

ADVANCED DIPLOMA IN EARLY CHILDHOOD EDUCATION (ECE)

ECE 105: LEARNING IN CHILDREN WITH SPECIAL NEEDS

UNIT 1: CHILDREN WITH SPECIAL NEEDS: TYPES AND CAUSES

INTRODUCTION

Children with special needs are handicapped or disabled children who have one body defect or the other. A child with special needs has difficulty in performing some activities or even relating to people like a normal child. These difficulties are as the result of the disabilities in the child. This group of children may be described as visually impaired, speech and hearing impaired, physically impaired, mentally retarded and behaviour (emotionally) disordered children.

SECTION 1: TYPES OF SPECIAL NEEDS IN CHILDREN

OBJECTIVES

At the end of this unit, you should be able to:

1. list the types of special needs in children.
2. mention methods of identifying children with special needs.

TYPES OF SPECIAL NEEDS IN CHILDREN

The following are some of the types of special needs in children.

- i. **Emotional disturbance in children:** An emotionally disturbed child shows evidence of emotional instability or psychological disturbance.
- ii. **Social Maladjustment in Children:** This group of children find it difficult to relate to people. They are shy and antisocial.
- iii. **Physical impairment in children:** This group of children have orthopaedic problems and the implication is that they cannot walk freely.
- iv. **Mental retardation in children:** These are children who exhibit social, personal and intellectual deficient characteristics.
- v. **Visual impairment in children.** This group of children have eye problems and they find it difficult to see.

- vi. **Hearing impairment in children:** These are children whose hearing mechanisms are defective.
- vii. **Speech impairment in children:** This group of children find it difficult to use the body parts and muscles that make the motions or sounds needed for speech. Such children find it difficult to articulate.

IDENTIFICATION OF SPECIAL NEEDS IN CHILDREN

Early identification of special needs is a key to a child's successful development. If special needs are not identified early, children may go through years of failure. This failure can create a poor self-concept, which may compound the disability.

To identify special needs, we need to understand normal development in children. When a problem is suspected, observe the child closely and we should be diplomatic about it. Informal observation may be used to assess a child's needs. When recording observations, mention signs of behaviours that suggest a special need. Any unusual behaviour such as social, emotional, visual or physical development could suggest a possible special need.

SECTION 2: CAUSES OF SPECIAL NEEDS IN CHILDREN

OBJECTIVES

At the end of this unit, you should be able to:

1. list the causes of special needs in children; and
2. mention at least three characteristics of children with special needs.

CAUSES OF SPECIAL NEEDS IN CHILDREN

The following are some of the causes of special needs in children.

- (i) Accident during the early stages of development.
- (ii) **Disease/illness:** Long sickness of a child affects his physical, social, mental and emotional development.
- (iii) **Environment:** There are numerous factors in home and society, which lead to the manifestation of unusual behaviour. Maladjustment is one of the unusual behaviour a child can manifest. Research studies have established beyond doubt that children who come from homes either by death of parents, divorce, separation, physical or mental handicaps of parents are more maladjusted than children from more stable homes. Children from broken homes do not get the affection, love, sympathy and security from parents. They are, therefore, emotionally disturbed.
- (iv) **Physique:** The physique and appearance play an important role in the social development of the child. If the child is physically weak or ugly and has some sensory handicaps, others may not accept him. They develop a number of problems resulting in maladjustment.

CHARACTERISTICS OF CHILDREN WITH SPECIAL NEEDS

Children with special needs exhibit the following characteristics.

- (i) They are subnormal children. They have lesser capacity of abstract thinking.

- (ii) They are mentally retarded, emotionally disturbed and poor muscular coordination.
- (iii) Some of them may have defective sight, hearing problems physical disabilities, serious speech defects and other deviations from normal growth.
- (iv) Undue restlessness, nail-biting or lip sucking.
- (v) They show extreme docility and poor sportsmanship.
- (vi) Their social development lags behind the normal children of their age group.

ACTIVITY

1. Explain impairment.
2. Explain handicap.
3. Mention five types of special needs in children.
4. Mention four causes of special needs of children.
5. Mention five characteristics of children with special needs.
6. Who is a socially maladjusted child?
7. Who is a normal child?
8. Who is a physically impaired child?
9. Who is a visually hearing impaired child?

SUMMARY

In this unit, you learnt that:

- children with special needs are handicapped children who have one body defect or the other. It could be hearing or sight defect. Some of such children are emotionally disturbed or mentally retarded.
- the special needs of these children could be caused by accident, disease, illness, environment or their physique.
- children with special needs show such characteristics as inattentiveness, withdrawal, aggressiveness, docility and restlessness.

GLOSSARY

Handicap - This is when an individual loses a part of the body and he is unable to carry out a function requiring the use of that structure. It is the social consequence of impairment.

