

Teaching Children with Specific Disabilities

I. Highlights

- A. To facilitate friendship among children, the language we use matters. Refer to each other as “friends,” set up mentoring relationships, and role model kind interactions.
- B. When interviewing a family when they enroll, it’s the teacher’s job to put the parent at ease, and the parent’s job to share enough information to let the teacher take the best care they can of the child.
- C. “Developmental disabilities” = anything that deviates from the typical milestones of development. May be motor issues, vision or hearing issues, speech delay, etc.
- D. Developmental disabilities can be caused by environment and/or genetics. They work together. Sometimes one disability can cause another, or multiple disabilities can be caused by the same original problem (such as drug exposure during pregnancy).
- E. There is a link between poverty and developmental disabilities.
- F. “Congenital” means the condition is present at the time of birth, whether or not it’s detected at birth
- G. Chromosomal abnormalities = problems from genes from a parent or past relative, or errors in the way genes get put together during conception
- H. Infections & toxins exposed during pregnancy = responsible for 25% of developmental disabilities
- I. Complications during or after birth can also cause problems
- J. There are different categories of developmental disabilities: learning disability, speech and language, orthopedic, etc.

II. Homework

A. Journal #3 due next week (no new reading due). Write it for Chapter 5 only.

III. Discussion

A. I have been trying to facilitate friendship among the children by...

1. Ice breaker games that make children interact with each other / introduce themselves
2. Play games with small groups where they have to use each other's names
3. Game: stand in a circle, "If your favorite food is _____, go to the other side."
Learn a lot about each other, what you have in common.
4. Bring the lonely child to a group of peers who speak the same language, say, "It looks like our friend Kayla needs a friend to play with. What can we do all together?" Works even better if the teacher can stay with them and join in the game for a few minutes to get them going.
5. Big brother / big sister techniques, asking older children to mentor the new / younger ones. Younger ones don't feel overpowered by adults, let peers incorporate them into the social environment.
6. Role playing how to make friends, maybe first between teachers at circle time and then between a teacher and a child.
7. With infants / toddlers, can bring out props to facilitate dramatic play, sit and play with them and model the communication.
8. Make it the norm in the room to help each other with jackets, etc.
9. Find the child who doesn't have friends, give him a job (such as "boss of the books" or to go fetch something for circle time) and have him invite a friend to join him in the job.

10. Put two infants near each other on the floor and introduce them to each other.
“This is your friend Sheila.” Use that vocabulary of “friends” from the very beginning.
11. Make it okay for people to want to play apart sometimes. Practice how to say no without hurting feelings. Instead of “No, you can’t play,” teach them to say, “Maybe later.” When the language used in the class is kind, children connect with each other much more easily.
12. A lot of children depend on adults to help them learn to make friends. We need to help them by creating a safe environment.
13. People won’t play with you if you hit them. Natural consequences. Role play and puppets and such to teach how to interact instead of hitting. What can they do so people want to be their friend? (pro-social behaviors)
14. With older children, can discuss, “Can you tell by looking at me that I am a peacemaker? a kind person?” No, of course not. Ask them how they can tell instead: being inclusive, making eye contact, kind words, gentle hands, etc.
15. Circle time discussion: “What does friendly sound like?” Puppets and role play to hear the differences in tone of voice, words used (“Would you like to play with us?” vs. “No!”), etc.
16. It’s their choice not to share if they’re not done, but need to find a way to acknowledge that the other person wants something too. Maybe get a timer to take turns. Maybe teachers commenting, “I saw that you gave Molly your playdough tool. That was a very friendly way to share!” Maybe, “I’m not done yet. You can be next.”
17. There’s no one right answer, especially in different cultural groups.
Friendship is not a simple thing.

18. Think about it. How many deep, real friends do we have? People we truly trust? They're few and far between. Most of us have 2-7 and we've had years to grow that. It takes time and it's not easy.

B. Santa Clara County has a shortage of TB tests. Now requiring a blood workup or chest x-ray instead until we get more back in stock.

IV. Pretend family interview activity: "Learn from the Family" page 162. Come up with questions and answers that will help you serve the child to the best of your ability. One person is the parent, other is the teacher.

A. Role of the teacher is to put the parent at ease so they're ready to share. Listen, advise, offer follow-up questions, take notes so we can refer to later.

B. Parent's role is to offer enough information to help the teachers take the best possible care of the child.

C. Some schools do this as a formal interview after parents enroll. Some do it as a two-way conversation on the tour. That way it feels more like a conversation, less like the teacher is grilling the parent, but you can also miss things.

D. Children born addicted to drugs are almost always born underweight, which causes problems on its own. Often in an incubator for weeks. Can take weeks for them to get over that addiction. Other children are developing on a daily basis in those few weeks, but the only thing those children are doing in those weeks is giving up the addiction. They're struggling to eat, breathe, function because they're going through withdrawal. They're behind from birth.

E. Research shows majority of moms don't go to the doctor until 5th month of pregnancy. By then, the damage from drugs and alcohol has been done.

