Course: Educational Adaptation for Children with Physical Disabilities Pass-1

SEMESTER: AUTUMN, 2018

(3609)

ASSIGNMENT# 1

Q.1 a) Describe the special needs of Physically Handicapped Children.

Ans: Working with children who have physical disabilities requires thoughtful planning for child care providers. Children with physical disabilities need different types and amounts of assistance and support in order to participate fully in their child care program. Child care providers who are including a child with a physical disability need to get input from the parents, professionals working with the child, and the child himself or herself. That input can help the child care provider make specific plans to accommodate the child in the child care program.

Helping Children Be Independent

Children with physical disabilities are children first. Like all children, they need opportunities to make choices and do things for themselves, within the limits of their ability. Resist the temptation to do everything for the child. Provide appropriate help, but encourage children to try to do things themselves. This may mean that tasks and chores could take a little more time. Remember that doing things independently helps children build self-confidence and independence. Provide encouragement and patience, and help the other children do the same.

Specific Ways Child Care Providers Can Support Children with Physical Disabilities

Here are some specific ways child care providers can support the learning of children who have physical disabilities.

Make it easy to move around in play areas.

- Use heavy, stable furniture and equipment that cannot be easily knocked over.
- Remove rugs that can be tripped over, or tape them down.
- Arrange furniture and equipment with a wide aisle so children can move around more freely.
- Provide a safe place for walkers, crutches, wheelchairs, or canes so other children do not trip over them.
- 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 wheelchair with a large tray across the arms are three possibilities that may help children with certain physical disabilities participate more fully in child care activities.
- Make objects more steady. For example, secure paper, mixing bowls or wood blocks to the table or floor so they remain in place as the child paints, draws, stirs or hammers.

Adapt learning activities.

- Provide tools that children with motor disabilities can use for grasping, holding, transferring and releasing.
- Be sure objects are age-appropriate. For example, a bean bag made from dinosaur fabric is much more appropriate for a 5-year-old than a rattle or a baby toy.
- Provide materials of different textures -- such as play dough, fabric swatches, ribbon, corrugated cardboard and sandpaper -- to stimulate the sense of touch.
- Be sure activity areas are well-lighted. Add lamps if needed.
- Plan activities to encourage all children to move all body parts. Work with parents and specialists to choose special exercises for the child, and encourage the whole class to do some of them as part of a large group activity.
- Add tabs to books for turning pages.
- Place tape on crayons and markers to make them easier to grip.
- Secure paint brushes into a glove, or provide paint brushes with large knobs on the ends.
- Consider buying scissors that open automatically when squeezed, or scissors that do not require children to use finger holes.
- Provide spray bottles to practice the squeezing motion needed to use scissors.
- Keep items contained. Roll a ball inside a hula hoop placed on the floor. Play with blocks on a cookie sheet or the lid of a cardboard box.

Teach classmates how to help a child with a physical disability.

- Playmates are usually eager to assist children with disabilities, but may take over and provide too much help. Applaud and encourage helping behaviors, but also teach children to encourage their classmate to do as much as possible on his own.
- Teach children how to offer help respectfully. Encourage them to ask if the child wants help first, and to take "no" as an answer.
- Encourage children to find creative ways to include a child with a physical disability in their play activities. For example, moving blocks to a table might make it easier for a child in a wheelchair to participate.

b) Describe the process of psycho local adjustment of Physically Handicapped Children in the society.

Ans:

New Disability Experience and Psychological Intervention

Psychological intervention can help a person with a new form of disability to progress through the stages of disability and assist them with resolving any difficulties they may experience along the way. The result can be an increase in the person's self-esteem and confidence. Cognitive Behavioral Therapy (CBT) is something that may be used to help with assumptions the person might have concerning their appearance or bodily function.

Cognitive approaches through this form of therapy provide a modality for focusing on core issues in the process of adjustment, helping to reduce the person's tendency to magnify risks related to new activities, as well as helping to change any belief systems the person may have that impede adjustment. The amount of time a person with a new form of disability might spend pursuing CBT depends upon the type of disability they experience and the coping ability of the person.

Stages of Adjusting to a New Form of Disability

The stages of adjusting to a new form of disability include four basic ones. These stages include shock, denial, anger/depression, and adjustment/acceptance. People progress through these stages at their own pace.

- **Shock:**

Shock involves a state of both emotional and physical numbness that can last from a few hours to several days.

