Designing Instructional Programs

I. Highlights

A. Inclusion programs = all children together with their peers in high-quality environment that meets everyone's needs

B. Barriers to inclusion include lack of funding, parents' lack of information, lack of collaboration among agencies/professionals, lack of training/skills/willingness to learn on the part of ECE teachers

C. Can be challenging to meet all children's needs at the same time, but the children benefit from positive peer role models and the other children and adults benefit from learning to work with all people

D. There are several models of inclusion, including community-based itinerant, co-teaching, blending for activities only, or completely segregated in special education (which would not be considered inclusion)

E. There are many strategies for creating inclusive environments

II. Homework

A. Read Chapter 5 (nothing to turn in next week)

III. Discussion

A. Lot of ADHD and behavior problems, lot of teachers don't know how to handle it. We're not trained in that usually.

B. If I wake up tomorrow with a disability, I would choose:

1. Deafness was the most popular because deaf culture is very rich, more independent than blindness or other issues, much improvement in communication options last 50 years, lot of medical advances to help treat it
2. After that = Downs Syndrome, seizures

3. Only one voted blindness, no one voted quadriplegia

C. Inclusion Collaborative training: Celebrating All Disabilities
   1. www.inclusioncollaborative.org
   2. Thursday, 10/3/13 from 5:30-8:30 pm, $35
   3. Counts for professional growth hours
   4. Have to register by tomorrow

D. PITC Training: can get trained in 4 modules, write a paper that gets accepted, then can take a 5th module on special needs called "Beginning Together" (can't take training until pass the first four modules)
   1. PITC certification is a lot of writing
   2. PITC = Program for Infant Toddler Care (pitc.org)

E. Noticing a lot more boys than girls with special needs (unsure why)

IV. Inclusion Environments and Programs

A. Elements of inclusion programs
   1. All children attend the same program (no separate "special ed" classes)
   2. Same age children need to stay together, even if a child acts younger than his age
   3. Each child succeeds in the environment (set up to meet the needs of the children in the class)
   4. Quality = developmentally appropriate practice (appropriate for that age, modified for children with special needs) + meets all standards (ESERP)
      a) There is a difference between just providing care and providing quality care
      b) Isn't just a service of feeding and diapering them and putting toys on the shelves. Quality care means teachers are happy, connecting in relationships with children and their families.

B. Barriers to inclusive child care
    1. Need for child care because so many families have both parents working
    2. Families accessing child care services often feel lost in the system, don't know how to even evaluate a program, don't know what to look for to see if it will fit their family
    3. Information for parents needs to be easy to understand, available in their language if applicable
    4. Advocacy skills for families — teaching parents to be the voice of their child, empower them to speak up for what their child needs (connecting them to lawmakers and share their stories). Teachers and families must do this hand in hand. Tell lawmakers how essential it is to fund programs for children with special needs.
    5. Collaboration among agencies to efficiently meet needs — how we do documentation and push for diagnosis, coordinating different service providers (classroom teacher, special ed teacher, case manager, therapists, families, etc.) so everyone knows what everyone else is doing and we're all on the same page
        a) Ex: if physical therapist is doing gross motor exercises with the child, show classroom teacher so classroom teacher can continue that during the rest of the week
        b) Common problem that therapists pull children out of the room, do their thing, then drop the child back in and run off to the next child without taking time to connect with the teachers
    6. Funding is still short
    7. Training and support of child care providers (lot of us don't know how to take care of children with disabilities)
    8. State provisions, regulations and policies

9. Lack of county planning effort (we interact with the Santa Clara County Office of Education usually, not directly to Sacramento)

C. Benefits and challenges of inclusion

1. Challenges

a) Slideshow points

(1) Needs may not be met adequately (not enough time or hands)

(2) Children may not receive specialized support services (for-profit private centers may not want to spend the money)

(3) Concern about inappropriate behavior (parents complain that their child picked up bad habits)

(4) Meeting the needs of typically developing children and children with special needs at the same time can be challenging. We know children with special needs are more time-consuming. We just need to set it up with enough support to make that work.

