

Reflexions

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Reflexions

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Development Support Communication

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The Concept development has evolved since World War II. Its fundamental meaning is the development of human being and the quality of life. Everett M. Rogers Defining development says” A widely participatory process of social change in society, intended to bring about both social and material advancement (including greater equality, freedom and other valued qualities) for the majority of people through their environment. Basically the term restricted to economic dimension and to reliance on traditional western market-oriented model of modernization, and human aspect was totally ignored. In 1950 social dimension thought such as health and education were added to the original concept. Development became a purposive change in a society to achieve and improved state of socio-economic conditions.

Under the new paradigm, the development has been viewed as an all-embracing concept, which deals with a positive change in all directions in a given society. It is changes that deal the people to widely participating process of social and material advancement. The term encompasses many connotations. It runs through all the activities of government and its people. Many a time and it proves as an acid test for the success or failure of government. “A change refers to a state of movement in a given situation either at the time or at two or more different points in time”⁽²⁾.

A change might be positive or negative, depending on the situation. But there can be change without development. Development stands for all that is good, positive and favorable. Development is variably termed as an objective, a programme, a movement and a process.

Development Support Communication (DSC) is a newly emerged concept of communication activities that undertake exchange of message at more participatory level to achieve specific goals of change and development. The Philosophy behind the concept is to utilize mass media and other available communication means to touch and mobilize segments of a society towards change in specified walks of human life. The major concern of DSC is to produce message keeping in view of the need and importance to message, message effects and ability of the target audience to consume effectively.

Socio-eco change has always interested and intrigued human beings. It is one of the most fundamental characteristics of human history. Development is particular form of social change, which brings a society at par with other societies or nations enjoying, improved living conditions. Many people in developing countries are deprived of even the basic knowledge of their problems. The underlying questions are: what make societies nations communities change? And what makes people change their behaviors, attitudes and ways of life? Over the years many scholars from different disciplines have occupied themselves with these questions presenting different theories for social change. DSC is seen as an interactive process of information dissemination with no permanent sender and receiver. It is considered more than an activity through which target audience “acquire knowledge and skills enabling people to change themselves their life style, their environment, their perception about self and relationship to environment.

Communication plays a very vital role in this change process. In view of the existing

living conditions in most of the rural areas of the developing countries, DSC has been given considerable attention and used as an important tool. It is helpful to the rural groups of population in developing societies, like Pakistan, where socio-economic improvements are urgently needed.

Thomas R. Nilsson (1970) says. "Communication is at once both clear and obscure. It is clear enough in conventional usage, but obscure when we seek to determine the limits of its applications". Our purpose at this point is not to indulge in any controversy over definitions of communication. In case of local or national mass media series, it is obviously important to let the men, media and message operate freely without any government or policy constraints and priorities. Message control lends an artificial psychological gap between the agent of change and receiver. Another factor, which makes DSC successful, is the proper training of DSC communicators. It includes on the spot surveys and studies of the target communities.

Special expertise and in-depth understanding of the grass-roots issues are the prime requirements to materialize DSC campaigns. Govt with participatory spirit / development centers encourage social gathering and motivate the community members. Sense of self-reliance and using the available work force has been proven one of the most successful factors in making DSC effective and purposive. New dimensions were added to the original concept in fifties. The social dimension through such aspects as health and education was given prominence. But the talk of such notions as functional literacy and human resources revealed that the concept of development was still dominated by economic growth theories. Rural development and communication were yet to be given serious thought to.

From the seventies, however, the development concept was refined and broadened through the addition of first, the ecological dimensions, then of other dimension,

population, food, employment, human sentiments and lately and technology including technology transfer. Now, there is growing recognition of still another crucial dimensions, the cultural dimension are seen from another angle, the communication and information dimension. Development is a whole; it is an integral environment, social relations, education production, consumption and welfare. The approach develop depends upon the local cultural or natural situations, not on any outside model. In other words, development springs from the heart of each society, relying on its own strength and resources as far as possible.

Until 1960s, economic theories explained under-development as a consequence of industrial and technical backwards, while sociological theories out the blame on the superstition and fatalism of the illiterate masses. Thus the quickest solution to under-development was believed to be borrowing of modernization strategies of western societies, which were demand to be developed. These strategies however, needed the necessary know-how, as well as the capital, which the industrialized countries alone could provide. So developed nations were allowed to enter the poor countries to provide this capital and know-how. International aid agencies and financing institutions like the World Bank and the international Monetary Fund too entered the poorer countries. So did specialists and advisers in development.

DC emerged as field of mass communication studies during the post World War II years, when the countries of Asia, Africa and Latin America were asserting their right to independence, self-reliance and non-alignment. At the same time, these countries were in a hurry to find solutions to the most urgent needs at their people; the eradication of poverty, illiteracy and unemployment. Colonial rule had established massive bureaucracies, skeleton communication and transport and communication infra-structures, and few educational and professional institutions of learning, and few industries, centralized economic planning, large-scale industrialization

and the development of basic communication appeared at the time to be the most effective strategies for catching up with the economically advanced and industrialized countries. This indeed was the advice preferred by financial bodies like to World Bank and IMF, donor agencies like USA and others by various arms of UN (dominated at the time by the Big-power blocks). Such as UNESCO and by foreign advisers to national governments. Perhaps the most influential advisers in the area of development and communication were Daniel Lerner, Everett Ragers and Wilbur Scharamm—all America academics who where mainstream empirical social scientists in Euro-American tradition.

The most of influential work in growth of development communication, as field in its own right was Lerner's. The passing of traditional society sub-titled modernizing the Middle East. But this study was not the work of an individual but rater part of a large project at the Bureau of Applied Social Research (formerly the office of Radio Research) at the Columbia University in New York city. The project was founded by the voice of America. Unlike Daniel Lerner, an ex-intelligence officer of the United States Army during World War II, Everett Ragers was an low a farm-buy trained in modem agriculture. He found his home community less than impressed with his stock of innovations in agriculture; outside his country he held a marked influence in the field of agriculture extension, through his textbook "Diffusion of innovations". Ragers developed his concept and theory of the diffusion of innovations from a synthesis of diffusion research studies in the United States and late editions of diffusion studies in developing countries as well

Communities and groups in developing societies are diverse in their socio-cultural outlook and level of understanding message for changes. In making DSC successful, the change agent has to consider variation factors as the primary one. Secondly DSC needs free flow of information at all available levels, particularly using the services of local media like regional

radio, television, and community NP etc. these media could be utilized to educate the rural population in new ideas within their cultural context. Since most media in countries like (ours) area Urban oriented, communication setup has to be oriented towards rural areas; the contents have to be made relevant to rural communities. People from within these areas need be given a chance to influence the programme contents freely. The agents of change from within the village and community setting can develop a lot personal informal contacts with the audience. These contacts often lead to the success of DSC. Leaving all theoretical, people and professional controversies over the term aside, it can be best is understood that when available mass media, particularly the print media, devote this content to inform people about specific development plants and projects, it would be termed as Development Journalism (DJ). Its inherent characteristics, DJ are usually a one-way information process and not participatory and its scope be national regional or restricted to community. A great number of factors are involved in making DSC activities successful. One basic principle in this context, which needs to be given primary importance, is that the socio-economic change and development in any given society or a community cannot happen in isolation. It could be successfully under-take considering the existing socio-cultural and ideological behavior of the target audience. Unlike DC & DSC, the term DJ its roots in the traditions of developing countries Journalism.

According to John A. Lent. "Development an communication encompassed western theory and practice, establish mainly by the US Scholars. Alongside, somewhat later, Asian Working Journalists created Development Journalism". The main focus of DJ is to Propagate and disseminate news concerning development activities undertaken by a government. In other words DJ was counter-concept generated in various developing countries against the development role of the free mass media. The basic idea behind the concept of DJ is to provide information about the development activities and projects under-

taken the video that DJ in the developing countries is more propaganda adopted by the undemocratic system of government. On the other hand DJ in the Asian view is seen simply as reporting the events and news development and is a minor part at DSC.

The task of development journalist in three fold; to inform, to interpret, and to promote. "You must get your readers to realize how serious the development problem is to think about the problem, to open their eyes to the possible solutions, to punch the hole in the vicious circle (of poverty)". In operational terms, the purpose of D.C., is selected in terms of specific behavioral objectives such as getting farmers to harvest to many more canvas of rice than what they harvested before on the some area of land, to earn more than before, or on the other hand, what they want the audience to do in behavior change that are specific and observable. The common sources of development message are the research institutions, the colleges and universities of agriculture and other institutions involved in the tactical processed of modern change and progress, such as teaching, research and extension (Instruction-research –extension).

Planning is recent phenomenon. It is process of organizing human activity to achieve maximum results. Policy is a strategy. Whatever the differences between policy and planning, the process of planning succeeds invariably the policy decisions. The relationship between policy and planning is a continuous activity. The result of follow-up to the execution of a plan becomes the starting point for discussion on future policy decisions. Purpose of both planning and policy is to organize human activity and to gain result. But it is a continuous process and consists of among others, a mechanism for effective transmission of information and for maximum utilization of communication media. Planning also creates conditions for public participation, feedback reinforcement of professional institutions.

It is important to have a band of personnel trained in D.C. so that the policies and

planning in development course could be effectively put into actual practice. As development is the order of the day. D.C. will continue to bask under its shade for quite sometime. This demands mounting of teaching and training programmes in D.C. and its policies and planning. The process of development from all the concerned parties namely the government the semi government and private organizations on the one hand the people on the other. More specifically the personal involved in the development activity ought to be involved at all stages of planning.

Planning efforts in development and eco-activities in some developing countries have revealed that lack of proper understanding of the people's needs and aspiration has been one of the reasons for either the slow pace of progress or no progress at all. Is developed communication a government a –so communication? If so then it would automatically imply that D.C. policy and planning are the responsibilities of the government machinery. However, aside from the government information agencies, there are quite a few other agencies involved in the process of dissemination of information to the people in a country. As such as question who should plan? Becomes very relevant. If only government departments were to decide on the policies and prepare plans accordingly then there might be very little participation from the private media organization when it comes to the actual implementation of the plans. Therefore should private media organizations be involved in D.C. policies and planning? It so, to what extent? If they cannot be involved will it in any way affect the final implementation of the blueprint of activities prepared by the government machinery? There are some of the questions, which haunt when we think of who should plan D.C. policies and planning.

- How significant is the concept of the D.C. in the wake of national interest and national development?
- How valid and relevant is the idea of integrated communication system?
- Can development communication form and integral part of integrated communication?

- What is the present status of D.C. policies and planning?
- What are the prospects for D.C. policies and planning?
- Are there any major handicaps to the D.C. policies and planning?
- What are the important pre-requisites for a success fully D.C. policy and
- Can research and evaluation be assistance in the successful implementation of D.C. policy and planning?
- What are the possible areas of research in D.C. policy and Planning?
- What expertise is available in D.C. policy and planning?
- Is there a need to create and develop some institutions for teaching and training in D.C.?
- What kind of teaching and training programmes should be developed to suit the requirements of D.C. in general and D.C. policy and planning in particular?

Besides bringing about attitudinal and value changes, communication is also expected to important knowledge of new skills and techniques. Communication helps to enlarge world horizons. It can be used to raise levels of aspiration. Through Communication attention can be focused on problems having a bearing on the contemporary development context. It can be effectively employed to build consensus on the new eco and cultural goals and on the instrumentalities of achieving them. Through imaginative Comm. Experimentation can be encouraged and knowledge relating to their success and / or failure can be widely diffused. It can also be utilized to teach specific skills and techniques. Communication can play a powerful role in nation building and development and can contribute significantly to bring about social change in desired direction. It is now realized that communication by itself cannot fulfill many of its promises unless it is meaningfully integrated with simultaneous effort in other key sectors of development. The credibility of the source if information and the medium itself has first to be establishes. Not much attention appears to have been given to this problem. The messages sent out through the mass media largely reflect the interest of those, who finance, control and run the media.

Communications has to be geared to wider policy process that brings about fundamental structural alteration in the society and cause changes relationships of production. These are essential to realize the social and economical transformations visualized as the objectives of dev. Planning. This calls for a strong poll. Will and resolute administrative action. Communication cannot create these. At the best it can only have an anticipatory, preparatory, and supportive role. Much at the success of development programmes depends upon the quality and soundness of the planning techniques. The effectiveness of communication inks between different agencies involved in development planning, especially feedback from grassroots and upwards, can impart a greater degree at realism to the plans.

Development Support Communication can use any channel or combination of channels of achieves objectives of development or each channel can play the role of development communicator. Developing on the situations and socio-economic and cultural setting, the channel might be radio, TV, NP and other print media or even extension agency and interpersonal sources. For example, researchers conducted in many developing countries have shown that the mass media, mainly radio and TV are the best communication sources for creating a new idea or message. When it comes to the adoption process, interpersonal sources such as extension agents; friends, neighbors, local leaders, and others are the most effective communication sources. As all these sources are engaged in accomplishing the goals of development, they fall within the ambit of D.C. Some of the vital conditions for a development communication are:

- Shift from dissatisfaction to satisfaction
- Psychology of Completeness shift from dissatisfaction to satisfaction

It said that dissatisfaction is the root cause for change. It stands not only for a shift from less to more but also as shift from much to more and from more to most. As D.C. is purposive and development oriented, its basic citadel is motivation and stimulus, it would be impossible

to make the people move along certain desired lines. The process of such a shift is best with many problems related to psychology of the people. This psychology makes it incumbent on D.C. to transmit the new knowledge about any ideas object group, society or community in a way that the people do not get psychologically imbalanced. This has a bearing on what to communicate, what to communicate, why to communicate, when and how to communicate.

Development is growth oriented all times. Fundamentally the focus of this process is man and the development of human beings themselves. Thus action can only be relevant if carried out by and with people, not for them. The primary objective is to satisfy the essential needs, material and non-material of people, starting with those of the most disfavored group in society. This process must be related in a harmonious way to the ecological and cultural environment in the light both of local traditions and insights of modern science. It is endogenous of process dependent on self-reliance and on participation of all people in society, it is therefore requires policies which focus on the balance guidance and self experiment between charge initiated from above and emancipation liberation from below. It is concerned to create an infrastructure built round economic activities that depend on locally available harmony with the environment in order during post was reconstruction term development was predominating economic concept that emphasized eco aspect such as increase in GNP. Growth in per capita income and increased agricultural and industrial production development communication philosophy behind is to formulate and apply communication strategies specifically designed for concrete development programmes. The major concern of DSC is to produce message, keeping in view the need and importance of message “. The task of other communication effort is to bring socio-economic change in a given society. Disc deals with phenomenon of change and development at grass root level. Development is an objective, a movement, a program and process is unending. Development is increasing used for national development.

Eco, social, cultural, educational, political aspect of society. Development is a particular form of social change, which brings a society at par with other societies or nations enjoying, improved living conditions. DSC is process of information dissemination to target audience, to acquire knowledge and skills enabling people to change themselves, they're life-style, their environment, their perception about self and their relationships to environment.