- **Denial:**

  Denial may last anywhere from three weeks to two months and is a defense mechanism that allows the implications of the new disability the person has experienced to be gradually introduced. Denial only becomes an issue when it interferes with the person's life, forms of treatment, or rehabilitation efforts.

- **Anger/Depression:**

  Anger and depression are reactions to loss and the person's change in social treatment and status. The person may experience a number of different emotions during this stage and grieve for the changes in their body image, function, loss of future expectations, or former satisfaction based upon any function that has been lost.

- **Adjustment/Acceptance:**

  The stage of adjustment and acceptance does not necessarily mean the person is happy about the disability they now experience, although it does allow for the relinquishment of any false hopes, as well as the successful adaptation of new roles based upon realistic potentials and limitations. The person might benefit from interactions with others who experience forms of disabilities, and becomes comfortable with who they are.

  Emotional aspects associated with a new form of disability are many times a major factor in determining the person's outcome and the benefits related to rehabilitative efforts. Effective psychological intervention is beneficial where ensuring recovery from an injury that has caused a form of disability is concerned. Many people experience more than four stages of adjustment to a physical disability; in fact - people might experience as many as twelve stages that include:

- Shock
- Anxiety
- Bargaining
- Denial

- Mourning
- Depression
- Withdrawal
- Internalized anger
- Externalized aggression
- Acknowledgment
- Acceptance
- Adjustment

People with Disabilities - You are Still Yourself

In every single way that matters, disability does not change a person. Instead, disability threatens concepts a person has held about who they are. People bring to their disability whatever mix of beliefs, attitudes, talents, charisma, fears, or social skills they have or have the capacity to develop. Who a person is impacts their ability to adjust to disability.

One of the common questions people with disabilities are asked is, 'What can I do to help' Perhaps the first thing someone can do is to understand that a person with a disability is the same person they were before experiencing their form of disability. It is important not to treat them differently simply because they have a form of disability. Do not expect them to be any weaker or stronger, and do not be surprised if they have found new qualities within themselves that have not surfaced before.

The experience of a form of disability forces the issue of, 'finding one's self.' Some people take pride in the things they learn about themselves through the experience of a form of disability. They appreciate the way disability helps to define their values.

A number of psychological adjustments have little to do with the disability a person experiences; they are issues everyone does. As an example, a person might be frustrated because they are having a hard time finding someone to love and believe it is their form of disability that is the cause of the loneliness they feel. The issue; however, is a part of many people's lives, whether they experience a form of disability or not. It is important for people with disabilities to avoid making disability a scapegoat for issues that might very well have appeared in their lives anyway.

For the majority of people with disabilities, disability does not define who they are; it is something they deal with when it becomes necessary to do so. One person with a disability noted that the entire human race is essentially disabled because we are unable to live together in peace, something that has always been so, and will continue to be so in the future. The question then becomes, 'What is normal'

The Experience of a New Disability

The majority of people who are able-bodied imagine the experience of a form of disability to be much more negative and hard than it actually is. A person may have no concept of how someone functions with a wheelchair; for example, and it might seem to them that life for a person who uses a wheelchair is completely dependent and extremely difficult. The facts; however, are quite different.

When a person suddenly experiences a form of disability due to an injury or a diagnosis of a form of degenerative disease, they bring their prior notions of disabilities to it. It is not surprising that a number of people find themselves experiencing anger, depression, fear, anxiety, and a deep sense of loss during the early stages of their disability experience. Despite how well-adjusted, emotionally strong, or mature a person may be, the experience of a new form of disability is an event that shakes many of a person's basic beliefs about their life. A new form of disability also asks a person to draw upon their coping skills; ones they may have never needed before.

A person's experience with a new form of disability may be marked by fatigue, negative emotions, a sense of powerlessness, or confusion. It is important to remember that there is also the chance to experience confidence and hope as they witness new abilities to cope with what is often a challenging situation. The majority of people who experience a new form of disability adjust in ways they never believed possible. With positive social support from family members, friends, and society at large the vast majority of people who experience a new form of disability do adjust.

Q.2 What do you mean by remedial methods of teaching? Discuss the affect of remedial methods of teaching.

Ans: **Remedial Teaching**

Students who have temporarily fallen behind in their studies or otherwise need short-term support in their learning have the right to get remedial teaching. Remedial teaching should be started immediately when the difficulties in learning or school attendance have been noticed, so that the students would not stay behind permanently in their studies. Remedial teaching can counteract difficulties beforehand. Remedial teaching should be organized according to a plan and as often as is necessary.