b) Shortage of funding

c) Pediatricians and school districts not helping get diagnosis, so then no funding for supports

d) Taking more than their share of staff time/attention, builds resentment/worry from other parents

e) Creating an environment that meets all needs (especially if conflicting needs, such as one child turning the volume down and another turning it up to hear)

f) Teachers' skills, knowledge, willingness to learn

g) Children see that they're different from their peers, may be ostracized

2. Benefits

a) Slideshow points

(1) More stimulating, varied and responsive experiences

(2) Developmental curriculum rather than a deficit model curriculum (including them rather than just creating goals based on what they can't do; not dumbing down the curriculum, but adapting materials so they can all access it)

(3) Opportunities to observe and interact, and imitate typically developing children (when all special needs together in one room, there's no typical role model for the children, harder for them to make progress and engage with general society)

(4) Implicit motivation

(5) Typically developing children experience progress and act as peer tutors (also true in mixed-age programs regardless of disabilities; older children are often more patient as teachers than we are)

(6) Families are more accepting of human differences.

(7) Society becomes more tolerant; build greater understanding and respect. (Once we get families on board, the community comes on board. When families learn to tolerate and understand each other's children in the classroom, they're tolerant of other people's children out in the community too.)

b) Social skills, positive peer modeling, chance to feel normal~~i~~included

c) More awareness and empathy and acceptance for children with special needs (becomes part of their definition of "normal" and acceptable because of the early exposure, easier to be friends)

d) Teachers become better because we're more patient and creative (we learn on a daily basis)

e) Parents of typically developing children are more grateful for their children

f) Problem-solving and cognition for all children having to learn new ways to communicate and engage with children with special needs

g) Problem-solving creativity skills for teachers make us better teachers for other children (even those without disabilities, since everyone learns differently)

h) The children with special needs often have a different perspective/attitude/energy that influences the other children

i) Forces more collaboration among staff, which makes us better teachers for all of our children and models collaboration for the children

j) Creates a more diverse/inclusive community view for all parents and staff

3. Having adapted materials in the classroom benefits all children

D. Examples of Inclusion programs

1. Child care and education programs
2. Head Start (started in 1965 to serve low-income families, bring parents on board as partners, give good food to the children, include children with special needs, connecting families to food services/medicałdental care)
3. Recreation programs (camps through Parks & Rec Department in the summer, sports teams after school, etc.)
4. Any natural environment (swimming, going for walks, horseback riding, etc.)

E. Inclusion Models

1. Community-Based Itinerant = special education teacher and related services visit child with special needs on a weekly basis
2. Public School Co-teaching = early childhood teacher and special education teacher co-teach in the public school
3. Community-Based Co-teaching = early childhood and early childhood special education teacher share teaching responsibilities

4. Integrated Activities = programs in which children with and without disabilities are enrolled in different classes but come together several times a week for special activities
5. Traditional Special Education = only children with disabilities are enrolled with special education teacher

F. Strategies for creating inclusive environments
   1. Helping children accept children with disabilities
   2. Acknowledging differences (let children ask questions freely, answer honestly)
   3. Modeling appropriate behavior
   4. Stating rules of treating others respectfully (for all people: ask permission before helping someone, so we role model by asking permission before helping them)
   5. Educating children about differences (helping children be observant of differences, learn that differences do exist. We are all better at some things than others, each individual is different, makes us more accepting of other people's strengths and challenges)
      a) Use a mirror to identify different outside features (begin with what they know and can see: eye color, hair color, skin tone)
      b) Put hands together, let's look at skin tones, no judgement about one being better than the other, just differences do exist because it's true, helps them learn to be observant
      c) Build onto physical differences, learning differences
   6. Answering children's questions (there is no rude or bad question, all questions need to be answered in an age-appropriate way)
   7. Reassuring children

