Education

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SOME LEARNING PROBLEMS OF C.P. CHILDREN IN THE CLASSROOM AND THEIR CORRECTION

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One of the major developments in the field of special education during the past fifteen years has been the search for constructive solutions to children's learning problems. The efforts to develop an effective educational programme, tailored to each child's needs, is what has made special education such a dynamic field, making it (to use medical terms) diagnostic and prescriptive. In fact, in most countries of the West, this individualised approach towards each child's abilities and disabilities has had a spill-over onto normal education, making education more analytical and client-centered rather than mass orientated.

***Assessing the problem**: It cannot be too strongly emphasised that the greatest danger lies in misdiagnosis, mislabelling and in setting inappropriate academic goals. This results in an erroneous type of instruction and a great wastage of the child's time, which he or she can ill afford. Evaluation and assessment of multiply handicapped children cannot be done hurriedly in a once-and-for-all situation, but needs to be done over a period of time, with accuracy and caution.*

Therefore, accurate diagnosis and careful analysis of a child's difficulties become the first essential tools in planning intervention. Careful diagnosis also predicts the rate at which new learning will occur, consistent with the child's capabilities and the level of performance a child is expected to maintain. This ultimately ensures progress and the possibility of alleviating learning disabilities.

No one specialist can deal with cerebral palsy. The child, being multiply handicapped, needs a team of specialists.

To ensure optimum progress, each specialist should be aware of the individual patient's strengths and weaknesses and plan a programme, together, tailor-made to his or her need.

Planning an Individualised Educational Programme: *At the Spastics Society of India, we have found that there are various factors which enable us to work in a unified manner in planning an individually -based programme: (1) The team consists of doctors, therapists, teachers, psychologists and social workers, while our patient's parents play an important role by actively participating in the team work, to ensure good follow-up at home. Only good interdisciplinary rapport between teachers, therapists, doctors and parents can lead to good performance. (2) Constant interchange of views among the staff about their children, both formally as well as informally. (3) Regular meetings with our doctors and parents. (4) Regular views of progress. (5) There also exists, above all, a very human element and the philosophy is to combine the best type of professionalism with care. The most important person at the Centre is the child and the*

focus of attention is his needs. Each child is an individual with his own set of likes and dislikes and in the beginning it is important to build up a database.

I will highlight some of the commonest problems present in children with brain damage, as encountered in the classroom, over the twenty years' experience I have had with them; and how, if some corrective action is taken in the early years, presupposing that certain problems will be present because of the damage to the central nervous system, the common difficulties that do occur may be prevented or corrected.

Studies have shown that children with cerebral palsy and other neurological handicaps suffer from learning disabilities more than normal children. Quite often, they sustain perceptual deficits. A very simple definition of perception is the ability to respond to stimuli and the capacity to identify and interpret the millennia of sensory impressions that impinge upon the central nervous system, requiring us to act differently in a variety of situations.

One of the most important considerations is that the child's sensory impressions are impoverished due to gross limitations in the quantity and quality of experiences. In the normal classroom situation, accurate visuo-spatial and visual perceptual abilities enable a child to learn to read and write correctly and to undertake any academic work that requires recognition, recall and reproduction. For example-map work in geography, spelling, identifying words in dictionaries, etc. On the other hand, the child with visual perceptual disorders has difficulty in identifying and discriminating and in copying

simple shapes and patterns. He has a poor concept of his body, suffers from confusion about left and right, his concepts of directionality are poor and later this lack of discrimination will lead to difficulty in identifying 'b' from 'd', 'p' from 'q' and many other errors in drawing, spelling and writing.

In the class room, therefore, we find that these children suffer from some common problems which may come in the way of educational progress, if there is no corrective action. These problems are : visual discrimination of visual detail, visual scanning, difficulties in copying a design, poor visual sequential memory, poor body-concept, lacking in confidence, inability to work on his own, over-reliant on a one-to-one situation, poor attention span, low frustration tolerance, low self-esteem when confronted by a task, psychological problems leading to disorganisation and confusion, spatial difficulties, laterality and directionality problems.

In addition to this, a child displaying these disorders also tends to suffer from emotional difficulties. Often he is aware of his puzzling inability to match the performance of his peer group and of the disappointment of his teachers and parents and he tends to become frustrated and confused. There is the famous case of a boy suffering from these disorders who recognised his mistakes and said,

"Mummy, why can't my hand do what my eye can see?"

SOME CORRECTIVE EXERCISES

In India, I find that many C.P. children come from poor, socially-deprived homes. They have received little or no stimulation and this, together with their disability, has further handicapped them.

Therefore, I have set up a curriculum at the Centres for Special Education which includes ***early stimulation from one to two and a half years, a rich primary experience*** *in the early years combined with* ***corrective exercises in the classroom, from two and a half to four years when children are ready to go onto a proper syllabus for reading, writing and numbers. This corrective training is*** *based on research already done by well-known remediators. To name a few of the experts- the training recorded by Bereton at the Mosman Centre in New South Wales, Frostig at the Los Angeles Centre for Learning Difficulties; the suggestions and training recommended by Kephart, Cruickshank and Tansley for concentration on details, discrimination, movement in space are incorporated in the curriculum by the teacher and the therapist. The individualised education programmes used at a very young age are a corrective method to prevent some of the difficulties outlined earlier from happening.*

These, we found, have helped to overcome some of their difficulties and, by the age of 5-6 years, these children are ready for a formal, academic syllabus.

Side by side with this training, it is essential to have good task analysis, supplemented by good teaching. These

exercises, in isolation, cannot correct faults or ensure progress. Klaus Wedell and his principles of good pedagogic training are crucial for progress academically.

We have seen that some children with cerebral palsy have disabilities that are less obvious than others. We must guard against superficial assessments to prevent educational failure. For example, due to verbal facility, one could have missed out a child's subtle difficulties. Therefore, diagnosis of an educational problem is an on-going process, needing careful analysis and interpretation.

The next task is to work out a proper profile of the child's strengths and weaknesses. This has to be done with clinical precision, with a team of experts applying a battery of tests, observing the reactions of he individual person over a period of time to pin-point consistency or the lack of it, as well as to confirm the efficacy of the test.

Again, in planning the individualised educational programmes, a team of experts work in conjunction, with the main aim of alleviating the child's deficiencies in different areas.

Finally, the basic goal of special education, as in normal education, is to bring out the child's talents and aptitudes, to enrich his life by providing him with varied experiences, to make good certain deficits, and to help him adjust to the demands of the involvement. But the education processes and techniques to reach these goals differ from normal education, in that it requires special skills from the remediator who needs to be especially perceptive, innovative and

creative, at the same time possessing a good, sound knowledge of special education.

It is also important to remember that every child has a potential to be unravelled, making special education ever-changing dynamic and individualised..... with each child presenting a new challenge and making it an exciting field to work in.