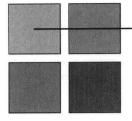




MARY BEIRNE-SMITH - RICHARD E ITTENBACH - JAMES R. PATTON



FIFTH EDITION

Mental Retardation

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To our parents,
Dorothy and John Patton;
Mary and John Ittenbach;
in memory of Harold and Mary Beirne;

and in loving memory of Smitty, Catie, and Billy

viii Preface

been substantially revised, and, where appropriate, we have increased the focus on developmental disabilities, multiculturalism, and technology. Each chapter ends with bulleted summary statements. Finally, we have continued to use short features in each chapter to broaden the coverage of topics.

We have organized the text in four parts. In Part 1, we concentrate on basic concepts about mental retardation. In this section, we have chapters on perspectives on mental retardation history, definition, assessment, and causes and prevention. In Part 2, we focus on the characteristics of individuals who have different levels of retardation. Here, we have chapters about individuals who are mildly retarded and individuals who are severely or profoundly retarded. In Part 3, we look at programming and issues across the lifespan of individuals who are retarded. In this section, we have chapters about infancy and early childhood, the school years, transition from school to life after school, and adulthood. Finally, in Part 4, we address ongoing concerns with chapters about family concerns, individual rights and legal issues, institutional and community living, and current and emerging issues.

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MBS, RFI, JRP

Preface

For

or the past 200 years, a considerable body of knowledge has been compiled about individuals who are mentally retarded: how they learn, how and what to teach them, and how society treats people who are retarded. The recent move toward inclusion of individuals who are disabled in general education settings is changing the face of education as we know it. Consequently, we are changing the ways in which we serve students who are mentally retarded and the ways in which we train prospective teachers of these students. In addition, such recent developments in the field of special education and in the area of mental retardation as community-based instruction, transitional planning, and supported employment have made critical the need for informed, educated professionals in this area.

Our purpose in writing the fifth edition of this text is to provide educators and other service providers with timely information about the many facets of mental retardation from a life cycle perspective. We have tried to digest the literature and add what we have learned from our own experiences. We believe that it is exciting to be involved in the area of mental retardation, and we hope that our interest and enthusiasm about individuals who are retarded, their families, their friends, others with whom they come in contact, and the society in which they live come through in this book.

Our challenge as we worked on the fifth edition of this text was to retain what was valuable from previous editions, add what is current in this edition, and integrate it all into a meaningful whole. Throughout the revision process, we have been mindful of our goal of producing a text that is useful for all professionals who work with individuals who are mentally retarded. As is true in previous editions of this text, we attempt to show relationships between theory and practice; we decode the terminology used in the literature on mental retardation, particularly that associated with causes of retardation; and we relate these terms to the reality of the classroom, the work world, and the community. In addition, we point out many valuable resources in the field of special education and the area of mental retardation.

We have retained the features in previous editions for which we received positive feedback from reviewers and users. We begin each chapter with a list of key words and learning objectives. Each key word is defined in the chapter and included in the glossary for easy reference. Each chapter has

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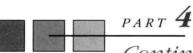
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teacher to more effectively include hospital-home-based students and their families into the general education classroom (Karpinski, 1993).

The meeting logger records classes on video for later recall. Users can review entire classes or scan rapidly, starting and stopping at any point. For students or families needing review or for those who missed an entire class, the meeting logger enables learning to continue at the best pace for the students and their families. This technology also enables students and families to view classes at a time of the day that is most convenient for them (Karpinski, 1993).

DEMON enables multimedia information to be held in storage for later editing or viewing. The system anticipates user need and speed of delivery. Once again, children with special needs and their families have options for review (Karpinski, 1993).