Impairment - This means that there is a change in the way a certain body part works that is different from usual. It is an abnormality of a structure of the body (e.g. an abnormality of the ear or auditory system)

- Normal Child** - A normal child is one who conforms to the standard or norm of the society in which he lives. He or she does not exhibit the characteristics of children with special needs.
- Maladjustment** - Inability to react positively to the demands and pressures of social environment imposed upon the individual. The demand may be external or internal to which the individual has to react. The internal demand includes hunger, oxygen and sleep, and external demands involve the child's interaction with his family environment. An individual should be able to react to these demands and anything contrary may result in an undesirable behaviour.

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UNIT 2: EMOTIONAL DISTURBANCE AND SOCIAL MALADJUSTMENT IN CHILDREN

INTRODUCTION

According to Lincoln (1998), it is difficult to define exactly the range of feelings and behaviour that define children with emotional difficulties. This shows that emotional difficulties can be viewed from different perspectives. For instance, when a psychologist describes a child as emotionally disturbed he is simply saying the child has a behaviour disorder. An educationist will describe such a child as disruptive, while a social worker will label the child as socially maladjusted. However, children with emotional difficulties often exhibit attitudes, behaviour, thoughts and feelings, which suggest a pronounced emotional resistance to environmental needs.

OBJECTIVES

At the end of this unit, you should be able to:

1. list the causes of emotional disturbance in children;
2. list symptoms of emotional disturbance; and
3. list the sources of children's emotional difficulties.

CAUSES OF EMOTIONAL DISTURBANCE

1. Within-child factors, the child is sick.
2. The child's family is problematic with poor and ineffective child rearing, uncaring, or abusive parents.
3. The child comes from a neighbourhood that is socially and financially depressed with high levels of crime.
4. A non-caring society; a general lack of respect for discipline.

Symptoms of Emotional Disturbance:

- ☞ crying
- ☞ excessive nail biting.
- ☞ thumb sucking.
- ☞ biting the lips
- ☞ scratching the nose.
- ☞ pulling or twisting the hair.
- ☞ excessive shyness.
- ☞ use of other mechanisms as aggressive, inattention, hyperactive and withdrawal.

Source of Emotional Difficulties

The following are some of the sources of children's emotional difficulties:

- i. fear
- ii. physical abuse
- iii. neglect
- iv. loss or lengthy absence of parents
- v. living with parents who are themselves in emotional difficulty.

ACTIVITY

1. Define emotion.
2. Mention nine symptoms of emotional disturbances in children.
3. Mention four causes of emotional disturbance in children.
4. Mention seven sources of children' emotional disturbance.

SUMMARY

In this unit, you learnt that:

- emotional disturbance can be caused by sickness, problematic family with poor and ineffective childrearing practices.
- symptoms of emotional disturbance in children are crying, thumb sucking, excessive nail, biting and biting the lips.
- sources of emotional difficulties in children include fear, physical and sexual abuse and neglect.

GLOSSARY

Emotional disturbance/ difficulties - Instability in children's emotion. Subjective reactions to the environment, which are accompanied by physiological responses.

Emotion - It is the stirred up condition of the organism involving internal and external changes in the body. It is a dynamic internal adjustment that operates for the satisfaction and welfare of the individual. It is expressed in love, fear, anger, laughter and tears.

Symptoms of emotional difficulties - Signs of the existence of emotional difficulties.

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SECTION 2: SOCIAL MALADJUSTMENT**INTRODUCTION**

According to Charizio (1992), social maladjustment is manifested through actions that demonstrate little remorse for misbehaviour. It is a deviation in the behaviour of an individual from the societal norms – demands/ needs.

A socially maladjusted child lacks harmony with his environment as a result of his/her inability to reach a satisfactory adjustment between his desires and the conditions of his life. It is a developmental trait that begins early in life and often continues into adolescence and adulthood.

OBJECTIVES

At the end of this section, you should be able to:

- (i) define social maladjustment;
- (ii) list the causes of social maladjustment in your children;
- (iii) list the characteristics of socially maladjusted young children; and
- (iv) detect at the primary stage, social maladjusted young children.

CAUSES OF SOCIAL MALADJUSTMENT IN YOUNG CHILDREN

Generally, frustration may lead to cases of maladjustment. Various conditions such as factors in the home, society and the school can create avenue for frustration. Causes of social maladjustment may include:

- (i) lack of positive parental involvement with the child.
- (ii) poor monitoring of the child's activities by the home and the school.
- (ii) too harsh or inconsistent discipline from parents and the society at large.

Characteristics of Socially Maladjusted Young Children

- (i) underdeveloped conscience.
- (ii) lack of empathy.
- (iii) failure to take responsibility for behaviour.
- (iv) internationality – characterized by the violation of socially acceptable rules and norms.
- (v) poor school attendance.
- (vi) extreme timidity and anxiety.
- (vii) value placed on sex of the child.

Detection of Maladjustment in Young Children

This requires professional skills of a psychiatrist not expected from the teacher. But a teacher at the preliminary stage can help in detecting maladjustment by:

- (i) observing the behaviour of the children both in the classroom, outside the classroom, on the playground and in the library.
- (ii) interviewing those he suspects maladjusted to enable him or her draw conclusions regarding individual causes of maladjustment.
- (iii) using psychological tests inventories and rating scales to screen maladjusted children. There are many of them – the Moony checklist, the Bell adjustment inventory, Haggerty-Olson wick man behaviour rating schedules etc.