Characteristic to remedial teaching are individually planned

- tasks,
- time management
- and guidance.

Diverse methods and materials are used in remedial teaching, with which new ways can be found to approach the subject that is to be learned. In proactive remedial teaching the new things that are to be learned are introduced beforehand. Remedial teaching can also answer the need for support that arises from absences.

Schoolwork is planned in such a way that every student has a possibility to participate in remedial teaching if need be. Remedial teaching is given either

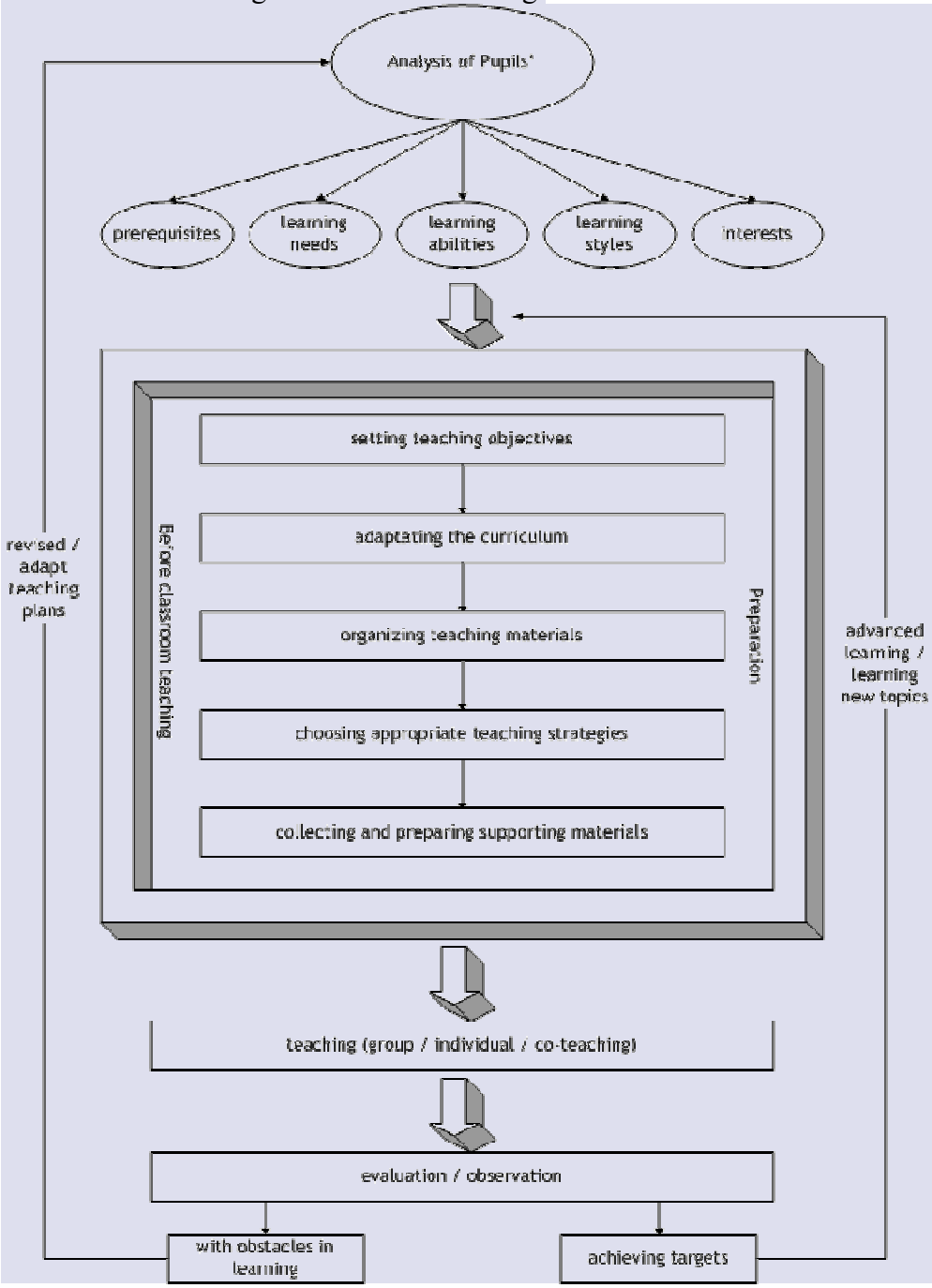
- during the lessons to which the need for support is connected, or
- outside lessons.

