

Book review

Educating special children: An introduction to provision for pupils with disabilities and disorders

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In this study, the book “Educating special children: An introduction to provision for pupils with disabilities and disorders” has been reviewed. The author highlights many important points of the children with disabilities/disorders and their education in USA and England. The course of all contents in the book sets the brief to the readers the methods and strategies of identification and classification, intervention and teaching approaches to student with special education needs. As well as reviewing this book, the author also added some concepts and ideas to his existing knowledge and experiences in the area of special-needs education to provide consultancy services for teachers and parents in educating special children in an inclusive education setting in Ethiopia.

Keywords: Children, special education, special-needs

1. Brief Summary of the Book

Chapter 1 sets forth the main classifications and provision of special children. The author presents that the classification is as a tool for professional service provisions for pupils with disabilities/disorders. In this regard, he points out that valid and reliable classification of disabilities/disorders is compulsory. He views that it is essential to offer the necessary services for children with disabilities/disorder including assessment and identification, pedagogy and early intervention and resource allocation. The author then introduces his readers to the types of classification of disabilities/ disorders in USA and England, criticism and justification of classification and its challenges, negative and positive labeling.

In chapters 2, 3 and 4, the author explains cognitive impairment as it is a type of disabilities which limits the children’s thought processes in their daily activities of adaptive functioning ... in at least two of the following areas : communication, self-care, home lining , social /interpersonal skills , use of community resources ,self- direction, functional academic skills ,work, leisure ,health and safety. He elaborates the types and characteristics of each of cognitive impairment, namely mild, moderate and profound cognitive impairment with its curriculum, assessment and identification, causal factors, resource and pedagogy. In the fifth chapter, Michel announces his readers to the hearing impairment and presents the five main subsets of hearing impairment, specifically, slight loss: 15-25 dB, mild loss: 25- 40 dB, moderate loss: 40- 65 dB, sever loss: 65-95 dB and profound loss: above 95. He also presents the prevalence, causal factors, identification and assessment, implication of hearing impairment, further issues related to educating deaf children and the provision of curriculum and assessment and its pedagogy. Chapters 6 and 7, focus on the visual impairment adding to the deaf-blindness. In chapter 6, Michel presents some developmental implications, the prevalence and cause of visual impairment. Then, he describes the types of visual impairment explicitly, reflective errors (myopia or short sightedness,

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hypermetropia or long sightedness and astigmatism,) and other types such cataract, nystagmus and retinitis pigmentosa. The author also elaborates the full identification and assessment of vision as the following 1) a distance vision test 2) a near vision test 3) a field of vision test 4) a test of color perception 5) a contrast sensitivity test and 6) an assessment of visual functioning. Furthermore, he considers the educational assessment, the provision of curriculum and pedagogy, personal, and social development and leisure issues of children with visual impairment. Chapter 7, deals about deaf-blindness and the author tells to his reads that a child who is deaf-blind may or may not have other difficulties or disabilities such as: 1) profound cognitive impairment/ profound learning difficulties 2) severe cognitive impairment/ severe learning difficulties 3) mild to moderate cognitive impairment /moderate learning difficulties 4) physical or motor difficulties. Then, he presents the prevalence, causal factors as congenital or early deaf-blindness and acquired deaf-blindness, and includes the assessment of the physical and social skills, the provision of curriculum and pedagogy.