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Literature and Universal Values

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Man, accustomed to living in caves in the dark and distant days of antiquity, by an accident Stroke of friction stumbled upon the scintillating play of sparks, that were to be in fact the source of and ignited light. That may be taken as a momentous event in man's adventure in the limitless and boundless kingdom of integrity and discovery. Since then, man has crossed many milestones, since he emerged from his dark den of ignorance. The dim light of physical experience, galloping across boundaries of existence, sometimes stumbling, sometimes overpowering obstacles, has enabled the daring spirit of Man to solve hitherto unfathomed mysteries. The pyramids of Egypt, the colossal columns and relics of once thriving cities like Mohenjo Daro, Luxor, Baatek and Rome act as ancient reminders, symbolizing human yearning towards newer and newer, vaster and vaster, creations of the immense. Throughout this process, one is struck order supremacy of Islamic law, culture, and traditions, which are the essential elements of Pakistan ideology- stated in the "OBJECTIVE RESOLUTION" of our first Constituent Assembly. Whither have these objectives gone NOW!

Before we proceed further, let us examine what were the commitments of our leaders to the masses, when they demanded the creation Pakistan. Why was this 'moth eaten' Pakistan accepted? Did they not realize the implications of this freak geographical position then? It is my firm belief that they all realized the implications of all this and based their hopes in the 'Ideology' of Pakistan, which taught us a glorious way of life and national cohesion. Was the purpose of Pakistan just an overpowering desire on the part of the Muslims of the Sub-continent to distinguish their territorial individually or nationality from those of the Arbas, Turks, or the Indonesian? May be both in

certain measure. But the truth lies deeper than those of other justifications. It was in fact to let the world see "Islam in Action". They have already seen and experienced it. But that was past. The present to the world the true picture of Islam today in the modern world. Islam is neither a theory nor a utopia nor merely a set of formulas or rituals intended to secure man's salvation in the here after. It is indeed the healthiest way of life, intended to secure for mankind, all manners of creative peace and prosperity, both here and in the hereafter. It clearly demarcates areas of human endeavors.

The demand for our freedom was not just like that of others elsewhere to establish another of those accursed and discredited mock – democratic system of government – and man's domination over man in our part of the Sub-Continent, we desired a separate Muslim State to establish a "Muslim identity" which has not been bettered by man-made orders of society or systems of government including what is called "Secular Democracy". For a Muslim, the first consideration, should have been to see whether or not, Islam was supreme. If the answer was 'yes' –well and good. If not, independence and the rest of it was immaterial. It was on this point that we, the Muslims of the Sub-Continent stood up as one man behind the Quaid. It was because of this that the Muslims of the Sub-Continent refused to be dominated by a combination of people who had little respect for God's Supremacy or the principles of Islam. This was one of the main reasons for the demand of the separation of our homeland from those of others – in a mutually beneficial allocation of distinct zones of the Sub-Continent, held together till 1947 under the bayonets of the Britishers. When our sins of omission and commission were redeemed with the establishment of Pakistan, why did we lapse into negligence so soon? We would do well to remember that we, the Muslims of India had to

undergo one of the shortest period of God's punishment of less than two hundred years, whereas others had to suffer for a thousand years in case of Bani-Israel.

Islam demolishes every barrier between man and man. It makes man innocuous by removing the sting of self and redoubling towards his Creator and his fellow humans. He is expected to work and strive for the good of his people-by not deliberately harming others or by depriving them of their rights. This is the lesson taught to us by Islamic Ideology found only in the pages of history we do not read but fully practiced in the past. We pretend to practice it when we do not. If we can only succeed in building up such a society, by our deeds and actions, only then Pakistan can survive. Only through its implementation we can bring about the desired change in the thinking of our young ones- we shall then have an opportunity of witnessing Islam in action, for it was the irresistible character than anything else, that brought victory to the prophet (peace be upon him). It was this rather than the steel sword of Islam that conquered the hearts of opponent and converted then into admirers.

It may well be asked whether or not our leaders had given a commitment to the people to implement its ideology and the following questions irritate the minds of the people particularly those of the present generations:

1. Whether commitment goes with fulfillment!
2. Are commitments made only to be fool those who put their faith in it?
3. Do recognized norms of morality give any one the option not to stand by their commitment?
4. Can commitment remain commitment even though you do not understand by it?

Let us ponder and decide for ourselves the course of future action. Better late than never! Let us reset our course, by regaining confidence

in ourselves to remake the destiny of Pakistan as visualized by the founders. That done, the rest will follow well. Let us not forget:

| | |
|---------------|---------------|
| One who runs | And runs away |
| Live to fight | Another day |

World of Possibilities 4th Annual Disabilities Expo May 18, 2007 to May 20, 2007.

The World of Possibilities Disabilities Expos will be held at the Maryland State Fairgrounds May 18-20, 2007 in Timonium, MD. The exposition, which is free to the public, is dedicated to the improving the lives of children and adults with disabilities their families and caregivers, as well as health care and education professionals. World of Possibilities will allow an opportunity for attendees to explore a vast array of products and services such as assistive and adaptive technology, durable medical equipment, computer software, mobility products, living aids and more –all conveniently displayed to see, touch, and compare in a “one-stop shopping, a hands-on opportunity to try devices and speak directly to equipment representatives about the products and services. World of possibilities also offers informative workshops, demonstrations, and representatives from local and state agencies / organizations to assist the disability community in gaining more information about supports, services and resources that they may need or in the future.

ACA Annual Educational Conference and Exposition June 15, 2007 to June 17, 2007

The purpose of the ACA annual conference is to bring amputees, their peers, health care and other industry professionals together in one arena so they may interface, share expertise keep abreast of new technologies, products and services, and find solutions to common problems.

Educational Needs of Pakistan in the Twenty First Century

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A couple of years are left before we enter the twenty first century. Metaphorically, we are at the eve of a new century. Objectively speaking, the time left is almost as much or even less than has been used for regular economic plans of the country. The need is to grab this opportunity and make use of it as best and as productively as possible. It is clear that the country is confronted with a formidable challenge. It is formidable not only because of its magnitude but even more so because of the urgency to attend to the challenges of time. We are racing against time. The matters have already been delayed and a further delay can only be suicidal. The onset of the twenty first century may only add to the poignancy of an already worsened situation if we show any unpreparedness. A most striking feature of the new times to come is, perhaps, the expected increase in the velocity and speed of human scientific and technological endeavors. This process will cause a chain effect and is bound to accelerate the pace of progress in all walks of human life. The increase in the momentum will exert greater pressure and place heavier demands on the developing nations, specially, on those countries, which have had a disappointing record of achievement in the second half of the twentieth century. Pakistan cannot count it self out in the list of these countries.

Entry into the twenty first century would need adequate preparation based on fore thought and planning. We should have learnt from past experience that problem, which requires long sustained effort for their solution, could neither afford excessive ambition nor can they subsist on periodical outbursts of energy. We shall have to be realistic, with firm feet on the ground, aiming only at targets, which are achievable in the period assigned to them.

In the field of education we have lost considerable time in setting targets, which were unrealizable from day one and have wasted energy and resources in pursuing elusive goals. Most of our educational efforts have been based not on a realistic appraisal of our needs, resources and limitations but on political daydreaming. We shall have to embark upon the educational work with a new sense of realism and will have to measure every as we go along. In planning and organizing resources for education our model need not be the developed countries that have outdistanced us with such a wider gap that there is little relevance left in their experience to suit our immediate situation. Instead, Pakistan should focus attention on the experience of those developing countries, which started the independence as a new nation. Their example can provide us with a better comparative perspective to realize where we have faltered and what can now be done to redeem past mistakes.

In the field of education Pakistan is confronted both with a challenge of quantity and quality. We hold a disappointing record in the expansion of educational opportunity in the country and our performance in maintaining a reasonable standard of education is equally dismal. The two dimensions need to be looked at separately, since in planning and preparing for the new century we shall have to pursue a two pronged policy, delicately balancing each against the. Let us first survey the challenge of quantity.

Pakistan is a democratic country with a firm faith in Islamic values of social justice and equality. With these convictions the gap between belief and action appears even more glaring. Despite a number of expensive experiments. Pakistan is still to be counted

among those four or five countries in the world, which have the lowest literacy rate. Our literacy figures though variously quoted, indicate that at least seventy percent of the population suffers from illiteracy, which virtually means that they are not capable of signing their names on a piece of paper. Thirty percent is the literacy percentage with which we started our journey as a new nation in 1947. This indicates that in the expansion of literacy the pace of progress has been stationery throughout and we have not moved a bit from the original position. No doubt the increase in population and the rate of population growth have significantly contributed to off setting the progress in literacy but how so ever it may be, when the achievement is compared with other developing countries we can hardly hide out embarrassment.

The low rate of literacy is further aggravated by the imbalances in the spread of literacy throughout the country. The literacy rate is highly uneven among the provinces with Baluchistan as the region with lowest rate of literacy. Similarly, there is disequilibrium between the literacy rate of cities and villages. The bulk of the population lives in rural areas and these areas indicate an alarmingly poor level of literacy. The most conspicuous literacy imbalance may be seen between the two sexes. Female literacy is phenomenally low as compared to men, with merely 2% the lowest in Baluchistan. In the race between Population growth and increase in literacy, the latter must always lag behind. In the past twelve years the literacy rate according to official claims has been increasing over 3% every year. The net result is that the country has nearly 80 million people who do not know how to read and write. Not unrelated to literacy is the issue of primary schooling for all children. As we new democracy Pakistan cannot deny the right of any child born and reaching the school-going age to have access to free and compulsory primer education. But the factual position is that only half the primary age population has an opportunity to attend schools. Here again there is a gender discrepancy and even less than one third of the girls attend primary schools.

Compared to 8% increase in enrolment since 1981 for boys, the increase for female is only 5%. The sad part is that even the 50% intake of children in class I suffers a serious set back in the form of drop-outs and by class V, the last grade of the primary school, one half of the children discontinue their schooling. The situation requires greater awareness and inducement among parents for the education of their children, more environmental attractions in schools and a stable structural arrangement of non-formal education to bring back the drop-outs to the fold of education, specially, to a vocationally meaningful programme of education. In post primary stages of formal education the number of students continue to dwindle, though the dropout rate tends to slow down in successive stages, those who manage to reach the post-secondary level, number only 5% of the population in the relevant age group. The yearly increase in student enrolments is, to say the least, very modest but it is remarkable that even this increase has resulted in serious overcrowding of educational institutions and a very great strain on educational facilities available in these places. Let us turn our attention to quality considerations in education.

The dimension of quality is even more important, for a low standard of education virtually means that we are not getting proper return on our investment in education. In the first place, the country is hard pressed in resource generation for education and if our educational effort fails to reach the desired objectives the investment of money, time and energy shall only be calculated as a total waste. It is difficult to measure standard of education because the objectives a nation tries to reach through education are not always tangible. For instance, the wish to see education as an integrating force, helpful in the promotion of national integrity, is not a thing that can be precisely measured. Same is the case with the aspiration that education should nurture and reinforce patriotic sentiments among people, or give our young men an emotional attachment to moral values and create a sense of discipline in them. Again, to see education as a means to bring cultivation to the life of the young and

give them poise and balance in their personality desires which do not permit to statistical calculation. We can only arrive at a rough estimate if the success or failures of the process of education in catering to these needs. It is apparent that our system of education has failed to measure up to the national expectations on these intangible but important quality indicators of a system of education. An important area with relevance to standard of education, which is more amenable to quality measurement and can inform us of the utility of education in calculable terms, is the relationship of education with the job market. The strongest motivation for a person to receive education is the capability education can develop in our individual to sustain himself economically. To be able to get a respectable job is, perhaps, the greatest fascination which lures, initially, the parents and eventually the student to education. This should explain why the non-availability of a job at the end is the most frustrating experience with which our graduates suffer and is responsible for the bitterness experienced in youth about the system of education and the country.

Education in Pakistan is a matter of habit and chance and reflects very little planning and forethought. Never a serious attempt has been made at manpower planning or human resource development. As a result there is no correlation between the job available in the market and the numbers of graduates aspiring for the job. There is also a blind rush in the direction of higher education for there is no diversification of talent in different vocational fields at low educational levels. Even in professional and technical fields the preparation and training leaves much to be desired and the employers can hardly do without training the incumbents on the job. In order to meet the challenge of quantity and quality in the field of education in the next century, long term and concerted effort will be required. Educational development, especially in terms of quality is a slow process and would need long sustained work to bring about desirable results. This means that a conjoint effort will have to be made which will need participation of each and every person.

Public and private initiative both will have to work and act in harmony and unison, not at the cost of each other or at cross purposes with each other. The private sector will have to exert itself more vigorously in the field of education, especially in areas, which are sensitive to quality education. Private institutions are in a better position to make safeguards for preservation of quality in education and to experiment with ways and means to maintain and raise educational standards. Through the public sector cannot remain oblivious to the consideration of quality in education, specially, at the higher and professional level of education, it will have to concentrate its efforts on the quantitative expansion of education in the country. The government cannot possibly turn its face away from the basic commitment of the expansion of educational opportunity to all the people in Pakistan. No doubt, the mission cannot be accomplished in a hurry. The past record of the graph of educational progress indicates that our performance has never come up to a level to keep pace with the rate of annual increase in population, with the result that if one step is taken forward in terms of educational expansion, the increase in population pushed the effort two steps backward. In addition to taking effective steps to check the rapid population growth this should mean that the educational action needs to be more vigorous and better organized. The little time left be used on building up a durable educational infrastructure, in terms of school buildings, facilities, teaching equipment, trained teachers, and a meaningful curriculum at the primary school level, which can sustain the needed expansion and development in the years to come. A massive exercise such as this would eventually bring into focus the urgent need of procurement and mobilization of financial resources for the purpose. It is clear that until now the amount spent on education has been highly inadequate, whether we look at what other developing countries have been spending annually on education or compare it with the 4% of the GNP, determined by UNESCO for education in the developing countries.

Low spending on education reveals our ambivalence about education. Despite verbal claims we have kept education very low on the national list of priorities. Compared to the national expenditure on defense, the spending on education is the ratio of 25:1. The National Commission in 1959 recommended an allocation of 7% of central revenues for education. In order to meet this requirement, current education budget would have to be increased six fold. This seems a tall order and stipulates a radical rearrangement of national priorities in favour of education. Let us remember that is education is debt from present to future generations. The turn of the century is, perhaps, a critical moment to be decisive about the repayment of this debt, whereas little time is left to prepare ourselves for the important event, or, perhaps, the time is left to prepare ourselves for the important event, or, perhaps, the time has already passed to make or prove the entry effective, meaningful and substantial into the twenty first century.

**Associations for the Advancement
of Assistive Technology 2007
Conference October 3, 2007 to
October 5, 2007**

AAATE is pleased to invite you to the 9th European Conference for the advancement of Assistive Technology, AAATE 2007, which will be held on October 3rd -5th in San Sebastian on the northern coast of Spain. Challenges such as New Technologies, Socio-Economic Issues, Evidence based Practice, Universal Design and Aging will be tackled by invited expert speakers in plenary sessions and contribution from the global Assistive Technology research community will be presented in focused parallel sessions. The conference will combine the core scientific and technological activity in the field with commercial and social aspects, bringing A.T. research applications near to industry and end users. In conjunction of the conference, AAATE 2007 will also offer an industrial exhibition featuring the latest innovations in A.T.

**ISAAC 2008 August 2, 2008 to
August 7, 2008**

“Leading the way” is the theme of ISAAC ‘s 13th biennial meeting, which will be held in Montréal, Canada in August 2008. Individuals who use AAC for their daily communication have increasingly taken on leadership roles in many different ways. Examples of leadership will be showcased as part of the 2008 conference program. Papers, presentations, and discussions of research projects, clinical and educational concerns, and issues of interest to individuals who use AAC systems will round out the program. There will be pre-conference workshops on current topics in AAC and a research symposium following the main conference.