V. Developmental Disabilities

- A. Examples: motor issues, vision or hearing issues, speech delay... anything that deviates from typical milestones of development
- B. Can come from environment and/or genetics
 - 1. Confined in cribs in orphanages in other countries = stay small and delay their motor skills because they're kept in cribs "for their own safety"
 - 2. Drugs, alcohol, toxins in the environment, etc. during pregnancy or early life
 - 3. Can be secondary disabilities because of a heart defect or other original disability (ex: hearing issues lead to speech issues, heart defect affects their ability to move which delays motor and cognitive development, etc.)
- C. Link between poverty and developmental disabilities
 - 1. Access to medical care
 - 2. Poor prenatal nutrition
 - 3. More drug use (including alcohol, caffeine, cigarettes)
 - 4. More stress, less parent interaction & stability at home if parents are working multiple jobs to make ends meet
 - 5. Extreme psychological stress from violent environment even if the child isn't hit or injured (is legally considered child abuse if the child has to witness screaming and hitting between parents, even if child isn't hit)
- D. Key points about developmental disabilities
 - 1. Damage can occur at any stage of development (during pregnancy or at time of birth or detected later in life) to bring disability
 - 2. "Congenital" (condition present at time of birth) problems may or may not be genetically related, can be recognized at birth or detected later
 - 3. Biology and environment act together (nature and nurture interact, seeing more problems as our environment and diet get more polluted)
- E. Biological factors
 - 1. Chromosomal abnormalities (may be a gene from a parent or past relative)

2. Fragile X syndrome (is chromosomal damage)
3. Abnormal gene disorders (such as “albino” skin and eyes and hair)
4. Williams Syndrome, Down Syndrome, Cystic Fibrosis, and others...
5. Metabolic disorders (body’s metabolism is off, can’t absorb enough minerals and such from food, children get sick a lot, weakens the immune system)

F. Down Syndrome

1. Trisomy 21 means the person has an extra 21st chromosome (3 copies instead of 2), so they have 47 rather than 46 total chromosomes
2. Physical appearance: small round head, flat back of the head, flat mid-face, small ears, short stature, short fingers especially short round thumbs, simian crease
3. Visible at birth, often used to be sent away at birth in the old days because parents would not or could not raise them

G. Abnormal gene disorders

1. Tay Sachs (nervous system problem, very short life span)
2. Cystic fibrosis (hard deposits in the lungs like crystallized mucus, have to pound on their chest and do breathing treatments and suction, mucus so thick it can suffocate the child, have to monitor them constantly, can have cysts and problems in the brain)
3. Sickle-cell anemia (blood disease, more common in African-Americans, very painful, symptoms come and go)
4. Duchene muscular dystrophy (gender-linked disorder, nervous system causes muscle problems, often born with it but not diagnosed until later in life, no known cure)

H. Prenatal infections and intoxicants (things that happen when the mom is pregnant)

1. Rubella, diabetes, AIDS, herpes simplex, poor nutrition, etc.

2. If mom has one of these, should have a cesarian section instead of vaginal birth to reduce risk of giving the disease to the child
3. Responsible for 25% of developmental problems / disabilities
4. Alcohol and drugs, also studying the effects of caffeine (energy drinks, etc.) on babies

I. Birth complications and teratogens

1. Anoxia (lack of oxygen) from the umbilical cord around the neck or gets folded / pressed in certain positions
2. Premature infants (more severe the more premature they are)
3. Complications following birth: meningitis, encephalitis, jaundice, lead poisoning, poor nutrition, toxemia (poops before birth then inhales it), etc.
 - a) Whenever child has very high fever, test them to see if they can bend their head forward. If neck freezes and you can't bend the child's head forward (chin to chest), means too much liquid around the brain from meningitis, need to rush to emergency room
 - b) toxemia can kill the baby, is a huge problem, very scary
 - c) Jaundice = liver problem, need to sit under a blanket with special lights (other countries say put the baby in the direct sunlight with no clothes on, we say they'll get sun-burned)
4. Poverty
 - a) Nutritional deficiency (WIC program can help with this)
 - b) Inadequate health care and education
 - c) Homelessness and sub-standard housing, more likely to be exposed to lead poisoning, often no access to medical care while pregnant
 - d) Single-parent families
 - e) Child care issues (maybe older siblings, can't afford high-quality child care centers)

- f) Combating poverty is an ongoing struggle: gap between haves and have-nots is getting larger daily, now see white-collar workers who are homeless

J. Categorial Systems (categories of disabilities)

1. Specific learning disability
2. Speech and language, autism
3. Mental retardation
4. Emotional disorders, mental health
5. Multiple disabilities (sometimes one disability causes another, or more than one disability can be caused by the same root cause)
6. Orthopedic impairments (muscles, bones, nerves, motor skills)
7. Hearing loss and/or visual impairment

VI. Aggressive play handout: be honest.

- A. If you're a teacher and see a child throwing sand at another child or slapping a playmate, what do you do? (different answers)
 1. Observe to see if it's an accident or intentional
 2. Observe to see if the other child has the self-help skills to speak up for themselves
 3. Whether or not I'm going to intervene, would be nearby immediately in case he/she tries to throw sand again because of the risk of eye damage
 4. Intervene to support the child who is hurt first, make sure they're safe, then talk to the other child about making safe choices.