Week 8: Learning & Behavior Disorders

Chapter 8

&

Partnership with Families

Chapter 9

I. Highlights

A. Least Restrictive Environment means students must be placed with non-disabled peers if possible, included in mainstream society, part of the community.

B. Every child is an individual, so the diagnosis is only part of the information we need to provide the best care for them.

C. Types of learning and behavior disorders: ADHD, learning disability, mental retardation, emotional disturbance, sensory-motor issues, visual and auditory perception problems, cognitive disorders, depression, phobias, aggressive/destructive behavior, schizophrenia, autism, eating & elimination disorders

D. Parents and teachers expect things of each other. Hard to live up to all of them all the time, but we all expect: communication, patience, respect, flexibility, and meeting the child's daily care needs. Start with those.

E. Family doesn't have to follow the traditional definition anymore. Maybe it's a mom + dad + 2 kids, maybe not.

F. Families of children with special needs are families first, with all the same qualities and joys and struggles of other families. They just have this extra challenge to deal with too.

G. Appropriate care = individualized + culturally sensitive + developmentally appropriate (always need all 3 parts)

II. Homework

A. Program observation essay due next Tuesday, 3/25. Remember to include the worksheet/checklist she gave us AND your handwritten notes from the observation.

B. Read Chapter 10.

III. Schedule/Syllabus Notes

A. Final exam is May 20

B. Individual project presentations: Last name A-L presents May 6. Last name M-Z presents May 13. (No time for make-ups, so be sure you're here and ready to present on your specific day.)

C. Will have a potluck in class on May 13.

IV. See handout on "Least Restrictive Environment"

A. LRE requires that the student be placed with non-disabled peers as much as possible and included in the mainstream of society (essential that children with special needs have typically developing children as role models)

B. Mandates the goal of including all students with disabilities into their own school and community (helps them feel rooted in community, have a sense of belonging)

C. Can be interpreted to focus on integration, but also to allow for separation when it is in the best educational interests of the student (maybe some pull-out time for special support/therapy if needed)

D. Can be interpreted to mean that all students should receive their education exclusively in the general education classroom (some feel they should always be with their same-age peers in the same classroom with non-disabled peers)

E. Can be interpreted to focus on service delivery systems that are responsive to the needs of each student rather than on the site or setting (individualizing the services to what is best for the child, not necessarily what's easiest for the school or the teacher)

F. Can use these guidelines when you're doing the program observation assignment to evaluate how inclusive the program is

V. Chapter 8: Learning & Behavior Disorders

A. To address behavior and learning problems it is not how the child is classified, but how the child is cared for and taught as an individual.

1. The child is an individual, above all else.
2. Then consider the diagnosis as a tool to help me understand their needs and how to meet those needs, but don't assume the diagnosis is enough information by itself.
3. Five children with the same diagnosis/special need may need different things/supports from me as a teacher.
4. Also depends on individual differences, home culture/culturally sensitive care, developmentally appropriate care

B. ADHD = Attention Deficit Hyperactivity Disorder

1. Meaning = difficulty focusing, very short attention span, inability to pay attention, high energy, lots of movement, caused by a chemical imbalance (they're not jumping up and down just to annoy you!)
   a) Not all children with high energy have ADHD
   b) We cannot diagnose/label a child as ADHD (only trained specialists can do that)
   c) When a child has a lot of energy, it's important to give them chances to burn it off during the school day

2. Causes = can be genetic, high fever when very young, chemicałtoxin/drug exposure before birth or when young
3. Used to give medication to calm the child down
    a) Ritalin wasn't thought to be addictive, but now we think it is. Can have long-term side effects including heart palpitations, kidney problems, etc.
    b) This "calm" effect that keeps the child sitting still also slows down the brain processes, can make it harder to learn, too much medicine can make them act like a zombie
    c) Medication is for the benefit of the adults, not the benefit of the child
    d) Caffeine can calm them effectively (has the opposite effect on ADHD people vs. the rest of us)
    e) Chewing gum can help because it gives them a way to keep moving (even though it's a small part of the body)
4. Make sure we help modify the environment & diet instead
    a) Soft yellow lights, not fluorescent
    b) Soft-spoken teacher
    c) Orderly environment
    d) Plenty of opportunities to move around and burn energy
    e) Can have a punching bag in the classroom
5. Diet matters a lot! Watch their diet, include lots of healthy foods, "slow carbs" (whole grains, take long time to absorb) instead of sugar
6. Behavior management
    a) Help children learn ways to manage their own behavior
    b) Provide them choices
    c) Help them understand what they can do when they feel so much energy inside

d) Can help to have a "movement area" available (such as an enclosed courtyard next to the classroom) where they can go when the energy comes, let them get it out and then come back to focus on activities
e) Big bouncy ball or wheely chair instead of regular chair
f) Still set limits: can't hurt themselves or others, can't destroy materials
g) Helping the child learn what works for them helps empower them to manage it themselves
h) Example: sometimes helps if they focus on something else at the same time, such as listening to music while doing homework