ACTIVITY

1. Define social maladjustment.
2. List four characteristics of the socially maladjusted young children.
3. List three causes of social maladjustment in your children.
4. List three ways of detecting socially maladjusted children.

SUMMARY

In this section, you have learnt that:

- social maladjustment is a developmental trait.
- some of the causes of social maladjustment are lack of positive parental involvement with the child, poor monitoring of the child's activities and too harsh or inconsistent discipline.
- some of the characteristics of socially maladjusted young children are undeveloped conscience, lack of empathy, failure to take responsibility for behaviour.
- maladjusted young children could be detected through observation, in view and uses of psychological tests, inventories etc.

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UNIT 3: PHYSICAL DEFECTS AND MENTAL RETARDATION IN YOUNG CHILDREN

INTRODUCTION

A child with physical disability or defects is constrained by his physical ability to perform an activity such as walking independently, and doing the normal routine works.

OBJECTIVES

At the end of this section, you should be able to:

1. list the causes of physical defects;
2. list characteristics of the physically impaired children; and
3. list the various types of physical disabilities.

CAUSES OF PHYSICAL DEFECT

Physical disability or defects can be due to the following reasons:

- (i) Congenital/hereditary – the person has had the physical disability since birth or developed it at a later stage due to genetic problems.
- (ii) Accidents.
- (iii) Infection such as polio or measles or diseases.

Characteristics of the physically impaired children

- (i) disorder of movement and posture.
- (ii) lack of coordination of other parts of the body.
- (iii) loss of consciousness, convulsive movement.
- (iv) stiffness of the neck and rigidity of the spinal column.

Types of Physical disabilities

There are two major categories of physical disabilities.

- (i) **Muscular skeletal disability:** this is defined as the inability to carry out distinctive activities associated with movements of body parts due to muscular or bone deformities or diseases.
- (ii) **Neuro muscular disability.** This is defined as the inability to perform, controlled movements of affected body parts due to diseases or disorder of the nervous system.

ACTIVITY

1. Give five characteristics of the physically impaired child.
2. Mention two major categories of physical disabilities.
3. List three causes of physical defects.

GLOSSARY

- Hereditary** - What is passed on from parent to child; from one generation to another? The child inherits from his forefather's chromosomes (biological heredity) and social traditions skills and customs (social heredity).
- Genetic** - Ways in which characteristics are passed on from parents to offspring.
- Defect** - Fault, imperfection.
- Physical defect** - Imperfection of the body.
- Characteristics of the physically impaired child.** - The mental and moral qualities that take the physically impaired child. They include his personal attributes, his abilities as well as qualities.

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SECTION 2: MENTAL RETARDATION**INTRODUCTION**

Mental retardation is a term used when a person has certain limitations in mental functioning and in skills such as communicating, taking care of himself or herself and lack of social skills. These limitations will cause a child to learn and develop more slowly than a typical child. Children with mental retardation may take longer to learn to speak, walk, and take care of their personal needs such as dressing or eating. They are likely to have trouble learning in school. They will learn, but it will take them longer than expected.

A system for identifying retarded children was provided by the test developed by Binet and Simon in Paris about 1900. There were subsequent revisions of the test by Terman and his colleagues at Standford University in 1916, 1937 and 1960. The mentally retarded children are generally classified.

- (i) idiots
- (ii) imbeciles
- (iii) morons.
- (iv) dull normal.

It is evidenced from research findings that using intelligence tests, the 'idiots' have IQ ranging between 0 to 25, 'imbeciles' 25 to 50; 'morons', 50 to 75 and 'dull normal' 75 to 90.

However, it is advised that labelling human beings with negative terms has psychological implications, and for educational purposes, the retarded have been classified as Educatable

Mentally retarded (EMR: Morons); Trainable mentally retarded (TMR: Imbeciles) and profoundly retarded (idiots).

The objectives from both mildly and severally retarded children are essentially the same. The educational programmes are mapped out to enable them make the most of their abilities to satisfy their needs as well as that of the society. Emphasis is thus laid on the development of prevocational and vocational skills.

OBJECTIVES

At the end of the section, you should be able to:

1. define mental retardation; and
2. list the causes of mental retardation.

DEFINITION OF MENTAL RETARDATION

A number of definitions and classifications are currently used to describe the mentally retarded individual in terms of behaviour, degree of impairment, and etiology of defect. The definitions and classifications are generally based upon the purpose for which they are to be used. For educational purposes, the definition offered by the American Association on Mental Deficiency (1961) seems to be the most functional. It states, "Mental retardation refers to sub-average general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behaviour".

The definition implies that the intellectual functioning, as measured by one or more of the tests designed to assess intellectual level, is sufficiently below that of the general population as to result impairment in one or more of the following areas of growth (a) learning, (b) maturation, and (c) social adjustment.