**9th Annual Family Café
Conference June 8, 2007 to June
10, 2007**

The family Café Annual Conference is a statewide event designed to meet the informational and networking needs of individuals with disabilities or special health care needs and their families. The 9th Annual Conference provides a truly unique environment, where Floridians can attend educational breakout sessions relevant to their specific needs, interact with government policy makers, network with other families and learn about the wide range of services available to them. The Family Café is committed to the belief that better informed individuals make better decisions for themselves. This year’s conference is scheduled for June 8-10, 2007 at the newly constructed Rosen Shingle Creek in Orlando, Florida. As in past years, registration will open on Valentine’s Day, February 14. Financial Assistance will be offered on a first come, first served basis.

Speech Development and Vibro-Graphical Approach: A Strategy for Oral Development

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Introduction

Deaf Education has a long history of struggle for developing oral skills among hearing impaired individuals which are thought to be very essential in maintaining effective and purposeful social ties and render them potent in role taking activities in this speech oriented society. Maureen A. Smith (1987) with reference to Bell asserted that deaf people should be absorbed into the mainstream of the society and the oral communication is the best way to ensure this process. This is an admitted fact that oral communication enhances integration into the mainstream of society.

M. M. Lewis asserted that “ Today, if there is one principle accepted by all who are concerned with the education of deaf children on their subsequent welfare as adults, it is this that as far as possible they should have as much competence as possible for them in oral communication; speech and speech-reading. Monica Clare (1981) reveals that much of the rehabilitative efforts on behalf of the deaf have been to correct the non-vocal aspect of deafness. Alec Webster (1986) advised that for the deaf child with a severe hearing loss, learning to speak tends to be the focus of much educational efforts and directly affects the nature of child acceptance by a hearing society.

Many approaches have been developed to provide effective means for communication, which form a pathway for the acquisition of language consequently. Tucker & Pawell (1991) asserted that the communication approaches used with deaf children therefore are intended not simply to allow communication to occur, but to bring about acquisition of language. Whatever the methods might be adopted, goal have to be achieved is the acquisition of ability

to communicate with the hearing world. Following communication approaches are used for the acquisition of language as well as to develop oral skills among hearing impaired children.

Traditional Oralism is very old school of thought in the education of deaf. Ivan Tucker & Collin Pawell (1991) defined oral method in these words: The oral method really refers to a system is perhaps better called “ Traditional Oralism.” Oralism depends upon the early innate development of babbled sounds as usable rudiments for oral skills (John Bamford & Elaine Saunders, 1985).

A modern development of traditional oral method is structured oralism. With the availability of hearing aids, the balance between the visual and auditory aspects of teaching language was changed whilst lip-reading is still considered to have an essential place, much greater use of the auditory channel is made.

Natural oralism’ is very famous one approach, which has provided the most spectacular success in the acquisition of spoken language. The term ‘natural oralism’ highlights two key elements of the approach – that language is expected to be acquired naturally by the child and that child will do this aurally, i.e.; primarily through auditory channel. (Tucker & Pawell, 1991). The fundamental belief is that all children, including these with hearing loss, acquire their mother tongue by following similar processes, interacting in a conventional way within a family or family type situation.

Van Uden, an eminent scholar who belonged to Holland, developed Maternal Reflective method. This approach takes as its point the acquisition of language by ordinary hearing children rather than an analysis of adult language. Early childhood conversation and interaction with care giving adults are key elements on which to focus (Tucker & Pawell, 1991). Maternal reflective method is based on entire different philosophy to traditional and structured oralism. It is based upon spoken language as the main vehicle by means of which acquisition of language is occurred.

Cued Speech developed by Dr. Orin Cornett in 1966, incorporates manual component made by hands, which are used in formalized way to support and convey information to the listener. It uses to clarify the ambiguities of spoken language by making speech reading. The National Cued speech Association of USA defined it as “cued speech is a lip-reading support system which 1) utilizes hand configuration (eight in English) in location (four in English) near the mouth 2) to supplement as to render the spoken language through vision alone. Tucker & Pawell (1991)

Finger- spelling is also frequently used to support spoken language. Fingers of one or both hands are used to spell words in it. Conrad (1979) defines it, as “Finger spelling is a mean of representing letters of an alphabet of a spoken language.” Exact translation of the alphabet of another language is made by using fingers. For this purpose, one or both hands, whatever type of language may be, are used to spell words. Finger spelling is either Uni -handed or Bi-handed. Sign Supported English is also a manual support system, which is intended to be used in association with spoken language to provide additional clues to make the auditory signal more intelligible. It is meant for those individuals who already have a good command of English but who need more clues. The signs taken from British Sign Language are used to supplement the spoken word, usually indicating the key words. (Tucker & Pawell, 1991).

Total Communication is a combination of oral, aural, written and manual component used for communication and acquisition of language for the hearing impaired. An American, Dr. Roy Holcomb who calls it a philosophy rather than an approach or method, derives the term ‘total communication’. The aim is to communicate with deaf child in any way that is possible (Tucker & Pawell, 1991). David Denton (1991), a prominent supporter of it, reveals that total communication includes the full spectrum of language modes; child devised gestures, the language of signs, speech, speech reading, finger-spelling, reading and writing. In view of the present study, it is stated that the study will be for the scientific search of the ways and means conducive to the proper social adjustment of the hearing impaired population. The study will provide facilities that may enhance basic vocabulary of young hearing impaired individuals and develop their rudimentary oral ability to use it effectively. The study will be beneficial to explore and nourish the hidden oral skills of hearing impaired students.

Objectives of the study

To diagnose and to improve ability of inter-personal communication in hearing impaired children through oral–strategy

To explore the facilities that may enhance basic vocabulary of young hearing impaired individuals and develop their rudimentary oral ability to use it effectively.

To develop recommendations in the light of findings consequent upon development of oral skills in these impaired children.

Research Methodology

Experimental method was used to carry out the experimental research. The experimental research work has been applied on the student-samples. For this purpose, thirty-four student-samples enrolled in “Class V” were selected from the total population by random sampling and divided in two groups. The seventeen students of “group a “were selected for

Experimental Group and subjected to practical experimental research work. The second group consisted of seventeen students belonged to “group B” selected randomly for the Control Group. The parent and teacher-sample were selected for this study by random sampling. They belonged to the students of experimental and control groups. The oral tests were designed to assess the oral-ability of the student-samples. The level of oral ability of the students examined by means of Oral test-I, which was conducted at the beginning of the experimental research work to get base-line data. The oral utterance of pre-selected simple sentences having two-four words of daily usage was assessed by means of this test that was applied on both groups simultaneously. Both groups covered same text using different methods in teaching. The researcher used Vibro-Graphical Approach while the teacher of control group used traditional method or Total Communication of teaching in the class.

Table-1
Pre-Test Data

| Experimental Group | | | Control Group | | |
|--|-----|-----------------|--|----|-------|
| S1 | X1 | X1 ² | S2 | X2 | |
| 1 | 52 | 2704 | 1 | 4 | 1764 |
| 2 | 60 | 3600 | 2 | 38 | 1444 |
| 3 | 46 | 2116 | 3 | 3 | 1024 |
| 4 | 25 | 625 | 4 | 3 | 1225 |
| 5 | 30 | 900 | 5 | 4 | 1764 |
| 6 | 25 | 625 | 6 | 4 | 2304 |
| 7 | 19 | 361 | 7 | 4 | 1764 |
| 8 | 36 | 1296 | 8 | 3 | 1024 |
| 9 | 34 | 1156 | 9 | 32 | 1024 |
| 10 | 32 | 1024 | 10 | 4 | 1764 |
| 11 | 48 | 2304 | 11 | 3 | 1156 |
| 12 | 38 | 1444 | 12 | 54 | 2916 |
| 13 | 20 | 400 | 13 | 28 | 784 |
| 14 | 22 | 484 | 14 | 40 | 1600 |
| 15 | 44 | 1936 | 15 | 2 | 676 |
| 16 | 60 | 3600 | 16 | 48 | 2304 |
| 17 | 56 | 3136 | 17 | 30 | 900 |
| | 647 | 27711 | | 64 | 25437 |
| N1 =17, $\sum X1=647, \sum X1^2=27711$ | | | N1 =17, $\sum X1=645, \sum X1^2=25437$ | | |

Table -2
Post-Test Data of Experimental Research

| Experimental Group | | | Control Group | | |
|--|------|-----------------|--|-----|-----------------|
| S1 | X1 | X1 ² | S2 | X2 | X2 ² |
| 1 | 88 | 7744 | 1 | 42 | 1764 |
| 2 | 94 | 8836 | 2 | 38 | 1444 |
| 3 | 86 | 7396 | 3 | 36 | 1296 |
| 4 | 64 | 4096 | 4 | 38 | 1444 |
| 5 | 80 | 6400 | 5 | 44 | 1936 |
| 6 | 76 | 5770 | 6 | 52 | 2704 |
| 7 | 70 | 4900 | 7 | 42 | 1764 |
| 8 | 86 | 7396 | 8 | 36 | 1296 |
| 9 | 84 | 7056 | 9 | 38 | 1444 |
| 10 | 78 | 6084 | 10 | 48 | 2304 |
| 11 | 80 | 6400 | 11 | 40 | 1600 |
| 12 | 78 | 6084 | 12 | 58 | 4364 |
| 13 | 74 | 5476 | 13 | 32 | 1024 |
| 14 | 70 | 4900 | 14 | 42 | 1764 |
| 15 | 88 | 7744 | 15 | 30 | 900 |
| 16 | 92 | 8464 | 16 | 52 | 2704 |
| 17 | 80 | 6400 | 17 | 38 | 1444 |
| | 1368 | 105062 | | 706 | 31196 |
| N1 =17, $\sum X1=1368, \sum X1^2=105062$ | | | N2 =17, $\sum X2=706, \sum X2^2=31196$ | | |

Interpretation of results

The present study was designed to explore new means that may improve the basic vocabulary of young deaf students and to improve their rudimentary oral ability to use it effectively. It is

based on this assumption that deaf students can be taught to master a small basic vocabulary as well as to develop rudimentary oral ability which could eventually result in improving their social interaction and implicit in their social adjustment.

The data collected through experimental method by using Vibro-Graphical approach. The pre and post -test results of experimental research were also included in the data. The study brought forward the following results.

1. There is significant difference between development of oral ability of the hearing impaired students taught under traditional method and the Vibro-Graphical approach
2. The deaf students can be taught to master basic vocabulary as well as to develop rudimentary oral ability, which could eventually result in improving their social interaction.

Basing on the results, the following recommendations were formulated:

1. The Vibro-Graphical approach should be introduced in teacher training programs at university level. This approach might be helpful for the teachers in developing oral skills in these mute students.
2. Speech developing techniques must be introduced on priority basis in the special education training programs.
3. The teachers of hearing-impaired students must emphasize to develop speech-developing activities within the classroom situation as well as in school environment in the form of co-curricular activities.

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Attitudes Towards Childhood Disability in Three Areas in Jamaica

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Abstract

A stratified survey in 3 areas in June 1993 to determine the existing attitudes and knowledge about disability prior to commencing a public education programme. The 3 areas had 300 persons each, of 5 age (15 to 59) and 12 occupational groups with a minimum of 30 in each group. The questions were divided into 5 main categories, namely, supernatural beliefs, misconceptions about behavior and expectations for people with disabilities, denial of human rights, feelings of competency and willingness to help people with disabilities, and knowledge about disabilities services. Supernatural beliefs were held by a significant minority of Jamaicans, with superstitions less prevalent (18%) than the idea that disabled children are "sent by God" (40%). These beliefs are significant if held by parents, because they may interfere with intervention efforts or may encourage isolation and "putting away the child". Perhaps these are also the reasons for some of the most pervasive misconceptions, that is, the preference for special schools and special homes. The most negative misconceptions were rejected by an average of 68% of persons, though a realistic 26% thought that disabled persons could be a burden sometimes. People are not aware that people with disabilities can get adequate training and rehabilitation in their own homes. The need for training seems to be well accepted, but the rights to full participation and equality of opportunity are not. Questions on job opportunities and the cost of services showed that only 50% of the respondents recognized the equal rights of people with disabilities to education and jobs. The positive assertion by 96% that programmes should be shared by the government and the community, was accompanied by an expression of personal willingness to help a neighbor or to volunteer

if training was provided. It was concluded that the most significant barriers will be some persistent supernatural beliefs, lack of awareness of the possibility that community and home based services can be effective, the persistent belief that special institutions are best, and the lack of recognition of some human rights, particularly full participation, integration and equality of opportunity. There does however, appear to be a willingness to help.

Introduction

Full participation and equality of opportunity are internationally accepted goals for persons with disabilities. However, people with disabilities face many obstacles in trying to gain access to available services and in obtaining assistance to meet their special needs (1). Some of the barriers encountered are physical, but more often they are attitudinal. It is also likely that many of the physical barriers are due to negative attitudes, lack of knowledge, rejection of rights and misconceptions. Some of the negative attitudes are concerned with supernatural beliefs about the causes of disability and misconceptions about its effects, with disability stereotypes playing a large role in the way persons with disability are perceived by the public. The only previous published study on Jamaican attitudes and practices was on health beliefs of a group of parents in a community based rehabilitation programme in St Catherine, by Leavitt in 1987 (2). In this group, nearly 60% of caregivers showed little or no stigma attached to the child, a finding subsequently confirmed by Bischoff et al (3), though a large minority reported negative comments. The negative aspects were associated with willingness to accept a residential

placement (even though none was available) in 30% of caregivers, the absence of males in the household and poor economic status. Two thirds of the children were allowed outside the home like normal children, while a few were restricted because of their behavior.

At practically every forum discussing disability issues there are calls for public education to counteract the beliefs, misconceptions and discriminatory practices associated with disability. However, if public education is to be effective, it is important to know what beliefs are held and by whom, so that target specific strategies and messages can be designed, and the effectiveness of public education can be evaluated. Baseline and post- intervention data need to be collected. With the above two goals in mind, and because of the plan for a fairly extensive programme of community based action on behalf of children with disabilities by the Government of Jamaica with UNICEF support, a survey was designed to determine knowledge, attitudes and potential practices in three areas in Jamaica. The specific aspects surveyed were supernatural beliefs, misconceptions about effects of disability and needs of persons with disability, views which violate human rights principles, knowledge, acceptance of community based approaches, and beliefs about people's own competence in a given situation.

Method

A survey questionnaire of 33 questions was administered in three geographical areas comprising one urban area (Spanish Town), and two rural areas (Linstead/ Ewarton area in the parochial district of St Catherine and several sites in the parochial district of St Mary). A CBR programme, 3D Projects, was in place in Spanish Town and instead but not in St Mary at that time. A stratified sample of 300 persons in each area included specifically at least 30 teachers and 30 health care workers. There were five age groups: 15 to 20, 21 to 30, 31 to 40, 41 to 50 and over 50 years. The interviews were conducted by experienced field workers who were identified and supervised by a senior field supervisor from the Statistical Institute of

Jamaica. Two questionnaires from St Mary had to be dropped because of incomplete data, giving a total of 898 responses for analysis. Data were stored in a dbase3+ file and analyzed using SPSS/PC.

