NATIONAL OPEN UNIVERSITY OF NIGERIA

ECE 225

Meeting Special Needs in Early Childhood Education

Module 4

ECE 225 (Meeting Special Educational Needs in Early Childhood) Module 4

Course Developer/Writer
Dr. Dada Olu Shonibare, National Educational Research and Development Council

Course Editor
Dr. O. D. Ojo, National Open University of Nigeria

Programme Leader
Dr. Uche M. Okonkwo, National Open University of Nigeria

Course Coordinator
Dr. U.S.A Osuji, National Open University of Nigeria

Credits of cover-photo: Henry Ude, National Open University of Nigeria

National Open University of Nigeria - 91, Cadastral Zone, Nnamdi Azikwe Express Way, Jabi, Abuja, Nigeria

www.nou.edu.ng centralinfo@nou.edu.ng
oer.nou.edu.ng oerunit@noun.edu.ng OER repository

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Module 4 Meeting Special Education Needs of Children with Communication, Behavioural, Physical and Health-Related Challenges in Early Childhood

Unit 1 Meeting Special Educational Needs of Children with Speech and Language Challenges in Early Childhood

Unit 2 Meeting Special Educational Needs of Children with Behavioural and Emotional Challenges in Early Childhood

Unit 3 Meeting Special Educational Needs of Children with Physical and Health-Related Challenges in Early Childhood

Introduction

This module marks the concluding aspect of exposure into the management of various challenges identified in Module I. The search light has made a broad spectrum into meeting communicational, behavioural and emotional, physical and health-related challenges in early childhood.

Speech and language needs are central to every other challenge earlier discussed. In the same vein, the emotional and behavioural adjustment a child can attain is a function of the health of the child. All of these factors are capable of determining the degree of success and self-actualization a child can attain.

The possible needs were identified in:

Module 4

In this module, you shall be exposed to how to meet the challenges identified earlier. This module will include:

Units 1 Speech and Language Challenges

Unit 2 Behavioural and Emotional Challenges

Unit 3 Physical and Health-Related Challenges.

Unit 1 Meeting Special Educational Needs of Children with Speech and Language Challenges in Early Childhood

1.0 Introduction

You may wish to review the background to this topic presented in Unit 6 and observe closely the relationship between speech, language and communication. The activities here will be shared among the primary task of prevention and intervention of speech and language challenges. Identification of the classes will not be focused but the principles adaptable in early childhood and even beyond the level. The activities to some extent are virtually generalizable.

2.0 Objectives

At the end of this unit, you should be able to:

- identify your role in the process involved in meeting speech and language challenges in early childhood
- state components of activities for prevention of communication challenges
- develop programme of intervention based on types of speech and language challenges in early childhood
- apply relaxation therapy as a strategy of intervention in children's speech and language challenges.

3.0 Main Content

3.1 Role of the Teacher and the Therapist

- Confirm assessment report from varied settings. Play situation, home and general observation. This report should take cognizance of the cognitive ability of the child.
- Implement recommendations included in the report/prescription
- Liaise with parents
- Create conducive speech environment
- Record progress
- Determine strategy meeting specific needs
- Avoid any act of labelling /stigmatization and reinforce accordingly.

3.2 Prevention of Communication 'Problems' (Challenges)

The stages involved in speech and language development is such that they move from one stage of 'very raw' and unrefined state to another. Sometimes, for lack of appropriate response from teachers, parents and therapist, a raw state turns out to be 'permanent'. This is the essence of prevention. It is meant to prevent raw speech behaviour which should be transient from becoming become a permanent behaviour. This is achievable through:

- Speech modelling (attend to speech pattern e.g. voice modulation and vocabulary usage)
- Create awareness through participation and provide feedback.
- Develop listening skills through:

1. Actual listening
2. Situation where the child is the target and response is expected from the child
3. Selective listening: this is the ability to select the real message from other irrelevant part of the speech – power point listening
4. Listening comprehension: This refers to ability to comprehend in totality what was conveyed through speech.