Impairment of learning ability is generally associated with a slower-than-average rate of learning and a limited capacity to utilize experiences as a means of acquiring knowledge. The impairment may not be recognized until the child is placed in a school situation where his achievement and learning patterns deviate markedly from those of his peers.

Maturation refers to the sequential development of the childhood skills of sitting, standing, crawling, walking, talking and social interaction. At the preschool level., delayed maturation suggests the need for medical and psychological examination.

Social adjustment refers to the individual's ability to adapt his behaviour to meet the requirements of peers, parents and other skills.

A deficiency in one or more of the areas of adaptive behaviour indicates a need for special services. Most of the individuals diagnosed as mentally retarded reveal some degree of impairment in all three areas.

CAUSES OF MENTAL RETARDATION

The following are some of the causes of mental retardation:

1. **Genetic conditions:** Sometimes mental retardation is caused by abnormal genes from parents, errors when genes combine or other reasons, for example, the down syndrome.

2. **Problems during pregnancy:** Mental retardation can result when the baby does not develop inside the mother properly. For example, there may be a problem with the way the baby's cells divide as it grows. A woman who drinks alcohol or smokes cigarette may have a baby with mental retardation.
3. **Problems at Birth:** If a baby has problems during labour and birth, such as not getting enough oxygen, he or she may have mental retardation.
4. **Health problems:** Diseases like whooping cough, measles or meningitis can cause mental retardation. Damaging infections contracted during pregnancy or at birth can cause mental retardation.
5. **Environmental factors:** Exposure to a variety of environmental toxins such as lead or mercury can cause mental retardation. It can also be caused by extreme malnutrition (not eating right) and not getting enough medical care.

Signs of Mental Retardation

There are many signs of mental retardation. For example, children with mental retardation may:

- (i) sit up, crawl, or walk later than other children.
- (ii) learn to talk later or have trouble speaking.
- (iii) find it hard to remember things.
- (iv) have trouble understanding social rules.
- (v) in the personal realm, mentally retarded youngsters show or exhibit behaviours that resemble that of young children. As a result, they often appear to do things that demonstrate poor judgment. Their behaviour often seems to be immature or foolish.

ACTIVITY

1. What is mental retardation?
2. What causes mental retardation?
3. What are the signs of mental retardation?

GLOSSARY

- Gene** - the basic unit of heredity. Genes are arranged in a linear fashion along the chromosomes.
- Chromosomes** - they are the chromatin (the easily stainable protoplasmic substance in the nuclei of cells) strands in the nuclei of cells along which the genes are arranged in linear order.
- Disorder** - Disturbance of the normal working of the body or mind.
- Down Syndrome** - Is a chromosomal disorder caused by the presence of extra chromosome in the normal 46. They have a –distinctively abnormal physical appearance. They have standing eyes with an extra fold of this in the inner corner, a small hand and stature and a variety of organ, muscle and skeletal abnormalities. They also have physical handicaps and limited speech.

- Idiots** - An individual of the lowest level of mental deficiency, whose IQ is below 25. Idiots are not able to learn to speak, read, write or avoid the common dangers of living.
- Imbeciles** - A mentally deficient individual whose adult IQ is between 25 and 50 and whose mental age is between two and seven years.
- Morons.** - A level of feeble mindedness, which is defined as the range of IQ from fifty to seventy.

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UNIT 4: VISUAL AND HEARING IMPAIRMENTS OF YOUNG CHILDREN

SECTION 1: VISUAL IMPAIRMENT

INTRODUCTION

Visual impairment means having difficulties with one's vision. It refers to all levels of vision loss. It is the consequence of a functional loss of vision rather than the eye disorder itself. The visually impaired are made up of:

- (i) the blind.
- (ii) the low vision.
- (iii) the partially sighted.

Eye disorders which can lead to visual impairments include albinism, cataracts, glaucoma, muscular problems that result in visual disturbances and congenital disorders.

OBJECTIVES

At the end of the section, you should be able to:

1. list signs of visual impairment.
2. mention causes of visual impairment.
3. identify refractive errors.

SIGNS OF VISUAL IMPAIRMENT

The following are some of the signs of visual impairment.

- (i) failure to complete long reading assignment.
- (ii) remembers and understands materials read to him better than that which he reads himself.
- (iii) confuses letters and words which look somewhat alike. For example, children with I impaired vision often confuse the letter "b" and "p", "a" and "e".
- (iv) skip letters words or lines while reading.
- (v) writing is unusually small, large, or poorly written. Impaired vision tampers with proper eye hand co-ordination. In such a case, the writings formed are written with difficulty and are therefore irregular or uneven.
- (vi) has poor eye hand coordination.
- (vii) rubs or brushes eyes frequently, in an effort to clear the eyes to enable him or her to see clearly.

