

ADVANCED DIPLOMA IN GUIDANCE AND COUNSELLING (DGC)

DGC 208: REHABILITATION COUNSELLING

UNIT 1: BASIC CONCEPTS AND PRINCIPLES OF REHABILITATION

INTRODUCTION

Rehabilitation counseling is a specialization in the counseling profession, which belongs to the science of psychology. This unit introduces the reader to the concept of rehabilitation. It defines rehabilitation and discusses the philosophy/principles and aims of rehabilitation.

OBJECTIVES

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

- i) formulate a personal definition of rehabilitation;
- ii) discuss concepts and principles of rehabilitation; and
- iii) state the aim of rehabilitation.

A SUCCESS STORY

At this juncture, I have the pleasure of introducing to you a friend of mine. Her name is Miss Hannah. Hannah has orthopedic impairment. She is about two feet tall, with broad sturdy shoulders and hands, medium sized bust and waist/base. Except for the projection from her base, which is what she has for feet, there is nothing more to her body. Hannah lives in a village and her hut faces popular path that leads to the village square and market. Her favorite seat is a floor mat opposite the door which faces the path.

As people pass by, Hannah shouts out greetings to them with a steady invitation to the passer-by to come in for a short rest. Several oblige her and she on her part keeps Kola nuts and other edibles, which her wards present, promptly to the visitors. Hannah is a good conversationalist so she starts a conversation as soon as her visitor enters the house. That way she finds out all that happens in town. When people travel out of the village for a while, they prefer to come through Hannah's so they can get a good briefing of the happening in the village during their absence.

The dexterity of Hannah's fingers is unmatched. As she chats, even with her eyes focused on her guest, her fingers as if independent of the eyes, weave strands of mat with speed of

the weaverbird or quick silver. In no time Hannah produces sleeping mats. Stacks of unsold mats lie in a corner of her hut. Each market day her wards which at any given time number up to five, some her nephews and nieces or distant relations or just children of paupers who need help, take these mats to the market to sell and bring her back the money from their sales. She also takes special orders for mats from the villagers. With her proceeds from both sources, she pays the school fees of her wards and caters for her entire household. They in-turn cut the materials for the mats and help with household chores.

I remember Hannah for one thing in particular. When acute water shortage hits the village at the peak of the dry season, Hannah's house is a sure place to find rare commodity-water. In the rainy season, she ensures that her dry season pots are half-buried in the soil filled to capacity. Because she is at home all the time no one wastes water from her reservoir and she so proudly and happily shares with those in need. We shall return to Hannah later!

DEFINING REHABILITATION AND REHABILITATION COUNMSELING

What is Rehabilitation?

Rehabilitation counseling is helping clients deal with personal social and vocational effects of their disabilities. These disabilities could have resulted either from birth defects or from accidents, illness, stress or developmental abnormalities Olubela (2000) defines rehabilitation counseling as enabling individuals to acquire skills they need for full integration into society. Olutokun (1992) defines it as “the process of restoring exceptional persons to the maximum usefulness of which they are capable of physically, mentally and vocationally prepared and assist them shift from dependency to independency, inadequacy to adequacy, psychological feebles to self confident and self-reliant members of society”

(Olutokun in Okeke 2001). Okeke sees rehabilitation counseling as “the process of restoring exceptional persons in varying stages of helplessness as a result of disability to come to gain not only new understanding of themselves but acquire skills that can help them become functional and contributing members of society” (Okeke, 2001). There is a distinction between Rehabilitation and Rehabilitation Counseling. Rehabilitation is defined as a holistic and integrated program of medical, physical, psycho-social, and vocational interventions that empower a person with disability to achieve a personally fulfilling, societally meaningful, and functionally effective interaction with the world”(Banja, 1990, p. 615).

Rehabilitation Counseling on the other hand is a “profession that assists persons with disabilities in adapting to the environment, assists the environment in accommodating the needs of the individual and works towards full participation of persons with disabilities in all aspects of society, especially work” (Szymanski, 1985).

In defining rehabilitation, it is important to note that:

1. Rehabilitation is a helping process.

2. It is aimed at persons who have disabilities.
3. These disabilities may have resulted from birth, accident, illness, stress or developmental abnormalities.
4. Rehabilitation has personal, social and vocational effects.
5. Rehabilitation empowers the Rehabilitee (the receiver of rehabilitation) with skills, knowledge and understanding
6. Rehabilitation increases the rehabilitee's capacity for independent living and optimal functioning.
7. Rehabilitation can be medically, physically, psychologically and vocationally oriented.

ACTIVITY I

Write your own definition of rehabilitation by answering the following questions.

1. Who are the recipients of rehabilitation?
2. What areas of life does rehabilitation cover?
3. What are the major things a rehabilitate hopes to get from rehabilitation counseling?
4. What is the ultimate goal of rehabilitation?

PHILOSOPHY/PRINCIPLES OF REHABILITATION

The underlying values in rehabilitation have been articulated by the American Rehabilitation counseling Association Leadership (2004) as:

- Belief in the dignity and worth of all people.
- Facilitation of independence, integration, and inclusion of people with disabilities in employment and the community.
- Commitment to a sense of equal justice based on a model of accommodation to provide and equalize the opportunities to participate in all right and privileges available to all people; and a commitment to supporting persons with disabilities in advocacy activities to achieve this status and empower themselves.
- Emphasis on the holistic nature of human function.
- Solution and success focused.

Rehabilitation counselors believe that every human being has worth and deserves to be respected and valued. Equal justice bestows on all, fundamental rights and equal opportunities, disabilities not withstanding. It is thus the responsibility of the society to ensure that these rights are given and advocate for them. In rehabilitating the disabled, the ultimate aim should be for them to be independent and integrated into society. In so doing, comprehensive or holistic treatment should be employed involving the “whole

person” as all areas are inter-related. The entire rehabilitation exercise should be success-oriented.

AIMS OF REHABILITATION

Judging from the definition and philosophy of rehabilitation, the aims of rehabilitation can be summarized as you read them below.