There was a somewhat unequal distribution in the five age groups with 14-18% each under 20 years and over 50years, and 23-29% in the middle age groups. Fifty seven percent of the samples were female and 43% were male. There was an excess of young persons in the student and unemployed categories, an excess of females in housewives, teachers, health care workers and students, and an excess of males in civil servants, skilled and agricultural workers. Seventy two percent of respondents knew someone with a disability and of these persons, 56% were related to a person with a disability.

Results

1. Supernatural beliefs

Fig.1
PERCENTAGE OF PERSONS HAVING SUPERNATURAL BELIEFS

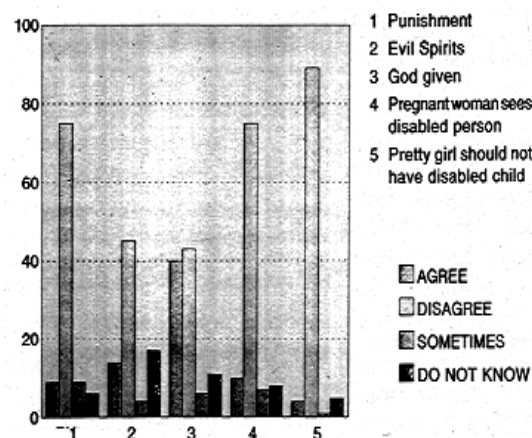


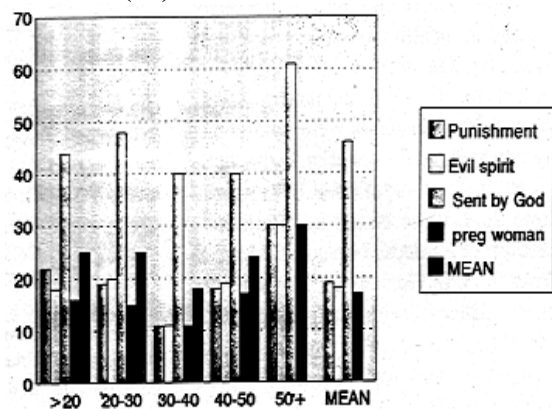
Figure 1 shows the responses to questions on supernatural beliefs. An average of 18% of the sample reported that they agreed fully or "sometimes" with the statements that disability was caused evil spirits, punishment or a pregnant woman seeing a disabled person. Seventeen percent of the sample reported that they did not know. The statement that disabled children are sent by God to show our charity had

the highest level of agreement at 40%, with 6% saying "sometimes".

Effect of age

Fig.2

SUPERNATURAL BELIEFS BY AGE GROUP (%)



The respondents of the youngest and the oldest age groups held more supernatural beliefs. On all the questions except the one on disabled children being sent by God, the differences were significant, as shown in Table 1.

Table 1:

Significance of Variables in relation to Supernatural Beliefs

| Belief | Variable | Chi Sq | Significance |
|--|-------------|---------|--------------|
| Punishment for sins of parents | Community | 4.84 | .0889 |
| | Urban/rural | 4.33 | .036 |
| | Age | 19.48 | .0006 |
| Evil Spirits | Community | 7.21 | .1249 |
| | Age | 26.52 | .0009 |
| God given | Community | 4.3663 | .1127 |
| | Age | 15.63 | .0035 |
| Pregnant woman sees disabled person | Community | 6.367 | .0116 |
| | Age | 27.69 | .0000 |
| Pretty girl should not have disabled child | Community | 9.61 | .0082 |
| | Urban/rural | 8.34 | .0039 |
| | Age | 23.8867 | .0001 |

Effect of occupation

Fig.3

Supernatural Beliefs by Type of Occupation

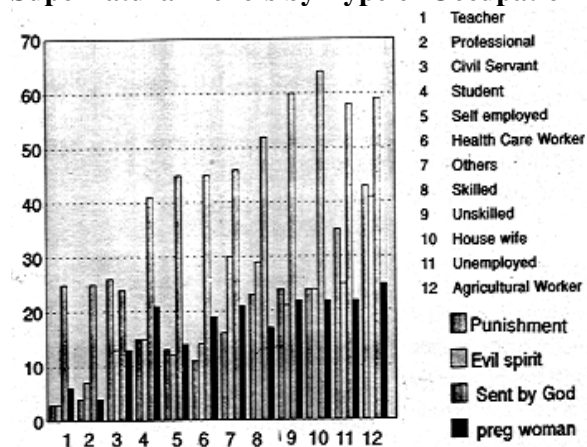
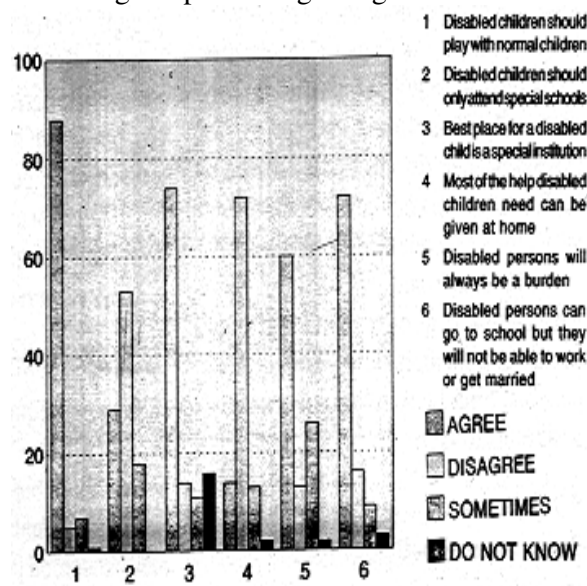


Figure 3 shows that the lowest level of supernatural beliefs was consistently found in the professional and teacher groups, while the most superstitious groups were housewives, unemployed persons and agricultural workers. Twenty two percent of health care workers held superstitious beliefs; with 19% of them believing that a disabled child could be the result of a pregnant woman seeing a disabled person.

2. Misconceptions Fig. 4

Misconceptions about Needs of Persons With Disabilities

Percentage of persons agreeing with statements



The most frequently reported misconceptions were "disabled children can go to school but they will not be able to work or get married", with 72% agreeing; "disabled persons will always be a burden", with 60% agreeing; and "the best place for a handicapped child is a special institution" with 72% agreeing and 13% saying "sometimes." Fifty three percent agreed that "Handicapped children should only attend special schools", while 18% said "sometimes". In contrast 80% agreed that disabled children should play with normal children, and 74% disagreed with the statement "my child should not go too close to a disabled child". However, 69% said they "don't really like to look at or listen to disabled children."

3. Rights
Fig. 5

Views on Rights of Persons with Disability

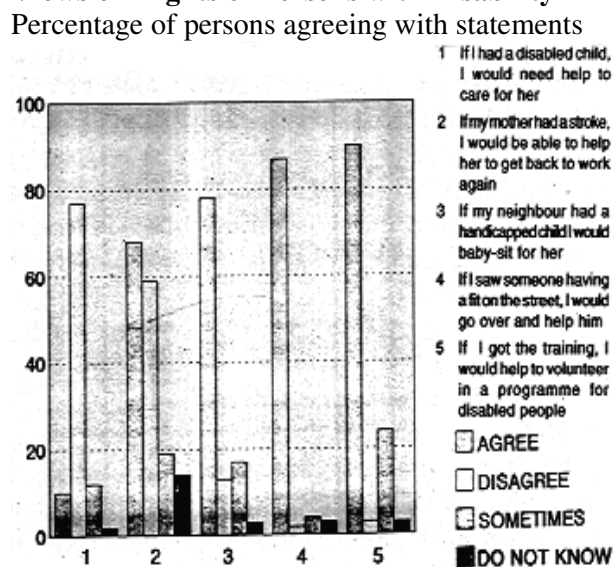


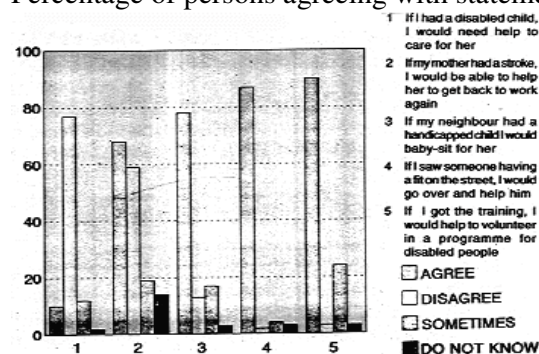
Figure 5 shows inconsistent variation in responses to questions on rights of people with disabilities. While 74% agreed that "training is more important than special institutions", 72% held that "the best place is a special institution". The responses showing least agreement with human rights principles were those referring to costs of services, access to jobs and the issue of a mentally retarded child going to the same school as other children, where respectively 37%, 29% and 35% agreed with discriminatory policies against persons with disabilities, with

15% saying "sometimes" and 13% saying "do not know".

4. Competency And The Helping Spirit

Fig. 6
Feelings Of Competence In Dealing With PWDS

Percentage of persons agreeing with statements



In Figure 6 the items on caring for a child and helping a mother with a stroke seemed contradictory. Seventy seven percent said that they need help in caring for a child, while 68% reported that they were competent to help a stroke patient. As these two were consecutive questions, the possibility of misinterpretation of the second statement must be considered. Otherwise, the responses to the notions of helping a neighbor (with 78% agreeing), helping a person in a fit (with 87% agreeing) and volunteering to train persons with disabilities (with 90% agreeing) were very positive

5. Knowledge of services

The responses to these questions indicated inaccurate knowledge in 46% and 44% of the sample. Interestingly, although persons who knew or were related to a person with a disability had somewhat better knowledge, the differences were not significant.

Discussion

Supernatural beliefs are held by a minority of Jamaicans, with superstitions being less prevalent (in 18% of the sample) than the idea that disabled children are "sent by God"

(held by 40% of the sample). These findings confirm those of Leavitt (2). These beliefs are significant if held by parents, because they may interfere with intervention efforts or may encourage isolation and "putting away" of the child. Perhaps these beliefs are the reason for the preference for special schools and special homes.

The more significant finding is that nearly a quarter of health care workers held supernatural beliefs, particularly since these workers are responsible for informing and educating parents about their disabled children. Although this influence might, in theory, be counteracted by teachers being better informed, facts about disability are not part of the school curriculum, so the "old wives' tales" of grandmothers are passed on to young mothers without correction by health care workers or teachers.

The most negative misconceptions, namely "not going too close to a disabled child", "disabled always a burden", "I don't like to look at disabled" and "disabled children would not be able to work or marry" were rejected by an average of 68% of persons, though a realistic 26% thought that disabled persons could be a burden sometimes. Age was a significant factor only with respect to superstitious beliefs.

The effect of occupation on the responses was very variable. The groups showing most differences were professionals and agricultural workers at each end of the spectrum, with teachers and health care workers coming after professionals. Among agricultural workers, only 75% agreed that "handicapped children should play with normal children", against a mean of 88%. Only 31% disagreed with the statement that "the disabled are always a burden", while 60% agreed. Ninety percent thought that a special home was the best place for disabled children, against the mean of 72%. Professionals held the opposite view, with 57% agreeing that a special home was the best option, and 72% disagreeing with the statement that disabled persons were a burden. Sixty two percent of professionals disagreed with "not going too

close to a disabled person", against a mean of 74%. Teachers took the strongest position on "all disabled children should go to a special school" with only 33% agreeing, as opposed to a mean of 53%. They also disagreed most strongly (93%) with the statement that disabled children could not work or marry.

The geographical area of the study did not seem to affect the attitudes on supernatural origins of disability, or competency and willingness to help. However, it did appear that knowledge of some rights was better and misconceptions were less in the parochial district of St Catherine as opposed to St Mary. This might be ascribed to the presence of a CBR programme there; on the other hand, awareness of the programme did not seem to be high in St Catherine except in health care workers.

The main differences were found in the occupational groups, where on the whole, the professional groups were more enlightened and knowledgeable than the others, as might be expected. However, their confidence and willingness to help were much the same as in all the other groups.

The need for training of people with disabilities appeared to be well accepted, but the rights to full participation and equality of opportunity were not. People were not aware that persons with disability can get adequate training and rehabilitation in their own homes; they continue to hold the assumption that special schools and homes are the best option. Furthermore, the questions on job opportunities and the cost of services showed that only 50% of the respondents recognized the equal rights of people with disabilities to these opportunities.

Conclusion

This study has shown the areas of strength and weakness in knowledge and attitudes about disability, and has provided a baseline for change in knowledge, attitudes and practice in community based services for children with disabilities. The main barriers affecting the development of community based services as

identified in the study were persistent supernatural beliefs in the less educated and older groups; lack of awareness of the possible effectiveness of community and home based services; the persistent belief that special institutions are best; and the lack of recognition of some human rights, particularly to full participation, integration and equality of opportunity. However, there appears to be a generous willingness to help. This must be interpreted with caution. As Bischoff et al, (3) point out; enthusiasm must be tempered by the recognition that there are culturally defined limits as to what would be acceptable in volunteering time. To tackle supernatural beliefs, three main approaches could be suggested. For parents of disabled children, discussions about beliefs, illustrated by drama, may be a useful strategy. For the general public, airing of topics on disability through different media and possible spot messages could be tried. For professional groups and health care workers, the results of the study could be discussed in training sessions. Misconceptions are also a matter for public attitude change and professional training. The general perception of people with disabilities as dependent, a burden and objects of charity needs to be changed. Successful changes in stereotypes of negatively regarded groups have been brought about by depicting them in very positive (contributing and independent) ways in the popular media and other programmes. The press needs to be educated in the way they present disability to the public, so that positive and not degrading (or super-achieving) images are presented.

If community based services are to be successful and self-sustaining, the public has to believe that this is "the way to go". So, if well-known organizations for disability are still setting up, raising money for and sponsoring segregated buildings and schools, the public will believe that is what the experts think as best. Persons with disabilities and their parents will need to come out more strongly on full participation and equality, and what it means, so that the public will hear from the "horse's mouth" what people with disabilities really want. This will require empowerment of

parents. Correct information needs to be disseminated in public discussion and correct facts need to be provided to professionals (especially those in the media, health and teaching fields) and policy makers. While the tight to training is recognized by most persons, their rights to equal treatment, services, jobs and social integration are not. As there are many groups in the Jamaican society whose rights are abused, discussion of human rights for all people, including those with disabilities, is necessary.

Knowledge about services can be provided by means of printed material and during training courses for persons in the community who need to be knowledgeable on these matters. If communities, as opposed to families, are really to become involved in disability programmes, they will need to be educated as to appropriate ways in which they can help. Families will need to be more open in sharing their children with others so that people have a chance to satisfy their curiosity and to allow their natural good will towards less fortunate persons to be expressed.

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**2007 International Conference on
Rehabilitation Robotics June 13,
2007 to June 15, 2007**

ICORR 2007 will highlight the most recent advances in rehabilitation robotics and their relevance to end-users. The conference will be focused on the following topics: assistive robotics; therapy robotics; orthoses and exoskeletons; user interfaces and (brain) control; socially interactive robotics; robotic environments and companions; evaluation and user experience; and bio robotics and bio mimetics. To celebrate ICORR's 10th anniversary, a special symposium will be added to the conference dedicated to formulating a roadmap on fundamental issues and future research directions.

