling, protection and provision of consequences that insure that children with learning disabilities will, over time, absorb new behaviors and approaches to solving life challenges .

The needs of children with learning disabilities continue to challenge family stability from early childhood through young adulthood. Changes and growth occur with the emergence of new developmental stages. Frustration also increases as family and societal expectations rise as these children move into adolescence. Supportive networks of parents, relatives, and community services, must be built into the environment of foster and biological families. Too frequently the foster family is looked as as a unit rather than a new system which the handicapped child has entered. Efforts like that intended to build support networks for foster families are trying to counteract this tendency (Barsh, Moore and Hamerlynck 1983)

Support for the case management function of the family must be diverse and creative. While the social worker traditionally performs this

function, a realistic appraisal of the lack of social work resources requires that social workers assist families in providing this function with both practical and psychological intervention. This may be considered part of therapy, empowerment or advocacy for parents. It entails recognition of their ongoing responsibility for the welfare of children in their care as they move from childhood to adulthood. Care must be taken to insure that a balance of support, attention and resources continue to go to other family members in recognition of the interdependence of all members of the family system.

Children with Learning Disabilities and Multiple Systems

The child welfare system has sought to respond to childrens' varying needs for protection and continuity of care. Legal mandates have pressed for greater permanency planning and accountability. The New York State's Child Welfare Reform Act of 1979 represents one example. One result has been an emphasis on shorter stays in foster care. Agencies have expanded their service continuum, increasing the mobility of children in the child welfare system(Whitaker 1978; Dane 1985).

However, movement within a single agency, may look like continuity from an administrative perspective, but be viewed in quite the opposite manner from the child's perspective. Within a single agency the move from group home to foster home, from foster home to foster home, from foster home to biological or adoptive parent, is fraught with discontinuities, emotional turmoil, and loss. For handicapped children, movement does not always portend greater permanence, but may reflect the inability of caretakers to tolerate the child's behavior at home and in the community (CDF Reports 1984).

All children in this situation cannot help but view such moves as further

evidence of rejection and failure. When these children have a specific learning disability, this feeling is compounded by confusion as they try to understand their "reality". Often there is excessive self blame or anger as their low self esteem and loss of control is confirmed by actions of others. Without specific clinical and systems intervention these assaults on the stability of their world have a cumulative negative impact.

As these children move through the child welfare system, their important individual history is often lost as more immediate "basic" needs are attended to. The strengths, weaknesses, abilities and interests as reflected by those who know them well, is not available. In a formal sense the necessary coordination of experiential history and formal records often do not follow children in a timely fashion as they move from one situation to another. The loss is undocumented, but the impact for the child is long lasting (Pennekamp 1984). The increasingly blurred boundaries of services in the renewed effort to develop continuity of care exacerbates this tendency for loss of information (Dore and Kennedy 1981). From the child's perspective relationships are ruptured, however poor these may have been by professional standards they represent "being known" in some fashion, and for the child with learning disabilities, an anchor in reality.

Supporting and teaching to individual strengths has been found effective (Popp 1978), and it is appropriate to advocate that such reinforcement must be built into the structure the multiple systems encountered by children with learning disabilities. The responsibility lies with professionals with different areas of expertise. They are collectively cast in roles as major intervenors. Consistency must be developed through personal collaborat. Records and formal documentation will never carry the fullness of t individual child.

Often the social worker serves as the linking professional, acting in a professional and dual- pronged parental role. As the representative of an agency, the social worker has a legal obligation to look out for the best interests of children entrusted to care. As Holditch (1985) has pointed out both teachers and social workers share the emotional and protective parental role by 'holding the child in mind' (Winnicott 1964). Yet when the school has encountered difficulties, teachers may tend to scapegoat the social worker as the person available and acting in loco parentis. The actions taken are often focused on the individuals without taking into account the complexity of the many intersecting systems. The roles of foster parents, biological parents , group home personnel, are diminished, yet each subgroup forms a system within which the child currently functions or has functioned in the past. These systems are not assessed sufficiently for the influence they exert, and their possible contradictory boundaries and expectations. When this is lacking it represents a decrease in professional accountability to the child as an individual whose life space problems are defined not only by possible neurological delays and deficits, but by individuals within each interacting system.