- To enable exceptional individual obtain and maintain gainful employment.
- Prepare them for full adult participation in the society and national development.
- Encourage the society to fully accept and include hem as full members of society and accord them all rights and privileges.
- To enable them accept their disabilities and have a healthy attitude to life.

Successful implementation of these aims will result in having exceptional person as those who are fulfilled, functioning optimally as full members of their communities. This will certainly lead to decrease in social welfare bills where the social welfare has to cater for them instead of directing energy towards contributing to the national economy.

ACTIVITY II

1. Write down what you believe should be the guiding principles for rehabilitation. Are yours different or similar to the ones listed in this unit?
2. Reconstruct the aims of rehabilitation in your own words.

SUMMARY

- The unit explains the concept of rehabilitation counseling and rehabilitation. Definitions of rehabilitation and rehabilitation counseling were presented; the principles of rehabilitation as well as its aims were highlighted. You also read about Miss Hannah in the rehabilitation success story. With the understanding you now have, the following assignment can be done.

ASSESSMENT

1. Look at the definition, aims and principles of rehabilitation again. Do you agree that Hannah’s story is a success story? Give reasons for your answer.

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UNIT 2: REHABILITATION SERVICES AND APPROACHES TO REHABILITATION COUNSELLING

INTRODUCTION

The services provided in rehabilitation are numerous and involve the services of different professionals but they play a major role in the rehabilitation process. This unit exposes you to these different services provided in rehabilitation. Approaches and models of rehabilitation are also examined.

OBJECTIVES

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

1. define rehabilitation services;
2. explain the broad categories of rehabilitation services; and
3. identify which of these services are performed by counselors, design a personal model of rehabilitation counseling.

REHABILITATION SERVICES

Definitions

Rehabilitation Services can be defined as any service designed to assist the disabled achieve their optimal development physically, mentally, socially, and vocationally. These services are usually but not always rendered in rehabilitation centres.

Preliminary Diagnostic Study:

This equates to Greenwood's intake interview and deals with selection and preliminary investigation. Information gathered at this stage will be used to determine a candidate's eligibility for rehabilitation and will also help to determine his/her needs and the type of rehabilitation programme needed. Such information will cover areas like health, education, vocation, social history, psychological evaluation and cultural evaluation. Some of these will come from records – school, hospital, social welfare records but a lot will have to be generated by the counselor through the process of interviewing. A counselor that is skilled in the use of interviewing techniques is always at an advantage here. Information gathered is usually recorded in a format – a folder or form. Interpreting the information which has been collected and collated in the folder will lead the counselor to make a rehabilitation diagnosis.

Developing and Planning the Programme:

Armed with the diagnosis, the counselor working in consultation with the rehabilitee, sets the goals for rehabilitation. This mutual task followed by designing the programme/plan is very important.

ACTIVITY I

1. Underline the key words in the definitions of Rehabilitation Services.

Categories of Rehabilitation Services: There are three broad categories of Rehabilitation Services viz.

1. Physical restoration and adjustment.
2. Social and emotional restoration and adjustment.
3. Vocational restoration and development.

Authors such as Gearheart (1972) identifying a fourth category as other supporting services such as Home maker services which may not currently be available in Nigeria. He categories services as follows:

Physical Restoration and Adjustment include:

1. Dentistry
2. Medicine (including surgery and other similar specialiaitons)
3. Nursing
4. Occupational therapy
5. Orthotics & Prosthetics
6. Mobility instruction
7. Physiotherapy
8. Speech pathology
9. Adiology

Social and Emotional Restoraition and Adjustment Include

1. Psychology
2. Psychiatry
3. Social case work and group work
4. Rehabilitation counseling
5. Special education
6. Therapeutic re-creation

Vocational Restoration and Development

1. Vocational counseling
2. Vocational training
3. Placement services
4. Follow-up services.

ACTIVITY II

1. Look up in a dictionary or appropriate glossary of terms to find the meaning of any of these words you do not already know.

A Guidance counselor is not a jack-of-all trade and so cannot provide all the services listed above. Where he/she cannot provide the required service, a referral should be done to the appropriate specialists. For every case the counselor can therefore REFER or design an intervention strategy after assessing the rehabilitee's strengths and weaknesses.

Let us take a look again at the services provided for physical restorations and adjustment. Read again numbers 1-9 above. Which of these can the counselor provide? Obviously none. The counsellor cannot provide the services directly but can refer a rehabilitee to the appropriate specialist who will provide the needed service.

For social and emotional restoration and adjustment, the counselor will need to have a full understanding of the manifestations and psychosocial aspects of disability. Except for no 13, and aspects of no 12, the counselor is not trained to handle other aspects. Referral will therefore be done for rehabilitees requiring these services.

The counsellor can however do a lot under vocational restoration and development. In fact apart from giving actual vocational training (no 17), the counselor can provide the other services directly.

ACTIVITY III

1. Look again at the list of services numbered 1 – 19. Beside each one that the counselor cannot handle directly write (R) to indicate that REFERRAL is needed.

APPROACHES TO REHABILITATION COUNSELLING

A conceptual model or structure provides a guide for practicing rehabilitation counselors. These models are frequently based on especially in vocational rehabilitation. They include the psychoanalytic theory, the trait fact theories of vocational development, the five – stage physcho – social theory of vocational development, the self - theory of Carl Rogers, Eli Ginzberg's development theory of career choice, the self – efficacy theory and John Holland's personality type theory. Some of these theories you have already learnt is DGC 203 so they will not be represented here.

It is from these theories that models for practice evolve. Some models combine different theoretical approaches. A very popular model is – The Case Management Model (Greenwood. 1992 Vr.). stipulates the different stages of rehabilitation counseling as follows.

1. Intake interview
2. Counseling and rehabilitation planning
3. Arranging, co-ordinating or purchasing rehabilitation services
4. Placement and follow-up.
5. Monitoring and problem solving.