SCHEDULING

In arranging a schedule for a classroom, teachers should take into account the abilities, disabilities, personalities, mobility, and so on of the various children enrolled in the class and the instructional objectives to be reached. While teachers may not know ahead of time the exact needs of each child, they can plan a schedule with all options included. Polloway and Patton (1997) point out that the first step is to determine how many hours the child is in school and how much of that time is available for instruction. Such events as snack or lunch, related services (e.g., physical therapy), sharing time, and so forth must be scheduled in and deducted from instructional time. Once these factors are accounted for, the teacher should consider high- and low-probability activities. Low-probability activities require direct teacher instruction in a skill or concept (e.g., classifying words into categories like food, animals, transportation). The most difficult low-probability

8:30-8:50	Interaction with children and parents, hang up coats, etc.
8:50–9:10	Circle time (days of the week, months, colors, etc.; varies with need).
9:10–9:20	Group 1 with teacher for direct instruction. Groups 2 and 3 with aide for activities.
9:20–9:30	Group 2 with teacher for direct instruction. Groups 1 and 3 with aide for activities.
9:30–9:40	Group 3 with teacher for direct instruction. Groups 1 and 2 with aide for activities.
9:40-10:10	Free play or outdoor play.
10:10-10:20	Transition, bathroom, etc.
10:20-10:40	Snack.
10:40-11:00	Circle time (language, cognitive development, etc.).
11:10-11:20	Story time.
11:20-11:30	Interact with children and parents, put on coats, etc.
11:30	Dismissal.

FIGURE 8.7 Half-Day Preschool Schedule with Direct Instruction

activities should be taught early in the day when children are most alert and, for variety, interspersed with such high-probability activities as story time or work centers designed to develop different skills. Next, the teacher must consider whether and how to schedule small group or one-on-one instruction. The schedule will direct the flow of the day, and each day, each child should find an area of joy in the schedule.

Many preschool programs provide for a half-day of direct instruction services. The teacher may spend the rest of the day in planning, case management, consulting with other professionals, or meeting with parents. Other programs provide for a full day of services. Regardless of the length of the

8:30-8:45	Interaction with children and parents, hang up coats, etc.
8:45–9:05	Circle time (days of the week, months, colors, etc.; varies with need).
9:05–9:35	Free play (activities designed to develop various areas—cognitive, motor, etc.).
9:35-9:50	Story time.
9:50-10:00	Transition, bathroom, etc.
10:00-10:20	Snack.
10:20-10:45	Outdoor play.
10:45-11:00	Circle time (language, cognitive development, etc.).
11:00-11:20	Free play (as above).
11:20-11:30	Interaction with children and parents, put on coats, etc.
11:30	Dismissal.

FIGURE 8.8 Half-Day Preschool Schedule Without Direct Instruction

8:00-8:30	Teacher planning.
8:30-9:00	Arrival, self-help (undressing).
9:00-11:00	Individual activities: physical management, gross motor, fine motor, cognition.
9:30-10:00	Language group 1 (augmentative).
10:00-10:30	Language group 2 (3-4 word utterances).
10:30-11:00	Language group 3 (imitation).
11:00-12:00	Lunch; self-help (eating, brushing teeth, toileting).
12:00-1:00	Nap.
	Arrival of nonhandicapped students.
1:00-1:30	Self-help (dressing), self-directed activities.
1:30-2:00	Individual language activities (groups 1, 2, 3).
	Language group 4 (integrated).
2:00-2:30	Snack and socialization groups (integrated).
2:30	Departure.
2:30-4:00	Teacher planning.

FIGURE 8.9 Full-Day Preschool Schedule

8:00-8:30	Teacher planning.*
8:30-9:00	Arrival and interaction with families.
9:00-11:00	Individual activities. **
	Physical management.
	Motor development.
	Language development.
	Cognition.
11:00–12:00	Lunch; oral motor skills, self-help (eating, brushing teeth, toileting).
12:00-1:00	Nap.
1:00-1:30	Self-help (dressing, toileting).
1:30–2:00	Sensory activities, individualized within group setting to enhance social skills.
2:00-2:30	Interaction with families.
2:30-4:00	Teacher planning; case management activities, home visits.

FIGURE 8.10 Full-Day Infant Schedule

school day, the daily schedule is an important ingredient in the effectiveness of the service and sets the tone for learning. Figures 8.7 to 8.10 on pp 302–304 provide examples of possible schedules for the preschool years.