Understanding and involving multiple systems has been seen as a critical strategy in shifting the problem focus from the child to the interaction. The world of the child in out of home placement essentially encompasses two major institutional environments, the child welfare system and the school system. The biological family system, is removed from the current experience of the child. The losses are multiple. For the child with learning disabilities, who remains somewhat disoriented, the loss of being fully known, and individually valued, is immeasurable and severely curtails informal protections and advocacy as movement occurs between these

different institutional settings. While this situation is similar for all children in the child welfare system, learning disabled children represent one of the groups least able to mobilize the cognitive and organizational forces to present themselves in ways that attract advocates.

This becomes strikingly evident in the educational arena. All these children are simultaneously clients of the child welfare system and the educational system, placing them in institutional double jeopardy. Mobility within and outside of the child welfare system frequently means change of school location. Adjustment to a new school is a difficult task for all children, but most particularly for children who view school as an arena of continued failure, where demands and stress are unmanagable.

Without responsible caretakers or professional intervention to interpret strengths and weakness, to insure that appropriate resources are made available, to reward success,to monitor progress, and to cushion defeat, there can be no forward movement and frequently there is retreat. These children are judged and evaluated by their negative behavior. Growing documentation of emotional and behavioral problems dominate the official records, and the informal grapevine. Lack of face to face interprofessional communication, joined with insights of parents or their substitutes, virtually condemns these children to increasingly constricted life choices at a very early age.

Social workers in child welfare can perform valuable advocacy roles and support parents and other caretakers in their advocacy roles (Dane 1985a) Such attention can form a network of support for a child with learning problems. New community services can be developed to further protect and support the social interaction needs of the child with learning disabilities. Vigilante 1985; Dane 1985b)

However there are numerous barriers which may be anticipated to the

development and maintenance of a collaborative, mutually reinforcing relationship between child welfare workers and school personnel: a) physical distance between school and agency, and school and foster parents, requires allocation of sufficient time for travel, and coordination of conflicting work schedules of school and agency personnel; b) Lack of training and professional orientation toward working collaborately across discipline and institutional boundaries; c) Turf, status, different expectations and terms of confidentiality and accountability have further impeded a successful partnership between child welfare agencies and schools; d) Lack of a mechanism to permit the insights gained in educational testing and evaluation being translated in such a way as to guide social workers and others in their interventions.

The recognition of the particular needs of children with learning disabilities during specially vulnerable stages of growth is imperative. Youngsters with learning disabilities interact strenuously with their environment. Desparate to master the tasks of childhood and adolescence they engage in trial and error learning with frequent disastrous results whatever the environment. When they are from environments providing them with minimal supports the risks to their successful maturation are greater.

Our knowledge about this complex handicap is still limited. We owe all of these children our creative and sustained efforts. Continuing multi-professional, institutional and societal support is necessary to help parents, the primary advocates fulfill their roles as caretakers of our next generation.

References

Barsh, E. T.; Moore, J. A.; and Hamerlynck, L. A. "The Foster Extended Family: A Support Network for Handicapped Foster Children." Child Welfare LXII (July -August 1983): 349-360.

Birch, H.G.; Thomas, A.; and Chess, S.; Hertzing, M. E.; and Korn, S.; Behavioral Individuality in Early Childhood. New York: New York University Press, 1971.

Broder, P. K.; et al. "Further Observations on the Link Between Learning Disabilities and Juvenile Delinquency." Journal of Educational Psychology LXXIII (1981): 838.

Brown, C. C., editor, Childhood Learning Disabilities and Prenatal Risk: An Interdisciplinary Data Review for Health Care Professionals and Parents. Johnson and Johnson Baby Products Company 1983.

"Therapists Help Foster Children." Children's Defense Fund Reports (August 1984): 4-5.

Dane, E. "Institutional Pairing for Learning Disabled Children: Organizational Planning for Clinicians." (Invitational presentation at the NASW School Social Work Conference, New Orleans, LA, January 31-February 3, 1985: unpublished).

