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1970
Johannesburg College of Education
https://hdl.handle.net/10539/27482
Lipman, L. (1969/1970). The Cork International Conference on Special Education. Symposium: A Journal of Education for Southern Africa, pp. 51-54.

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The Cork International Conference on Special Education

by LILY LIPMAN

THE emphasis and theme of the Conference was the integration of the handicapped child into the normal school and community. Much discussion revolved round the possibility, importance and necessity for integration.

I will briefly summarize the lectures.

Problems of psychological assessment of handicapped children

Assessing children just by a standard I.Q. test has proved most unsatisfactory. Many disadvantaged children are classed as retarded because of cultural differences. Assessing children through observation, cognitive tests — e.g. Illinois and Frostig, is more accurate than an I.Q. test. Motivation and Personality of the child is important — some children are not interested in responding. Children who are graded retarded should have regular assessment to see if retardation is due to cultural deprivation or to intellectual functioning.

We have not yet found an accurate testing scale for handicapped children.

Early childhood education for homebound and hospitalized children

It was found that the average child who is handicapped has several handicaps — Dr. Connor of Columbia University investigated a large group of handicapped children and found that one-third had three handicaps — usually motor, hearing, language and visual. Two-thirds had two handicaps.

Children in hospital require special education and stimulation because of their separation from mother. When these children return home a definite depression of mobility and responses are found in children who have been hospitalized for some time.

Suggestions were made that the field of Special Education be extended into hospitals and institutions catering for handicapped children so that they will not suffer from lack of stimulation.

The Importance of Early Clinical Assessment

At the present time the majority of handicapped children are multiple-handicapped. There is a danger of treating what appears to be the major handicap, i.e. the movement defect in cerebral palsy and neglecting other handicaps such as visual and hearing defects.

Visual defects: All handicapped children should see an ophthalmologist. The child may have defective sight, a field of vision defect or inco-ordinated eye movements. Handicapped children are more liable than normal to have short sight or long sight.

Hearing defects: The hearing of every handicapped child should be tested, using all modern techniques such as a sound proof room, one way screen, conditioning methods and free field audiometry. In non-mobile children, Mongols and institutionalized children there is an increased danger that a hearing loss may be due to a catarrhal condition.

Speech defects: Problems such as dysarthria should be investigated by a speech therapist. But the child may have a language communication disorder, such as aphasia or dysphasia. This can simulate mental subnormality and needs early recognition.

Learning Difficulties: The child should be watched for perceptual and other learning problems. Children born prematurely and cases of hemiplegia and spastic displegia are particularly liable to have these difficulties and they can be helped to overcome them at an early age.

Epilepsy: Fits are common in many types of handicapped children and in taking a history from the parents they should be asked if the child has ever had a "convulsion". It is possible not to notice petit mal attacks and possibly each child should have an E.E.G. examination. Appropriate drug therapy should be started early.

Movement Defect: Most handicapped children show delays in the milestones of movement, rolling over, crawling, etc. The diagnosis of Cerebral Palsy can be eliminated by reference to a paediatrician.

Laboratory Investigations: With all handicapped children it is important to give the parents as much information as possible about the condition and its genetic consequences. Laboratory investigations to eliminate chromosome

abnormalities and biochemical abnormalities should be done wherever appropriate.

Mental Subnormality: The child's progress should be regularly assessed by a clinician and a psychologist. If there is a certain diagnosis of this additional handicap, the parents need to be sympathetically informed and given support.

Many children are put on drugs to improve their functioning abilities in their environment.

The early education of the Handicapped

The early diagnosis of the handicapped child is essential and should be followed, either by home training or suitable schooling where the child can receive training and stimulation. Parents of handicapped children require reassurance and assistance. Research work is required to establish techniques and methods best suited for the handicapped child. Administrators should be alerted to the need for more research work. The earlier the child is diagnosed and sent to the proper school, the better the ultimate prognosis. In England and Wales, local authorities provide special education for handicapped children from age two. Children with sensory handicaps can be given assistance even earlier. Comprehensive assessment and surgical care are often required, as well as advice and support for the parents.

Report on the use of a pre-school training in perceptual and visual motor skills with cerebral palsied children

It was found that C.P. children have a basic difficulty in the appreciation of "Perceptual, tactile and kinaesthetic stimuli — they have difficulty in recognition of abstract shape and the ability to hold a series of shapes in mind and to generalize from these.

Because of this defect, or because of the general difficulty that arises in interacting with the environment, a number of other perceptual problems occur — such as difficulty in appreciating figure ground relationships and other skills relevant to reading ability and number work. By establishing Nursery schools for the handicapped or by absorbing these into the normal Nursery school, much can be done to assist these children when they begin formal schooling.

University Training of Personnel for Special Education in Yugoslavia

This is a new field in Yugoslavia and the course consists of — A. The elements of basic background subjects, e.g. anatomy, physiology of the C.N.S., Psycho pathology, psychology general, and psychology of education.

The Special education course must offer —

1. Students a wider professional education.
2. Practical work in schools and institutions, in assessment and diagnostic centres.
3. Students must study the practice of special education in foreign countries.
4. Provide for specialization — work with blind, deaf, autistic, etc.
5. Provide for post graduate study and doctorship.

The goal of the University training is to qualify students to work in special schools for handicapped children and youth, and for work in diagnostic centres, psychiatric clinics, children's wards in hospitals; for work in industry with employed handicapped persons.

The course lasts four years and consists of two courses —

Course 1: Mental Retardation.
Emotional disturbance and juvenile delinquency.
Physical handicap.

Course 2: Deafness — total and partial speech disorders.
Blindness and partial sight.

