Guidelines for parenting learning disabled adolescents

Margaret Rose Dornbach

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GUIDELINES FOR PARENTING
LEARNING DISABLED ADOLESCENTS

by
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A RESEARCH PAPER
SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF
MASTER OF ARTS IN EDUCATION
(EDUCATION OF LEARNING DISABLED CHILDREN)
AT THE CARDINAL STRITCH COLLEGE

Milwaukee, Wisconsin
1978
This research paper has been approved for the Graduate Committee of the Cardinal Stritch College by

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(Advisor)

Date: May 4, 1970
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CHAPTER I

Introduction

The subject of parenting children in general and the parenting of exceptional children, specifically, is a topic of vital concern to many people today. Parenting children with exceptionalities is a very difficult task in a society which seems to focus on winning and winners. For parents of the physically handicapped, there are many articles and much information; however, for the parents of a child with a hidden handicap such as a learning disability, the search for information is a much more difficult task. A review of the research of the literature available for parents of learning disabled adolescents showed a very narrow selection of materials. Most learning disabilities articles which are written are centered on the elementary aged child.

In the material about adolescents which was available, several questions repeated themselves. The question focused on the very real and frightening problem of the future of the learned disabled adolescent. Little has been written or researched which would give the parent a pattern for the future or a way to direct his/her child to a future career or goal. With a handicap which does not have a definitive parameter, it is difficult to actually know what to expect from the child, from the school, and from social service agencies. Searching for answers to these concerns becomes a source of real frustration and anxiety for the parent and the child.

This search causes confusion and many times the strain is reflected in the family situation. Because the learning disabled child requires so
much extra in planning, education, time and concern, learning disabled children put a tremendous strain on family relations. Marital conflicts are common because each parent reacts to the disability in a different manner, often without good communication between themselves. Sibling resentment is also common and understandable. Parents are so busy taking the learning disabled child to specialists or lessons, working on homework, or taking the extra time needed to teach coping skills, that the sibling feels undervalued. Because many times all have to make do in order to afford all of the extra help that the learning disabled child needs, the financial burden also can cause friction. Often well-intentioned relatives present simplistic answers to complex behaviors. Sometimes they simply cannot or will not accept the diagnosis of learning disability because they are ignorant of learning disabilities and because it is not generally understood or accepted by the majority of society. Parents feel very alone and very much on the defensive.

Parents need counseling at this point, or earlier. Because certain patterns of behavior occur with enough frequency, it is possible to provide a guide for parents to use. Certain techniques are available for parents to use and thereby eliminate much of the anxiety and stress which parenting a learning disabled adolescent can bring.

**Purpose of the Study**

The purpose of this study was to explore various sources of information available in order to offer some insights and guidance to parents of learning disabled adolescents. The scarcity of information available to involved persons would present problems to the most dedicated child advocate. By synthesizing and analyzing various sources, certain general-
izations could be made. Parents need information in order to keep trying and in order to feel support in their efforts. Parents must look for specific help with positive faith to make success possible.

Because learning disabilities have become more understood and accepted by the academic community, thanks to legislation, parents have started to expect a successful future for their children and have begun to desire college placement or some sort of post-high school training or education. More parents are concerned about colleges which offer special help and colleges have responded by creating programs. Certain colleges on both a local and the national scene are attuned to the special needs of a learning disabled student. Parents need to be apprised of these programs which are available for their children.

By learning more about the typical characteristics of a learning disabled adolescent, parents can be more realistic in their appraisal of their child and more realistic in their expectations. One idea should be kept in mind - that adolescence is a problem all its own and is a problem in and of itself. The ultimate purpose was to establish guidelines and to shorten the search of parents for information pertaining to parenting learning disabled adolescents.

Definition of Terms

The following is a list of terms and definitions as they were used in this paper.

Adolescents: persons between 13 and 21 years of age who are in a stage of rapid physical and emotional growth.