8. Allow children to explore through play (we learn a lot by observing their play together -- learn a lot about their family, vocabulary, the way they treat each other)
9. Read books to children discussing differences (great tool for teaching any message/concept)
10. Involving children in adapting the setting of a child with a disability (ex: tell the whole class that a child's glasses help that child see, belong only to that child, will hurt if pushed into their face, etc. Have clear glasses for other children to practice/experience. Have a special safe place to put the glasses during nap time, teach other children the glasses are not a toy even when they're off that child's face.
11. Helping children with disabilities respond to other people's questions (practice/role play with them so they understand their own disability and how to talk about it, don't answer it for the child when other people ask them)
12. Help families accept all children

V. Chapter 4 Review

A. <u>Play</u>
   1. Must have no predetermined outcome or goal
   2. Must be voluntary
   3. Can give teachers great insight into children's interests, vocabulary, skills
   4. Great chance to practice

B. <u>Motivation</u>
   1. Most children are naturally motivated to play, explore, learn. Children with developmental disabilities may not seem as motivated

2. Those children may need more encouragement by teachers following their interests

C. Daily Routines
   1. Daily goals within the routines
   2. Gives predictability and security
   3. Need to be consistent and flexible (equally important)
   4. Children need to know what to expect, what's hapening next, shouldn't be surprised

D. Communication
   1. Repeating daily words and routines consistently
   2. Match words to real-world objects and experiences
   3. Use real words, not baby talk "baba" and "blankie"
   4. Check for understanding (don't just keep talking)

E. Curriculum is the sequence of activities (content and process)
   1. Is influenced by philosophy of the center
   2. Needs to address IEP/IFSP goals
   3. May be pre-boxed curriculum or emergent as you go

F. Positive behavior support
   1. Created as a way to promote positive ways of addressing behavior issues (instead of negative/punishment strategies)
   2. Observe behaviors, understand what comes before to cause it, what's happening, what happens afterward
   3. Recognize there may be different ways to approach/handle this behavior
   4. Realize the environment influences our behavior
   5. Natural consequences and positive reinforcement
   6. Preserve the dignity of the child, don't shame them in front of others for their behavior

7. "Love and Logic" system can help
8. Always separate the behavior from the child: we will not accept the behavior, but we still love the child (keeps their sense of security, helps them hear we think they're capable of changing their behavior)

VI. Video: Oprah interview on Autism (parent perspective)

A. These notes are not required for the midterm. Just for our information/interest.

B. Autism affects 1 in 150 children, a new diagnosis every 20 minutes, now called a national health threat by the CDC

C. Everyday struggles for families

1. Even simple routines are stressful and exhausting
2. Child is trying to stay in himself, parent is trying to draw him out
3. Sometimes don't sleep all night
4. Just when think they're toilet trained, goes backward, often still in diapers years after other children
5. Documentary by Autism Speaks called "Autism Everyday"
6. Sometimes miss developmental milestones, know early on something is wrong. Sometimes hit all the milestones on time until around age 2, then lose words and stop making eye contact, child withdraws. Sometimes happens quickly (stop speaking and withdraw within 3 months). Sometimes get sick a lot (or one major illness) around that time.
7. Often told to wait and watch, maybe it will get better. Told they're new parents, nervous parents, don't know what they're talking about.
8. Mourning the child they had before the child withdrew into their own world. Feels like the child disappeared. Would have been different if born with obvious disability. Instead, see their healthy typical toddler suddenly disappear.

D. Struggling with behaviors
    1. Erratic, repetitive, sometimes uncontrollable behavior called "stimming" short for self-stimulatory behavior
    2. Clapping, flapping,jumping up and down, grinding teeth, repeating the same word or phrase over and over, head banging, scratching themselves
    3. Parents feel like the sound is driving them crazy, but also feel guilty for feeling that way because it's the only sound the child can make
    4. Theory that they do it to feel their bodies, so trying to help redirect that into other ways of feeling their bodies (touch, gross motor activities)
    5. Is totally exhausting for parents to constantly watch and redirect and keep him connected to this world instead of drifting into his own world
E. Can cost more than $3 million to care for a person with autism over a lifetime
    1. Family gave up life in their own house to move in with mother-in-law for the support
    2. Set up basement like a classroom to help him adjust to a school environment
    3. Highly likely to go bankrupt and/or get divorced (parents feel like they have nothing left to give each other as spouses)
    4. Gift the child gave me is making me a more loving person
F. Pediatrician: Autism is a developmental disorder characterized by deficits in 3 main areas of development: language delay, impairment in social interaction, repetitive or odd behaviors.
G. Brothers and sisters
    1. Wish we could play with him but really can't
    2. Wish she didn't have Autism so no one would make fun of her
    3. "Secret wish" he could be my real big brother/sister so I could play with him
    4. Wish I could go into his body and see how it feels to be him
    5. Feel guilty being mean when he's annoying me