Cultural Factors in early education of Handicapped

In a survey that was done in Israel, normal children were presented with pictures of physically handicapped, retarded persons and people with cosmetic deformity, and they were asked to rate them in order of likes and dislikes.

The children from superior socio-economic homes disliked physically handicapped children most — displayed fear and anxiety when pictures of physically handicapped persons were presented. They disliked the cosmetic deformed least and were indifferent to all pictures of mental retardees.

In the socio-economic less endowed group, greatest anxiety and fear was shown for persons with the Cosmetic deformities; the most liked group was the mentally retarded group. Pictures depicting physically handicapped persons received a favourable and sympathetic response. The significance attached to the presence of a disability is derived from three sources —

(a) "Conditioning" — what you hear about the disability from parents, friends, newspapers, jokes, casual remarks.

(b) "Exposure" — what you see for yourself by coming into contact with disabled.

(c) "Education" — what you are positively taught about the disability and the correct attitude to adopt.

The education of young and old through publicity in newspapers, screen and T.V. is very important, so that the community understands and assists all handicapped to become independent and not the centre of pity and aggression. In the disadvantaged group there is greater acceptance of the handicapped person.

The Zurich School Programme for the Mentally Retarded

Until 1937 there were no provisions made for mentally handicapped children.

In 1937 a school was opened for Mentally Handicapped children and now educates 130 children aged 5—17. The Municipal Council took over the school as part of public schools in Zurich. The school is run on play lines with teaching of various skills on an individual basis. Global advancement is the aim, i.e. general development is aimed at.

It was found that to open schools and keep children at home was cheaper than custodial care or hospitalization. There was also better development in children if these were not separated from home. The staff of the school receive good pay and they, therefore, get good teachers. Staff receive training at the school. A speech therapist is attached to the staff.

A Psychologist and a Medical Practitioner attend regularly. No children under five are accepted as they are not considered mature enough to be separated from home.

Before the age of five, mothers are encouraged to bring the child to school one day per week and are taught to assist the child in developing skills. The role of parents is very important and their co-operation necessary.

Children must be trained to be as independent as possible. Whole personality must be developed.

Teaching Techniques — Audiovisual Aids and Automation at a C.P. School in Brussels

The school finds that mechanical aids for C.P. children with high intelligence are very important. Small classes of 5—6 children using aids are best.

(a) tape recorder is used for sound and voice discrimination.

(b) tape recorder for those who cannot turn pages and, therefore, cannot read books without help.

(c) a modified electric typewriter — for those who cannot use an ordinary nor an electric typewriter. Combined use of tape-recorder and modified electric typewriter allow heavily handicapped, but intelligent C.P's to master all kinds of knowledge.

(d) a pointing machine.

(e) a multiple-choice responses machine both for those who cannot speak or write at normal speed.

(f) Automated devised classroom, combining the pointing and multiple-choice response machines. In the classroom 8 cerebral palsied children may attend lessons together and respond, whatever their physical handicaps. They are, however, matched on the basis of their level of intelligence and knowledge.

A great deal of tactile and kinaesthetic equipment is available.

Early Stages in Teaching Reading to Mentally Handicapped Children

Retarded children are better able to recognize in print those words which they already use frequently in everyday conversation. Since vocabularies of retarded children are small, constant verbalization and language development is of great importance to them. Children in hospital and institutions have a lower vocabulary than children in families.

When teaching reading, make sure that words being presented are within their vocabulary and in frequent use.

Three dimensional material as a stepping stone to word recognition in two dimensions is suggested.

The purpose of teaching sub-normals to read depends on their degree of handicap. They are not able to generalize from one kind of material to other similar material. Socially, essential words should be taught rather than words which do not materially help a sub-normal in day-to-day activities.

Patients in hospital were found to have not more than 200 words to express all their needs. Hospital patients tend to lose language and vocabulary because of isolation and lack of stimulation. Nineteen patients in an experiment in a hospital setting were taught 26 words and 25 letters — these were flashed on the screen and

the patient was asked to recognize words and letters.

The experiment showed that words learnt most frequently were the words familiar to them, e.g. Man, woman, bag, cat, house. Letters y and z were learnt first and g, last. Patients learned best through pictorial representation — large clear pictures described by the teacher in a classroom setting.

In order to discriminate, a child must have an understanding of concept as well as of vocabulary.

A tape-recorder is useful to assist the child in correcting speech defects.

Some Applications and Limitations of Operant Conditioning in the Training of so-called Ineducable Children

In three matched groups comprising 16 low-moderate retardates, colour discrimination required nearly twice as many trials to establish as shape discrimination which, in turn, was a little harder than position discrimination.

Controversy surrounds Strauss's contention that a child (particularly if brain-damaged) is best taught in distraction-free surroundings. Murphy and McHugh (1968) found that sticking animal pictures on a grey screen separating two tins of different colour, shape and size, adversely affected the ability of the children with I.Qs below 35 to choose the tin containing a sweet. O'Sullivan and McHugh (1968) however, did not detect a similar detrimental effect when moderately retarded children were exposed to auditory rather than visual distractions during a size discrimination task.

Roche and McHugh modified the Wisconsin General Test Apparatus to study discrimination-reversal learning in severely retarded and normal children of like mental age. Ongoing research concerns Luria's disputed hypothesis that inability to verbalize the basis of a learned perceptual-motor response facilitates reversal learning. Although the normal and severely retarded groups learned a two-choice discrimination with equal facility, the normal children proved superior on the reserve task. In a parallel investigation with mildly and moderately mentally handicapped subjects, those children who were able to verbalize the solutions mastered a size discrimination problem and its reverse more quickly than did non-verbalizers. Both results cast doubt on Luria's theory.

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