Chapter 8 emphasizes on orthopedic impairment and motor disorders - the exploration the concept and types of orthopedic impairment and motor disorders, namely, spinal curvature, limb deficiencies, talipes, juvenile rheumatoid, muscular dystrophy, Cerebral, palsy and neural tube defects. More detailed, the author presents the prevalence, causal factors, the provisions of curriculum and pedagogy for each type of orthopedic impairment and motor disorders. In Chapter 9, the author centers his attention to health impairments incorporating its types for example allergy, asthma, epilepsy, congenital heart condition cystic fibrosis diabetes and haemophilia in particular. The author presents the prevalence, the causal factors, and the provisions of curriculum and pedagogy. Under chapter 10, the author inspects, the traumatic brain injury focusing on its meaning and related terminology, some implications of the traumatic brain injury, neurological problems results from traumatic brain injury as 1) post-concussion syndrome 2) headaches 3) seizures and 4) motor impairments. The author explains the effects of traumatic brain injury on attention and memory, the visual system, the executive functions, the communication and the behavior. Its prevalence, causal factors, identification and assessment, the provision of rehabilitation, curriculum and pedagogy are discussed. In chapter 11, the author concerns on disruptive behavior disorder's meaning, type of disruptive behavior disorder such as: 1) oppositional defiant disorder and 2) conduct disorder including, aggression towards people or animals (seven behaviors), damage to property (two behaviors), deceitfulness or theft (three behaviors) and serious' rule transgression (three behaviors). Then, he presents the prevalence, causal factors, service provisions for disruptive behavior disorder children's like: parent training-when the children are younger, the disturbance of conduct is less severe, there is no family socio-economic disadvantage and parents are together, and social skills training; anger management coping skills training; problem solving skills and classroom contingency management for children 3 to 10 years old. And for children 10 to 17 years old, the author suggests that family based interventions (Functional Family Therapy and Multi System Therapy), Teaching Family Model in group homes; and fostering, combination packages of adolescent focused interventions and school- based interventions and medication are the techniques of rehabilitation of disruptive behavior disorder children. The curriculum and pedagogy provisions also present for disruptive behavior disorder children under this chapter.

Chapter 12, the author entertains the anxiety and depressive disorders with its concepts, forms of anxiety disorders: generalized anxiety disorder, obsessive – compulsive disorder, phobia-specific and social phobia, separation anxiety and selective mutism. Likewise, the author provides the prevalence, causal factors, its identification and assessment, the provisions of curriculum and pedagogy of the disorder. In chapter 13, the author exerts his energy to attention deficit hyperactivity disorder., some debates concerning attention deficit hyperactivity disorder such as 1) shifting responsibilities 2) family location within society and socialization 3) cultural influence and pressures 4) overzealous medications 5) incomparability between child and environment 5) preferred diagnosis of ADHD's co-occurs with other conditions and 6) possible further developments including the definition and concepts of attention deficit hyperactivity disorder. Then, he presents the prevalence and co-occurs with other disorders, causal factors, identification and assessment. Moreover, the provisions of curriculum and assessment, pedagogy, concrete experience and active experiential learning, behavioral management training, biofeedback, social skills teaching and developing compensatory skills and better pupils participations. Under the Chapters 14, 15 and 16, the author deals about the communication disorders focusing on speech, grammar and comprehension and semantic and pragmatics difficulties. Then, he clarifies the meaning, concepts and characteristics of each communication disorders separately as speech difficulty- the delineation of communication disorders comprises 1) expressive language disorder,

mixed expressive –receptive disorders, 3) stuttering and 4) communication disorder not otherwise specified. Among reasons why speech may be unintelligible are physical difficulties, difficulties making sound contrast that convey meaning and/or problems in controlling pitch. He presents the aspects of speech difficulties such as phonetics, prosodic and phonological. In chapter 14, Michel elaborates grammar and comprehension difficulties that children become able to grammatically connect two related ideas, compound utterances, develop - ideas might be related by similarity, differences or sequences/ causation. As well as he explains semantic of labeling difficulties, packaging difficulties, network–building difficulties and difficulties with idiom; grammatical aspects of meaning and meaning relations. Regards to Pragmatic difficulties, the author presents the difficulties of basic skills and knowledge, difficulties with grammatical sense in language use and difficulties with conversational skills. The provisions of assessment, curriculum and pedagogy of students with communication disorders for each sub disorder also discussed. In the 17th Chapter, the author justifies autism as pervasive developmental disorder which comprises autistic disorder, Asperger’s syndrome, Rett’s disorder, childhood disintegrative and pervasive development disorder not otherwise specified. Then, he further describes the prevalence, causal factors, identification and assessment, the provisions of curriculum and pedagogy.

In the Chapters 18, 19, 20 and 21, the author focuses on developmental co-ordination disorders phenomena plus its definition, concepts and characteristics. He explains reading, written expression and mathematics disorders. Moreover, Michel provides the identification and assessment, the provisions of curriculum and pedagogy of those students with developmental co-ordinations disorders.