CAUSES OF VISUAL IMPAIRMENT**(a) Causes due to condition of the eye**

1. **Albinism:** Inherited condition resulting in decreased pigment, which causes abnormal optic nerve development.
2. **Cataracts:** Opacity or cloudiness of the lens. Because light cannot pass through the lens, vision is affected. Children with cataracts may have reduced visual acuity, blurred vision, poor colour vision, or light sensitivity.
3. **Coloboma:** A birth defect which causes a cleft in the pupil, lens, retina or optic nerve. It can result in reduced acuity and field loss if the damage extends to the retina.
4. **Glaucoma:** Increased pressure in the eye due to blockage of normal flow of fluid in the eye. A child with glaucoma may also have peripheral field loss, poor night vision, and light sensitivity.
5. **Strabismus:** A muscle imbalance resulting in the inability of both eyes to look directly at an object at the same time.

(b) Causes not due to any condition of the eye

Cortical visual impairment is due to damage to the visual cortex of the brain or the visual pathways which results in the brain not adequately receiving or interpreting visual information. Children with cortical visual impairment often have cerebral palsy, seizure disorder, and developmental delays as a result of the damage to the brain. They may exhibit inattention to visual stimuli, preference for touch over vision when exploring objects and difficulty visually discriminating objects that are placed close together or in front of a visually complex background.

ACTIVITY

1. List five signs of visual impairment
2. Mention five causes of visual impairment.
3. Differentiate between Myopia and Hyperopia.
4. What are refractive errors?
5. What is the cause of cortical visual impairment?

SUMMARY

In this section, you learnt that:

- visual impairment refers to all levels of vision loss
- signs of visual impairment include: failure to complete long reading assignment, poor eye hand coordination and frequently rubbing or brushing of eyes.
- the causes of visual impairment include albinism, cataracts, glaucoma, strabismus.
- unlike refractive errors and structural impairments, cortical visual impairment is not caused by any condition of the eye.

GLOSSARY

- Blindness** - A person is said to be blind if he cannot read and write print after all corrective measures have been taken.
- Low vision** - This applies to all individuals with sight who are unable to read at a normal viewing distance, even with the aid of eye glasses or contact lenses.
- Partially sighted** - This indicates some type of visual problem.
- Totally blind** - These are individuals who cannot see at all.
- Defective sight** - This is a deviation from the theoretical normal eye either in structure or in function.
- Refractive errors** - These are slight alterations in the shape and size of the lens. Such errors cause poor or blurred vision. Examples of are myopia (nearsightedness); Hyperopia (farsightedness) and Astigmatism.
- Myopia (Nearsightedness)** - The image of distant objects is not focused on the retina but rather in front of it, making it appear blurry. The child can see objects that are near but not at a distance. Myopia can result from an elongated eyeball, a lens that is too strong, or a cornea that is excessively curved.
- Hyperopia (Farsightedness)** - The focusing point is behind the retina resulting in straining to focus correctly, particularly at close distances. The child can see well at a distance but not at near. Hyperopia can result from shortness of the eyeball, a lens that is weak, or a cornea that is relatively flat.
- Astigmatism** - A cylindrical curvature of the cornea, which prevents light rays from focusing on one point on the retina. The result is both near and far objects may appear blurry. Astigmatism often occurs in combination with myopia and hyperopia

REFERENCE

- Holbrook, M. C. (1996). **Children with Visual Impairments**. Bethesda, Md: Woodbine House.

SECTION 2: HEARING IMPAIRMENT OF THE YOUNG CHILDREN**INTRODUCTION**

Hearing impairment simply refers to all levels of hearing loss. It implies a total or partial loss of ability to perceive acoustic information. A hearing loss limits case of acquisition of a communication system, which further influences development of interactions with others, and the ability to make sense out of the world. Hearing impairment is a generic term that includes hearing disabilities ranging from mild to profound, thus encompassing children who are deaf and those who are hard-of-hearing.

When we speak of a person with normal hearing, we generally mean that he or she has enough hearing to understand speech. Assuming that listening conditions are adequate, a person with normal hearing can interpret speech in everyday situation without relying on any special devices or technique.

OBJECTIVES

At the end of the section, you should be able to:

1. list types of hearing loss;
2. list causes of hearing loss; and
3. list signs of hearing impairment.

TYPES OF HEARING LOSSES

There are three major types of hearing losses:

The first type is called a *conductive loss*. This occurs when something goes wrong with the outer or middle ear, impeding sound waves from being conducted or carried to the inner ear.

The second type of loss is called a *sensorineural loss* and occurs when damage to the inner ear or the auditory nerve impedes the sound message from being sent to the brain.

The third type is referred to as a *central auditory processing disorder* because, although there is no specific damage to the ear itself, the neural system involved in understanding what is heard is impaired. Children with central auditory processing disorder may have normal hearing as measured by an audiometer (device used to test hearing levels), but they often have difficulty understanding what they hear

Signs of hearing impairment

Signs or symptoms of hearing impairment include:

- (i) failure to startle at loud sounds.
- (ii) not turning toward the sound of a voice or imitating sounds after about 6 months of age.
- (iii) using gesture instead of words to express needs.
- (iv) frequent request for repetition spoken words.
- (v) abnormalities in speech.
- (vi) inattentiveness.

- (vii) listlessness.
- (viii) misunderstanding directions.
- (ix) unexplained irritability and scratching at the ears.