7. Cannot diagnose in preschool. Supposed to be age 6+ to get a diagnosis. Younger than that, little kids naturally have a lot of energy, it's not a disorder!
8. Human interactions matter
   a) True with all children, but especially with children with special needs
   b) Whatever you expect of children, children will rise to meet that expectation. If you expect them to misbehave, they will do that. If you expect them to be helpful and cooperative, they'll generally rise to that level. It's important to believe our children are capable!

C. Learning disability = cannot be caused by:
1. Visual, hearing, or motor handicaps
2. Mental retardation
   a) brain development is below the child's age, less capable than others their age
   b) can be mild or severe depending on the cause
   c) takes them much longer to learn (low IQ)
   d) can be caused by lack of oxygen, genetics, other disabilities, etc.
3. Emotional disturbance
   a) We know the most important domain of development is social-emotional.

b) Need affection and touch from birth to develop trust.
c) Something happened so emotional development hasn't happened.
d) May be unable to trust and form attachments
e) May have had emotional or physical abuse in their environment (whether directed at the child or just witnessed between parents beating each other)

4. Environmental, cultural, or economic disadvantage
   a) Cultural differences in how children are disciplined or medically treated (ex: "coining" is a medical treatment in Vietnamese culture, but can look like abuse because it leaves little burn marks)
   b) No money for good nutrition will affect the child's well-being
   c) Need more than food/shelter/clothing. Also need hugs, touch, affection, secure environment in order to develop fully.
5. Second language learners
   a) No exit exam for grade levels here, so children can keep getting passed through the grades without being able to read English
   b) A few second-language learners in a group of native English speakers will pick it up in 6 months, but if most of the group is second language learners, they have no good role models and they won't learn the language quickly
   c) If they can't understand what the teacher is talking about, they won't learn the material in the curriculum

D. Sensory-motor skills
1. Gross motor (large muscles + neck)
   a) Imperfect body control (jerky movements, klutzy, left and right are not coordinated)
   b) Poor balance (need to check the ears, check the feet: pointed in or out?, check the legs, check their vision -- all are correctible if you catch it)

c) Uncertain cross-lateral movement (see if left and right move in sync, prompt them to use the weaker side)
d) Spatial orientation (often bumping into things, stepping off the edge of things, not stopping in time when running, etc.)

2. Fine motor (small muscles, hands, fingers, face, includes all self-help skills)
   a) Buttoning
   b) Snapping
   c) Cutting
   d) Pasting
   e) Stringing beads
   f) Inability to draw straight line (usually learn to draw a circle first, then lines, notice if it's always crooked when others are straight)
   g) Able to copy shapes or letters (hand-eye coordination)

E. Visual and auditory perception problems
   1. Visual discrimination (tell by looking what is different or alike, such as picking the pink crayons out of a big pile of crayons, or finding the pear in a bowl of apples)
   2. Visual orientation (looking around, getting used to what you see, able to tell what's changed when you come back into a familiar room)
   3. Visual memory (can close your eyes and envision something you've seen in the past, maybe a mental video of a strong positive or negative experience, maybe able to remember a grocery list that you left at home)
   4. Visual tracking (able to follow things with your eyes, such as dot-to-dot worksheets, reading left to right, watching a ball fly through the air)
   5. Visual-motor integration (playing sports, able to move in coordination with the ball you see coming, can reliably catch a ball)
   6. Auditory perception problems (inability to hear certain things)

7. Language deviation, social skill deficit (any problem with language will affect social skills because it affects interaction with others)
    a) Sometimes language problems happen because they don't have a solid vocabulary base, so they make up words when they don't know the real word (especially if learning two languages)
    b) Can often be fixed with short-term speech therapy

F. Cognitive disorders
    1. Visual discrimination (able to understand what you're seeing)
    2. Orientation (knowing where you are)
    3. Memory
        a) cognitive development depends on memory because you can't learn more when you can't remember what you've learned already
        b) in psychology, memory is the most valuable thing we have. When people lose memories, they often feel they have nothing left to live for.
        c) Don't assume they have poor memory if you ask an open-ended question (such as "What did you do at school today?") because it may be too broad for young children. Ask a specific question (such as "Did you have pasta for lunch?") and see if they can remember that answer.
    4. Tracking (remembering or planning sequences of steps, such as their bedtime routine)
    5. Motor intelligence (are motor skills on level for development or not)
    6. Language deviation (language development not at developmentally appropriate level)
    7. Social skills deficit (children who have trouble learning social skills, such as when to talk and when to stop to listen in a conversation, etc. -- if their language is okay but they miss the social cues in conversations, look at

cognitive development: do they understand what these cues mean? Can also be cultural of course.)