Various flexible groups are used in remedial teaching.

The initiative about giving remedial teaching is primarily done by the teacher. It can also be done by the student or guardian. The task of each teacher is to monitor the learning and growth of the student and the possible needs for support that may arise. Remedial teaching is organized in mutual understanding with the student and the guardian. They will be given information about the forms of remedial support and its importance to learning and school attendance. Students are obligated to participate in the remedial teaching that has been organized for them.

The Process of Remedial Teaching

The flowchart below may serve as a reference for teachers in the delivery of collaborative teaching or individual teaching:



Q.3 Define self-image. How a teacher can develop good self-image of handicapped children.

Ans:

Self-image is the mental picture, generally of a kind that is quite resistant to change, that depicts not only details that are potentially available to objective investigation by others (height, weight, hair color, etc.), but also items that have been learned by that person about themself, either from personal experiences or by internalizing the judgments of others.

Self-image may consist of four types:

1. Self-image resulting from how an individual sees oneself.
2. Self-image resulting from how others see the individual.
3. Self-image resulting from how the individual perceives others see them.
4. Self-image resulting from how the individual perceives the individual sees oneself.

These four types may or may not be an accurate representation of the person. All, some or none of them may be true.

A more technical term for self-image that is commonly used by social and cognitive psychologists is **self-schema**. Like anyschema, self-schemas store information and influence the way we think and remember. For example, research indicates that information which refers to the self is preferentially encoded and recalled in memory tests, a phenomenon known as "self-referential encoding".Self-schemas are also considered the traits people use to define themselves, they draw information about the self into a coherent scheme

Children's disparity

Self-image disparity was found to be positively related to chronological age (CA) and intelligence, two factors thought to increase concomitantly with maturity: Capacity for guilt and ability for cognitive differentiation. However, males had larger self-image disparities than females, Caucasians had larger disparities and higher ideal self images than African Americans, and socioeconomic status (SES) affected self-images differentially for the 2nd and 5th graders.

Strengtheners

A child's self-awareness of who they are differentiates into three categories around the age of five: their social self, academic persona, and physical attributes. Several ways to strengthen a child's self-image include communication, reassurance, support of hobbies, and finding good role models.

5 Tips for Improving Self-Esteem in Children with Learning Disabilities

Oct 16, 2012 | DM News Blog | 0 comments

Literacy issues don't just affect kids in the classroom. They can have a wide-spread – and painful – impact on children. Research shows that children with learning disabilities are especially likely to suffer from self-esteem issues. As parents, we all want to be able to *do something* to help when our child hurts. The good news is that there are some very specific things that the adults in their lives can do to help develop a positive self-image.

1. Make them feel special. Just one adult who makes a child feel special and appreciated can have dramatically improve that child's resilience – their ability to bounce back from adversity. Show your child you value her just as she is. Set aside special "alone" time with him each week – time when phones are turned off and you are actively engaged in something he enjoys.

2. Teach problem-solving skills. Nothing fosters self-confidence like developing good problem-solving abilities. Help your child come up with coping strategies for dealing with daily struggles and dilemmas. Many times as parents we rush in with our own solutions – often exacerbating rather than solving the problem. Ask your child what he thinks would help. If he is stumped, help him generate a list of potential responses. Try to come up with specific, workable solutions that "fit" your child's personality. Here's a nice problem-solving worksheet to help get you started.

3. Reinforce strengths. It is easy for a child struggling in school to "forget" that she has strengths – areas she excels**.** Make a list of all the things your child does well and post it in a place where you both see it often. Find ways to highlight

these things – display her artwork on the fridge, never miss a soccer game, or compliment his generosity in front of others. Pay attention to character traits like determination and kindness to offset the outcome-based measures that can make your child feel inferior to her peers.

4. Be realistic. Understand what your child can reasonably be expected to accomplish**.** Accept the problem so that you are able to truly accept your child*as he is*. Children take their emotional cues from the adults around them. If you can accept it, it means it is acceptable. Help your child understand the nature of his learning problems as well. Misconceptions can be a great source of pain for children**.** Realistic expectations help her develop a sense of control – and that is a cornerstone of self-esteem.

5. **Have them contribute.** Self-esteem is boosted when children are allowed to contribute to their world and to the well-being of others. One of the most effective ways to improve self-worth and motivation is to send the message that they have something of value to offer; that they can improve the lives of others. Give your child jobs at home to encourage a sense of responsibility and accomplishment. Help her find ways to volunteer in the community.