Causes of hearing impairment

1. Genetic factors;

This may be autosomal dominant or autosomal recessive hearing loss. In autosomal dominant hearing loss, one parent who carries the dominant gene for hearing loss and typically has a hearing loss passes it on to the child. In this case, there is at least a 50% probability that the child will also have a hearing loss. The probability is higher if both parents have the dominant gene (and typically both have a hearing loss) or if both grandparents on one side of the family have hearing loss due to genetic causes.

In autosomal recessive hearing loss, both parents who typically have normal hearing, carry a recessive gene. In this case, the probability of the child having a hearing loss is 25%.

- 2. Prolonged exposure to noise at above 100 decibels or exposure to explosive blasts, damaging the ear-drum.
- 3. Other causes of congenital hearing loss that are not hereditary in nature include: parental infections, illnesses or conditions occurring at the time of birth or shortly thereafter. These conditions typically cause sensorineural hearing loss ranging from mild to profound in degrees. Examples include:
 - intrauterine infections including rubella (German measles)
 - maternal diabetes
 - prematurity
 - lack of oxygen
 - malformation of ear structures
- 4. Examples of conditions that can cause acquired hearing loss in children are:
 - ☞ ototoxic (damaging to the auditory system) drugs
 - ☞ measles
 - ☞ chicken pox
 - ☞ influenza
 - ☞ head injury (accident)
- 5. Obstruction in the outer ear due to excessive wax or foreign bodies.

ACTIVITY

- 1. list three types of hearing loss.
- 2. list seven signs of hearing impairment.
- 3. list five causes of hearing impairment.

SUMMARY

In this section, you learnt that:

- Hearing impairment is hearing loss at all levels.
- The three types of hearing loss are:
 - (a) conductive loss;
 - (b) sensorineural loss; and
 - (c) central auditory processing disorder.
- Signs of hearing impairment include: inattentiveness, listlessness, abnormalities in speech, failure to startle at loud sounds.
- Causes of hearing impairment include genetic factors, prolonged exposure to noise, accident, illnesses, prenatal infection obstruction in the outer ear due to excessive wax.

GLOSSARY

- Congenital hearing loss** - This is hearing loss that exists or dates from birth.
- Deaf** - This means a hearing loss, which is so severe that the child is impaired in processing linguistic (communication) information through hearing. It is used to describe people's profound hearing loss. A deaf person is dependent on vision for language and communication.
- Hard of hearing** - Means a hearing loss whether permanent or fluctuating, that adversely affects a child's educational performance but which allows the child access to some degree of communication with the help; of a hearing aid.
- Acquired hearing loss** - Is a hearing loss which appears after birth, at any time in one's life; perhaps as a result of a disease, or an injury.

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UNIT 5: SPEECH PROBLEM OF YOUNG CHILDREN

INTRODUCTION

Speech impairment entails difficulty in articulating words. A speech impaired child has difficulty learning how to produce clear intelligible speech. Speech impairment means difficulty using the body parts and muscles needed for speech. Children with speech/language impairment have a primary and specific impairment resulting from disorders such as dyspraxia and aphasia.

OBJECTIVE

At the end of this section you should be able to:

- (i) list types of speech impairments; and
- (ii) mention causes of speech impairment.

TYPES OF SPEECH IMPAIRMENTS

1. Phonological impairments

This type of impairment occurs when a child cannot pronounce or use some sounds correctly. For example, when children leave out sounds at the end of words. They would say “ca” for “cat”.

2. Articulating impairments

This occurs when a child cannot make a particular speech sound. This may be caused by a problem in the mouth or nose structures that are used during speech such as cleft palate, or they may be caused by an abnormality in the function of the muscles or nerve involved in the production of speech, such as cerebral palsy.

Causes of Speech impairment

The following are some of the causes of speech impairment.

- (i) brain tumour
- (ii) children who are born with physical conditions such as cleft lip and cleft palate that make it difficult or impossible to learn to speak.
- (iii) injury to the muscles needed for speech.
- (iv) side effects of medication (drugs)
- (v) emotional or psychological problems.

ACTIVITY

1. Who is a speech-impaired child?
2. Differentiate between phonological impairment and articulating impairment.
3. List five causes of speech impairment.

GLOSSARY

- Cleft lip** - An incomplete joining of the upper lip.
- Cleft palate** - An abnormal passage way through the roof of the mouth into the airway of the nose.

SECTION 2: STUTTERING AND STAMMERING**INTRODUCTION**

People who have problems with the flow of their speech are said to be stuttering/stammering. Stuttering is a disturbance of rhythm and fluency of speech by an intermittent blocking, a convulsive repetition, or a prolongation of sounds, syllables, words or phrases. The rhythmic inflow of speech may be disrupted by frequent unusual hesitation and pauses. Stuttering is an exceptionally complex event that is difficult to differentiate (except in extreme cases) from the speech patterns of non-stutterers. It is actually a question of the degree of fluency of speech. Although, stuttering and stammering are usually linked, there is a behavioural difference between them.

