

Curriculum Research

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A Language Project with Retarded Children

THE "Curriculum Research" column for this month describes an example of close cooperation among staff members from three institutions. The staff members of the Parsons State Hospital and Training Center, Parsons, Kansas, became concerned about language deficiencies among the mentally retarded children with whom they worked. Informal discussions with people from the University of Kansas and from the Menninger Foundation resulted in the formulation of a research proposal. The University of Kansas Bureau of Child Research was then selected as the organization best equipped to administer this type of longitudinal project.

A consulting staff, composed of members of the three institutions and representing the fields of pediatrics, neurology, psychology, psychiatry, education, speech therapy and music therapy assisted in formulating hypotheses and designing the proposal.

Early in 1958 the National Institute of Mental Health granted to the University of Kansas a sum of money to finance a three-year project at the Parsons Center. R. L. Schiefelbusch, director of the University of Kansas Bureau of Child Research, and Howard V. Bair, superintendent of the Parsons Center, are co-directors of the project. Seymour Rosenberg is acting as field director.

Objectives

The project is concerned with the problems of developing an appropriate language program for a selected group of institutionalized mentally retarded and mentally defective children. Specific objectives include:

1. Formulating a set of hypotheses relative to language as a feature of social adequacy
2. Describing and diagnosing the neurological, psychological and psychiatric factors operating within the Parsons children which seem to bear upon their inadequacies in language and communication
3. Developing and standardizing a battery of language and communications tests for determining the language status of retarded children
4. Developing specific educational techniques for improving language behavior which can be used with children in various diagnostic classifications
5. Developing a team approach to the organization of creative and motivational language experiences in an institutional environment.

Clinicians agree that mentally retarded children have great difficulty in the language area. There is also agreement that typical institutionalized retarded children are grossly deficient in language and communication skills. In

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many cases pre-institutional home life and the environment of the institution itself are not conducive to the learning of good verbal patterns. The project here described is an attempt to study the language deficiencies of such children and to develop a program which will contribute to improving their language and communication skills.

The staff believed that it was not feasible to set up a broad attack on all of the objectives of the project at the outset, so three of the objectives were selected for intensive emphasis.

The first of these objectives to be attacked involved neurological, psychological and psychiatric assessments of the children in the Center. Attempts are being made to describe in detail the physical, emotional and intellectual conditions which might influence a child's ability to communicate with other persons.

A second part of the project now receiving attention is the development and standardization of language and communication scales. This is a long-term process and will continue for the duration of the project.

The third area of emphasis concerns the development of a team approach for the organization of creative experiences for children. A unified approach to communications problems is being sought—in which activities on the playground, in the dormitory, in the lunchroom, in the workshop and in the classroom all have appropriate roles to play in the development of improved language patterns.

One of the major barriers to progress toward these three objectives is the lack of a research history in this area. Several reports of language programs for institutionalized children have been published, but in general these pro-

grams did not make use of rigorous research methods. Appropriate controls were frequently lacking and many of the studies dealt with very small numbers of children. However, these studies fill a valuable role in providing tentative hypotheses and in giving some direction to the beginning stages of the present program.

A second barrier is the problem of semantics. It seems to be difficult to communicate about other people's difficulties with communication, particularly when these other people are retarded children. Since much of the language of these children consists of inarticulate noises and gestures, clinicians are frequently hard put to describe the language patterns of a retarded child in a meaningful way. Adding to this general problem is the necessity of understanding the social situation in which a specific bit of communication occurred.

This semantics problem is more severe than many staff members expected it to be at the outset of the project.

Approaches

The teachers involved in the project have at hand three traditional approaches to language training. One of these is the use of drill to add words to the vocabulary of a child or to improve the production of words already used by the child. Another technique involves surrounding the child with large quantities of talk—about stories, pictures, objects and the activities in which the child is engaged. The third method goes a step beyond the perfection of articulation and the enlargement of vocabulary and emphasizes the social aspects of language. Attention is given to the training of listening as well as speaking. These approaches have been used with normal children and have



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been adapted for use with retarded children.

These traditional approaches, however, have not been particularly effective with the children in the Center. The research staff is therefore striving to identify situations which increase the probability of getting language from the children. Teachers are treating various groups of children in different ways—always attempting to elicit language from them. An attempt is made to discover which techniques seem most promising for children with a particular kind of deficiency. These techniques will then be subjected to further testing.

It was found that teachers frequently cannot describe teaching situations accurately because they have become too involved with the problems of managing children and activities in a way that will provide optimum language experience. The staff felt that there was an obvious need for trained observers—psychologists, psychiatrists, and educators—to watch for situations which influenced attempts at communication either positively or negatively.

These observers at present are attempting to generalize about the things they see. Implications will be sought and suggestions made for modifying the experimental program. In a short time the observers will become much more specific. Scales and check sheets will be produced for use in arriving at detailed analyses of language experiences and of the interpersonal relations involved in these experiences.

When children become more able to use language a second aspect of the communication problem will be attacked—that of making their language culturally acceptable. This will involve selective acceptance by the teacher of those language patterns which are intelligible

to the general public. For example, in the initial stages of the program a teacher will reward almost any kind of vocalization, but in the later stages she will attempt to guide children's vocal efforts into recognizable speech. This guidance and selective acceptance must be geared to a child's progress rather than to a set schedule.

When the teacher and the clinicians can agree upon areas of selectivity, other people who work with the child will attempt to be consistent in their own acceptance of speech sounds. Close cooperation among all those who work with a child will be needed.

When and if such consistency can be managed, every adult who deals with a certain child would play an important role in his total language program. There would be no more compartmentalization of effort, with the classroom teacher working on one aspect of language development, the speech therapist another, and perhaps the dormitory personnel and the recreation people not feeling any concern for the problem.

To summarize: the project requires skills only found in trained personnel from several disciplines; these people are finding it difficult to communicate with each other about children's language problems; the staff at present is attacking only general problems while gathering the information needed in order to become more specific; and finally every person involved recognizes the need to accept more modest goals and the necessity of moving more slowly than was planned in the beginning. Progress is being made, but in an area so new and so complex, advancement is slow and comes only after much work.

—ROBERT W. RIDGWAY, *director of elementary education, University of Kansas, Lawrence.*

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