Dane E. " Professional and Lay Advocacy in the Education of Handicapped Children." Social Work XXX (November-December 1985): 505-510.

Dane, E. "Survey ofSocial Worker Involvement with Children with Learning Disabilities." (grant report in process).

Dore, M. M., and Kennedy, K. G. "Two Decades of Turmoil: Child Welfare Services, 1960-1980." Child Welfare LX (June 1981): 371-382.

Featherstone, H. A Difference in the Family: Life with a Disabled Child. New York: Basic Books, Inc., Publishers 1980): 91-136.

Gruber, A. R. Children in Foster Care: Destitute, Neglected...Betrayed. New York: Human Sciences Press, 1978.

Holditch, L., "Bridge -Building Between Teachers and Social Workers." in The Family and The School: A Joint Systems Approach to Problems with Children, edited by E. Dowling and E. Osborne. London: Routledge &Kegan Paul, 1985, 177-187.

Hughes, R. C., and Rycus, J. S. Child Welfare Services for Children with Developmental Disabilities. New York, N.Y.: Child Welfare League of America, 1983.

Kadushin, A. Child Welfare Services. third edition, New York: Macmillan Publishing Company, 1980, 33.

Kinzer, P. "Special Education and Minority Students." The Advocate (April 1984): 8.

Knitzer, J. Unclaimed Children. Washington, D.C.: Children's Defense Fund, 1982, 67.

Levine, M.D., "The High Prevalence-Low Severity Developmental Disorders of School Children." in Barness, L., editor. Advances in Pediatrics. Chicago: Medical Yearbook Publishers, 1982, 529-554.

Lora v. Board of Education, 1977:74 . F.R.D. 565 (E.D. N.Y. 1977).

Larry P. v. Riles, 495 F. Supp. 96(N.D. Cal. 1979).

Meissner, W. W., "Theories of Personality and Psychopathology: Classical Psychoanalysis." in Comprehensive Textbook of Psychiatry IV. editors, H.I. Kaplan and B. J. Sadock, Baltimore, Williams and Wilkins, 1985, 337-419.

P.A.C.E v. Hannon

Pennekamp, M., D.S.W., Memo to the author, 10 September, 1984.

Popp, H. M., "Selecting Initial Reading Instruction for High- Risk Children: A Theoretical Approach." Bulletin of the Orton Society XXVIII (1978).

Public Law 94-142, 5,6, 94th Congress, November 29, 1975.

Reschly, D. J. "Beyond IQ Test Bias: The National Academy Panel's Analysis of Minority EMR Overrepresentation." Educational Researcher XIII (March 1984): 15-19.

Sameroff, A.J.; Chandler, M.J., "Reproductive Risk and the Continuum of Care Taking Casualty." in Review of Child Development Research, edited by F. Horowitx. Chicago: University Press of Chicago. 1975, 187.

Silver, Larry. "Children with Perceptual and Other Learning Problems." Therapeutic Intervertions. III in Basic Handbook of Child Psychiatry. edited by J. Noshpitz and S. Harris. New York, Basic Books Inc., 1970, 606 and passim, 605-613.

Vigilante, F.W. "Pairing Neighborhood Schools and Settlement Houses to Design Comprehensive Group Work Programs for Learning Disabled Children: Problems and Issues." (presented at the National Social Group Work Conference, Chicago, Fall 1984) A later version of this paper was published under the title: "Reassessing the Developmental Needs of Children with Learning Disabilities: Programmatic Implications." Child and Adolescent Social Work (Fall 1985).

Vigilante, F.W., "Working with Families of Learning Disabled Children." Child Welfare LXII (September-October 1983): 429-436.

Werner, E. E., and Smith, R. S., "An Epidemiologic Perspective on Some Antecedents and Consequences of Childhood Mental Health Problems and Learning Disabilities." in Annual Progress in Child Psychiatry and Child Development. edited by S. Chess and A. Thomas. New York, Bruner Mazel, 1980.

Whittaker, J. K. "The Changing Character of Residential Child Care: An Ecological Perspective." Social Service Review LII (March 1978): 21-36.

Winnicott, D.W. The Child the Family and the Outside World. Harmondsworth, Penguin Books, 1964.