There are variations from this model. Another popular model is Horsenson's C-C-C-model. It simply states that the major processes of rehabilitation counseling are:

1. Co-ordinating
2. Counselling
3. Consultation

For a beginning counselor, it is easier to adopt a model that gives you almost a step-by-step procedure. Okeke (2001) presents one that outlines the following:

1. Preliminary diagnostic study
2. Developing and planning the programmes
3. Implementing the programme
4. Placement
5. Follow-up/evaluation.

SECTION 2: ROLE OF SCHOOL IN EARLY CHILDHOOD EDUCATION

School plays an important role in moulding the personality of children because a significant part of a child's life is spent in school. Here the child continues the process of liking and disliking, conforming and rebelling, acquiring a conception of the world and himself. Right from the infancy period, when the child is dropped at the day care centre, to the kindergarten or nursery school, the child is constantly exposed to learning environment that is entirely different from what is experienced in the home.

Much of the child's personality is already shaped in home before he/she comes to school. At school the teacher substitutes the parents. His/her (the teacher) behavior plays significant role for the child's development. The school poses new problems to be solved; new taboos to be accepted into the superego and new models for imitation and identification., all of which contribute their share in molding the child's personality.

SUMMARY

In this unit you have learnt that:

- The Interaction of Home and School has significant Influence on early childhood education.
- Home plays an important role in personality development of a child
- School provides avenue for the moulding and subsequent development of a child's cognition, emotion and social world.

GLOSSARY

- Infant** - is a baby who is not above two years of age
- Childhood** - the period of time when someone is a child
- School** - a place where children are taught how to read and write

Home - place where they could relax and do what they wanted

ACTIVITY

1. State three functions of the home in early childhood education
2. State three functions of the school in early childhood education.

REFERENCE

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Implementing the Programme:

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A Rehabilitation Centre is a place where people with disabilities are trained to acquire knowledge and skills that will help them live independent lives.

UNIT 3: THE ROLE OF THE COUNSELLOR IN REHABILITATION COUNCELLING

INTRODUCTION

Rehabilitation counseling involves the counselor collating and interpreting information on rehabilitee and interacting with other professionals on behalf of the rehabilitee and performing professional services such as referral, vocational counseling, job placement and follow-up services. This unit not only introduces the counselor to these duties but also equips him/her for their execution.

OBJECTIVES

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

- (a) enumerate the duties of counselors in rehabilitation;
- (b) assess the role of counselors in providing rehabilitation services; and
- (c) plan each of the services offered by counselors in rehabilitation counselling.

THE DUTIES OF THE COUNSELOR IN REHABILITATION

As we have seen from the previous unit, the duties of the rehabilitation counsellor include:

1. Evaluating the strength and limitation of rehabilitates and determining their needs.
2. Planning and co-coordinating services that will be provided.
3. Arranging for medical care and other specialized services i.e. referral.
4. Providing personal and vocational counseling.
5. Arranging for vocational training.
6. Doing job placement
7. Focusing on maintaining employment i.e. follow-up.
8. Evaluating the rehabilitation exercise.

These show that the counselor is the hub of the rehabilitation programme. These duties you will further read in details in the next few pages.

EVALUATING THE STRENGTHS AND WEAKNESS OF THE REHABILITEE

Counselors collect and collate information on every rehabilitee to make up comprehensive records on each person. Their sources include available school records, interviews, hospital and social welfare records (where available). Their own observations, results of standardized tests and information from the family. Good record keeping is a very important aspect of rehabilitation. It is important for counselors to keep records of both the strength or strong points of individuals as well as their weaknesses. They should

document strength, talents and interests of these clients. (Purcell and Renzulli, 1998). Obidoa (2002) recommends that counselors in Nigeria should use the Total Talent Profolio to record all the strengths and weaknesses of clients as this will make the diagnosis of the client's problem easier and facilitate the programme planning.

ACTIVITY I

1. Tabulate the information you may require about a client needing rehabilitation.
2. Identify the source you will use for each of these.
3. What records do you think Ms Hannah's rehabilitation counselor collected about her?

REFERRALS

As we noted from the last unit, a lot of the work the counselor does in rehabilitation has to do with making referral. This involves arranging for medical care and other professional services for the rehabilitee. According to Shertzer and Stone (1980), it is "the act of transferring an individual to original source". The counsellor cannot have solutions to all problems. Indeed Kolo (1992) recommends that they should be facilitators of problem resolution. It is important, however, for all counselors to know that when they are referring a client they are saying that, "This case is beyond my capability". Good discernment is needed to know when to handle and when to refer a case. It is important, therefore, to do referral appropriately. Counselors have to note that:

1. The counselor referring must when the need of the student is beyond his professional scope. The counselor must be unable to be of professional assistance before he/she refers
2. The needed information or service must be clearly articulated and valid.
3. The counselor must identify the available sources of the needed information or treatment.
4. The time for the commencement of the intervention should be specified. (Shertzer and Stone, 1980).

ACTIVITY II

1. Musa was referred to you, a rehabilitation counselor. His hearing is defective. Draft a letter to the appropriate professional requesting for an assessment of Musa's problem.
2. You have done all you can to assist Bimbo overcome her emotional and behavioral problems. Refer Bimbo to another professional stating clearly why you are doing so and the services you require.

VOCATIONAL COUNSELING AND VOCATIONAL TRAINING

For vocational counselling and training, an inter-disciplinary team should first evaluate the rehabilitee's strengths and weaknesses so that the benefits of vocational training and rehabilitation will be optimized. Inputs from the physiotherapist, Surgeon, Social worker and Psychologist for instance, may be necessary before arrangement of vocational training is concluded for a Paraplegic. Other important factors in vocational decision making include interest, ability, aptitude educational level and job prospects, exceptional persons, levels of mental, physical and social functioning will also influence their choice of vocations. These give the rehabilitation counselor more factors to take into consideration in doing vocational counseling and arranging for vocational training.

It is the counsellor's job to arrange for vocational training once a decision has been reached about a vocation. Knowledge of community resources will facilitate the counselor's work area.