2. Suggested Comments from the Reviewer

In the 1st chapter-the reviewer strongly agrees with the author’s ideas of valid and reliable classification of disabilities/disorders is mandatory although it might be cause of discrimination. The reviewer believes that classification is essential to offer the necessary services for children with disabilities/disorder including assessment and identification, pedagogy and early intervention and resource allocation. However, the author uses USA and England techniques of classification which couldn’t represent many countries in the world. The reviewer highly hesitates that the author’s classification of disabilities/ disorders might not applicable in developing counties like Ethiopian due to culture, tradition and language differences. Behavioral and emotional disturbances instances in USA and England may not work in Ethiopia. For example, aggression is one of the characteristics of behavioral and emotional disturbances children but the reviewer argued that an aggressive individual especially males characterized as brave and hero in Ethiopia and Very silent children in rural part of Ethiopia considered as ‘Nice girl and Good boy’ rather suspected as attention deficit like USA and England. Similarly, speech and language disorder of a few students who are perfect in their mother tongue, observed producing disorganized speech in their English, speech and language. Same is true in learning difficulties i.e. individuals who are talented in their learning via Amharic or mother tongue medium of instruction, they found very weak in their learning in English medium of instruction either listening, speaking, reading or writing. Therefore, it is hard to apply the some disabilities/disorders classification techniques the used by the author in Ethiopia.

In chapters 2, 3 and 4, the author well presents the cognitive impairment concepts, therefore the reviewer find that it has great relevant and applicable in Ethiopian schools. In addition to the author’s point of the causal factors, the reviewer believed that excessive alcohol and drug use, stress and depression during pregnancy might be a causal factor of cognitive impairment. Under chapter 5, the author clearly addresses the concepts of hearing impairment in details. However, the reviewer feels that since the prevalence of hearing impairment is not well studied in Ethiopia, it is estimated higher than the prevalence rates in USA and England as a result of many causal factors and less early detection and interventions. The author implies that deaf people have short memory and attention span, and high visuo-spatial skills though it remains well unexplained. As to the reviewer’s experiences of working with hearing impairment and teaching the students with hearing impairment, the condition of hearing impairment limits the individual from accessing the information, early schooling and the vocabulary. Hence they have limited concepts and they used their eyes to process the information for daily lives. In the contrary, deaf students have high practical work skills like woodwork when compared with their hearing peers.

In chapters 6 and 7, the author briefly presents visual impairment condition but the retriever points out some missed points. The author says that children with visual impairment in USA and England delayed in social, cognitive and language development than their sighted peers which

seems great contradiction with the reviewer's observed experiences in Ethiopia. Students with visual impairment are superior in social, language and cognitive development than sighted students in Ethiopia. Most of the time students with visual impairment are taking a classroom academic rank in Ethiopian schools since before the beginning of modern Education in Ethiopia. In Ethiopian old Orthodox Church Education, young male blind students were very outstanding in performing the Church Education. Even, people with visual impairment or blind individuals are very sociable and funnily in their daily life although they faced many challenges. The author presents that the prevalence rates hearing impairment, is ranging from 3.0 to 81.1 per 10,000 in the mentioned countries. Reviewer believes that in Ethiopia the prevalence rate estimation may be higher than the prevalence rates in USA and England although it is not well studied. The reviewer reasons out that Ethiopia has serious economic, environmental, social and technological challenges. Those challenges might be causal factor of visual impairment. The author presents that the curriculum and pedagogy of students with visual impairment especially; blind and deaf-blind pupils could be learned by using different technologies. The reviewer agrees with the author's idea of deaf-blind students might learn in countries such as USA and England due to technological advancement but as the reviewer's experiences, in Ethiopia, it is very hard to teach blind and deaf-blind pupils due to environmental and technological limitation challenges. As observed, the blind students are attending their class via only listening in the regular schools without minimum scaffolding by most of the teachers in the country. Even, during exam, blind pupils have taken the exam by assigning a person who read the exam. As blind students reported, this way of exam taking is challenging and uncomfortable. Among the challenges, readers are not conscious and even unable to read the exam paper properly and exam readers were not willing to read more than two times of a certain exam questions. Surprisingly, within this challenges, blind students score high grade than sighted their peers without vision problems in many regular schools in Ethiopia.