To aid these skills, it may be necessary to introduce listening games e.g. cassette player, storytelling, group reading, designated time for children's discussion of topical issues e.g. debate.

Expansion

This is the process involved in detailing a child's expression e.g. where is the cat? Do not accept the response "room". Expand to "You mean the cat is inside the room, under the bed …

Encourage verbalization

This may involve verbal labelling and symbolic expression.

3.3 Intervention

There will be need to put up a programme for an already identified case of speech and language challenge.

1. Identify speech behaviour that require correction
2. Put in place procedure for implementation
3. Evaluate gains focusing on:
4. increase in verbalization

5. reduction in frustration and failure

6. utilize feedback

7. evaluate yourself.

3.4 Relaxation Therapy and Behavioural Modification

Relaxation therapy is generally regarded as a careful removal of stress from the mind of the child undergoing therapy. Teacher should bear in mind that the respective child has experienced failure, embarrassment possibly poor self-concept resulting from his poor speech and language. The teacher should be to the child, a role model. The sessions should be pleasant, success anticipated, guaranteed and reinforcement attached. For example, place hand on the child, establish eye contact for stressed nerve to go down. Possibly, get a pet name. The teacher needs to be creative and comely in using relaxation therapy. No cane at all.

Behavioural modification related approach was discussed in unit 12 as an approach used in meeting challenges of specific learning disabilities. It is suffice to add here that, the approach essentially in special education mostly involves contingency contracting. It involves the establishment of a clear – carefully written contract in which the student is rewarded.

It is important to be sure that the skill is present in the child and the effort is to stimulate response. A hearing impaired child cannot respond to behavioural modification for a sound below the threshold but can respond to lip-reading of words spoken before the mirror one-on-one or face to face.

The steps involved are:

- Identify the precise behaviour and desired levels of performance
- e.g. thank you after successive presentation of sweet or Hallelujah three seconds after a word from the facilitator.
- Make sure the child has prerequisite skills e.g. can the child hear, see your lips, clear about what is expected after prompting?
- Set the stage where expected behaviour can occur e.g. create a conducive environment. For instance, not a noisy environment where sound perception is being behaviorally modified.

Before the commencement, obtain a baseline of the particular behaviour e.g. the child has only been responding to pronounced word only once after ten promptings – and so on.

4.0 Conclusion

The processes involved in meeting speech and learning challenges are so interesting and open for creative approach on the side of therapist, teacher and parents. However, one

should feel enthusiastic in carrying out the activities. The most rewarding aspect is that one can observe, and clearly see success being attained through ones efforts.

The methods that have been discussed here are to aid the caregiver to respond to any emerging trend towards disruption of learning process. In the same light grand effort can be put into intervening in an already established case. In addition to the steps, it is possible to use medication as a method of responding to speech and language challenges. The aim is to relax the nerves of the child to allow for response.

5.0 Summary

In this unit, you have learnt that

- The role of teacher/therapist involves both assisting in the assessment, reporting implementation and evaluation of speech and language needs in early childhood.
- It is important to create a speech and language environment both for prevention and intervention purposes
- Through the use of prescribed drugs, relaxation and behavioural therapies, a child's needs can be met in speech and language challenges.

6.0 Self-Assessment Exercise

Study and state 15 stages of language development from conception to 6 years, from a Child Development/Psychology text book or encyclopedia of your choice, Cite Reference.

7.0 References/Further Reading

Gearheart, B.R. (1980). *Special Education for the* 1980. St. Louis: The C.V. Mosby Company.

Safford, P.L. (1978). *Teaching Young Children with Special Needs*. St Louis: The C.V. Mosby Company.