G. Behavior disorders
    1. Severe depression (do not smile, sleep too much or not at all, unable to get excited over things)
    2. Anxiety
    3. Phobias (afraid of the dark, heights, deep water, spiders, small spaces, etc., usually based on a frightening life experience that happened to you or someone you care about or seen in a movie)
    4. Aggressive and destructive behavior
        a) hitting/kicking/biting, slamming doors, destroying stuff, etc.
        b) can be caused by inconsistent caregivers or lack of positive guidance
        c) important to document everything
    5. Childhood-onset schizophrenia (is genetic, requires medication)
        a) Can't just give them adult medication in lower doses, need specific medication
        b) Bigger problem when a parent has schizophrenia too
    6. Infants can even have mental health issues (such as depression) due to lack of nurturing environment

H. Autism
    1. Qualitative impairment in social interaction
    2. Qualitative impairment in communication
    3. Restricted and repetitive patterns of behavior, interest and activities
        a) May spend two hours fixated on a toy car, making noises and playing alone
    4. Impairment or delay in imaginative play, social interaction or social communication

a) Avoiding eye contact is a big red flag (unless they're from an eastern culture where eye contact with teachers is disrespectful)

5. Is a spectrum, not all the same.
6. Number is growing in the US, but almost entirely unseen in other countries, specially Asian countries
    a) Don't know the cause yet, but have to wonder what we're doing that they're not
    b) One theory is the child is unable to absorb nutrients from food due to a fungus in the digestive tract (sometimes helps to eliminate dairy and wheat completely, stick with whole grains and fruits and veggies, children gradually get better)
7. Sometimes child is typically developing until age 2, then lose their ability to talk and make eye contact (very baffling to parents)
8. Fastest growing of the special needs we see
9. Tend to be very smart, but very focused on a particular type of intelligence (such as genius in math, but can't handle other parts of life)
10. Related problems
    a) Sensory problems (touch sensitive, tags in clothes may bother them, very picky about foods, etc.)
    b) Mental retardation (may be caused by those restrictions in foods and/or experiences)
    c) Seizures
    d) Extreme sensitivity to certain sounds and textures (such as sirens, high-pitched music, itchy clothes, etc.)
    e) Fragile X syndrome
    f) Tuberous sclerosis

I. Eating and elimination disorders

1. Pica = craving to eat things that are not edible (such as wood, dirt, paper, etc.), often caused by iron deficiency or other nutritional deficiency
2. Food jags = preferring to eat one thing over and over, very narrow menu, such as having the same peanut butter sandwich + apple + milk for lunch every day for a long time
3. Soiling = regularly pooping in their pants even after done potty training, can be due to a muscular problem in the anus or intentional for attention
4. Wetting = regularly peeing in their pants or bed after done potty training
5. Intestinal virus = can hang on for months, not just the flu, can cause all kinds of problems (diarrhea, etc.), can be very contagious
6. Diabetes and bladder control
    a) 3-year-old can learn to give herself insulin injection
    b) Frequent urination can be a symptom of diabetes
    c) May be more prone to bladder infections
    d) Can use a catheter if needed

VI. Chapter 9: Partnership with Families

A. Parents as (brainstorm)
1. Allies, partners
2. Volunteers
3. Experts/advisors
4. Role models
5. Caregivers
6. Mentees/students
7. Supporters
8. Cultural ambassadors
9. Decision makers

10. Child's first and permanent teachers
11. Team members

B. Teachers' expectations of parents
    1. support
    2. honest & direct communication
    3. open-minded
    4. respect
    5. arrive on time
    6. patience
    7. involvement
    8. philosophical buy-in
    9. child is fed, bathed, with clean clothes every day
    10. read the newsletter

C. Parents' expectations of teachers (this is a longer list)
    1. 100% consistent attendance
    2. patience
    3. respect the child
    4. tell me everything honestly that happens all day (communicate, communicate, communicate!)
    5. compromise if needed, flexibility
    6. make them eat all their food
    7. make them nap early, wake up early so they'll sleep at night
    8. help child make friends
    9. stop complaining, give positive reports
    10. treat child as an individual
    11. teach school skills, not "just playing" all day
    12. build a relationship with my child

13. keep child safe & environment clean

D. Look for similarities in these lists (what we expect of each other)
    1. Communication
    2. Patience
    3. Respect
    4. Open-minded/flexible
    5. Meet daily care needs