Developmentally disabled: one or more areas of growth, either social or academic, which are retarded in comparison with age group peers.
Learning disabled: a person who has an average or superior intelligence, who may have a lag in academic or social development which is in-commensurate with his/her ability.

Processing: internal thinking skills, such as generalizing, abstracting, classifying and integrating. ¹

Perceptions: the process of organizing and interpreting information obtained through the senses. The modalities (or ways to receive information) or perception include, visual, auditory and tactile, or kinesthetic. ²

Social perception: the ability to interpret the social environment, e.g., being aware of other people’s moods and realizing the causes and effects of one’s own behavior. ³

Discrimination: being able to distinguish from a whole or being able to perceive differences.

Auditory discrimination: the ability to distinguish between/among words and sounds that are nearly alike. ⁴

Visual discrimination: the ability to distinguish among shapes, colors, numbers, and other visual stimuli that look similar. ⁵

Group home: an establishment which would assist the handicapped with day-to-day living arrangements; also assists in areas where support is needed.

² Ibid., p. 38.
³ Ibid.
⁴ Ibid.
⁵ Ibid.
Legal terms:

PL 94-142: legislation passed by the U. S. Congress in 1975 which requires that every child have access to an appropriate and free public education.

WI Chapter 115: legislation passed by the State of Wisconsin which contains guidelines providing for a free and appropriate public education for all children. Includes ages 3 to 21 in area that must be served.

EEN: exceptional education needs child.

Legal requirements of PL 94-142 and Chapter 115 are similar and require:

- least restrictive environment or most appropriate placement for each student. Each EEN student is to be in a program which most effectively serves his/her needs, both intellectually and socially.

Individualized educational program: IEP is a plan written for each EEN child which includes long and short range objectives, techniques and measurement criteria.

EEN exceptional educational needs: is used in place and along with the term "handicapped".

Handicapped: those children who have been identified as mentally retarded, hearing or visually impaired, emotionally disturbed, other physical handicaps or multi-handicaps or specific learning disabilities which require special educational program.

Least restrictive environment: an educational placement which insures to the maximum extent which is appropriate that handicapped children are educated with children in regular classes.¹

I.E.P., Individual Educational Program: a program written for each EEN child which includes present level, annual and long-term goals, short-term objectives, materials, evaluation procedures, and schedule for remediation.¹

Scope and Limitations of the Study

Specific learning disabilities as a field of study is relatively new. There was virtually no literature on secondary learning disabilities written prior to ten years ago. Because the topic is limited to adolescents, the time covered in this paper was from 1967 to 1977. No attempt was made to study the characteristics or problems of the younger learning disabled child. The focus was on the future needs and the development of the learning disabled adolescent. Parents with learning disabled children and persons who deal with learning disabilities should find value in the information contained in this study.

Summary

Information on learning disabled adolescents shows that the major areas of concern for parents of learning disabled youngsters were in planning for the future education, career opportunities and socialization of the learning disabled adolescent. Programs which could help families cope more effectively with special children were explored, and terms were defined to promote clarity. The scope was limited to learning disabled adolescents and the literature spans only a ten year period. Chapter II presents the review of literature.

CHAPTER II

Introduction

Learning disabilities is a new and growing field of study. Gradually, knowledge of the area of adolescent learning disabilities is becoming more researched and documented. In many ways, society has created the problem through the schools which have a narrow definition of success. Schools have invented failure. "Failure is not inevitable; it is man made . . . Failure is a name for the fact that we have asked children to do something that they cannot do."¹ This failure may be in an academic area, but it extends into all facets of life. Academic failure results in a poor self-image, which involves poor interpersonal relationships and poor social development.

Part I. Characteristics of a Learning Disabled Adolescent

Kirk's definition of learning disabilities seems to be succinct and explicit enough for the purposes of this paper. "A learning disability refers to a specific retardation or disorder in one or more of the processes of speech, language, perception, behavior, reading, spelling, or arithmetic."² To this definition should be added that there is normal or above intelligence and the lag is not because of a cultural or emotional environment.