Unit 2 Meeting Special Educational Needs of Children with Behavioural and Emotional Challenges in Early Childhood

1.0 Introduction

Discussing this topic sometimes give the impression that the teacher has very little role to play in this matter. This is due to the fact that causative factors are outside the domain of the teacher. They are sometimes social factors, abuses and biological. Although one would have agreed that experts such as psychiatrist, psychologists and therapists are those who are to work with them but since, the teacher has a role to play in the educational development of these children, they therefore have a big role in working towards meeting the needs of these children.

In the light of this assertion, rather than concentrating only on the classroom activities of the teacher, we shall be examining virtually all the methods and highlight the relative role of teacher/caregiver of children in early childhood. Limited attention will be given to what would be termed as educational setting with a view to be specific in the conscious provision

Above all, it is important to really question the position of care for children with emotional and behavioural challenges in Nigerian schools. Generally, apart from minimal management which is purely administrative, punitive in nature and often dismissal from school, there is hardly a very conscious effort to treat them as learners with special educational needs. It is expected that the exposure through this content will stimulate service delivery to this category of children we have neglected.

2.0 Objectives

At the end of this unit, you should be able to:

- identify the role of the teacher in the intervention of children with emotional and behavioural needs in early childhood
- relate specific intervention to the expected role of the teacher
- obtain insight into intervention and modify
- monitor outcomes of intervention and modify Obtain insight into different intervention.

3.0 Main Content

3.1 Role of the Teacher

In conjunction with parents, therapists and administrators, it is expected that an agreement will be reached on:

- which behaviour and psychological environment is being targeted

- identify substitutable behaviour
- the acquisition process.

In addition to the above, Safford (1978) listed twelve things that could help a teacher release some of the intense emotional pressure he or she may experience in the process of working with these children. You should recall that adult sometimes is tempted not to see anything 'good' in a child with behavioural and emotional needs. They are sometimes regarded as pupils who should be outside the school. To cope, these suggestions might be of great assistance to the teacher.

- Be objective about self and what to do as well as what the child does.
- Share problems and experiences regularly with colleagues, parents and administrators through conferences formally and informally.
- Obtain feedback from observers of the child and suggestions from parents, teachers and administrators
- Consult with psychologist
- Loan out the child for some time into other teachers class and environment then collate feedback on particular trait being addressed
- Use some observational techniques e.g. feedback, interaction,
- Analysis and other objective recording systems
- Maintain personal identity, interests, relationships and out-of-school life.
- Literature, theatres, good films, music, and art, may somehow become more meaningful to the teacher when it comes to the issue of these children. People in different community are gradually getting used to using these media as tools for integration and communicative models.
- Maintain a sense of humour

Above all, maintain a very strict sense of professionalism while retaining the personality of the teacher. Do not seek reinforcement and assurances from the children rather; provide them with assurance and solid ground to fall on.

3.2 Having being able to cope with working with these children, the role of the teacher includes

Biophysical Intervention Theory

This is executing a medical approach which involves the use of dietary control and nutrition, with megavitamins.

The teacher could initiate a record keeping confirming that children on medication are keeping to their drug schedule.

Psychos-Analytic Intervention

Some intrinsic factors of old experience alleged to be affecting behaviour. Even though the method is applied by well-trained psychiatrist and psychologists, teachers are often found to assist in developing warm and acceptable relationship with the child and other students.

The teacher could organize play therapy (depending on teacher age), music, art activities that allows the child to express anger, hostility and other bottled up feelings. It is also possible to create an enabling environment for the child to overcome existing underlying conflict.

Behavioural Intervention

This is basically the believe of behaviourists. It is believed that behaviours are learnt and can be unlearnt. The intervention could be through modelling or behaviour shaping.

Modelling: The demonstration of behaviour by one individual to be imitated by another. If rewarded, it is repeated.

Shaping: This is gradual rewarding of the tiniest element of an expected behaviour e.g. calling "baba" before a mirror.