Placement Services

1. Job placement refers to efforts made to find suitable jobs for rehabilitees and put them to work. (Gearheart, 1972). There are several steps in doing job placement.
2. Obtaining information about occupational requirements and the types and numbers of work experience, interests and aptitudes of disabled persons. The total talent portfolio mentioned earlier will help to organize the information needed.
3. Matching disabilities and qualities of rehabilitee with the job requirements.
4. Comparing the qualities of the individual and the job to decide the job training requirements.
5. Disseminating information to the general public and employers in particular about the potentials of disabled workers their importance to the economy and the benefits to be derived by their employers.
6. Finally, the new employee should be given some orientations.

How Nigerian Government has helped in the Placement of Rehabilitees

Although the Nigerian Government did not start to attend to the rehabilitation of the disabled, it articulated very clearly in the 1981 National Policy on Education, its plan for the rehabilitation of the disabled. Paragraph, section of the policy reads:

Vocational schools will be made to reserve places for further education of handicapped children and adults. Other multipurpose vocational schools will be established as need arise. Government will provide suitable employment opportunities for handicapped workers and Ministry for Social Development, Youth and Sports will be requested to examine the possibilities of establishing sheltered workshop for those handicapped who after training cannot bid on equal terms with others for recruitment into commerce and industry. The Committee on Special Education and the

National Council for the Rehabilitation of the disabled will be full involved in these plans.

Similarly the Nigerian with Disabilities Decree of 1993 require all employers to reserve 10% of their work force for the disabled. Section 6 of the same law deals with rehabilitation and employment. It grants special favorable condition for the employment and employers of the disabled person. It also makes provisions for special grants to be given to employers of the disabled by the government. One of such concessions is a tax deduction of up to 15% for employers of the disabled.

The law on courage's removal of architectural barriers meaning that the Government is in support of having ramps of elevators as well as steps building so that the disabled on wheelchairs for instance can gain access to buildings and services.

The provision of assertive technology is made amendatory in many countries for those that need them. Nigeria supports this use of assisted technology to make it possible for the disabled to do jobs they would otherwise not have been able to do. Hearing aid, amplifiers, fax moderns, braile, wheelchairs, talking booking talking, watches, talking calculators e.t.c. help the disabled to cope with life and jobs.

Suggestion for Enhancing the Placement of the Disabled in Nigeria

1. Nigeria has set in place an excellent policy and law that encourages the rehabilitation of the disabled. If these can be dutifully enforced, rehabilitation will receive a good boost in Nigeria
2. A National rehabilitation Board could arrange for the rehabilitation and employment of the disabled and the dissemination of job information to the disabled.

ACTIVITY III

1. Write personal notes on:
 - (a) How to do placement;
 - (b) Encouraging placement in Nigeria.
2. Do you think Ms Hannah's placement decision was right? Give reasons for your answers.

FOLLOW UP

Anigbogu (1992) defines follow-up as "the monitoring of individuals with a view to obtaining regular progress report on their performances and on how satisfied they are with either job or academic performance".

Follow-up should start after placement and the aim is to:

1. Orient the new employee to the employment demands and remove any obstacles that will hinder the disabled from satisfactory performance on the job.
2. Evaluate the placement decision to see if there are areas that require change, training etc.
3. Monitor the progress of the new employee on the job.
4. Attempt to elicit the interest of the immediate supervisors or management personnel in the new employee.
5. Give the new employees constant encouragement as they advance in their jobs.

Rehabilitation Counseling

Rehabilitation services are aimed at assisting disabled persons to achieve optimal development physically, mentally, socially and vocationally. Rehabilitation counselors have tremendous duties.

“Adams and Howard (1972) assert that, “the key note in the construction of rehabilitation programme for any disabled individual is good counseling”. Rehabilitation counseling involves test interpretation, career counseling, psychological counseling, coordinating material and human resources and disseminating information.

A lot has already been said about the multiple roles and duties of there habilitation counselor. I have attempted to put all these together in a sequential manner below:

1. Determining the needs of disabled persons by conducting tests and interviews and collating test and school results, medical and other reports on the individual.
2. Setting the goals of the rehabilitation process and planning the intervention strategy for the rehabilitation of each individual.
3. Seeing to the execution and co-odination of planned strategy by using referral, placement vocational training etc, as may be deemed appropriate.
4. Meeting the social and emotional counseling needs of rehabilitates.
5. Assembling and disseminating career information such as job requirements, availability and prospects.
6. Matching individual qualifications to available jobs.
7. Doing placement as discussed above
8. Doing follow-up as discussed above.

SUMMARY

- This unit enumerated the duties of the counselor in the rehabilitation of the disabled. Subsequently each of the seven major duties listed was elaborated. These include, evaluating the strengths and weaknesses of the rehabilitee, doing

referrals and vocational training, doing placement, follow-up and rehabilitation counseling in general which includes meeting the social and emotional needs of rehabilitees. This unit also examines the role the Nigeria Government has played in encouraging the rehabilitation of the disabled. Suggestions were made for enhancing the placement of the disabled in Nigeria. These content areas were interspersed with activities for the learner and the unit ends with exercise that will help the student put his/her learning into practice.

ASSIGNMENT

Put Your Learning into practice

<p style="text-align: center;">WANTED</p> <p style="text-align: center;"><i>A MAT MAKER</i></p> <p>Any person who can weave local mats or is willing to learn mats or is willing to learn mat making.</p> <p>Salary-Negotiable but attractive: working hours flexible</p> <p>Apply in person to:</p> <p>Manager, Hannah Mat Industry.</p>
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1. You have just seen this advertisement in your community. Are there disabled persons in your care who may need the job?. Describe the processes through which you will go to have a rehabilitee placed on that job
2. Ms Hannah is obviously expanding her business, what suggestions will you give to.
 - (a) Hanna
 - (b) The Government
 - (c) Ms Hannah's community about ways of promoting this business and rehabilitating other disabled business.
3. Ms Hannah is an example of a successful rehabilitated disabled. What areas do you think her rehabilitation counselor worked on?