Between 2% and 10% of the population is said to have learning disabilities; however, it has only been considered a handicap since 1970. Besides the legal definition, it should be noted that one of the characteristics most commonly noted and of greatest concern is the marked disparity between the student's potential for development and the level of performance. Some of the identifying characteristics are highs and lows in areas of functioning. Language usage is poor and so is spelling. Functioning in the areas of written and verbal expressive language is very depressed. Problems with grammar, syntax and the actual handwriting are common. The student cannot integrate several sensory channels at one time. Sequencing is poor and the sense of rhythm is poor. He generally has large gaps in general knowledge. (The term "he" is used because boys outnumber girls four to one.) They may have difficulties working in abstractions and dealing with subjects that have special reasoning involved.

A definition of learning disabled children must include that there is normal intelligence; that there are no significant sensory or physical handicaps; that there are no severe brain dysfunctions; and that there are cognitive disabilities. However, it is important to also mention what learning disabled adolescents are not. They are not mentally retarded.

They are not neurologically impaired or brain-injured children with behavior problems. The problems are not due to an emotional disability or behavioral disability. They are not students who experience learning problems due to sociocultural limitations nor are they the minority youths. They are not the children who started to flounder in high school after a model or adequate grade school progress.¹

The characteristics of a learning disabled youth show a long frustrating experience in childhood. They may have been hyperactive with a short attention span. They may have been friendless with little peer group experience. Because they cannot learn like other children, their school careers have been stormy. As they grow older, the impulsivity they exhibited as children tends to thwart their judgment. They are suggestable and gullible and have poor self-direction, which reduces responsibility and dependability. Their poor self-control and short tempers lead to violence. With little future orientation, they feel that only the present is important. With low self-esteem, they adopt a "why bother" attitude which is compounded by their poor social skills and shallow friendships, which lead to ostracism.² Even though the older learning disabled child is less aggressive, less restless, and has fewer mood shifts, they are still alone or have few friends and are a source of irritation to their families.³


In much of the research, the writers were impatient with the speed of the progress in definitive research, but they did see progress in the field. Kline, in an angry article, "The Adolescent With Learning Problems: How Long Must They Wait?" presents the learning disabled adolescent in an economic and social perspective. Professionals who are to deliver services to children with learning difficulties were especially criticized. Schools were particularly criticized for their lack of imagination and the lack of preparation for these children. Because the etiology of learning disabilities is so vague and undefined, the learning disabled adolescent is observed by his overt characteristics or the visible signs of learning difficulties. The categories of students listed are of interest in that although the legal definitions are loosely applied, the students will be recognized by teachers in the field. They are divided into categories in the following ways: (They are taken from a chapter in Adolescents, by Sando, Farand, and Schneers.)

1. Chronic dyslexics who have long standing reading problems and read three times slower than the average student, if at all.
2. The mini-effort group that never really had to produce in the early grades.
3. The over-indulged students who have never learned to sustain an effort and hence, give up.
4. The "can't lose" group who don't want comparison.
5. The smart big brother group who can't quite live up to an older sibling.

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6. The emotionally traumatized group whose problems are at home.

7. The afraid-to-know group who avoids learning the truth about their problems.

8. The love-to-be-loved group who find attractiveness to the opposite sex a handrance to learning.

9. The psychiatrically ill who can't handle their problems.

Kline's treatment or remediation was built around the Orton-Gillingham multisensory program and part of Bywater's program of "therapeutic tutoring" for adolescents. Family and individual counseling were also recommended.¹

In the rebuttals which followed this article in the May 1972 Journal of Learning Disabilities, the respondents were quick to criticize the tone and Kline's lack of "professional" standing. They defended the schools and their minimal progress. Kronick, who is a well-known parent advocate for learning disabled children, agreed with Kline that the schools were not meeting the needs of the learning disabled youth. She gave some criticism over his acceptance of Orton-Gillingham as the method, due to the great areas of progress in these areas in the past few years. She was positive in tone and her judgment of the article.²