In stuttering, the individual tends to repeat sounds, words or phrases and often has difficulty in pronouncing the first consonant e.g. “d-d—drink”. In stammering, the individual seems unable to produce any speech sound. He gasps, hesitates, gasps again and mumbles the words or he may finally be able to produce some mumbled words.

OBJECTIVE

At the end of this section, you should be able to:

1. explain what stuttering and stammering are;
2. list the common characteristics of stuttering and stammering; and
3. list the causes of stuttering.

THE COMMON SPEECH CHARACTERISTICS OF STUTTERING AND STAMMERING

- (i) Stuttering is a problem with the movement necessary for speech. It is not a problem with formulating what to say.
- (ii) Repetitions – repeating sounds or parts of words e.g. m-m-m-m-mummy.
- (iii) Blocks – silence as the person attempts to speak. They may appear to be struggling to get words out.
- (iv) Prolongations – drawing out a sound in the word –c-a-a-an. I have that.

Causes of Stuttering and Stammering

1. **Organic** - malformation of the teeth of the upper palate or the jaw.
2. **Hereditary** – most people who stutter and stammer have some family history of the disorder.

3. **Emotional tension** – Any shock might affect the speech temporarily or may even be permanent. Emotional tension arising from parental criticism or pressure might lead to stuttering.
4. It can result from competitive and opposing urges to speak and not to speak.
5. Stuttering and stammering may become worse when people are nervous or in a tense situation.
6. Brain damage.

GLOSSARY

Aphasia - (lack of speech) is a condition in which a person who has already acquired language suddenly loses some or all of it because of brain damage. In some cases the loss may lie predominantly in speech reception (recognition and understanding), whereas in others the defect is manifested chiefly in a reduced ability to express thoughts. Among the latter, some are chiefly handicapped by an inability to find particular words for concepts (anomia), and others by incapacity to form coherent sentences (syntactical aphasia). Semantic aphasia is impairment or loss of the ability to comprehend the meaning of words.

Dyspraxia - An impairment in the coordination of movement: an inability to carry out skilled movements.

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UNIT 6: ASSISTING CHILDREN WITH SPECIAL NEEDS

INTRODUCTION

Children with special needs are like all children. They need to be physically comfortable, feel loved and secure, and have the opportunities to get involved in play that help the body and mind grow and develop. Existing toys and equipment should be adequate and easily adapted to their needs.

Often, these children are not so different. They need more time to learn and practice skills; they need more praise and encouragement to gain the skills typical for their age group.

OBJECTIVE

At the end of this section, you should be able to mention the general ways in which children with special needs can be assisted.

SECTION 1: GENERAL WAYS IN WHICH CHILDREN WITH SPECIAL NEEDS CAN BE ASSISTED

Children with disabilities may have specific needs based on their impairment, but the following are general ways in which they can be helped.

1. **Make slight changes in the environment:** Slight adjustment in the environment may make the time that a child with special needs spends in the caregiver's home easier and pace for play may help an overactive child. Children who have difficulty standing alone can crawl into cubes or barrels without tops. They then can pull themselves up, hang on to the edges and watch others from this new, upright point of view.
2. **Model appropriate behaviours:** Children with disabilities are sometimes hesitant to play with others. You can model appropriate play behaviours by being a play partner. As the child becomes more comfortable, you can invite other children to join your play activity.
3. **Teach specific skills to a child** with disabilities that will help her seek playmate and be a playmate. Learning how to look directly at another child when speaking or how to say "may I play?" are big steps for some children.
4. **Look for strengths as well as needs:** Avoid becoming too focused on a child's disabilities. Treat each child as a whole person. Provide opportunities and activities that will support the strength of each child. Every child needs to feel successful, capable and acceptable.

ACTIVITY

1. Mention four general ways in which children with special needs can be assisted.

SECTION 2: HELPING CHILDREN WITH SPECIAL NEEDS**OBJECTIVES**

At the end of this section, you should be able to:

Mention how children with the following disabilities or special needs can be helped.

- ☞ visual disabilities.
- ☞ hearing disabilities.
- ☞ mental disabilities.
- ☞ physical disabilities.
- ☞ behavioural disabilities (emotional and social difficulties).

VISUAL DISABILITIES

Children with visual disabilities often are delayed in their physical and motor skills. Often they will not be able to locate or pick up small objects that have been dropped.