**11th International Conference on
Mobility and Transport for
Elderly and Disabled Persons
(TRANSED 2007) June 18, 2007 to
21, 2007**

In accordance with its theme " Benchmarking, Evaluation and Vision for the Future" TRANSED 2007 will review and advances in research, profiles international breakthroughs and explore perspectives for technological innovations in order to respond to the mobility challenges of and aging population and of persons with disabilities, as part of and inclusive society. The conference will offer an exhibition where participants will have an overview of the deployment of innovation in the filed of accessible transportation.

**2007 Virginia Association the
Deaf Conference July 17, 2007 to
July 22, 2007**

VAD will hold its 55th biennial conference in Colonial Williamsburg. Workshops and exhibits will offer participants the latest information on deafness and products and service for the deaf.

**2007 APTA Annual Conference
and Exposition June 27, 2007 to
June 30, 2007**

APTA's Annual Conference and Exposition (PT 2007), is the national event for physical therapy. Physical therapy professionals will get the latest information, network with colleagues, showcase new products and services, learn cutting-edge techniques, and earn continuing education credits. Concentrated Education Series (CES) courses will also be featured.

Parental Involvement in the Education of their School Going Disabled Children

Humera Aziz & Munazza Madani,
Research Students, Department of
Special Education, University of Karachi.

Abstract

The study was designed to investigate parental involvement in the Education of their School going Disabled children". Parental involvement is necessary for the better development of personality. If parents are involved in their children's education they are encouraged and feel secure in the school environment because both home and school plays a very important role in the life of the child. It effects the growth therefore child wants sufficient attention from both institutions. The main objectives of the study are to find out the parental involvement in the identification and assessment process of their child. Parents of disabled children were interviewed which were randomly chosen. A questionnaire was developed which was divided into three sections. First section consists of information about disabled children. Section two consists of information about parents of disabled children section three consists of information about nature of parental involvement in home and in school. Then data was collected and the results were indicated by percentage method. During the study it was found that parents don't involve themselves in the education of special child. Besides school also don't allow them to be involved. Another finding was that parents of mentally retarded children appear to be involved in their children's welfare more than the parents of hearing-impaired. And visually handicapped children At the end of the study it was recommended that school should encouraged parents to work with their special child. It is also recommended that parent education program should be organized in order to provide guideline and information for effective parenting of their disabled children.

Introduction

The Home is a bad rock on which one society rests. This oldest of all human institutions can give individual a feelings of warmth, belongingness, affection and closeness, that are so important for the development of the self.

The society psychologist now agree that there can be no better substitute for a home for the growing child. The care that parents give to their children has marked influence on their mental and physical growth. Parents don't know that the yare prime educators and they are fully responsible for the child's progress, a need for parental involvement in the education was felt very much necessary by the people working in the field of special education.

Keeping this need in view, the present study was designed and conducted to know whether parents are involved in the education of the disabled children.

Objectives of the Study

The objectives of the study generally to know about the parental involvement in the education of their disabled children in Pakistan. The specific objectives of the study are as follows:

- To find out the parental involvement in the identification and assessment process of their child.
- To find out their involvement in programme planning.

- To find out their involvement in the evaluation process.
- To find out their cooperation with the teacher and the school.
- To find out their involvement in the career planning of their child.

Research Method

Karachi region was chosen as the primary research area because the investigator has lived here, has associations with few families of disabled children, which helped in exploring other families.

Parents of disabled children were interviewed which were randomly chosen.

The instrument of the study was a structured questionnaire to be used while interviewing the respondents. The questionnaire was developed on the basis of theoretical knowledge as well as the objectives of the study.

The questions were designed in such a way that it pinpointed the objectives of the study.

Procedure of data collection

After sequencing the questionnaire the investigator started collecting data through structured interview of parents of disabled children on the items of questionnaire.

The investigator took the addresses of parents of disabled children through special schools and visited the households to interviewed the parents and recorded its responses on the questionnaire.

Analysis of Data

The information gathered on the basis of responses was coded in codebook leading to the preparation of summary sheet and then tables were formulated describing the frequencies and

percentages. Interpretation of results were made on the basis of the percentages obtained from various tables and were analyzed.

Summary and Conclusion

In our country Special Education is just like a sun that has started rising. As it is new field, parents are not aware of education and training of their special children as well as that the special education is different from normal education.

A handicapped child lacks markedly in developmental areas requiring intensive and effective education. Parental involvement in the education of special child is very important for effective and rapid progress. In the present study, it was found out in most of the cases that parents don't involve by themselves. Besides schools it was known that most of the parents are so busy that they are unable to spare any time for their disabled children. This is the reason that the investigator was interested to study parental involvement in the education of their school going disabled children.

To achieve the desired objectives, preceded questionnaire was prepared & interview was conducted from parents of disabled children.

The results of the study reveal that most of the parents meet teachers in order to inquire about the progress of their child and consider it to be the involvement and don't want to put their efforts in the education and training of their disabled child. Besides, parents of mentally retarded children appear to be involved in their children's welfare more than the parents of hearing impaired and visually handicap children. Another finding was that parental involvement is more found in case of younger children.

Discussion

The study was conducted to analyze the parental involvement in the education of their school going disabled children.

.On the basis of data collected, It can be pointed out that most of the parents are less involved in the education & training of their disabled children.

The results shows that parents are satisfied with school programming of their children because they are not aware of what their children should learn & they don't want to criticize on the teaching & program of their children.

Mostly parents don't participate in pre-planned meetings & PTA conferences but they do visit schools. During their meeting with teachers; they just want to inquire about the progress of their child but don't take initiative for participation in child's program.

Mostly parents don't follow the guidance & suggestions that are given to them during meetings. Parents of mentally retarded children favor their children in daily routine activities because they don't bother to spend time on their child. Where as parents of hearing impaired children either helps the child in schoolwork or provides tutors to help out. Parents of visually handicapped children work out on daily living skills so as to make out on daily living skills so as to make their child self independent.

Majority of parent's view that parental involvement is necessary for education & training of their child in both school & at home. Where as few parents emphasize that it is the responsibility of the school alone. It was found that most parents have not fixed specific duration for helping their children, but help their children when they are free from other responsibilities.

Most of the parents are aware of the vocational needs of their special child emphasizing self-independence. Parents of visually handicapped & hearing impaired children mostly emphasized on higher education. On the basis of the above findings it can be recommended that school should encourage parents to work with their special child.

- Parents should be invited to come to school to spend some time & get involved in the teaching of their own children.
- School should send written report about the child's progress to their parents as well as call them for verbal discussion.
- Parent Education program should be organized in order to provide guideline & information for effective parenting of their disabled children.

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Appraisal, Coping and Adjustment in Adolescents with a Physical Disability

Jan L. Wallander
James W. Varni

Introduction

As stated in the overview to this section, a chronic physical condition interferes in daily life essentially for the duration of greater than 3 months in a year or causes hospitalization for more than 1 month in a year (Pless & Pinkerton, 1975). This category includes chronic diseases, such as diabetes and asthma, and physical impairments, such as spina bifida and cerebral palsy. As children and adolescent have increasingly come to survive such chronic physical conditions and live well into adulthood, issues of their psychological development and quality of life have come to the forefront. Although there are exceptions, the weight of the evidence, especially that from large-scale epidemiological surveys (e.g., Cadman, Boyle, Szatmari, Of ford, 1987; Pless & Roghmann, 1971), suggest that children and adolescents who have a chronic condition are at increased risk for experiencing adjustment problems. This was substantially confirmed in a recently published meta-analysis of 87 studies speaking to this issue (Lavigne & Faier-Routman, 1992).

Findings from our own research are consistent with this conclusion (Wallander, Varni, Babani, Banis, & Thompson, 1988). For example, when we administered the Child Behavior Checklist (CBCL; Achenbach & Edelbrock, 1983) to 270 mothers, each of whom had a child of the age 4 to 16 years with a chronic condition, they reported children to display on the average more behavior and social problems than children the general population. However, the children's adjustment was reported as better than that of a large sample of children referred for psychiatric services. Indeed, few children with chronic conditions were found to experience clinically significant

problems or Psychopathology. While there is considerable variation in adjustment status in this population, we feel, nonetheless, that their at-risk status must be viewed seriously.

Adolescence with a Chronic Condition

If anything, the concern for the adjustment of children with chronic physical conditions. That adolescents with chronic physical conditions are at risk for adjustment problems has to be argued more from a rational basis than empirical data because, unfortunately, there is a dearth of studies specifically on the psychosocial status and development of adolescents with chronic conditions (cf. Wallander & Thompson, 1995). Consider, however, that adolescence is critical period because of the numerous changes occurring in the developing human being. Emancipation from parental attachment, development of attitudes and styles of behavior in social and sexual domains, emergence of more complete self-concept, and formation of vocational plans and life aspirations are some of the most salient psychosocial developments of this period, which of-course co-occur with significant biological growth and change. Psychosocial functioning during this transition period therefore becomes very important, as it likely both influence the successful negotiation of these changes as well as if influenced by them. Indeed, adolescent psychosocial functioning is significantly associated with adult functioning in individuals with a disability (Koller, Richardson, Katz and Mc Laren, 1983). For individuals with a chronic physical condition, adolescence is unique.

Although they typically experience the same biological changes and drives as healthy age peers (however, a few specific conditions, do change this), the central developmental issues of adolescence –emancipation, self-concept, sexuality-can easily be exacerbated by a disabling condition. Aside from the potentially stifling effect of just being different at a time when fitting in with the peer group is paramount, most chronic conditions necessarily hinder independence. The adolescent with a chronic conditions will have to depend, at least to some extent, on a parent and / or health professional for the management of his or her condition, such as in following the diabetes treatment regimen or in obtaining transportation when confined to wheelchair due to spina bifida.

Adjustment in Adolescence with a Disability

Although we are not aware of studies documenting specifically the adjustment of adolescents with a chronic physical condition, our own studies have included adolescents. First, we do not find age to covary with adjustment (e.g., Wallander et al., 1988). By implication, then, the general conclusion that individuals in the developmental period are at risk for adjustment problems when they have a chronic physical condition holds also for adolescents specifically. Our studies have included adolescents with cerebral palsy, hearing impairment, hemophilia, insulin-dependent diabetes mellitus, juvenile rheumatoid arthritis, limb deficiencies, and spina bifida.

Our Previous Research

Disability –Stress- Coping Model

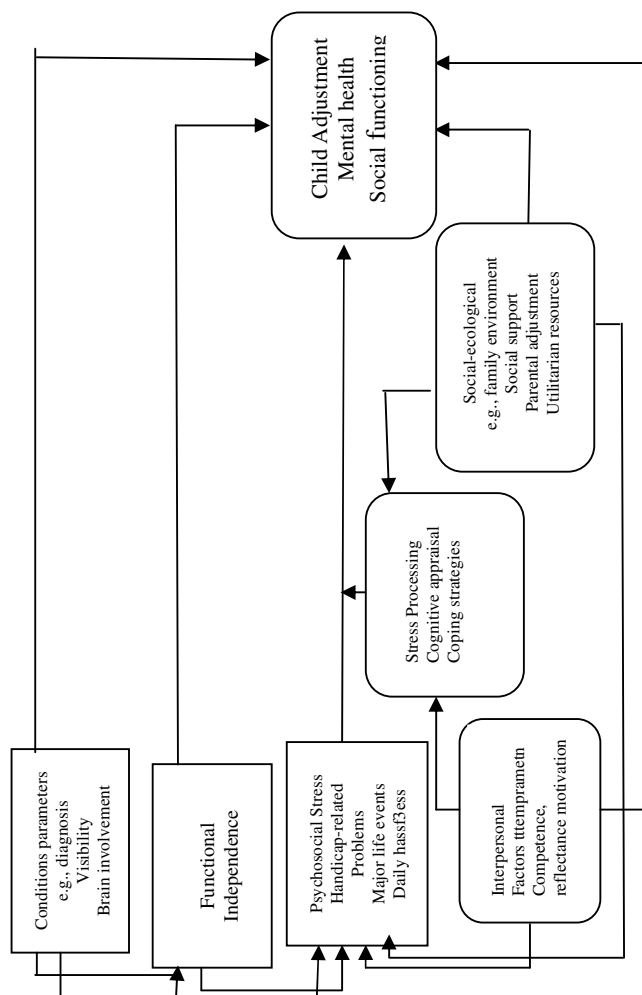
Our work to these ends has been guided by a conceptual model introduced in Wallander, Varni, Babani, Banis, and Wilcox (1989) and elaborated upon in Wallander and Varni (1992). As can be seen in Figure 10.1, the various factors hypothesized in the model to play a role in the adjustment of children with chronic

physical disorders are organized into a risk –and –resistance framework. Disease / disability parameters, functional independence, and psychosocial stress are considered as risk factors and primarily responsible for causing adjustment problems in children with chronic conditions. However, since children with similar risk factors obviously display wide differences in adjustment, this relationship is not a simple one. Therefore, resistance factors are thought to influence the risk –adjustment relationship, both through a moderation process and via direct influences on adjustment. We distinguish between intrapersonal factor, social ecological factors, and stress processing as categories of resistance factors in our model.

Research Conducted Thus Far

This model was further discussed and research was reviewed that had been conducted up through about 1991 and included children and adolescence, without making developmental distinctions, in Wallander and Varni (1992). Very briefly, we find that physical or functional status is not very helpful in explaining variation in these children’s adjustment. Rather, psychosocial stress appears to be the significant risk factor for adjustment problems in children with chronic physical conditions. It has been hard to pinpoint powerful resistance factors. Findings regarding these are less consistent across our studies. However, we feel that family resources probably play an important role, but we are not sure of the specific types of resources. Social support also appears to be an important resistance factors, especially peer support. These conclusions must be considered with the important caveats that our work is in progress and replication is needed, especially employing larger sample sizes, prospective longitudinal designs, and more objective measurements.

Figure 10.1. Wallander and Varni’s disability-stress-coping model of adjustment. Based on Wallander and Varni (1992). Square boxes indicate risk factors; rounded-off-boxes indicate resistance factors.



Neglected Areas

Admittedly, our work up to that point had also from a lack of consideration for adolescence as a unique period that cannot be understood from the broad perspective we had taken of the whole developmental period. This phase very much warrants study in its own right. Similarly, although we put conceptual emphasis on stress and coping within our model, we had not been able to study coping and its associated process, appraisal (cf. Lazarus & Folkman, 1984), in relation to chronic conditions. Categorized a Stress Processing in our conceptual model, our thinking regarding appraisal and coping is based to a large extent on Lazarus and Folkman's (1984) formulations. However, as we will describe, we have thus far focused our attention on appraisal

of and coping with circumstances specifically related to living with a chronic physical condition. In the remainder of this chapter, we will describe how we have attempted to address these shortcomings in recent years. First, Varni will portray his work on appraisal of physical appearance in adolescents with limb deficiencies. Then Wallander will review his efforts at investigation coping strategies that adolescents with a gross motor impairment employ when encountering disability related stressors. Common implications for future research and clinical applications will be discussed in conclusion.