Teachers are very dynamic implementers of this model of intervention. Skills can be improved upon as they are done daily

Sociologic Intervention

The method is a product of the dynamics of the societal structure around the child, the interactions and the way peoples are organised. Invariably, it has effect on the child thereby resulting in undesirable behaviour.

The role of the teacher may include organizing psycho-drama to meet the specific needs. In addition it is expected that time will be allocated to focus group discussion to allow for value re-orientation.

Ecologic Intervention

This seeks to control the environment so as to affect the variables that influence the child. For instance, the residential programme, where time is allocated and children are made to observe routines. This is highly suitable in schools and remand home (in Nigeria called child welfare centre).

3.3 Service Delivery Placement

On the long run, the totality of setting adaptable for a child with behavioural and emotional challenges in early childhood can be summarized as stated below.

- special position in the service delivery centre
- unstructured classes and open space
- regular class placement

- regular class placement plus consultative service
- regular class placement with resource room services
- self-contained class placement
- residential placement.

4.0 Conclusion

The role of the teacher is very critical in this intervention strategy. Basically, creating the environment for the prescribed intervention is the actual role expected of the teacher. This includes activities such as play therapy, etc. This is meant to assist the child to express and let out tension and ill feelings, wishes and fears.

5.0 Summary

In this unit you learnt that:

- the teacher is an in-between for the child, parents and the therapists or professionals working with the child.
- you have definite role to play in the intervention programme
- you are to ensure that the child follows during prescription if under moderation.
- you assist in the targeting of behaviour to be modified.
- you are to collate observations and discuss with other colleagues and administrators formerly and informally

6.0 Self-Assessment Exercise

Using one of the intervention strategies highlighted in this unit, identify one case study to which your choice of strategy can be applied. Write out your experience. This should be a short term intervention.

7.0 References/Further Reading

Gearheart, B.R. (1980). *Special Education for the* 1980. St. Louis: The C.V. Mosby Company.

Safford, P.L. (1978). *Teaching Young Children with Special Needs*. St Louis: The C.V. Mosby Company.

Unit 3 Meeting Special Educational Needs of Children with Physical and Health Related Challenges in Early Childhood

1.0 Introduction

The background to this final unit on meeting special education needs can be found in units 4.7 and 8. In these units, we established that:

- categories of children considered are of very low in audience in the school system.
- referral is always from the medial/orthopaedic physician
- these are various surgical procedure involved in meeting their needs
- yet there are some environmental, educational and psychological implications which the teacher will need to keep abreast in order to get the best out of them.

This section deals with general consideration, specific principles and curricular issues brothering on physical and health-related challenges during childhood and a few years beyond. Consequences of physical and health challenges may not amper performances cognitively; however, they have a way of affecting access, assertiveness, psychological expression and self-concept especially when they cognately occur from early childhood.

2.0 Objectives

At the end of this unit, you should be able to:

- identify the source(s) of referral and the role of the teacher
- state the professional and specialist involved in working with the children
- imitate mouse that will put in place full integration of the child
- manage epithetic seizure in the class
- identify children with multiple challenges with a view to meeting their needs
- institute additional curriculum for the child in pre-school.

3.0 Main Content

3.1 Referral and Teacher's Role

Usually referral always proceed from

Pediatrician

Medical faculties and hospital settings

Psychologists

Physiotherapists.

The teacher is expected to:

- acquire enough knowledge on feeding, toileting, allergy, parental expectations
- establish open communication with parent
- obtain medical report on safety, use of hand, leg, mobility to prevent injury from accident
- prepare other parents before admission process is concluded and also prepare the children.

3.2 Use of Specialists

They may include:

- Psychologist
- Speech therapists
- Physiotherapists
- Occupation therapist.

Their efforts are geared towards supporting the process of service delivery; coordinate referrals, interpret information/therapy; monitor the child's progress and assist on-the-spot teaching.