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UNIT 4: IDENTIFYING CHILDREN WITH SPECIAL NEEDS

INTRODUCTION

Children with disabilities exhibit problems in different areas of functioning. Although there is a move away from labeling, some forms of categorization still exist. This categorization helps in the provision of services to them. This unit presents the definition and description of the major categories of exceptional children. These categories are defined differently by different people or groups giving rise to what is regarded as 'legal', 'educational', 'medical', and 'social', definition. In this unit, we shall use definitions that are most meaningful to the educator. A description of the characteristics that makes these exceptional children different from others will follow. A good knowledge of their identified characteristics or the signs and symptoms of their problems will enable the rehabilitation counselor assess their needs, plan and provide better intervention strategies for them. The categories that will be looked at include: Visual impairment, Learning impairment, mental retardation, giftedness, communication disorders, serious emotional disturbance, learning disabilities and medical, physical and multiple disabilities.

OBJECTIVES

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

- i) identify each category of exceptionality;
- ii) define each category of exceptionality;
- iii) compare and contrast the identifying characteristics of children with various kinds of special needs; and
- iv) relate the identifying characteristics of exceptional children to their counseling needs.

SENSORY IMPAIRMENTS

Sensory impairments have to do with the loss of one or more of the senses. Of all the human senses, the sense of seeing/sight and hearing are the most important for translating information to learning. According to Abangm (1986), 80% of the school tasks depend on the sense of sight. Loss of any or both of the senses known as sensory impairment has far reaching effects in learning ability in the school. Visual impairments include all degrees of vision loss while hearing loss refers to all degrees of hearing loss.

VISUAL IMPAIRMENT

Visual impairment is mutually accepted as "a problem seeing that even with correction, adversely affects a child's educational performance. The term does not include people with normal or near vision but does include people with low visual functioning (partial sight) as well as those who are totally without sense of vision" (Barrage and Erin. 1992).

For educational purposes, the 'Blind' are defined as those who are so severely impaired in vision that they can not learn to read print but must be taught to read Braille while the partially sighted are those that can read print even though they need to use magnifying devices or books with large prints.

To anyone in the field of education, these definitions are simple enough for practical purposes. However, it may not be so for others. To illustrate the point I have made about different definitions. I shall now give you the medical definition of visual impairment. This definition is the American Medical Association definition of 1934, which is still used to date. It states that blindness is:

“Central visual activity of 20/200 or less in the better eye with corrective glasses whose field of vision is narrowed so that the highest diameter of his visual field subtends an angular distance no greater than 20 degrees in the better eye” (Koestler, 1976:045)

The aim of defining the term visual impairment is so that you will begin to understand the group of people being discussed. We shall now deal with the things that make them different from others – their peculiar characteristics.

IDENTIFYING CHARACTERISTICS OF VISUALLY-IMPAIRED CHILDREN

There are some signs and symptoms of possible eye problems that can be observed by parents or teachers or counsellors. The National Society for the Prevention of Blindness (1972) listed these as follows:

A. Behaviour

- Bubs eye excessively
- Shuts or covers one eye
- Tilts head or thrust head forward
- Has difficulty reading or any other work \requiring close use of the eye.
- Blinks more than usual or is irritable when doing close eye work.
- Holds book close to the eyes
- Is unable to see distant things clearly
- Squints eyelids together or frowns.

B. Appearance

- Crossed eyes
- Red rimmed, encrusted or swollen eyelids
- Inflamed or water eyes
- Recurring sties.

C. Complaints

- Eyes itch, burn or feel scratchy
- Cannot see by self
- Dizziness, headaches, or nausea following close eye work

Blurred or double vision

(The National Society for the Prevention of Blindness, 1972, p. 19)

Other signs were listed by Kirk (1992) as:

Inattentiveness to visual objects, visual task such as looking at pictures or reading.

Awkwardness in games requiring close eye work.

Affinities to task that require distant vision.

Lack or normal curiosity in regard to visually appealing objects.

In addition to these, Ysseldyke & Algozzine (1995) noted that the students' eye movements are jumpy and unsynchronized.

HEARING IMPAIRMENT

Hearing impairment is used interchangeably with auditory impairment, hearing disabilities and auditory disabilities.

DEFINITION

A widely acceptable definition of hearing impairment is the one given in the American laws – Individuals with Disabilities Education Act of 1990. It states that:

“Deafness” means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing: with or without complication that adversely affects a child’s educational performance. “Hearing impairment” means an impairment in hearing whether permanent or temporally that adversely affects a child’s educational performance but that is not included under the definition of deafness”. (Ysseeldyke & Algozzine, 1995, p. 384)

IDENTIFYING CHARACTERISTICS

Below are some of the signs that indicate the existence of hearing impairment in persons. They are manifestations in their bodies or body function that point to the possibilities of hearing impairment. Individuals may exhibit some or all of these signs:

1. Frequent inattentiveness especially during oral presentations.
2. Delayed language development
3. Bewildered and baffled expressions
4. Imperfect speech, if any. Use of limited vocabulary and speech sounds.
5. High sensitivity and aloofness.
6. The student watches the lips of teachers or other speakers very closely.
7. Constantly turns up volume on radio, television, video or any audio equipment.
8. They may complain of ear aches.
9. They may have discharging ears.
10. They tend to hold their heads in peculiar positions.
11. They may be frequently isolated from normal social relationships.
12. Often would not respond when called from behind.
13. A history of chronic middle ear infections

14. Difficulty in hearing subtle differences in sounds or words
15. May hear differently what is said to them e.g Hears 84 instead of 48
16. Difficulty remembering oral information.
17. Apparent inattentiveness to verbal communication.
18. Difficulty following instructions given verbally.
19. Hears distorted sounds like hearing under water.
20. Difficulty using phonetics.

Dunn (1973), listed 8 characteristics displayed by children who are auditorily impaired that will help the classroom teacher detect them.

These are:

1. Cupping hands behind ears when attempting to listen
2. Turning one side of head toward the speaker to favour the better ear in listening.
3. Unusual behaviour in response to oral directions.
4. Inattentiveness due to the stress of listening causes the child to lose interest in what is being said.
5. Obstinance or apparent confusion because of not hearing clearly, not knowing what is expected which tend to restraint from making any response.
6. Unacceptable responses or inappropriate responses given in eagerness to please others.
7. Inadequate ability to do school work, may not hear the teachers instructions and class discussions.
8. Reluctance to participate in class activities, fear of failure because of not understanding.
9. Discipline problems in class because of attempts to overcompensate.
10. Defective speech patterns particularly for consonant sounds at the beginning and the end of words.
11. Delayed language ability.