FAMILY INVOLVEMENT

With the enactment of PL 99-457, families participate on the IFSP and IEP committees as collaborators. The law requires that family needs and resources be assessed and that parents be counseled about their child's needs and be assisted in the acquisition of services for the child. Family members have the opportunity to participate in an active manner in the writing of the IFSP and IEP and in the instruction of the child. The definition of family was not provided in the law, but the definition used in this chapter refers to

two or more people who regard themselves as a family and who perform some of the functions that families typically perform. These people may or may not be related by blood or marriage and may or may not usually live together. (Turnbull, Turnbull, Shank, & Leal, 1995, pp. 24-25)

When professionals gain information about the family in an individual and personal way, then the professional is in harmony with the family's strengths, weaknesses, desires, expectations, priorities, and needs. By using the Family

These activities match the overlap between domains during infancy. Emphasis is placed on developing skills across domains to encourage the infant to interact with all facets of the environment.

Systems Conceptual Framework (Turnbull, Summers, & Brotherson, 1984) illustrated in Figure 8.11, the professional gains valuable facts about the interrelatedness of the family unit. This personalized knowledge aids the professional in the collaboration process by examining four components of the family unit: family characteristics, family interaction, family functions, and family life cycle.

Heward (1996) outlines seven roles that parents of children with special needs fulfill.

- Teaching. Many children learn skills in an incidental fashion, but children
 with special needs must be directly instructed in order to learn many tasks.
 Since families are in day-to-day contact with these children, the family becomes
 the first teacher in early childhood. Some families must further learn to use special equipment and devices in order for their children to function in society.
- 2. Counseling. In addition to the normal counseling role that parents deal with in addressing emotions, feelings, and attitudes, the parents of the child with special needs must also deal with greater intensity of these areas due to the disability. The disability itself must be addressed with the child, the siblings, and the greater society. The parents must guide the child through the dayto-day life with a disability.
- 3. Managing behavior. This again is in addition to the normal role of parenting in training children toward the behavioral expectations of society. Many times these parents must first be taught how to handle behavior so that they in turn can teach the child and then the society at large.
- 4. Parenting siblings without disabilities. No two children without disabilities are identical, but the difference is magnified when there is a disability present. Parents must learn to parent both types of children so that all children reach their full potential. In the course of their parenting, parents must also teach siblings without a disability about the disability itself and how this disability impacts the sibling with the disability, the family, and the siblings without the disability.
- 5. Maintaining the parent-to-parent relationship. Having children decreases the time that parents have for themselves as a couple, but when a child with a disability is born, the time decreases even further. To find time for themselves as a couple, the parent must leave the child with a disability in a competent care situation. This requires additional time for the parent in an already stressful situation, as the caretaker must be educated in the role of the parent. In addition to time is the factor of money. Many disabilities require additional funds to care for the child who is disabled, which decreases the funds available for parent time as a couple.
- 6. Educating significant others. Just as parents must educate caretakers of their child with a disability, the parent must educate those in the family and the community who come in contact with their child. Children with disabilities require consistency in their lives, and this happens only when the family and the community as a whole can be educated and react in a single-minded fashion toward the child with a disability.
- Relating to the school and community. The parents' role is that of an advocate for their child. No one knows the child as intimately as the parent. The

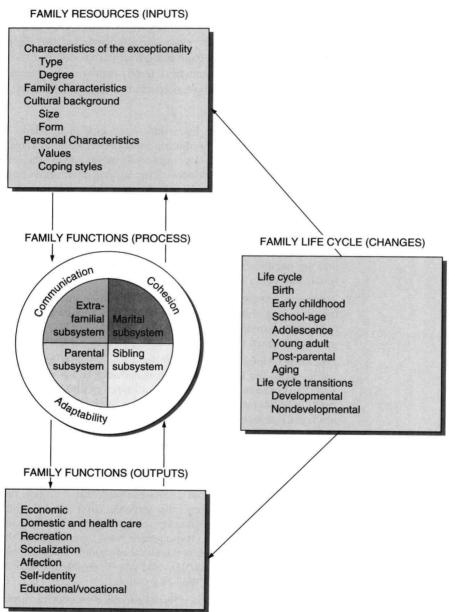


FIGURE 8.11
Family Systems Conceptual Framework

Source: From Working with Families with Disabled Members: A Family Systems Approach (p. 60) by A. P. Turnbull, J. A. Summers, and M. J. Brotherson, 1984. Lawrence, KS: Kansas University Affiliated Facility. Copyright 1984 by the University of Kansas.