6. Feel left out when the child with autism gets so much attention every day
7. Sometimes embarrassed by their behavior
8. "Trapped inside my own world" like my brother is because no one else has a brother like this, no one understands what my family is like
9. Want people to know he's not stupid, is really smart in his own way, can swim and roller blade as well as I can, is really lovable and loves to be with our family

H. Even if parents get to go on vacation without that child, need intense planning beforehand.

I. Medical field believes there's a genetic predisposition (some genetic component) plus something else. What we don't know is the environmental trigger: a virus or infection, birth trauma, vaccines, nutrition, we don't know. (Pretty much refuted the vaccine question now, but still a controversy.) Is bigger than breast cancer, diabetes, or childhood leukemia, but getting less attention than those causes.

J. April is Autism awareness month.

K. Tantrums and screaming in public: dealing with strangers' reactions
1. "Can't you just keep your child quiet?"
2. "He's too old for that pacifier!"
3. "Why is she screaming?" "What are you doing to her? Why are you making her cry?"
4. Constant eyes in the back of my head. What is he knocking off the shelf? What is he putting in his mouth? Which stranger is he inappropriately touching?
5. Impossible not to feel the judgement from other parents. Worse because it's not a visible disability like a wheelchair or white cane.
6. Parents wish other parents could understand how hard their parents work, how hard the families work. Society isn't prepared to deal with a 12-year-old

having a toddler-like meltdown in the grocery store. Need compassion and understanding, but tend to encounter scorn instead. Would love to receive a knowing smile or a "Can I help you?" It's a family doing the best they can.

L. Speech therapy, occupational therapy, physical therapy, applied behavior analysis, music therapy

M. It's a spectrum. It doesn't affect any two children exactly the same way. May change over time within a single child. Ranges of severity: some very high-functioning with some language but more deficit in the sociałbehavior side, others don't speak or connect at all.

N. Early intervention makes a huge difference!! Hard to get diagnosis when pediatricians say it's nothing.

O. Food allergies, sick a lot, asthma, all linked to autism too.

P. Warning signs

1. Early signs = delay in language: red flag if not babbling by 12 months, not pointing or gesturing to draw attention by 12 months, not responding to his name by 12 months, no single words speaking by 16 months, no two-word spontaneous phrases by 24 months, any loss of language or social skills
2. Need to help educate pediatricians. Ex: asking parents if the child points. Mom says yes because the goes around pointing and tapping on everything, not realizing the difference between that and pointing to convey meaning/communication. Need pediatricians to learn to ask more specific questions.

Q. Having a child with autism has made me a better person

1. "Love past infinity," connecting to something greater than myself
2. Son is always positive even though the simplest things are so hard for him, has made me a more patient and understanding person

R. Child may not speak, but can learn to communicate through a letter board or other tools. "Our children are in there!"

S. Discussion afterward

1. Meaningful to see those parents (and our other parents of children with other special needs) become more patient, graceful parents, driven to educate themselves and advocate for their child
2. That repetitive, erratic behavior can be very hard to manage in group care, stressful for teachers and other children. Even a 1:1 aide can't always control the child's behavior.
3. Huge problem because we don't know what causes this or how to cure it. Best we can do is cope with it in the moment as best we can.
4. Parents are worried about what will happen to their child when the parents are gone.
5. Need medical community to get onboard. Pediatricians need to learn to ask more specific questions, don't assume parents will catch it themselves.
6. State needs more funding for these services. Where will most families get $3 million??
7. Teachers and typically developing children learn a lot from these children (or other children with special needs), learn tolerance and patience and gratitude.