3.3 Principles of Total Maximum Integration

- **Use of adaptive equipment:** Among other include wheelchairs, crutches, special adjustable chair and table.
- **Building Modification:** Wide doorways; non-skid floors; handrails, toilet facilities well adapted for accessibility;
- Integrated classroom with little support from specialist.

Sometimes, it may not be possible to provide for children with physical challenges if the facilities are not adapted. But it is important (and the advocacy now in Nigeria) that the totality of the classroom system should be made physically-friendly, however, a starting point is to study the existing facility and the current child on admission and his needs be met.

Self-Assessment Exercise

Identify a school/setting where a physically challenged is being attended to and observe the status; suggest other things that you feel are missing based on your knowledge or interview with the child.

3.4 Managing Epileptic Seizure

The following suggestions provided by the Epileptic Foundation of America may be of help.

- Remain calm. Others will assume the same emotional expression as the teacher/facilitator/caregiver.
- Do not try to restrain the child. It is a circle experience which must be completed.
- Clear the area to avoid injury against hard objects. Ty not to interfere with movement in any way.
- Do not put anything with the teeth. If the mouth is already open, a soft object such as handkerchief may be placed between the side teeth
- You do not need to call a doctor
- Allow for rest after seizure
- Teach other on the origin of seizure and that it is not infectious, even if the saliva is swallowed by a non-victim (Gearheart, 1980).
- Additional suggestion was made to include ensuring the child is positioned to allow for breathing. See Aina, et al (1993), p 198.

3.4 Multiple Challenges

This is in reality a combination of challenges. For instance visual with hearing. However, in general, these are issues of challenges that predispose a child to multi plurality of challenges. For instance, children with cerebral palsy have so many dimensions to their needs which cut across physical, language and emotional challenges. The important point in dealing with children with multiple needs is to make provision for their needs simultaneously. You may have to determine the degree to which each of the challenges is present in order to vary the provision of needs.

3.5 Additional Curriculum in Pre-School

- Develop motor abilities in the child through special materials, special aids and support for mobility.
- Develop language and speech, especially in the cerebral-palsy child. The child should perceive oral language from a functional perspective. Develop in the child the psychological capacity to explore the environment through use of auditory and visual discrimination.

- Develop social and emotional adjustments in the child at home and within the centre of service delivery.
- Promote conceptual development that has integrated all the senses into making deductions and production for learning
- Promote emotional support desirable for the child's progress
- Create awareness of self in space and within the environment.

Examples include:

- Head and shoulders
- Knee and toes
- Head and ears
- Mouth and nose
- Head, shoulders, knee and toes.
- Mastery of activities of daily living e.g. eating, bathing, dressing etc.
- Teach the whole child.

The truth is that the visibility of the handicapping condition should not make the child obtain less from the setting. The child is as equally intellectual, emotional as well as physical.

4.0 Conclusion

This unit has exposed us to a group of children with the most heterogeneous features, almost each with its uniqueness. However, it is very clear that the specific need will warrant service delivery. The teacher's role essentially is being on the spot and also providing necessary linkage with parent's specialists and the children in the same setting. In their own case, there is need to provide the environment as a contributor to the overall success of the initiative.

In all the challenges may be seen from the neurological sense, musculoskeletal, respiratory and even metabolic. It is really a challenge to work with the children in this category and the preparation and acceptance must go further than an accident. The features are outlined and should be imbibed by facilitators to avoid loss of confidence.

5.0 Summary

In this unit, you have learnt that there are other professionals working with the children who would serve as referrals.

6.0 Self-Assessment Exercise

Identify those who are qualified refer a child for expertise management and the role of a teacher in referral.

7.0 References/Further Reading

Aina, T. A.; Etta, F.E. & Zeltlin, M.F. (1992). (Eds). *Childhood Development and Nutrition in Nigeria*: A Textbook for Education, Health and Social Service Professionals (1st ed.). Nigeria: FGN and UNICEF.

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