ACTIVITY I

1. Write down the answers to these questions in your notebook.
 - a. What are sensory impairments?
 - b. Why are sensory impairments considered serious impairments in schools?
 - c. Distinguish between hearing and visual impairments.
 - d. Compare and contrast the identifying characteristics of the hearing impairments with those of the visually impaired.

EXTREME DEVIATION IN INTELLECTUAL FUNCTIONING

For centuries, intelligence was seen as something that followed a continuum (like a graduated straight line) ranging from 0 to over 150. At one end of the continuum, are those who have low intelligence quotient (IQ) – the mentally retarded and on the other end are those who have high IQ – the gifted. Because of newer theories of multiple intelligences (Sternberg, 1985, Gardner, 1983) and giftedness (Renzulli, 1977) and other scientific studies, the old concept of intelligence is now becoming unpopular.

MENTAL RETARDATION

Definition

Various definitions of mental retardation (MR) exist but for our purpose we shall take on that is most widely accepted. This is the definition given by the American Association for Mental Retardation (AAMR). It states that:

Mental retardation refers to substantial limitation in present functioning. It is characterized by significantly sub-average intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skill areas; communication, self-care, house-living, social skills, community use, self-direction, health and safety, functional academics, leisure and work. Mental retardation manifests before age 18 (American Association on Mental Retardation, 1992, p. iii).

The keywords in this definition include; Limited functioning Sub-average intellectual functioning; Limited adaptive skills; and early manifestation.

It is clear from this definition that low intelligence or low IQ is not the only criterion that qualifies one to be classified as MR. What are the other factors?

Identifying Characteristics Of Students With Mental Retardation

Generally, the majority of MR kids experience the problems listed in the table below. It is important to note however that these characteristics may differ between children depending on the degree of severity of the mental retardation. The table below (Table 1.0) presents the representative.

Characteristics and concomitant problems of students with mental retardation (Ysseldyke & Algozzine, 1995. p. 317)

Representative Characteristics and Concomitant Problems of Students with Mental Retardation.

<i>Area</i>	<i>Characteristics</i>	<i>Potential</i>
Cognitive	Limited memory Limited general knowledge and information Concrete rather than abstract thinking Slower learning rate	Inattention Inefficient learning style Difficult communicating Prone to failure Standard teaching practices Inefficient
Academic	Difficulty learning most academic Contents Limited performance in most content areas Limited problem solving ability Limited content mastery	Limited attention Organizational skills Questioning behaviors Direction following Monitoring of time and Other schools coping skills
Physical	Some discrepancies between physical and mental abilities	Performance less than expected, based on physical appearance
Behavioral	Limited coping skills Limited social and personal life Limited personal life skills and competence	Tardiness, complaints of competence, illness, Classroom disruptiveness social isolation inappropriate activity
Communication	Lower levels of language development. Limited listening and speaking vocabularies	Trouble following directions, making request, interacting or communication

Source: (Ysseldyke & Algozzine, 1995, p. 317)

Some of these characteristics differ depending on the degree of severity. The mildly retarded have cognitive impairment that serve as barriers to affective learning especially in those situations that require reasoning. Abstract thinking and language. They also have inadequate personal skills e.g. poor relationship with peers and adults, verbal or physical aggression, avoidance of academic tasks whenever possible and poor self-concept.

Although they are normal in appearance, the mildly retarded have only ½ to ¾ of normal mental functioning and can attain only primary 2 to 6 education. Usually they fit into unskilled or semi-skilled jobs. School placement is usually regular class with support of special class.

THE TRAINABLE MENTALLY RETARDED

They have only ¼ to ½ of normal mental functioning. Most of them are usually identified in early childhood. In schools, they are usually placed in special class although many carry on to higher institutions.

THE PROFOUNDLY RETARDED

The profoundly retarded in most cases are institutionalized from infancy and usually, they have multiple handicapping conditions.

GIFTEDNESS

Definition:

Nigeria defines gifted children as “those who are intellectually precious and find themselves insufficiently challenged by the program of the normal school and who may take to stubbornness and apathy in resistance to it” (National Policy on Education, 1981. p. 36).

Definitions of the gifted differ from country to country and even from state to state in the U.S. It has also changed over time but there seems to be an agreement of that giftedness includes the following criteria:

1. Exceptional academic achievement.
2. Exceptional creativity.
3. Superior achievement beyond peers in any valued line of activity
4. Inclusion in the top ten percent of children according to any criterion of giftedness.

Identifying Characteristics

Given a congenial setting, there are characteristic that will indicate giftedness in children writes Dunlap (1967), listed these positive and negative characteristics.

Positive Characteristics Include:

1. Learn rapidly and easily.
2. Retain what they learn without much drill.
3. Show much curiosity as indicated by the kinds, depth, scope and frequency of their question.
4. Have rich vocabularies marked by originality of thought & expression.
5. Enjoy reading usually at a more mature level.
6. Show interest in words and ideas as demonstrated by their frequent use of dictionaries, encyclopedias a other sources.
7. Reason things out, think clearly and precisely and are quick to comprehend.
8. Have the ability to generalize to see relationships & to make logical conclusions
9. Examine, tabulate, clarify, collect and keep records.
10. Be interested in the nature of man and his universe at an early age.

11. Know and appreciate many things of which other children are unaware.
12. Seek older companion among young children and enjoy adults.
13. Possess a good sense of humour and be cheerful.
14. Have a strong desire to excel.

Negative Characteristics Include:

1. Restlessness
2. Carelessness with hand writing
3. Impatient with subjects requiring, rote learning and drill.
4. Indifferent toward uninteresting class work.
5. Critical attitude towards themselves, and others.

Looking at these characteristics one may not expect to find gifted persons in rehabilitation centers.