Perceived Physical Appearance

In our society (and perhaps more generally, in our species), physical attractiveness represents a highly prominent personal characteristic that systematically influences interpersonal interactions, perceptions, and inferences about an individual's ability (Adams, 1977; Benson, Karabenick, & Lerner, 1976; Dion, 1974). This "beauty -is- good" prejudice has been found across all age groups (Jones & Adams, 1982; Lerner & Lerner, 1977). Given society's attitude toward physical attractiveness, it might be logically expected that adolescents with visible physical differences would experience discrimination in their social environment (Varni, 1993). Particularly during adolescent years, physical appearance and social acceptance are important predictors of adjustment (Lerner et al., 1991). The social psychology of physical appearance in our culture negatively influences attitudes and behaviors towards persons with physical handicaps (Richardson, 1976). Adolescents with limb deficiencies are hypothesized to be at high risk for these negative social perceptions and behaviors.

Adolescents with Limb Deficiencies

Limb deficiencies in children and adolescents are the result of trauma, disease, and congenital disorders. Much of the literature on

children and adolescents with limb deficiencies has focused on the problems of the individual experiencing an amputation, whether traumatic or disease related (Varni & Setoguchi, 1991b). However, the majority of limb deficiencies in children are congenital in origin (Setoguchi & Rosen folder, 1982). Clinical observations have describes children and adolescents who have suffered an amputation as a result of disease or trauma as manifesting depression, anxiety, and self-esteem (cf. Varni & Setoguchi, 1991b, for a review). Given the large variability in adaptation observed across individual children and adolescents (Varni & Setoguchi, 1992), recent research studies have begun the empirical process of identifying the potentially modifiable predictors of the psychosocial adjustment of children with congenital or acquired limb deficiencies (Varni, Rubenfeld, Talbot, & Setoguchi, 1989a, 1989b, 1989c; Varni & Setoguchi, 1993; Varni, Setoguchi, Rapport, & Talbot, 1991, 1992). This explicative research on children with limb deficiencies has been guided by our risk-and-resistance theoretical framework (see Figure 10.1).

Perceived Physical Appearance as an Appraisal

Recently, Varni and Setoguchi (1991a) delineated “perceived physical appearance” as a predictor variable within the multivariate conceptual model to further explain the observed variance in adaptation by children with limb deficiencies. In their study of 51 children aged 8-13 years. Varni and Setoguchi (1991a) found that higher perceived physical appearance predicted lower depressive and anxious symptoms and higher general self-esteem. These findings suggest that in investigating the construct of perceived physical appearance, it is important to study it not only as an epiphenomenon but also as a potential predictor of psychological adjustment.

From a cognitive appraisal perspective, perceived physical appearance in pediatric chronic disorders is emerging as a construct that measures an individual’s perception of his or her visible condition (Varni & Setoguchi, 1991a).

Children and adolescents with visible physical disorders are hypothesized to be at greater risk for psychological and social adjustment problems given society’s attitudes toward visible physical differences (Richardson, 1976). Adolescence is hypothesized to be a particularly vulnerable development period even for adolescents without a chronic disorder, given the physical changes of early and middle adolescence (Lerner et al., 1991). The convergence of normal adolescent concerns with cosmetic differences, in combination with the at-risk status for adjustment problems, is hypothesized to put adolescents with limb deficiencies at even greater risk for maladjustment than younger children (Varni, 1993).

In the stress literature, Lazarus and Folkman (1984) have emphasized the importance of cognitive appraisal in the determination of which events are perceived as stressful by individuals. Stressful appraisals are characterized by perceived threat, challenge, or harm-loss. Thus, it is the meaning of the event, rather than its mere occurrence, that may results in its perception as stressful or benign or irrelevant for any given individual. Varni (1993), building on this cognitive appraisal model, has proposed that it is the individual child and adolescent’s perception of his or her physical appearance that determines psychological adjustment, rather than an objective rating of individual differences in physical appearance. In more colloquial terms, “beauty is in the eyes of the beholder”. Within the risk-and-resistance theoretical framework, limb deficiency is hypothesized as a chronic strain risk factor, more specifically, a disease / disability parameter (see Figure 10.1). Perceived physical appearance, on the other hand, is hypothesized as a resistance factor, more specifically a dimension of stress processing (see Figure 10.1). Thus, Varni (1993) has hypothesized that it is not one’s objective physical appearance that determines psychosocial adjustment, but the individual’s cognitive appraisal of his or her physical characteristics that predicts adaptational outcome.

Empirical Findings

Support for this cognitive appraisal model of individual differences in physical appearance is found in several recent studies with both physically healthy children and adolescents and those with chronic disorders. Lerner et al., (1991) found that there was no statistically significant correlation between adolescents' perceived physical appearance and an objective measure of physical attractiveness. In their study, physical attractiveness was measured objectively through college students' ratings of frontal mid chest-to-head color photographs of each adolescent subject. Additionally, although there were statistically significant correlations between the college students' ratings of physical attractiveness and the teacher's assessment of physical appearance, these correlations were in the small-to-moderate range. Lerner et al., (1991) suggest that the teachers may be using multiple factors in determining a student's physical attractiveness, including behavioral conduct. Finally, Lerner et al., (1991) found that there was a statistically significant relationship between the adolescents perceived physical appearance and negative peer relations as assessed by a socio metric nomination measure completed by the subjects' classmates. Interestingly, this relationship has been found for children as young as the preschool age, where physical attractiveness as measured by adult ratings of photographs correlated significantly with socio metric ratings by classmates of the preschoolers' popularity (Vaugh & Langlois, 1983).

These findings with physically healthy children and adolescents are consistent with the findings by Varni and Setoguchi (1991a) with 8-10 13 year-old children with limb deficiencies. They found no statistically significant correlation between objectively rated degree of limb deficiency with the children's perceived physical appearance. Further, they found a statistically significant correlation between perceived classmate social support and perceived physical appearance ($r=49$, $p<.001$). Varni and Setoguchi (1991a) also found a significant relationship between perceived

physical appearance and perceived teacher social support ($r= .48$, $p <.001$). In composite, these findings suggest an association between both objective and subjective ratings of physical appearance and school social relations.

In a comparison of children and adolescents with limb deficiencies, Varni and Setoguchi (1991c) found that adolescents rated their perceived physical appearance considerably lower than did the children with limb deficiencies. Even within the children's cohort, there was a trend toward lower perceived physical appearances, as they grew older toward adolescence, suggesting an at-risk status for lower perceived physical appearance in adolescents with limb deficiencies.

Given these findings with children, Varni and Setoguchi (1994) extended the conceptual model to 44 adolescents' ages 13-18 years with limb deficiencies in order to assess hypothesized concomitants of perceived physical appearance. Limb deficiency was measured by the Degree of Limb Loss Scale developed by Varni and associates (Varni & Setoguchi, 1991b). Total limb loss was calculated as the sum of the upper and lower limb loss ratings. Consistent with previous findings, total limb loss was not significantly correlated with perceived physical appearance as measured by the Harter (1988) Self-perception Scale for Adolescents ($r= .20$, $p = n.s.$). Age and gender were also not significantly correlated with perceived physical appearance. These findings suggest that the adolescents' perception of his or her physical appearance is relatively independent of the objective rating of total limb loss. However, it is important to note that the measure of perceived physical appearance assesses the adolescents' overall satisfaction with his or her physical appearance, not specifically his or her limb loss.

Varni and Setoguchi (1994) also found that higher perceived physical appearance was significantly correlated with lower depressive symptoms ($r= -.33$, $p < .01$, lower trait anxiety ($r= -.42$, $p < .005$), and higher general self-esteem

($r = .47, p < .001$). based in the extent literature, Varni (1993) has hypothesized a path-analytic model whereby the indirect effects of perceived physical appearance on depressive and anxious symptoms were tested (see figure 10.2). Path analysis with multiple regression procedures was utilized to test this hypothesized conceptual model.

As previously noted, age, gender, and degree of limb loss did not predict perceived physical appearance and were omitted from further analysis. The model schematically depicts both direct and indirect effects of perceived physical appearance on psychological adjustment (depressive and anxious symptoms). The indirect effect is mediated by general self-esteem. For the conceptual model to be supported, (1) general self-esteem must predict depressive and anxious symptoms, (2) perceived physical appearance must predict general self-esteem, and (3) prediction of depressive and anxious symptoms by perceived physical

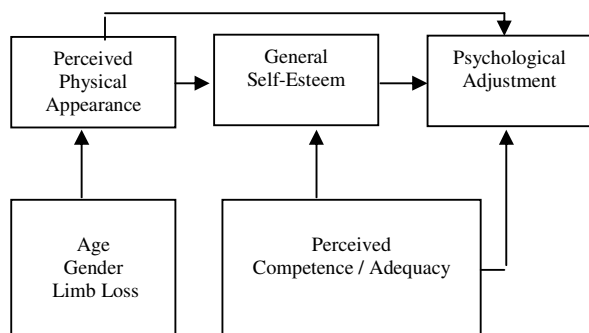


Figure 10.2. Path-analytic model of relationships between perceived physical appearance and psychological adjustment.

symptoms by perceived physical appearance must be attenuated when general self-esteem is entered first.

All three conditions were supported. Varni and Setoguchi (1995) found that perceived physical appearance had both direct and indirect effects on depressive and anxious symptoms, with the indirect effect mediated by

general self-esteem. The attenuation in the magnitude of the association between perceived physical appearance and psychological adjustment when general self-esteem is controlled signifies that this association is mediated or accounted for by general self-esteem. Specifically, the percentage of variance accounted for by perceived physical appearance with self-esteem controlled was diminished for both depressive symptoms ($R^2 = .11, p < .01$ vs. $R^2 = .02, p = n.s.$) and anxious symptoms ($R^2 = .17, p < .005$ vs. $R^2 = .02, p = n.s.$) these findings suggest that the effects perceived physical appearance on depressive and anxious symptoms may be attenuated by intervention designed to enhance general self-esteem (see Varni & crowin, 1993).

Coping With Disability-Related Stress

The general goals of the research on coping with disability-related stress were to identify stressful problematic situations experienced by adolescents as a result of their having a gross motor physical disability, develop a behavioral inventory for assessing coping behavior in disability-related problem situations, and investigate associations of different variables with coping behavior.

Disability-Related Stress

A broad-based research strategy was used in identifying as many stressful situations experienced by adolescents with a physical disability as possible (Wallander, Aikens, & Keith, 1995). Interviews were conducted with 12 adolescents with a physical disability and 12 professionals experienced in working with such adolescents (e.g., special education teacher, physical therapist, pediatric neurologists) to identify disability related problem situations. From the resulting transcripts, discrete problem situations were delineated. These were supplemented by additional problem situations referred to in clinical literature. In total, 442 relatively no redundant problem situations were identified.

Two experts then independently completed a content analysis of this information. Each developed a taxonomy into which the problem situations could be sorted. The independently developed taxonomies were inspected jointly and a common system was formed based on both. As can be seen in Table 10.1, eight higher order categories appeared to summarize well the range of problem situation that had been identified (Wallander, Aikens et al., 1995). All but one of these categories had between three and six lower-order categories, further delineating the type of problem situations encountered by adolescents with a gross motor development.

To test the utility taxonomic system, two assistants were trained in the definitions of its constituent categories and asked to assign each of the 442 discrete problem situations that had been originally identified into one of the categories of the system (Wallander, Aikens, et al., 1995). They were able to this with highly satisfactory agreement for the lower-order categories was at least satisfactory ($\kappa = .61 - .82$).

Next three examples of specific problems fitting into each lower-order category were developed, largely based on the original pool of 442 problem situations, and listed in the form of an inventory. This inventory was administered to 53 adolescents, aged 11-18, with a gross motor impairment (Wallander, Aikens, et al., 1995). For each problem situation, the adolescent indicated, using 5-point ratings scales anchored from "not at all" (1) to "extremely" (5), its frequency, difficulty, and impact on his or her mental state. If the situation had not occurred, the respondent was to indicate anticipated difficulty and impact.

Table 10.1. Taxonomy of Areas of Stress for Adolescents with a Physical Disability

A. Physical limitation and health

1. Physical deficits
2. Physical discomfort and symptoms (e.g., chronic pain, fatigue)
3. Lack of body control (e.g., drooling, spasms, bladder control)

4. Equipment / devices (e.g., fit, maintenance, expense)
5. Feelings of concerns about physical status and outcome
6. Independence / restrictions (e.g., parental restrictions, dependence upon others for personnel care)

B. Health care and therapies

1. Medical procedures (e.g., going to clinic regularly, surgeries)
2. Therapies (e.g., exercise, diet, medications)
3. Social consequence of chronic health problems (e.g., school interruptions, treatment by medical personnel)

C. Activity restrictions

1. Mobility, access, and transportation, (difficulty in maneuvering, special arrangements for access)
2. Direct restrictions (e.g., physical) on participation in activities (e.g., sports, outdoor)
3. Secondary restrictions (e.g., social) on participation in activities (extracurricular, dances)
4. Restrictions on over night activities (e.g., vacations, staying at a friend's)

D. School

1. Special programs (e.g., making time for therapies, meeting special needs, missing regular classroom activities)
2. Mainstreaming problems (e.g., needs not being met, feeling overwhelmed by large classroom)
3. Performance deficits (e.g., difficulties in writing, communication problems)
4. School personnel interactions (e.g., teachers un sympathetic or untrained, being talk about by staff)

E. Social

1. Isolation (e.g., not having friends, feeling left out)
2. Unsatisfactory treatment (e.g., being teased, stared at, ignored)

3. Social inhibitions and concerns (e.g., not being confident, feeling inadequate, afraid to join in)
 4. Dating /sex (e.g., worries about inexperience, being treated as sexless, not having opportunity to develop dating skills)
- F. Future concerns
1. Living arrangements (e.g., wondering if living independently will be possible)
 2. Work / future education (e.g., preparing to be self-supportive, finding appropriate occupation)
 3. Marriage / family (e.g., worries about being able to have family)
 4. Prenatal loss (e.g., fears about losing parents)
 5. Permanence of handicap (e.g., realization that deficits will not go away)
- G. Family
1. Family interactions (e.g., tensions from providing care, resentment from siblings)
 2. Treatment by / expectations of parents having realistic expectations)
 3. Concerns over family burden (e.g., fears that expense of care is too great, concern over restrictions in parents' activity)
- H. General negative self-evaluation (e.g., feeling depressed, inadequate, out of control of own life)

The adolescents (mean age = 15) reported that a mean of 42 of the 92 specific problems had occurred, with a range of 8-81 problems having occurred. According to the adolescents, the most frequently occurring problems were, in order, "young parents worry about you", "you have to go to clinic or to the doctor", and "you wonder if your physical problems will ever improve". However, the most difficult to handle were "you worry about being able to get a good enough job to support yourself in the future", "your parents don't really encourage you to be independent...", and "you worry about being labeled as 'handicapped' and not being seen as a real person". Finally, those problems reported as

having most influence on the way they feel about themselves were "you worry about being able to get a good enough job to support yourself in the future", "someone calls you names or does mean things to you", and "you wish you could have new equipment....but.... it would cost too much for your family".