E. What is family?
    1. Traditional definition: mom, dad, siblings, grandparents, cousins, etc., related by blood or marriage
    2. Can include very close friends, someone who loves you and is always there for you, support group, unconditional love, pets
    3. Definition of "family" has changed since the 1960s
    4. Book: Who's in a Family? by Robert Scotch, illustrated by Laura Linhouse (describes family structures and relates them to animal kingdom families)
        a) Can be mom, dad, two kids
        b) Can be an only child with two parents
        c) Can be a single mom or single dad
        d) Can be older sibling taking care of the younger siblings
        e) Can be two moms or two dads
        f) Can be raised by grandparents, or can be grandparents as caretakers while parents are at work
        g) Can be two grown-ups without any children
        h) Can be two families when parents are divorced
        i) Can be mixed-culture
        j) Can be adopted or in foster care
        k) Family is "the people who love you the most"

F. "A parent is always a person first. He or she cannot be separated from parenthood, of course, but an individual is also much more than just a parent. Having a child is merely one part of a complicated role as a person. The parent is also a son or daughter, a husband or wife, a worker, a citizen, a consumer, and many other things." --Leo Buscaglia. They're juggling many balls at once, just like the rest of us.

G. Questions

1. How do we describe families with children with special needs or disabilities? They're just families, same as any other family. Everything else about them is the same as anyone else. They're just people.
2. What are some of the challenges common to families of children with special needs?
    a) Time
    b) Money for training, equipment, care/therapy, etc.
    c) Knowledge about the special need, legal rights, etc.
    d) Parents taking care of themselves so they have the energy to take care of the child
    e) Plans for what to do to care for the child when the parent is gone
3. What is the process of adjustment?
    a) Can start during pregnancy if tests show the special need is there
    b) Can start at birth when it comes as a surprise
    c) Can start later if diagnosed later
    d) Supportive extended family or support network is very important during this time
4. What does it mean to develop culturally sensitive services?
    a) Providing care that's similar to the home culture of the child (teacher looks like Mommy, talks like her, gives the same food, etc.)

b) Educate ourselves about the family's culture. Bring it to the family, ask if the things we've learned are true and are relevant for their household
c) Try to provide care that respects that culture
d) Don't have to know about all cultures of the world, just the cultures of the children in our care
e) Even more important for children with special needs because consistency between home and school is even more important for these children

5. What does it mean to develop relationship-based services?
   a) Need relationships with families and children, coworkers, admin people, and with the community at large (more than just this baby you're holding)
   b) Each of those relationships comes with expectations of each other, isn't always easy to fulfill all those expectations
   c) Coworkers are the main reason people leave their jobs around here
6. How do we support families in inclusion settings?
   a) Need to support families of children with special needs AND families of the typically-developing children
   b) Keep lines of communication open with all of them
   c) Help the family of the child with special needs feel welcome by preparing the other families
   d) Ask the family how they want us to introduce them
   e) Provide opportunities for families to connect with each other (ex: field trips, potlucks, etc.), maybe include the personal invitation to include the families of children with special needs
   f) Help the family with special needs to be included, put them on the parent advisory council, etc.
   g) It's easier to deal with the difficult things that come up if we already have good relationships

7. What is a family?
    a) Family is a self-defined unit whose members have made a commitment to share lives
    b) Families may vary culturally, ethnically, linguistically, racially, socially, and economically
    c) Every family is unique
    d) Variety of families
    e) Traditional families such as married couple with kids
    f) Non-traditional families such as teen mothers and fathers, single mothers and fathers, interracial couples, gay and lesbian couples, grandparents, adopted, foster, blended/step, or dual career (both parents working) families
    g) Is a time to be open-minded about how we define "family," because the families we serve may not fit our definition/experience
    h) Make a conscious effort not to let anyone be excluded, such as a family with two dads being excluded from the classroom mom's social connections
8. The diversity of our families requires us to develop early intervention and special education programs that are culturally sensitive and lignuistically responsive to all children and families.
9. Educators and practitioners must become culturally competent.
    a) Families must be decision-makers. It's more than just starting with a good relationship when they come and then ignoring after that.
    b) Be aware of their culture, then be sensitive about how to apply that knowledge in daily life (isn't easy!)
    c) Realize that cultural differences (such as spoon-feeding vs. expecting the child to feed herself) can be very deeply rooted

d) Be willing to compromise. Ex: Chinese parent wants you to follow the child around with a cup and catch the pee when the child starts to go. We say we can't do that under licensing regulation, but we can put the child on the toilet every half hour.

10. We must develop a collaborative partnership with families so that they are successful.
    a) Consistency between home and school is critical.
    b) Especially with discipline and positive guidance, it has to be the same at home and school. (Can be more flexible with food, but positive discipline/ guidance has to be the same.)

VII. Appropriate care must be: Individualized + culturally sensitive + developmentally appropriate, always!