However, the negative characteristics of the gifted which include perfectionism, getting bored easily in school, may make some of them drop out; some may come back later to be rehabilitated. Some persons are “twice exceptional”. This means that a person who is blind may also be deaf. A physically impaired boy may also be learning impaired. Similarly a visual impaired child may also be gifted. It is therefore important for the rehabilitation counselor to be fully aware of this category of exceptional persons.

ACTIVITY II

1. Argue for or against the motion that “IQ alone cannot qualify one as gifted or mentally retarded”.
2. In your interactions with people in the next two weeks, try to identify five (5) persons you think may be gifted. List the characteristics that make you suspect they are gifted.
3. Observe a person you suspect to be mentally retarded. State the reason for your suspicions.

COMMUNICATION DISORDERS (CD)

Different terms have been used to describe the group of children whose speech is problematic. These terms include: language disordered, speech disordered, language impaired and speech impaired. Usually like the gifted, persons with this problem should not-have much need for rehabilitation. However, severe cases of communication disorders

1. will need rehabilitation communication disorders of disabilities
2. would also be a secondary condition to any other disability.

DEFINITION

A broad definition of CD advanced by *Von Riper (1972)* is one that can serve our present need. He writes:

“Speech is defective when it deviates so far from the speech of other people that it calls attention to itself. Interferes with communication or causes its possessor to be maladjusted”

IDENTIFYING CHARACTERISTICS

1. Disorder of Articulation.

Children who have this kind of disorder tend to

- (a) Substitute for e.g. `th, for, s` (yeath for yeas).
- (b) Omit certain sounds e.g dropping sections of words thereby making speech almost unintelligible. This is the most difficult to correct.
- (c) Distort sounds – making attempt to approximate the sounds of words
- (d) Addition of sounds e.g. adding extra syllables “on – a the table”.

2. Disorders of voice

These are less common and involve problems in;

- (a) Vocal quality – (breathiness, hoarseness or huskiness).
- (b) Vocal pitch
- (c) Vocal intensity

3. Stuttering

This is similar to stammering and is generally considered a disorder of rhythm or fluency.

4. The hard-of-hearing., depending on the severity and kind of hearing loss, may display, omissions, distortions of sounds in the high frequency range, omissions and instinctiveness of word ending and poor discrimination between voice and voiceless sounds.

SERIOUS EMOTIONAL DISORDERS (SED)

Definition

In literature, the term serious emotional disturbance may be found used interchangeably with emotional disorders, `behaviour disorders`, `socially maladjusted`, `emotionally disturbed`, etc.

It is defined by *Kauffman (1977)* as “children... who chronically and markedly respond to their environment in socially unacceptable and/or personally unsatisfying ways but who can be taught more socially acceptable and personally gratifying behaviour”.

Identifying Characteristics

There is a lot of variation in the behaviours displayed by persons with SED. *Schizophrenics*, classified under SED have marked characteristics that also differ from the rest of the group. *Ysseldyke and Algozzine (1995)* attempted to put together different terms that have been used to describe this group of persons. See table 2.

TABLE 2:

Terms used in professional literature to describe students with serious emotional disturbance.

Aggressive	Immature
Aloof	Impulsive
Annoying	Inattentive
Anxious	Irritable
Attention seeking	Jealous
Avoidant	Manic
Compulsive	Negative
Daydreams	Obsessive
Depressed	Passive
Delinquent	Preoccupied
Destructive	restless
Distractible	rowdy
Disruptive	schizoid
Disturbing	self-conscious
Erratic	tense
Frustrated	truant
Has short attention span	unmotivated
Hostile	unsocialized
Hyperactive	withdrawn

Source: Ysseldyke & Algozzine, 1995, P. 350.

ACTIVITY III

1. Define Communication Disorder.
2. Why should the rehabilitation counselor learn about person with CD.
3. List other terms used to describe SEDs listed on table 2 into two groups – emotional problems and social problems.

LEARNING DISABILITIES

Definition

Learning disabilities (LD) described by American National Centre for Learning Disabilities (NCLD) as a “hidden handicap” is defined by them as “neurological disorders that interfere with a person’s ability to store, process, or produce information and create a ‘gap’ between one’s ability and performance. Individuals with learning disabilities are generally of average or above average intelligence”.

1. Persons with LD have average to above average intelligence
2. Show a discrepancy between actual and potential achievement.
3. Perform poorly because of difficulty in one or more of the following areas;
 - Listening
 - Speaking
 - Reading
 - Written expressions
 - Mathematics
 - Reasoning
 - Concentration
 - Attention
 - Memory
 - Social skills.
4. Their disability is not due to impaired vision, hearing loss, mental retardation, emotional difficulties, environmental factor and cultural factors.

