Leadership for Education of the Mentally Handicapped

Research and experience tell us the benefits of integration for students with mental handicaps, but we have yet to put this knowledge into widespread practice.

Significant changes have occurred in the last few years in the philosophy of educating students with moderate, severe, and profound mental handicaps. These changes can be seen in the goals for these students and in the strategies and tactics used to achieve them. Here we provide an overview of important changes and suggest appropriate roles for educational administrators and policymakers to facilitate their implementation.

The Normalization Principle
Foremost among special educators' goals today is for individuals who are mentally handicapped to become a part of society to the greatest extent possible. This guiding beacon is referred to as the normalization principle, a concept that was originated in Denmark. The basic theory of normalization is to create for individuals with mental handicaps lives that approximate normalcy (Bank-Mikkelsen 1969, Wolfenberger 1972). Nirje (1969) further elaborated the definition of normalization to include persons at all levels of retardation and to state that persons with mental handicaps should share in all the normal routines of the entire life cycle.

In accordance with the concept of normalization, the goal for persons with mental handicaps is no different from that of their nonhandicapped peers: to function as participating members of the community. This means that persons with mental handicaps should reside in ordinary residences and participate in the many facets of societal life (Buddle and Bachelder 1986); engage in competitive employment (Falvey 1986, Wehman et al. 1986, Brown et al. 1984); and enjoy a variety of recreational and leisure activities with handicapped and nonhandicapped peers (Aveno 1987, Ford et al. 1984).

Learner Characteristics
Persons with mental handicaps possess certain learning characteristics that make it difficult for them to achieve what many in the population take for granted (Brown et al. 1983). This does not, however, make the goal of normalization less appropriate. Rather, it means that our efforts must be more deliberate. In undertaking them, we must understand something about the nature of intellectual disabilities insofar as learning in general and social development in particular are affected. A number of pertinent characteristics are briefly highlighted as follows.

Quantity of skills that can be learned. That students who are mentally handicapped cannot learn as much as their nonhandicapped peers has implications that go beyond the expression of pity or despair. Most important, it means that what we choose to teach must be those skills that are most critical for more normal...
Persons with mental handicaps should participate in the many facets of societal life, engage in competitive employment, and enjoy a variety of recreational and leisure activities with handicapped and nonhandicapped peers.

ized functioning, skills that will move students toward independence. We cannot afford to waste time on objectives that have no demonstrated relation to the real world. Teachers must therefore teach skills that are as functional and as appropriate for the student’s age as possible.

Types of skills that can be learned. Even students with moderate, severe, or profound mental disabilities have been taught relatively complex tasks. Several studies have also shown the potential of some of these individuals to learn traditional academic tasks such as reading and arithmetic (Brown 1973). Yet, persons who have mental handicaps will often learn better if the stimuli they encounter are real and not symbolic. For example, money skills should be taught using real money and social skills with real people.

The best time for learning. Because it takes much time for them to learn a skill, students with severe intellectual disabilities should start learning early and continue at every opportunity. To learn a specific skill such as riding a city bus to a shopping center, for example, persons with mental disabilities might require 10 or more times the amount of practice than persons of average ability. The implication, once again, is that we must make the most of every moment of instructional opportunity.

In addition, students with mental handicaps may have poor memory abilities, requiring them to have more than an average number of opportunities for practicing functional skills. Overlearning will have to occur if students are to become proficient and use skills for an extended period of time.

Where learning should occur. Because these students do not generalize well, the most effective approach is to teach specific skills where they will actually be needed and expand from that point to cover an adequate sample of various situations. Training locales include the classroom, the school, and the community where, as an adult, the individual will ultimately function (Brown et al. 1983).

The need for synthesized learning. Persons with mental handicaps often fail to recognize the interrelation of different aspects of a situation. Thus, even if they have all of the isolated skills necessary for purchasing food in a grocery store, there is no guarantee they would be able to execute the entire act. By teaching skills in natural clusters, teachers enable these students to rely on the context of the entire action and the accompanying environmental cues.

Appropriate Educational Policies
Based on an understanding of the learning difficulties resulting from mental handicaps, we present the following recommendations for policies to facilitate the normalization of persons who are mentally handicapped.

Integrate students with mental handicaps with their nonhandicapped peers. Students with mental handicaps placed in integrated regular school...
settings, either in regular classrooms or in special classrooms, show greater gains in social behaviors (Jenkins et al. 1985); engage in fewer inappropriate behaviors (Donder and Nietupski 1981, Guralnick 1980); and achieve more of their individual learning objectives (Brinker and Thorpe 1984). Integration also results in improved attitudes of nonhandicapped students toward their handicapped peers (Esposito and Reed 1986, Fielder and Simpson 1987, Voeltz 1982).

Encourage family involvement. When a severely disabled child is born, the family system is frequently thrown into crisis (Fortier and Wanlass 1984). A model system must provide the support and services necessary to promote healthy crisis resolution, acceptance of the child at home, and development of well-integrated patterns of coping. Such a system should also seek ways to assess and strengthen the family. Early intervention programs should have as a major goal the proactive empowerment of parents to serve as equal partners in decision making (Dunst 1985).