Because learning disabilities is not a clear, concise name for a single set of symptoms, making broad generalizations is difficult and could be misleading. Learning disabled adolescents have grown up in a world of extremes and have irregular responses to their environment. Certain identifiable characteristics held in common are in the areas of social


development, physical development, and academic unevenness. One of the most significant variables was between school failure and later delinquency. Many delinquents have learning problems; however, not all learning disabled students with school failure become delinquent.

Certain areas of physical development show a definite lag. A learning disabled adolescent may have any one or all of a variety of developmental difficulties. There is usually a lack of dominance and difficulty in a left-to-right discrimination. The visual-motor difficulties may include spatial and figure-ground discrimination problems, as well as poor handwriting. The areas of auditory processing may be poor and the discrimination between sounds, weak. The body image may be distorted or cause problems which are compounded by poor motor control. Besides these developmental problems, the adolescent has certain developmental tasks to accomplish. He must learn acceptance of his physical self and learn to be comfortable with his sex role and place in society. He must become free of his childish dependence on parents and become more responsible for his own behavior as well as his economic needs. Establishing his own set of values and his goals for life also consumes much of his time.

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positive side for the learning disabled adolescent, is that this term is now an optimistic or acceptable term. He may have some of the same characteristics as a slow learner, but the learning disabled has some abilities and not just disabilities.¹ By senior high, there may be an overlay of emotional problems which tend to confuse the picture. His academic weakness has affected his motivation and he may appear neurotic as a defense mechanism.²

The peers of a learning disabled adolescent observe certain characteristics which affect his social relationships. His peers don't see him as hyperactive but rather as worried and frightened. He seems sad and not able to have a good time. While his personal hygiene is poor, he is unable to capitalize on the attributes he has.³ All of this puts the child under great stress because he feels rejection. With difficulty in understanding subtle communication, he is left out of much.

The learning disabled adolescent will suffer academic failure and the additional burden of social failure.⁴ It has been observed that people do react negatively to the learning disabled child. Perhaps this is because he is insensitive.⁵ He does not know how to respond or understand how to fit in, to be in "step". Neither can he be disciplined in the same manner

⁴Ibid., pp. 122-123.
⁵Ibid., p. 127.
that other adolescents can be. The difficulties of a learning disabled adolescent are social in nature because he acts in dissimilar ways and is disruptive of home and school.  

By the time the learning disabled youngster reaches teenage, remedial programs are not as practical. The learning disabled adolescent has to be accepted as is and he must come to grips with his disability. Since there are no known reasons for learning disabilities, parents and the students have to learn to cope and to compensate. No one is "cured" of this handicap but he can learn, even though the learning weakness will remain. How well he learns to cope or compensate is determined by his personality structure. The persons who succeed are those who have a positive self-image and have the security to try and learn by their efforts.  

Another facet of the learning disabled adolescent's life is school or the academic aspect of his life. School has been a place of frustration for many learning disabled students, as well as their teachers. Three factors to take into account when working with learning disabled students are as follows:

\[\text{References}\]


1. recognize the complexity of the problem.
2. understand the nature of the problem, when to help, and where to get help.
3. begin as early as a problem is suspected.¹

Parents have observed certain characteristics such as poor impulse control, inability to delay gratification, perseveration, and poor judgment or planning in their child's development.² As younger children, they were seen as hyperactive and they also had short attention spans. These children displayed more anxiety and were less able to verbally express their feelings. They were less able to show affection but were more clingy or dependent on their parents.³ Some individuals stabilize upon graduation and are more able to concentrate on strengths than on weaknesses. They will remain vulnerable to stress and the events that cause stress.⁴