IDENTIFYING CHARACTERISTICS

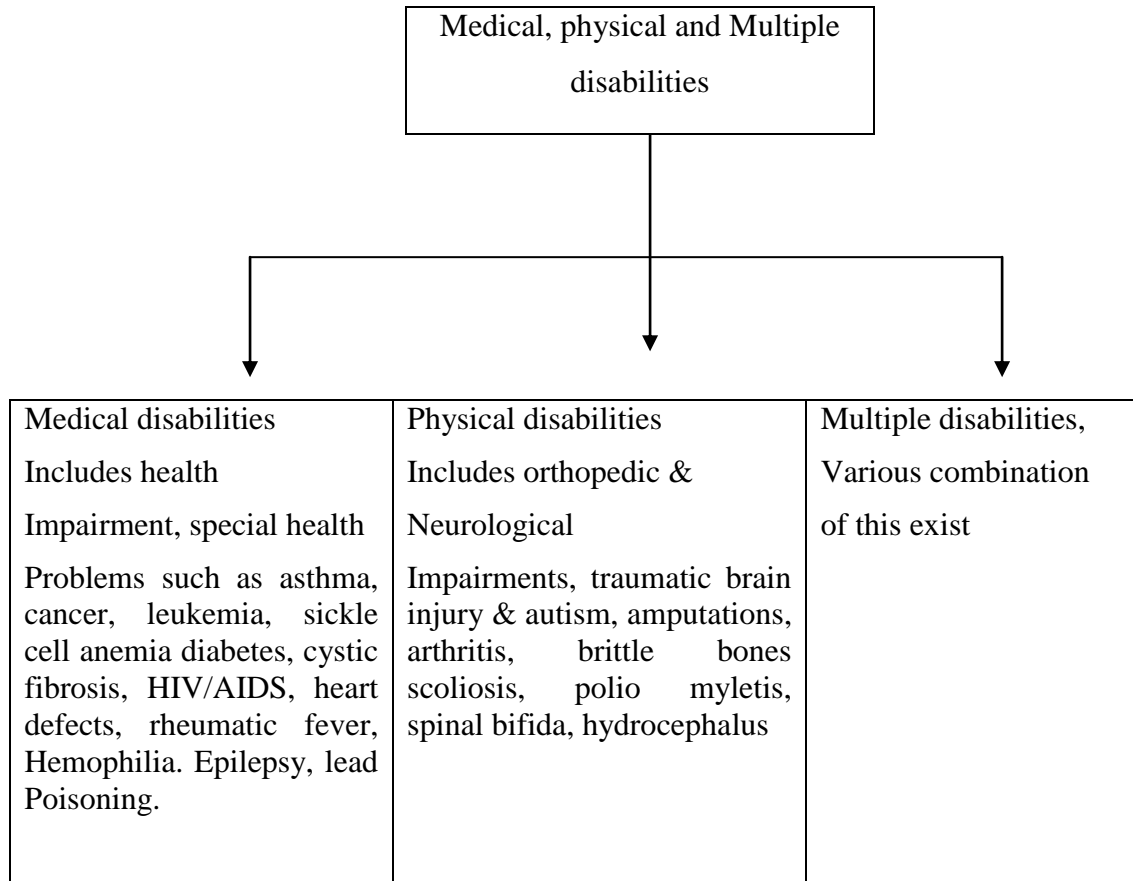
Below is the NCLD checklist which serves as a guide to parents and professionals to help in the detection of LD.

It is more likely to find a rehabilitate whose secondary problem is learning disabilities and this is why rehabilitation counselor has to be knowledgeable about this type of disability.

MEDICAL, PHYSICAL AND MULTIPLE DISABILITIES

Definition:

This is a grouping that brings people with different disabilities together. To see the kinds of disabilities we are talking about, look at the sketch below.



(Adopted from Issedyke & Algozzine, 1995, P. 413)

These groups of children have been defined, as “those whose non sensory physical limitation or health problem interfere with their school attendance or facilities are required (Hallahen and Kauffman. 1978). Abba & Aduwo (1985). Say the group includes children who are crippled; deformed or neurologically impaired but exclude such sensory handicaps as deafness, blindness, speech defects etc.

IDENTIFYING CHARACTERISTICS

Observable signs and symptoms of health, physical and physical impairments were listed by Kirk (1972) in Okeke (2001) as:

1. “Malformation of one or more limbs or parts of the body eg, Legs and Hands.

2. Unsteady joint, swaying or involuntary movement of the limbs.
3. Mild or severe paralysis of the limbs or curves of the trunk and neck.
4. Slight limp or weakness of muscles especially at the joints (ankle, knee, hip etc)
5. Inability to relax muscles or control and co-ordinate gross and fine motor movements such as is required for grasping, throwing and catching objects, uniting etc.
6. Slurred and incoherent speech.
7. Inaudible speech
8. Arabbe, slobber with hips dropping
9. Hoping like frog (at times)". (Okeke, 2001, p. 74)

Other identifying characteristics of orthopedically handicapped children are:

- a. Mental Retardation
 - b. Learning problems
 - c. Perceptual problem
 - d. Lack of co-ordination
 - e. Distractibility
 - f. Emotional Disturbance
 - g. Speech and language disorders
 - h. Impaired motor functioning
 - i. Paralysis or seizures
1. Musculoskeletal handicaps: Children who fall into this category often experience problems with the use of some or one of the following.
 - a. Legs
 - b. Arms
 - c. Joints
 - d. Spine

And this make it difficult for them to walk, stand or sit use their hands.

2. Children with congenital malformations come in a variety of forms. Some are of the heart and/or blood vessels leading to or from the heart, some form congenital dislocation of the hip, of malformations of the extremities and congenital malformation of the head and face. The last type is serious because it involves cosmetic defects as well as some damage to the brain, eyes, ears, mouth and nose. Children who have this problem display the following characteristics.
 - Bizarre appearance
 - Brain damage
 - Visual impairment
 - Auditory impairment
 - Loss of senses of smell or taste inability to eat or talk normally.
3. Impairment resulting from accidents may be seen in form of loss of limbs, brain damage and some other conditions already mentioned.

4. Diseases like asthma, diabetes, sickle cell anemia may make their patients appear weak and hypoactive
Weak Hypoactive
Lethargic
Quit and withdrawn.

Severe psychological trauma as well of physical defects may accompany children that are battered.

On the whole, it is difficult to make many valid generalizations about the characteristics of physically handicapped children since as a group they vary widely in nature and severity of their problems.

However, one can say that their achievement is generally lower than that of their counterparts that are not disabled. This is attributable not to lower intelligence but erratic school attendance as a result of hospital visits, bed rests, neurological impairments and the like.

SUMMARY

- This unit looked at different forms of disabilities. It defined the terms used to group people with similar problems such as visually impaired, learning disabled. To enable people working with such person to identify them, understand them and empathize with them, general characteristics of each was presented. It is important to note that these are generalizations that may not apply to every individual within the group. Disability may trigger off peculiar psychological reactions in people, which the counselor may have to deal with before further intervention can yield fruit. It is beyond the scope of this unit to address those reactions.

ASSIGNMENT

1. List all the categories of exceptional children studied in this unit.
2. Compare and contrast the identifying characteristics of children with various kinds of special needs.
3. Look at the identifying characteristics of each category and write down (a) Three types of jobs they can fit into (b) Three possible counseling problems of each group.
4. Classify miss Hannah's disability.

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