Development of the Adolescent's Disability Coping Inventory

This information then guided the construction of the behavioral inventory for use in assessing coping with disability-related stressors. The inventory needed to include examples of problem situations that were critical, that is, that caused some strain in the adolescents' coping competence if they were to occur, while still being common enough to be relevant to most adolescents. Exposing the adolescent to such problem situations should best test his or her coping competence. Thus, based on rated frequency and difficulty of the disability-related problem situations obtained in the previous phase of this research, specific problem situations were selected to constitute the vignettes of the behavioral coping. That is, problem situations that were rated at least as "somewhat difficult" to handle (i.e., a rating of 3 on the 5-point scale) and were rated as being in the upper 50% in terms of frequency of occurrence by the previous sample of adolescents (Wallander, Aikens, et al., 1995) were selected. However, because this left three categories of problems (Health Care and Therapies, Activity Restrictions, and School) without any situations being considered at least somewhat difficult while being among the more frequently occurring, two problem situations from each of these sets were added to the final pool. Then, for each of the 28-problem situations thus identified, a more elaborate, concrete vignette was developed. This set constituted the Adolescent Disability Coping Inventory (ADCI), sample items of which are listed in Table 10.2.

These vignettes were recorded on audiotape. The administration of the ADCI involves playing this audiotape to an

adolescents and stopping it after each vignette. The adolescent is instructed to respond to each vignette at the prompt, "What would you do?" as if he or she actually were in that situation. Responses are recorded on a different voice activated audio recorder. Following each response, the assistant starts the ADCI tape when 5 seconds have passed without any verbalizations by the adolescent.

Table 10.2 Adolescents Disability Inventory Sample Items

| Item | Problem situation |
|------|--|
| 2. | You and friends are talking about dates and discussing the subject of sex. No one ever asks your opinion or directs their opinion toward you. They act as if you would not be interested in dating and sex. |
| 6. | You and your friends have often discussed each other's plan for the future. One of your friends wants to be an airline pilot and another talks about going to school in theatre and dance. You think about all the things that you might like to do and you feel limited in the employment opportunities available to you. |
| 18. | When you are getting ready for school in the morning there are several things that you feel you could do unassisted. Instead of encouraging you to do these things on your own, your parents just automatically do them for you. |
| 20. | You hear your parents discussing the new refrigerator they have been wanting to buy and they cannot afford it this year, and you cannot take a vacation trip this year. Much of your equipment or devices have had to make quite a few visits to the doctor. You feel that because of this, your parents cannot afford the things they want or need. |

The assumption was made that adolescents with a physical disability do not

differ from healthy adolescents in the types of coping strategies they employ, even though dealing at the time with disability-related stressors. Consequently, taxonomies of coping behavior developed for adolescents in general should be applicable to adolescents with a physical disability. Adolescent and child coping has increasingly been studied, resulting in several alternative taxonomies being available for consideration (e.g., Compas, Malcarne, & Fondacaro, 1988; Wertlieb, Weigel, & Feldstein, 1987).

Wanting a comprehensive system that allowed determination of coping behavior at different levels, the taxonomy developed by Hardy, Power and Jaedicke (1994) was used. This coding system categorizes each coping behavior into a (1) coping category, (2) coping type, and (3) coping mode, as outlined in Table 10.3.¹ Because of the structure of the coding system, once the coping type is identified, the coping category and coping mode is given.

Thus, in addition to a description of the coping behavior in terms of general category and specific type of coping strategy it represents, this taxonomy allows for coding coping mode. This refers to the developmental advancement in choice of coping strategy. Building upon Brotman-Band and Weisz's (1998) work, primary (1⁰) coping refers to coping aimed at influencing objective conditions of events, while secondary (2⁰) coping refers to coping aimed at maximizing one's goodness of fit with conditions as they are.

The response audiotapes are transcribed and coded as to coping type by trained coders. Following standard training procedures, coders are provided with a manual defining the various codes and already master-coded sample transcriptions. They then code a defined set of initial training transcripts, from which inter-coder reliability is calculated as a check on the training. In this case, they were not certified until a kappa of .70 was achieved for each coping type, the smallest unit possible for analysis.

Table 10.3 Coping Taxonomy for Coding Response to ADCI

| Coping category | coping type (mode) |
|--------------------------------------|--|
| I. Problem-solving (PS) | 1. Direct problem solving (1 ⁰) |
| | 2. Planning (1 ⁰) |
| | 3. Compliance (2 ⁰) |
| | 4. Making Amends (2 ⁰) |
| II. Special Support Oriented | 5. Venting Emotions (2 ⁰) |
| | 6. Social Support-Instrumental (1 ⁰) |
| | 7. Social Support-Emotional (2 ⁰) |
| III. Escape-Denial (ED) | 8. Behavioral Disengagement (2 ⁰) |
| | 9. Mental Disengagement (2 ⁰) |
| | 10. Displacement (2 ⁰) |
| IV. Psychological Acceptance (PA) | 11. Acceptance (2 ⁰) |
| | 12. Positive Reinterpretation (2 ⁰) |
| V. Aggressive-Confrontive (AC) | 13. Physical (1 ⁰) |
| | 14. Verbal (1 ⁰) |

Empirical Findings

Sample Description

Thus far, one sample of adolescents has been administered the ADCI. This sample was recruited from master lists of specially clinics serving children with chronic gross motor impairment (e.g., spina bifida, cerebral palsy). Criteria for inclusion were being an adolescent (1) between ages 11 and 18, (2) with a lifelong physical disability interfering with gross motor functioning at a mild level or more, as rated on the Severity of Physical Handicap scale (Rutter, Tizard, & Whitmor, 1970), (3) who can communicate verbally at a level generally commensurate with his or her intellectual functioning, and (4) is not diagnosed with mental retardation.

Of the 150 adolescents who were initially identified as meeting these criteria based on chart review, 67 could be reached and consented to come with their mothers to the research laboratory for a 2-hour assessment, for which they were paid \$30 plus travel expenses. Of these, 62 could complete the protocol adequately. The adolescents had a mean age of age of 14.2, 52% were boys, and 40 % were African American. Their mothers reported having a median educational level = high school

diploma. The most common diagnoses among the adolescents were spina bifida (39%) and cerebral palsy (18%).

Description of Coping Behaviors

The two coders employed in this study coded transcripts independently, with overlap on 75% for calculation of outgoing agreement. Subject responses were coded with an kappa of .86-.96 for coping types, a highly satisfactory coding agreement for the smallest unit possible for the analysis. Analyses are ongoing of the data obtained from this sample, and only preliminary results can be shared at this time from two studies (Wallanser, Fournet, & Frison, 1995; Wallander & Fournet, 1995).

Of the 1,098 responses given by this sample as a whole to the ADCI vignettes, problem-solving coping was by far the most common (45%), followed by a fairly even distribution of responses classified as Escape Denial (21%), Psychological Acceptance (16%), and Social Support Oriented (16%). However, Aggressive-Confrontive coping behavior was rarely displayed (2%). Given the predominant use of Problem-Solving coping in general, this was the most common coping category used across the stressors in most of the eight different content areas represented in the ADCI (see Table 10.1). However, stressors related to Health Care and Therapies were most commonly managed with Escape-Denial coping (especially Mental Disengagement and Behavioral Disengagement). Negative Self-Evaluations stressors were most commonly managed with Psychological Acceptance coping (especially Positive Reinterpretation).

The development level ascribed the coping behaviors of these adolescents was relatively evenly divided between the less advanced primary (55%) and more advanced secondary (45%) coping modes. However, in dealing with Activity Restrictions (59% 2⁰), Social (55% 2⁰), and Negative Self-Evaluation (97%2⁰) stressors, these adolescents predominantly employed strategies aimed at maximizing their goodness of fit with conditions

as they were. Attempting to influence objective conditions of events, that is, primary coping mode, was the most commonly employed coping category in all other areas of stress.

Associations with Coping

Demographic associations with coping have been investigated first. Differential use of the five coping categories could be statistically identified only in some different adolescent status groups. Adolescents with poor families employed more problem-solving and Social Support Orientation, but less Escape-Denial, but more Psychological Acceptance coping than adolescents from financially better off families. Adolescents with more severe disabilities employed less Problem-Solving, Social Support Orientation, and Escape-Denial, but more Psychological Acceptance and Aggressive-Confrontive coping than those with less severe disabilities. The younger adolescents used less Problem-Solving but more Social Support Orientation and Escape-Denial coping than the older adolescents. These findings are admittedly hard to interpret because of the difficulty in identifying interactive relationships with categorical data.

More illuminating are the associations found between cognitive ability, as measured with the Slosson Intelligence Test, and coping. First, those adolescents scoring below an IQ of 80 were more likely to use Escape-Denial coping and less Problem-Solving than adolescents in the normal-and-above IQ range. Social Support Orientation and Psychological Acceptance appeared to be uniform across intellectual ability. Adolescents with more advanced cognitive ability also were more likely to employ the more developmentally sophisticated primary coping mode. Those with average or above intellectual ability used primary mode coping 57-60% of the time, while those with borderline intellectual functioning used this mode only 45% of the time. These findings suggest a developmental trend in coping toward more active strategies and away from passive strategies as the person develops.

Given the preliminary nature of these analysis, however, replication and extension is necessary before building this argument further.

Implications and Future Direction Research

First, regarding perceived physical appearance, as depicted in Figure 10.2, perceived competence / adequacy is hypothesized to directly influence general self-esteem. Harter (1988) delineated eight perceived competence / adequacy domains predictive of general self-esteem (global-self-worth). In addition to perceived physical appearance, Harter (1988) included perceptions of scholastic competence, athletic competence, social acceptance, closer friendship, job competence, romantic appeal, and behavioral conduct.

These domains any in fact be modifiable, leading to enhanced general self-esteem. For instance, Varni, Katz, Colegrove, and Dolgin (1993) found that children with newly diagnosed cancer who received a social skills training intervention reported higher perceived classmate and teacher social support at the 9-month follow-up in comparison to pretreatment levels. In turn, higher perceived classmate and teacher social support was significantly predictive of higher general self-esteem and lower depressive and anxious symptoms (Varni, Katz, Colegrove, & Dolgin, 1994).

Thus, by identifying potentially modifiable predictors of adjustment in adolescents with chronic physical disorders, interventions can be developed and refined to address their unique needs. Following this strategy, the questions of whether perceived physical appearance in adolescents with a disability can be modified therefore needs investigation. In addition, other potentially modifiable appraisals from among those proposed by Harter (1988) to be studied.

The research on coping in adolescents with disabilities is in the beginning stage only. Thus, in addition, to replicating existing

preliminary findings, many different directions can and need to be pursued to help us understand coping and its role in the functioning of adolescents with a disability. We feel strongly that this research should progress from a conceptual basis. We have proposed a model elucidating the role of coping, but this can and ought to be complemented by other theories of coping (e.g., Brotman-Band & Weistz, 1988; Compas et al., 1988; Lazarus & Folkman, 1984).

The behavioral inventory approach used in our research appears promising for elucidating adolescents' behavior. We feel that coping is such a complex phenomenon that retrospective paper-and-pencil self-report approaches are not likely to be satisfactory (Wallander, 1992). At the same time, other behavioral approaches to the measurement of coping ought to be explored, for example probing interviews (Hardy et al., 1994).

While we are beginning to find interesting associations with coping, an important next step will be to determine whether it can predict psychological outcomes. We have an explicit assumption in our conceptual model that it does, but we have yet to test this empirically. A challenge will be to model the interactive relationships likely to exist between coping and other variables in predicting adjustment, given the categorical nature of our data on coping. Analytic approaches less common in pediatric psychology will be needed (e.g., logistic regression).

Clinical

Varni and Crowin (1993) have described a number of practical component skills for enhancing self-esteem, including decision making and problem solving, social skills, expressing feelings, and positive self-talk. These cognitive-behavior therapy techniques have been widely utilized with physically healthy adolescents, but their systematic application to pediatric chronic physical disorders is only at the beginning stages of experimental validation. Nevertheless, we feel

their clinical utility should be equally effective in ameliorating the problematic situations confronted by adolescents with or without physical differences.

For instance, for adolescents with limb deficiencies whose thoughts focus on physical appearance as important for their general self-esteem, a cognitive therapy intervention that increases positive self-enhancing statements and includes self-monitoring destructive and irrational negative automatic thoughts may be useful. This could facilitate a "positive illusion" of one's competencies and relative strengths (cf. Varni & Crowin, 1993).

By drawing from cognitive therapy interventions with adolescents and young adults without physical disorders, a rational and adolescents who may be experiencing socio emotional distress. Then, as more solid findings emerge from research programs such as ours, additional clinical directions and ones possibly more specific to adolescents with disability should follow.

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Note

1. The manuals containing the definitions for the coping behavior codes and instructions for the coding procedure is available from Jan L. Wallander, Civitan International Research Center, University of Alabama at Birmingham, P.O. Box 313 / UAB Station, Birmingham, Al 35294-0017.

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Transition to Inclusive Practice

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Introduction

Inclusion with disabilities into the classrooms and routine of regular school has been at the front of the Policy Agenda of Special Education for over a decade. More than ever, we are in the process of transition from segregated educational service delivery models to more inclusive models of education. Successfully including students with a range of disabilities in general education schools and classroom means changes for all members of the educational community, changes in the way curriculum is designed and delivered, and changes in professional and personal relationships.

Transitions can be difficult and emotional time for educators as they dismantle the existing system and replace it with one whose purposes, process, and outcomes are questionable and unsure. Inclusive schooling is relatively new in Pakistan, those responsible in the system may believe they are not adequately prepared to provide educational services to children with disabilities in the general education classroom. Systems that are committed to a transition to an inclusive schooling model should take steps to become prepared or begin the process on a small scale. This paper will describe how inclusive schools are implemented through a system change process, the necessary components for a successful systematic transition to inclusive Practice.

A Successful Transition to Inclusive Practice

Key components for successful inclusive school practices are presented below:

Vision and Commitment

With any change, the first step is the creation of a goal or a vision, (Rigazio — Digillo & Bening hef, 1994) Using the vision, decisions about the organization's operations, policies and procedures are made in light of how well they support the vision. Vision Statements provide the values and beliefs that serve as the foundation for making decisions and implementing changes School's vision statement reflected the school commitment to ownership for educating all students in the general education setting as school priority.

Commitment to Planning

Inclusive schooling efforts require systematic planning; a commitment must be made to the planning process overtime at several level. Those who will be responsible for implementing the plan need to have input into the plan itself. The amount of time needed for planning vary greatly. As inclusive schooling become more familiar to everyone involved, the amount and time necessary for planning tends to decrease slightly. However, there will always be a need for teachers, aides, related service providers, families and administrators to engage in a variety of planning activities.

Expanding Innovation

As a new order (e.g. plan) is determined to fit the structure of the new paradigm, there are several methods that the school system can employ to help educators to use and adopt innovative methods. Common elements from the different methods are the sharing of information, ideas and talents to support the educators. Professional development in the form of in-service training, conference and

collaboration is essential. As educators move toward building an inclusive school model, the expertise of those in the school building needs to be recognized. Success needs to be shared and celebrated to encourage people to move even further ahead and to take new risks.

Implementing Collaborative Practices
Collaborative relationships and interaction will need to occur at all levels to promote the structural, political and attitudinal changes for systems making the transition to more inclusive schooling models. Collaboration appears to be more effective when there is a shared agenda among the participants (Graden & Bauer, 1992). There are some of the foundational skills that are necessary to ensure a collaborative process. To support families and school staff adequately, we need to develop collaborative relationships with a variety of community service providers.

Flexible Instructional Approach

In inclusive schooling, teachers and administration have to ensure that meaningful, dynamic, quality and flexible instruction is being provided to all students served through inclusive schools. Teachers must be proficient in a variety of teaching strategies that support successful inclusive practices and administration must support them in their implementation of these strategies. These strategies may include cooperative assistant learning, experimental learning, computer based instruction, various peer-assisted and peer-mediated strategies, and co-teaching.