In Chapter 8, the author explicitly presents the orthopedic impairment and motor disorder including its causal factors. The reviewer is very excited in getting the opportunity to read his part. In saying so, among the causal factors of orthopedic impairment and motor disorder the reviewer senses that accident (before and after birth) is not mention as a causal factor of orthopedic impairment and motor disorder in the case of USA and England. As the reviewer's experience and observation in his country, accident accounts many orthopedic impairment and motor disorder cases. The accident case occurrence might be rare in USA and England as a result of counties advancement although it might not be zero. The author grants that differentiated curriculum and pedagogy is not needed for students with orthopedic impairment and motor disorder even, he confirms that students with orthopedic impairment and motor disorder can participate in physical education course in USA and England. As to reviewer observation in Ethiopia, pupils with orthopedic impairment and motor disorder cannot fully participate in sport and physical education course as a result of motor and locomotion limitations, and gross and fine motor dysfunctions together with environmental inaccessibility. In other subjects, pupils with orthopedic impairment and motor disorder can engage if the environment is accessible such as classrooms settings, school gates and toilets. Health impairment concepts present at Chapter 9, the author attractively explains the health impairment issues including the types of health impairments. Highly appreciating the author, the reviewer suggests that some chronic conditions are one type of health impairment such as HIV/ADS, kidney disease and cancer which highly affect the health of the students and distract the pupils learning. The author recommends that curriculum flexibility and whether conditions need to be considered during the pupils' with health impairment learning. With agreement, the reviewer advocates that the students' with health impairment learning work load shall be taken into consideration i.e. minimized learning task need to be designed with the adaption of enjoyable teaching- learning approaches. Thus, differentiated curriculum is crucial for these students at the school levels. Of course, the author mentions responsive curriculum for changing of the child's physical and motor abilities which is sensitive to the physical, psychological and any other effects of the condition but it needs more explanation to the readers.

In Chapter 10, the author hosts the traumatic brain injuries with well-organized presentation. The reviewer shares a very good idea from these issues including the service provisions for students who are affected by traumatic brain injuries. Here is the author's statement, breaking down the curriculum contents into smaller steps is necessary, it is not fragmentary. Reflecting this, smaller steps for assessment may be also necessary to show progress. To prevent the child from secondary injuries, careful consideration of physical activities as non-contact sport are encouraged and special teaching strategies need to be designed for students with traumatic brain

injuries and also developing stable routines. Likewise, providing clear instruction with easy and straightforward language for pupils with traumatic brain injuries is crucial. Giving cues to the information presented and limit the amount of information. The reviewer proposes that since the children after traumatic brain injuries might develop memory/ new information processing problems, repeating the lesson many times, separately in the resource room with the help of especially trained co-teachers to assist the students' learning better. To keep and improve the pupils after traumatic brain injuries attention, teachers need to use visualized, tangible and attractive teaching aids in the form of game and play. Furthermore, the reviewer believed that attractive and conducive school environment shall be maintained. Any signs and symbols which trigger the child's trauma may minimize or remove from the school environment.

In Chapter 11, the author critically deals about the children with disruptive behavior disorder. The reviewer is convinced that the concept of disruptive behavior disorder in this chapter is a better source of knowledge for the professionals in multi areas. Among concepts, the author describes that the curriculum of students with disruptive behavior disorder is same as students without disorder or disability except behavior led to long absence from school which may need lower academic contents. In the opposite of the author, the reviewer advises that minimized academic contents may be needed though whether there is students long absence from school or not. The reviewer reasons out that the students with disruptive behavior disorder have attention deficit problems. Thus, all in their learning minimized academic contents and repeated a certain lesson many times with attractive teaching-learning approaches may sound the students' academic achievement. The reviewer wants to give hit for the teachers, parents, families and caregivers of students with disruptive behavior disorder; they need to be more positive towards disruptive behavior disorder students. Negative words and criticism may aggravate and complicated the student' problem. Even, students with this condition become more hostile towards parents, family, teachers, the school system and the community at large. Rather appreciating, approaching with love and affections may influence the pupils with disruptive behavior disorder to be honest, obedient and respectful. Mentioning their wrong practice and behaviors repeatedly may lead the students to more misconduct behaviors. Anxiety and depressive disorder presents in Chapter 12, the author provides the details of anxiety and depressive disorder concerns with evidences. He treats the types and causal factors of anxiety and depressive disorder. However, the reviewer feels that the causal factors of each disorder needs more clarification. Also, the reviewer perceives that the identification and assessment techniques not much detailed though it may be found in American Psychiatric Association, 200 DSM -IV- TR documents. He also forwards the Curriculum and pedagogy approaches of students with Anxiety and depressive disorder. Among the approaches, communicating freely with the children about their disorders, arranging group discussion with trained facilitators, providing psychotherapy and special awareness training to enhance the students learning. Though in did by the author, the reviewer wishes to consider some pedagogical and the teaching -learning approaches of children with anxiety and depressive disorder such as the school environment, the classroom climate and type of plays at school and at home, the parents' role and students with psychiatric disorder interaction with their peers may positively impact the children learning performance. Even, the types of diet need to be studied for students with such psychotic disorder because diet may influence the students' future life either positively or negatively. Moreover, the curriculum contents for students with psychiatric disorder shall be taken into consideration.