Parents usually have been called to the schools often during the student's career. Learning disabled students present unique problems to the regular education teacher. Bryan did a study in 1972 to 1974 which was cited in his book, Understanding Learning Disabilities. Some of the results were that the learning disabled child spent more time on non-task oriented behaviors than did his peers. The learning disabled children were viewed negatively by parents and teachers, with white girls being rejected more than any other learning disabled subgroup. Teachers gave more reproof

³Ibid., p. 117.
than positive rewards. They also spent more time explaining academic
subjects than on personal interaction. Negative responses were given to
student initiated interactions.¹ The learning disabled student needs
success even in a minor way in schools. The inflexibility of schools and
individual teachers are deterrents to the success of the exceptional child.²

Parents need to realize that their child puts an extra stress on the
teacher and that the teacher may reject the child. They must also be firm
in their demands for quality education for their children. The parents are
very aware of the differences in their children and are aware of their limi-
tations. They also realize that their children need success in school in
order to keep them coming back to school. By the time the child has reached
adolescence, most parents are not as concerned with remediation and are more
concerned with coping skills and life skills.³

Weber included a list of criteria that schools should meet in order to
best serve the secondary adolescent. These are the main areas of concern:

1. The program should be invisible in the school.

2. The program should not isolate the learning disabled student
   from his peers because he needs the stimulation of normal
   companions.

3. There should be flexible, highly individualized programs.

¹Tanis Bryan and James Bryan, Understanding Learning Disabilities,

²Alice Thompson, "Moving Toward Adulthood," p. 124, Lauriel E.
Anderson, ed., Helping The Adolescent With The Hidden Handicap, Academic
Therapy, San Rafael, CA, 1970.

³Doreen Kronick, A Word Or Two About Learning Disabilities, p. 75,
4. They should be pushed by high expectancy because they have to live in the world and survive.

5. The educational strategies should be reality-bound and relevant to the student. Work study is a good learning situation.

6. There should be some counseling for the youth and his family because the disability can cause family problems. The youth has a normal need for independence but is less able to cope with it than most of his peers. ¹

Secondary schools are more flexible than the elementary schools and failures may be more pronounced. It may be possible to function with social, if not academic, success even though his troubles are more observable. ²

Some of the manifestations of learning disabilities can be turned into positive forces in school and these are the tendency to perseverate or compulsivity. These can be turned to collecting or toward a special field of knowledge. ³

The parents can understand the problems presented in the school, because they are familiar with them at home. The traits most observable by regular education teachers are a low frustration level, poor visual-motor coordination, poor expressive language and disorganization. A parent may


try to deal with these at home and to cooperate with the school in various ways. Checklists specifying rewards at home which are based on school performance are successful when the parents are consistent. The lists are phased out in a few months when the behaviors can be maintained.\(^1\)

Part II. Families of Learning Disabled Adolescents

Families with adolescents have their own variety of problems. "Adolescence is a special form of reality."\(^2\) Any adolescent can be withdrawn, aggressive, defiant, a show-off, depressed or hypochondriacal.\(^3\) For parents who have the extra dimensions of a learning disability combined with adolescence, life can be very challenging. Parents seem to adjust quicker to a physical or observable defect rather than to a "hidden" handicap such as learning disability or emotional disturbance.\(^4\) If the student was diagnosed early in school, the emotional effects of the diagnosis are blunted by high school. However, if the diagnosis doesn't come until he is older, many other difficulties enter into the family structure. With children seen as an extension of the parents, a stable family may be able to absorb the child easier.\(^5\) The handicapped child needs to be dependent

\(^1\)C. V. Edlund, "Rewards At Home to Promote Desirable School Behavior," p. 123, Teaching Exceptional Children, Summer 1969.
\(^3\)Ibid., p. 19.
\(^5\)Ibid., p. 82.
longer and needs more help socially. To keep frustration to a minimum, the parent needs to be realistic in setting goals. Reasonable limits must be imposed and discipline must be consistent.¹