Providing Adequate and Responsible Support

Commitment to responsible support necessitates an active process of determining and offering the supports both students and teachers need to be successful support include providing appropriate curriculum material, equipment; supervise classroom teaching, environmental modifications or enhancement when they are necessary. Friendships and social

networks are important elements of the education process. Therefore, the school programme should also provide support that fosters the development of friendships and social network between students with disabilities and their peers.

Evaluating Progress and Outcomes

The evaluation strategy will vary depending on the vision of the system and the types of outcomes the system is interested in measuring but both formative and summative elements. The outcomes and indicators established initially may not be the most relevant as time passes. Therefore, evaluators and those implementing the changes must incorporate ongoing innovations into the systems changes plan and evaluation strategy advisory committee, consultants and feedback sessions can provide on going input and can support changes as a system moves to a more inclusive model.

Recognizing Changes as a Process

Recognition that change is an ongoing process and not a onetime event helps those involved address the inevitable ebb and flow of the progress and the may day-to-day issues that occur. Resources are available to support participants through the change process (Fullan, 1992, Fullan & Miles 1992), and this type of information should be shared with all involved with the transition.

Research Design

Research methodology includes the following phases.

- Investigation of transition Process.
- Methods & Strategies
- Implementation and evaluation

Investigation of Transition Process

Through random sampling, professional (30) including special educators and general

school teachers were selected as respondents. Data was collected through interview. Information was collected about the different elements of transition.

Method and Strategies

Different methods and strategies are required for successful transition, were explored.

Implementation and Evaluation

It was assessed that changes must be implemented and the impact of the changes should be evaluated through formative and Summative Techniques.

Results & Conclusion

Any change is a difficult process for most of us we feel most comfortable with experiences that are familiar consequently implementing a new model of educating students with and without disabilities can produce a great deal of anxiety and fear as well as excitement Those participating in a systematic change to more inclusive education system often experience these feeling. As a result, coping with change can be very challenging for everyone involved.

Significant and lasting improvements and changes are difficult to implement today, multinational and dynamic approaches are needed Recognition that change is an on going process and not a one time event, Resources are available to support participants though the change process (Fullan 1992,) Fullan & stiegelbauer, 1991) and information should be shared with all involved with the transition. Information about the change process and experienced in the change to inclusive education system, should be incorporated into the ongoing professional development activities provided to teachers, related services providers administrators support staff, families and other workers.

Suggestions

The transition to an inclusive model will require many to develop new skills; selection of the specific professional development activities should be guided by the vision statement and definition.

Support for planning is also a central issue at all levels. Administrators must ensure to provide adequate support and resources for a variety of planning activities.

As educators move toward building an inclusive school model, the expertise of those in the school building needs to be recognized. Success must be- Scared and celebrated to encourage people to move even further ahead and to take new risks.

In order to help bring about congruence between a plan and its practical implementation, a system for evaluation must in place. As teacher and administrators acts as change agents to facilitate inclusion, they must communicate their vision, set examples and empower other so that the shared vision of inclusion is accomplished.

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**MA-AYESHA INSTITUTE OF
EDUCATION AND ALLIED
HEALTH SCIENCES
(M.A.I.E.A.H.S) SPECIAL
EDUCATION WINGS**

**Announces Admission 2007
For Post Graduate Diploma Courses in**

- **Speech & Language Pathology**
- **Neurological Rehabilitation**

Scope:

The courses are professional Degrees and directly make the candidate eligible to work as therapist, Educational Counselor, Special

Educator, and a perspective candidate for immigration to Australia, Canada, and U.K. The Institute is affiliated from University of Karachi and is an extension MA-Ayesha Rehabilitation Centre.

Curriculum:

The curriculum of the programme has been developed by active coordination between the Universities of Pakistan, U.S.A. and U.K. The courses include training in audio logy, knowledge of exceptionalities, behavior modification techniques, and teaching methodology, counseling skills, speech pathology and inclusive education.

Faculty:

All the staff is highly qualified both from within and outside Pakistan with significant experience. Foreign speakers will also contribute in the teaching of the course.

Application Forms:

Forms are available from the office of the Institute from 9:00 A.M. to 9:00 P.M. during working days.

Eligibility:

Bachelor's degree in Arts, Science or Commerce from a recognized University with a second-class candidate with relevant experience will be given preference for admission. All professionals in the field of early childhood education, child health, and related fields can apply.

Admission Schedule:

Form issuance and Submission:
February 15 to 30 2007
Admission Interview:
March 1st Week
Final List: March 2nd Week
Semester Duration:
Six Months

A Study of Early Intervention Services of Infants & Toddlers

- *Darlene Shearer, TSEP,
Coordinator Civitan International
Research Centre, USA*
- *Dr. Shagufta Shahzadi, Project
Director, Department of Special
Education, University of Karachi*

curriculum design, cultural sensitivity, staff training, relationship with parents, evaluation procedures approach to advocacy and so on.

Special Education Policy & Practice

Introduction

Intervention is a process concerned with the efforts for improvement of different disabled persons. Early intervention employs preventing strategies to reduce the occurrence or severity of disability or handicapping conditions in infants and toddlers. These preventing strategies are concerned with averting the condition which give rise to disabilities or handicaps and also the conditions which add further disadvantage to the precipitating cause of disability, leading to further handicap.

An early intervention programme does not necessarily reflect a consensus among service providers as to what comprises optimal service model. Indeed, existing programme are quite diverse with respect to their policies and practices in a whole range of areas, even in countries operating under quite explicit legislation guidelines.

Thus there is heterogeneity in terms of the agencies, which control the program, their climate, their mode of service delivery, assessment method,

In Pakistan, Special Education is relatively a new field of study. In 1985, the Ministry of Special Education, was established. The postgraduate teaching in the subject started few years after i.e. 1989. Although Non Government Organizations and volunteer welfare groups were serving some special need children in some parts of the country but government run special education centers for special need children were establishment in 1985-86 after the establishment of the Ministry of Special Education.

Later, another forum, the Directorate General of Special Education was formulated to function, as coordinator between all institutions serving special needs. The Directorate General of Special Education, Islamabad has framed the National Policy for Special Education in 1998. The provisions of the policy are consistent with the national and international set of standards for the education of persons with disabilities. The basic elements outlined in the Policy include:

- Early detection and early intervention

- Promotion of inclusive education at all levels
- Special education component be part of teacher training
- Training of special education teachers
- Allocation of 5% seats for disabled students in tertiary institutions
- Inclusion of special education as subject at middle and secondary level
- Research in teaching aids and teaching methodology.
- Free education to the disabled children
- Development of specialized and individualized curriculum
- Vocational training centres for disabled persons
- Collaboration with international organizations for an effective policy implementation.

A survey of the special education services available in Pakistan indicate that major concentration in teaching of disabled is being placed on school education i.e. the services are available for the disabled between the age ranges of 6 to 14 years. Almost no provision is available for children under 6 years of age as well as for adult disabled in case of rehabilitation and career guidance.

Research studies have revealed that early intervention of disabled children not only prevent further deformity but also enable the disabled child to develop adjustment skills needed to cope with the academic and developmental needs of the environment. The child is responsive to the surrounding, learns to interact, and comprehend the situation and develop a readiness for school learning.

By realizing the importance and need of Early Intervention services in institution for special need children the present study has been planned to investigate the existing facilities of early intervention in hospitals, institutions and community centres and the possibilities of installing the same in Pakistan.

Objectives of the Study

The study will explore

1. The awareness of teachers, parents and professionals about concept of early intervention.
2. Services extended in early intervention.
3. Role of professionals, in early intervention.
4. Parent's participation in early intervention.
5. Need for training in Early Intervention
6. Provision of training and its impact on awareness level of teachers, parents and professionals working with younger children with special needs.

Assumptions

1. Provision of Early Intervention is available in special schools, community based projects and hospitals in developed country.
2. Provision of Early Intervention is available more at the level of hospitals.
3. Awareness level of professionals is better than that of teachers and parents.
4. Awareness and attitude towards Early Intervention will be

change as a result of training in the field.

Research Methodology

Research methodology include the following phases:

- A. Identification of provision.
- B. Awareness of early intervention & attitude towards provision of early intervention
- C. Need assessment for training & extension of training in early intervention
- D. Impact of training in early intervention on awareness level and attitude change.

Identification of Provision

List of special schools, hospitals and C.B.R projects dealing with education and rehabilitation of children will be obtained. Telephonic and personal contacts will be made and the information about availability of early intervention services will be explored.

Awareness Study

Through random sampling, teachers parents and professionals will be selected and approached obtain data on structured questionnaire through interviewing.

Need Assessment and Extension of Training

Teachers, Parents and Professionals need for training in early intervention will be explored. A training of 32 credit hours will be designed and imparted in the following areas:

- Child development
- Early intervention strategies

- Team working
- And parental involvement

Impact of Training

At the end of training, impact of training will be assessed by re-examining the trainees and to check the change in awareness level and attitude of the professionals towards early intervention and possibilities of its implementation in institutions.

Conclusion & Recommendations

The study aims to improve the services for early age children with disabilities. The areas explored are medical, educational, and community welfare for younger children focusing on early detection, intervention and treatment facilities available and how it can be utilized in a developing country like Pakistan.

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Analysis of Cognitive and Learning Deficiencies

In Down's syndrome Children

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focus the problems of Down syndrome children. Through this study we will be able to understand the impact of resources available for Down syndrome children, finally the hidden aspects of Down syndrome will be detected.

Introduction

Down Syndrome or Mongolism is the most common form of mental retardation and frequently observed chromosomal abnormality; approximately 10 percent of the institutional retarded populations are Down's syndrome. In 1866, J. Lung on first identified Down syndrome down who named it Mongolism because of (certain characteristics of Mongolism) but the preferred term is "Down Syndrome" (The combination o various disease).

Down syndrome children develop more slowly as compare to normal children; usually demonstrate delays in all developmental areas such as motor development, speech and language development, perceptual motor development, learning and even social and emotional development. In the area of cognitive deficiency or disability, they do not usually reach the same level of intelligence as normal children they begin life with average intelligence and their I.Q. is around 70 in the first yea of life but this decline as they got older and it is same with educational deficiencies.

In the light of above discussion the concept of this study has been created.

Scope of the Study

Due to the increasing numbers of Down syndrome children the study will be useful in many respects, as is the first efforts to study about the cognitive and learning deficiencies of Down syndrome children. Study will also be helpful for teachers and special educators to

Objective of the Study

The specific objective of the study was

- To assess the cognitive and learning deficiencies of Down syndrome between the age range of 5 to 10 years.
- To develop the milestone of cognitive areas based on normal development.
- To analyze the strength and weakness of Down syndrome children.
- To study the learning abilities of Down syndrome children.

Assumptions of the Study

The following assumptions were formulated for the study.

- The development of Down syndrome children in cognitive and learning areas are different from or delayed than the normal children.
- Cognitive and learning ability of Down syndrome children is better than mentally retarded children.
- Younger Down syndrome children have better cognitive abilities than the older Down syndrome children.

Methodology

The present study was conducted in the of Karachi. The subject (Ss) of this study were 10 children with Down syndrome between the age range of 5 to 10 years for locating and making assessment. Purposive sampling

method was used, a comprehensive structured checklist was prepared from birth to ten years of age and pre-testing was made to assess the validity of the instrument. Section one of the checklist gathered information about subjects such as age sex, parent's monthly income & family system. This section also observed some behavior characteristics which directly influence the over all development of children, while the second part of the check list included the age related activities of cognitive development, through this checklist assessment of 10 Down Syndrome children was done and on the basis of result, their developmental age (DA) and developmental Quotient (DQ) was work out and the evaluation of different aspect of cognition and learning were analyzed for this, percentage arithmetic mean has been applied, reckoned data was further computed and analyzed graphically.

Result and Discussion

Result indicated that Down's syndrome Children have same behavioral deficiencies such as uncooperativeness, attention, aggression, & same shyness, these behavior highly influenced as their cognitive abilities. The result also revealed that the majority of the Down' Syndrome children are moderately retarded 60% Ss were moderate level of deficiency in cognitive areas followed by either mild or moderate (mild = 20% -moderate = 60% - sewerage = 20%).

The sex wise results clarified that the girls have slightly good developmental performance as compare to boys.

(Girls XD. Q =49.27) (Boys X D.Q)= 42.33)

Another important results indicated that children with D.S are educable and should have exposure to normal children from their early years. Most children are capable of learning and going to special school, they rarely achieve beyond grade school levels.

Besides this the younger children of between age 5-6 years have better D.Q. as compare to other age group (5-6 years X D.Q

=48.55) (7-9 years X D.Q= 47.47)(Over 10 years XD.Q= 37.50) another finding suggested that lower class children are cognitively well. The lowest results are calculated in the upper class.

(Lower class XD.A =3.40 years X.D.Q = 51.54)
(Upper class XD.A= 3.5 Years - X. D.G= 44.33).

Conclusion

On the basis of these results it can be concluded that the Down's Syndrome children functions at a developmental level that is approximately one half to two thirds of the child's chronological age. They pass through the same cognitive and learning development in the same way as the normal children but take longer time, as their cognitive development is different from the normal children. They begin life with average intelligence & their I.Q. is around 70 in the first year of life but this declines as gets older.

Recommendations

- To great extent, chronological age should determine placement and instructional curricula in educational program for Down's syndrome.
- Emphasis should be placed on functional activities.
- Due to distractive behavior of Down's syndrome children, a detailed daily schedule should be prepared.
- The organization of the classroom must be in accordance with curricular domains.
- Least restrictive environment, maximum stimulation and goal directed activities are the basic requirement of Down's syndrome child.
- Do not understand the Down's, they are cognitively capable to achieve life survival skills.
- Practice, patience an pleasant atmosphere are the basic motivator for them.

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Purpose of Special Education

"we can not teach people anything: we can only help them discover it within them selves"

Helen Keler

The purpose of Special Education is to provide maximum facilities and no restricted environment to specially need person to achieve, utilize their full potential. Special Education is

to insure that every eligible student has access to the general curriculum.

Purpose of Special Education According to (SEAC)

The Special Education Advisory Council has defined four main purposes of Special Education. The first purpose is to describe the origins of Special Education laws and explain the fundamental rights provided to eligible students with disabilities. Secondly, it is to address misconceptions that impeded the acceptance of these students in the general education classroom. Thirdly, it keys the components needed for a productive learning environment is to reinforce the value of sharing resources within the school building. These resources include funding, expertise and staffing and developing collaborative educational and instructional strategies so that each children can engage in productive learning in a safe environment.

Further more Special Education helps special people to:

- Develop basic social skills.
- Demonstrate basic social interaction.
- Engage in appropriate play activities in the school environment.
- Participation in leisure time activities.
- Reduce self-stimulating behaviors.
- Decrease self-destructive behaviors.
- Decrease tactile defensive behaviors.
- Follow class routines.
- Demonstrate self-control while waiting for assistance or
- Demonstrate self-control in interpersonal situations.
- Improve contact with reality.
- Reduce school avoidance behaviors.
- Reduce anxiety.
- Maintain mood stability.
- Demonstrate conflict management skills.
- Respect property to others.
- Accept responsibility for own actions.
- Demonstrate appropriate social-sexual behavior.
- Demonstrate appropriate risk taking behaviors.