In the chapters 14, 15 and 16, the author devotes about communication disorder. He points out many basic matters of children with communication disorders. The matters for instance the prevalence and associative causal factors are examined. Among the causes the author indicates that hearing impairment is one of the causal factors of communication disorder. The reviewer agrees that all students with hearing impairment are observed that they faced communication difficulties at every school in Ethiopian. The reviewer likes to add similar condition of the cause of communication disorders i.e. the students' intellectual disability/mental retardation are clearly observed that they faced communication disorders. Therefore, the reviewer highly argues that intellectual disabilities/ mental retardation, is one of the cause of communication disorders. Moreover, as mentioned in the first chapter in this review, sometime it is observed that in Ethiopia children who have no communication disorder in mother their tongue, they showed communication disorders symptoms and characteristics during English medium of instruction such as stuttering, omitting letters and distorting words. Of course, this needs further research to come up with clear conclusion whether communication disorder occurred only in a certain language among bilingual/multi - lingual children or not. Chapter 17, the author smartly presents the definitions, concepts, characteristics and types of autistic disorder. He also explains

the causal factors, identification and assessment, the provisions of services including the curriculum and the pedagogy and teaching-learning programs of children with autistic disorders. However, the reviewer finds that among pervasive developmental disorder listed in the beginning of this chapter such as Rett's disorder, Asperger's syndrome and childhood disintegrative types of autism disorder needs further analysis to the readers to get them clear understanding even, elaborating the difference of the among autism disorders.

In Chapter 18, the author gives the discussions about developmental co-ordination disorder focusing on the meaning, concepts and the type of developmental co-ordination disorder. As well as he provides the prevalence and co-occurrence, and the possible causal factors, provisions of curriculum, assessment and pedagogy. However, the reviewer feels that there are some unclear and confusion points. For instance, dyspraxia (specific language disability) presents as type of developmental co-ordination disorder rather it is learning difficulty. As to the reviewer's knowledge of course training, dyspraxia (specific language disability/disorder) is a type of learning disabilities/difficulty. In Chapters 19, 20 and 21, the author presents learning difficulties as reading disorder, written expression disorder and mathematics disorder. The reviewer acknowledges the author for his detail and clear explanations in chapters. The issues in the chapter has great value for teachers, parents, school counselors and other stake holders to mediate the students' learning.

3. Conclusions

The reviewer concludes that teaching children with disabilities/disorders is hard task without clear understanding about special children. The types of disabilities and/or disorders/difficulties and its characteristics, concepts and symptoms are so many and complicated to differentiate from one to others. The application of the authors and professionals finding and suggestions to educate special children needs very high collaboration efforts. Hence, special needs education requires high level training, professional's strong commitment and collaboration of all professionals, leaders, funders and politicians.

4. Recommendation

Based the reviewer's conclusion, the following recommendations are forwarded:

- Teachers, parents, educational experts and education leaders need to know the concepts of special children and their education.
- Politicians, policy decision and makers shall invite the professionals in the area of special needs education to positive consultation in the education system of special children.
- Funders and NGOs need to pay more attention in education system of special children.
- All sector professionals shall to take some training to some insights about special children and their education.

Reference

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