What you can do:

- √ Place sound-making objects (clocks, wind chimes, radio) in different parts of the house to help the child learn her way around.
- √ Encourage the child to find and sense different textures throughout the house: tile, carpet, wood, glass windows, plastered walls, marble counter top, etc.
- √ Look for toys and books with raised numerals, letters, or designs that children can touch and explore.
- √ Provide activities with sensory experiences. Children with visual disabilities learn through hearing and touch. Sand and water play, collages, play dough, and finger painting are good learning activities.
- √ Cut out symbols, shapes, letters and numbers from sandpaper or cardboard. Guide the child's hand over these shapes as you discuss them.
- √ Be sure play areas well lit so that children with limited vision can see better.
- √ Establish specific areas for play activities. Help a child become familiar with your room arrangement. If you decide to change the block area or art area, you will need to reorient the child to the new room arrangement.
- √ Arrange the house for safe and free movement. Keep doors and cabinets closed.
- √ Teach non-disabled children to identify themselves and describe their art activities or building constructions in words to children with visual disabilities. Teach them also to call the child with visual disabilities by name to get his attention and to use specific words to describe objects such as phone, hat, or car rather than this, it, or that.
- √ Expand the child's learning by talking him through an activity. Use descriptive words such as long, short, over, under, big and little. Whenever possible, provide concrete

experiences that illustrate these important concepts. For example, you might offer the child two balls and say “The ball in your hand is big. Feel how big it is. But the ball in my hand is small. Would you like to touch it?”

- √ Encourage children to build with blocks horizontally. Children can feel shapes and lay them end to end or in different patterns without the frustration of falling blocks.

HEARING DISABILITIES

Children who have difficulty hearing need opportunities to learn how to listen and speak. Provide activities that encourage communication and language development. Children can develop important language skills with practice. Activities with very little verbal interaction are also very important.

What you can do:

- Cut down on background noise from the radio, dishwasher, etc, when you are doing an activity. Use carpets, drapes and pillows to absorb excess sound.
- Make eye contact before you start to speak. A gentle tap on the shoulder usually will get a child’s attention.
- Talk in a normal voice. Use gestures and facial expressions to clarify your message.
- Provide earphones or set up a special area where a tape recorder can be played at a higher volume.
- Teach children to use gestures and sign language.
- Encourage a child to talk about what she is doing. Ask open ended questions that will invite the child to practice using language.
- Use stories, songs, and finger plays to enhance language development. Repeat favourite rhymes and songs to encourage confidence in developing language skills.
- Provide children with visual cues. For example, label shelves with a picture of toys to facilitate easy cleanup. Use pictures to illustrate the steps of a recipe during cooking activities.

MENTAL DISABILITIES

Children with mental disabilities generally will go through developmental stages but at a much slower rate. Characteristics vary with disabilities, but few approaches can be applied to all kinds of disabilities.

What you can do:

- Keep verbal instructions simple.
- Break activities into small steps and give one instruction at a time.

- Practice activities over and over.
- Select activities that match the child's mental age and abilities.
- Show and tell a child how to do something by guiding hands and body through the motions of an activity.
- Provide opportunities to play near a child who is doing a similar activity. This can give the child with mental disabilities some ideas on how to use and explore the same materials.
- Make sure that there are obvious differences in size, shape, and colour when sorting or classifying objects. Subtle differences between red and maroon or circles and ovals can be confusing.
- Limit the number of art materials or toys to avoid overwhelming the child with choices.

EMOTIONAL AND SOCIAL DIFFICULTIES

Children with behavioural disabilities (Emotional and social Difficulties) often display one of three types of extreme behaviour: withdrawal, aggression, or hyperactivity. Each type of behaviour may require a different type of response.

What you can do:

- Invite a withdrawn child to join others in an activity by watching others. As the child becomes more comfortable, demonstrate how to play with materials or toys. Encourage the child to play along with you.
- Watch for signs of aggressive behaviour and intervene quickly.
- Provide developmentally appropriate activities that are not overly difficult and that will help the child feel capable.
- Watch for periods when children are less excitable and in control. Use these times to present a new activity that requires some concentration, that will draw their attention.
- Keep stories and group activities short to match attention spans. Seat the child near you and away from distractions such as a nearby toy shelf.
- Avoid over stimulation. Limit the number of toys or materials you set out at a time to avoid confusion.

PHYSICAL DISABILITIES

Children with physical limitations have specific needs depending on their particular disability. A child with physical disabilities also needs encouragement to do as much as possible on his own. This may mean that tasks and chores could take a little more time, but self-confidence and independence are fostered by encouragement and patience.

What you can do:

- ☞ Provide heavy, stable furniture and equipment that are not easily knocked over.
- ☞ Avoid area rugs. Arrange furniture and equipment to allow for a wide aisle.
- ☞ Provides a safe place for walkers, crutches, or canes so that other children do not trip over them.
- ☞ Provide objects that can be used for grasping, holding, transferring, and releasing. Objects should be age appropriate. For example, a bean bag made from dinosaur fabric is much more appropriate for a 5-year old than a rattle or baby toy.
- ☞ Work with parents to find comfortable ways for a child to sit. A corner with two walls for support, a chair with a seat belt, or a wheel chair with a large tray across the arms the three possibilities that might work well.
- ☞ Plan activities to encourage exercise and movement of all body parts. Work with parents and specialists to give special exercises for the child depending on his or her needs.

ACTIVITY

1. Mention five things that can be done to help a visually impaired child.
2. Mention five things that can be done to help a hearing impaired child.
3. Mention five things that can be done to help a mentally retarded child.
4. Mention five things that can be done to help a child with emotional and social difficulties.
5. Mention five things that can be done to help a child with physical disability.

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