Provide high-quality education. When the child enters the formal education system, present and future environments and the skills deemed most relevant to function in these environments should be identified as a basis for instruction (Brown et al. 1979). Major learning objectives should include language and communication, social and self-help skills, as well as recreational, domestic, consumer, vocational, and decision-making activities. The most acceptable practice today is teaching skills in a natural, clustered format. When necessary, special therapeutic services should be provided including language/communication, physical, and occupational therapy. All training, including the latter services, should be integrated into the total educational program.

Plan for transition from school to adult life. Schools must participate with students, parents, and other service agencies in the development of systematic plans for training in a designated job and for independent or semi-independent living in the community. Responsible transition planning should assure a smooth transfer of direct services from the school to adult service providers (Ilancone and Stodden 1987). Coordinate services. Previously, all services for the education of students with mental handicaps were housed and coordinated within a single segregated facility. To provide for the education of these students within regular school settings, calls for greater emphasis on the coordination of services. School systems and individual schools will have to take the lead in this effort.

Appropriate Administrative Support

The following strategies should facilitate the achievement of these policies.

Provide opportunities for professional development. Because students with mental handicaps have generally been taught in segregated programs, most teachers and administrators have had little or no training in or experience with special education issues. For integration and other appropriate educational practices to be successful, the continuing education of teachers and administrators will be a necessary first step.

Implement systematic planning. Because school districts and individual schools vary in their current practices and the types of changes necessary to improve the quality of services for students with intellectual disabilities, they must approach their unique situations individually. In doing so, ad hoc committees should be formed to identify best practices to implement, barriers to their implementation, and goals, strategies, and timelines for overcoming roadblocks and making changes.

Allow for instructional flexibility. Teachers must be given the opportunity to change predominant instructional scheduling practices. This applies to activities within and outside of the classroom. Traditionally the school day has been divided into time segments for teaching discrete skills. In many special classrooms, this practice has been converted to periods for teaching self-help skills, motor skills, language, and so forth. In real life, however, these skills are not learned in this fashion and should therefore not be taught this way to mentally handicapped students. Instead teachers should develop normal daily routines in multiple learning environments and teach the skills as they would occur in natural sequences and settings.

Teachers should be given the flexibility for training in out-of-school settings as well as in their classrooms. They should therefore be allowed, and even encouraged, to spend a portion of their instructional time in homes, community settings, and, for older students, in vocational settings.

Reinforce cooperation among professionals. Special educators, regular
Ten-year-old Me4 lived in an institution for two and a half years. At that time he had no spoken language and had been variously diagnosed as mentally retarded, epileptic, hyperactive, and multiply handicapped. Now he is successfully attending public school in a regular classroom. Chris, an emotionally disabled teenager, is learning to manage his anger by interacting with students his own age in a regular junior high school. Chris sees socially acceptable ways of behaving and is learning to fit in.

Case studies of successful mainstreaming of the disabled are presented in “Regular Lives,” a powerful half-hour documentary film featuring educators, students, parents, and community leaders. Narrated by actor Martin Sheen, this videotape shows the obstacles and benefits of placing children with physical and mental disabilities into regular classrooms with typical students. The program is ideal for staff development activities, to build awareness and support for the efforts necessary to make mainstreaming work.

The program, which aired last fall on PBS stations nationwide, shows classrooms where teachers and disabled students interact in a variety of situations. Teachers talk about overcoming their initial fears of teaching children who are physically and mentally handicapped. The video also addresses teachers’ questions about necessary skills, special knowledge, and additional time required to meet the needs of special children. It points out the importance of administrative support and training for these efforts.

Throughout the program, we see typical students displaying patience and kindness in their interactions with friends who are disabled. We see principals come to support mainstreaming as beneficial to both disabled and typical children. We see parents hesitant to place their special-needs child with typical children for fear of teasing or ridicule reassured by the acceptance of teachers and other students.

Regular Lives presents all aspects of mainstreaming for consideration. Viewers previously unaware of some of these issues will come away with a clear understanding—and perhaps with understanding will come support.

“Regular Lives” was produced by State of the Art, Inc., Washington, D.C., in cooperation with Syracuse University, School of Education, Division of Special Education and Rehabilitation. The program won a CINE Golden Eagle from the Council on International Nontheatrical Events and a first place Golden Award from the John Muir Medical Film Festival in May 1988.

The half-hour videotape is available for $34.95 (including shipping and handling). Also available is a Community Discussion Guide designed to promote group interaction, for $3.50. To order, write to WETA Educational Activities, Box 2626, Washington, D.C. 20013, or call 1-800-445-1964. “Regular Lives” is closed captioned for the hearing-impaired.

Marcia D’Arcangelo is Senior Producer, Media Production, Association for Supervision and Curriculum Development, 125 N. West St., Alexandria, VA 22314.

References


Author’s note: Also contributing to this article were Christine Blasini, Deborah Carr, Elizabeth DeSousa, Elizabeth Farmer, Lorrena Fleck, Marta Garrido, Melissa Herring, Janis Kenyon, Sylvia Patterson, and Cathy Waltemeyer.


David L. Westling is Professor of Special Education, Florida State University, Tallahassee, Fl. 32306-3024.