Watching a child struggle to keep up with his peers is heartbreaking for parents. But you are not powerless. There are ways you can help. Use these strategies to help your child become strong, resilient, and self-confident.

Q.4 Write down the differences in the educational activities designed for the spastic and athetoid cerebral palsy children.

differences in the educational activities

Cerebral palsy is a medical condition that results in muscle weakness or stiffness as well as balance and coordination problems. Discover activities geared towards children with cerebral palsy that teachers can incorporate into their classrooms and discover some of their benefits.

Hand Play

Because children with cerebral palsy often have trouble grasping objects and moving their fingers, hand play activities are beneficial. These activities can

improve the child's pincer grasp, which involves using the thumb and index finger to pick up small objects. Some activities to improve this technique include picking M&Ms out of an egg carton, crumpling up pieces of tissue paper then throwing them around the room or breaking off small bits of play-doh then rolling it between the thumb and finger to form small balls. Games such as pick-up sticks or construction toys such as legos also have the same effect.

Music Activities

While it is known that music has soothing qualities, it has additional benefits to children with cerebral palsy. Teachers can use music in the classroom to help students improve their social skills through participation in group performances. Students needing to work on language development can sing songs to increase their knowledge of words and vocabulary as well as their vocal ability. Finally, teachers can have students who are able dance to music to improve their mobility.

Physical Activities

Physical activity in children with this condition can increase muscle strength, agility and overall health. To make physical fitness activities accessible to children with cerebral palsy, teachers can make modifications to the equipment and the rules of standard games. This can include playing games with brightly colored balls that are larger and softer than standard balls. Teachers can also apply velcro to paddles and a beach ball to play catch with the students. This increases the surface area of the adhesive material, making it easier for the student to catch the ball.

To learn more about accommodating and modifying classroom activities for a variety of skill and ability levels, check out our chapter on Individual Differences in Children.

re are some fundamental things teachers need to know about students with cerebral palsy:

- **Most children with cerebral palsy do not have IQ deficits.** It’s a common misconception that a child who struggles to move or control movements–in other words, a child who looks different–also has a cognitive disability. More than half of all children with cerebral palsy have **an average to above average IQ**. It’s important for teachers to

realize this and not to assume a child with cerebral palsy is not as academically capable as others.

- **The range of disabilities in individuals with cerebral palsy is large.** While there are many similarities between individuals with this condition, there are more differences. Some can walk; others cannot. Some have limited vision; some children are in pain; some have severe cognitive deficits, while others have above average intelligence. Teachers must get to know the abilities and limitations of each child and not make assumptions.

- **Children with cerebral palsy need to be actively included.** A teacher may not think about inclusion on a daily basis, but for a child who is at risk for exclusion, it needs to become an active part of the day. Teachers need to be aware of the issue and take active steps to help include those who are likely to be excluded. They can try:

    - calling on a child during discussion
    - assigning a child a leadership position
    - starting small and structured group activities and requiring all to participate
    - instituting a mix-it-up day in the cafeteria, requiring every student to sit with someone they have never sat with before during the lunch period

- **Most children with cerebral palsy need more space.**With muscle movement as a main characteristic of this condition, having enough space to move is crucial. Limiting spaces can lead to less inclusion. Classrooms should be designed to be uncluttered and with plenty of space between desks and other objects.

- **Rates of autism are higher in children with cerebral palsy.** Children with cerebral palsy are at a **higher risk for having other developmental disabilities**, including autism. Teachers should be aware of this because they are not always diagnosed.

- **Students with cerebral palsy are more likely to be bullied.** Bullying is a big problem for many students, but those with disabilities are at greater risk. Children being bullied are even more likely to be withdrawn and to end up being excluded as a result. With a student with cerebral palsy in the classroom, teachers need even greater awareness of bullying so that they can take steps to prevent it or to intervene. Important things that teachers can do include establishing and enforcing rules in the classroom, intervening immediately when bullying is observed, and getting parents and administrators involved.

Inclusion is so important for the healthy development of any child, but for those at risk of exclusion, teachers must be especially aware and informed. Cerebral palsy can be limiting, but it shouldn't be, especially in school where all children deserve to have the same opportunities. Teachers can play a large and positive role in ensuring they get those.

Q.5 Explain the physical limitations of spina bifida. Develop an educational plan for the children suffering from spina bifida.

Ans:

Complications caused by spina bifida can range from minor physical problems to severe physical and mental disabilities. However, most people with spina bifida have normal intelligence.

How severe the complications are depend on the size and location of the malformation, whether or not skin covers it, whether or not spinal nerves are exposed, and which spinal nerves are involved. Most of the time all the nerves that are located below the malformation, are affected. This means that the higher the malformation is on the child's back, the greater the amount of nerve damage and loss of muscle function and sensation.

In addition to loss of feeling and paralysis, another complication associated with spina bifida is Chiari II malformation – a rare condition (but common in children with myelomeningocele) in which the brainstem and the cerebellum, or rear portion of the brain, push downward into the spinal canal or neck area. This condition can lead to squeezing of the spinal cord and cause a variety of symptoms including difficulties with eating, swallowing and breathing; choking; and arm stiffness.

Chiari II malformation may also cause a condition called hydrocephalus. This means there is an abnormal buildup of cerebrospinal fluid in the brain. (Cerebrospinal fluid is a clear liquid that surrounds the brain and spinal cord). The buildup of fluid puts damaging pressure on the brain. Hydrocephalus is commonly treated by surgically implanting a shunt – a hollow tube – which is placed in the ventricle of the brain, exits the skull and then tunnels under the skin to a place the fluid can exit, most commonly the abdominal cavity.

Some newborns with myelomeningocele may develop meningitis, an infection in the meninges. Meningitis can also occur when a shunt, placed for treatment of hydrocephalus, becomes infected. Meningitis may cause brain injury and can be life-threatening.

Because of the complications above (hydrocephalus and meningitis) or because in some cases of spina bifida, there is also abnormal development of the brain, some children with myelomeningocele may have learning disabilities (problems with language and reading, and trouble learning math), difficulties in focus (similar to that seen in ADHD), and, in rare cases, intellectual disability (global reduction in intellectual function).

In addition to challenges with mobility and learning, many children with spina bifida have difficulties with bowel and bladder function, latex and certain food allergies, skin problems such as pressure ulcers, orthopedic concerns and digestive conditions. Obesity and early development of puberty can be seen in association with spina bifida. Depression, anxiety and concerns about sexual function may occur as children with spina bifida get older.

Teachers Should Know

Spina bifida is a birth defect in which part of the spine does not form normally, leaving an opening in the back. As a result, the spinal cord and nerves may be damaged.

There are three types of spina bifida:

1. **Spina bifida occulta** is the mildest form; "occulta" means "hidden," and the defect is covered by skin and there is no protrusion of the spinal cord or its coverings. Most children with this type don't have any problems, though some may develop symptoms as they get older.
2. **Meningocele** involves the meninges, the membranes that cover and protect the brain and spinal cord. The meninges push through the opening in the back, forming a sac called a meningocele. Since the spinal cord is not involved, there is little or no nerve damage. Some children will have mild disability.
3. **Myelomeningocele** is the most severe form of spina bifida. It happens when the meninges and the spinal cord push through the opening in the back. This causes nerve damage and is associated with more severe disabilities. Most people mean myelomeningocele when they say someone has spina bifida.

Problems that can occur with spina bifida include:

- hydrocephalus (fluid buildup in and around the brain) that requires a shunt to drain the extra fluid. Teachers should be aware of symptoms of shunt malfunction, which include headache, nausea or vomiting, and a deterioration in physical or mental abilities.
- paralysis, depending on the location of the opening (the higher on the spine, the more severe the paralysis)
- bowel and bladder control problems
- poor eye–hand coordination, which can make things like handwriting difficult
- attention deficit hyperactivity disorder (ADHD) or other learning problems

Students with spina bifida may:

- use splints, casts, leg braces, canes, crutches, walkers, or wheelchairs
- need extra time moving around classrooms, between classes, and throughout school
- need special seats and desks or tables, as well as assistive technology and extra space for wheelchairs or other equipment
- have learning difficulties and problems with memory, attention, comprehension, and organization
- need extra assistance and time to complete assignments
- miss class time due to medical appointments or surgeries
- need frequent bathroom breaks throughout the day
- be allergic to products that contain latex (natural rubber)
- have specific accommodations listed in an individualized education plan (IEP) or 504 education plan

What Teachers Can Do

Every child with spina bifida is different, and students' specific abilities can vary widely. Most students can do well in school, but some have difficulties. Understanding the extent of a student's condition will help you identify strengths and weaknesses in the classroom.