In an ideal situation, the diagnosis would be early and the process of understanding and seeking treatment would begin early. The parents would recognize and accept the child's handicap and cooperate to facilitate remediation.² In a workshop on the handicapped child and the family presented at the YMCA Woman-to-Woman 77, a social worker from Children's Hospital discussed the initial stages of reaction to the diagnosis of handicap in children by their parents. The similarities to Elizabeth Kubler Ross' Death and Dying were observed. These are mentioned in other readings specifically in Kronick's A Word or Two About Learning Disabilities and Weber's Handbook on Learning Disabilities. From personal experience, the writer can agree and affirm the stages of acceptance. They are briefly: shock, denial, isolation, anger, guilt, bargaining, acceptance and hope.³ The trip from shock to hope can be long and arduous depending on the resources available to the parents and their willingness to pursue the questions.

Once shock has worn off, denial creeps in and can take the form of "doctor shopping". Parents look back to the preschool days development which was near normal. When the learning disabled child got to school, the


lags became more apparent. Social pressures are put on the child because of his poor performance. The parents feel isolated and as if no one else really knows or could understand their problems. Some people who are outside the immediate family may not be able to accept the learning disabled child's behavior and decide they don't want their children to play with an imperfect child.

Some parents react to the diagnosis by trying to protect the other parent or cover up for the child. They also may be overprotective of the child. There is also anger and grief over the loss of a dream for the future. Depression, guilt and blame are used in place of understanding. Professionals are blamed for the problem. Once they pass through the stages to this point, hopefully they will decide to take some social action and get into positive areas of change, such as lobbying or child advocacy.

The whole family structure is affected by the disability and a child cannot be treated without treating the whole set of circumstances in a family setting. The wife has produced a defective offspring, and may feel defective. The child may feel guilt for being such a failure. The parents' expectations for the child have to be revised and the future is not something to be anticipated, but something to be feared as uncertain. This will have a bad effect on the relationship of the parents. It will harm a weak

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2Ibid., p. 325.


unstable marriage and will affect a strong marriage.\(^1\)

Parents need some hope in order to keep going and working with the stress of a handicapped child. The main areas of concern which affect the child are diagnostic procedures and school placement, which can disrupt the total family structure.\(^2\) The parents communicate much by their anger, guilt and frustration to their children. There is much role playing and games played plus the manipulation by the children in the learning disabled family. The child goes from overprotection to withdrawal and his world is very unstable.\(^3\)

The child too has periods of denial of his problem because so little of how he normally would react is unacceptable; he ends up suppressing or denying his disability.\(^4\) If the child is not told about his disability and how it affects him, he may never know why others reject him. He may never have an in-depth relationship because he may always have faulty behavior.\(^5\) Labeling does not ostracize the child; however, his unacceptable behavior does.\(^6\)

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\(^5\)Ibid., p. 91.

The child's behavior creates a strain on the family integration in that he lacks power and has a low status. He is often used as a scapegoat. Parents sometimes teach the child that learning disabilities can be used for an escape or used as an explanation for poor behavior and any other shortcomings.¹

These patterns may be broken or redefined by involving the family in counseling or by trying to establish an understanding of how the other family members feel. The mother tends to be more sympathetic, overprotective and the "expert". The father often feels hurt because he sees this extension of himself as imperfect with no ways for him to remedy the situation. As a male, he is not supposed to talk about these hurts. His wife, being the "expert", complains about how he deals with the child, and he stays away because it is painful. The wife must try to feel empathy for her husband and include him in the planning. The father must decide to take a role in the child's development and not just sit by observing. The father must accept the responsibility to learn more about the child's handicap and attend any meetings or conferences with the experts that come up. The mother must learn to let go of the child and let the father assume a more positive guiding role. The goal is to provide an intact family.²

When the parents are first informed as to the nature of the child's disability, siblings are often ignored in the explanation process. Siblings may feel angry because they see an apparent double standard for behavior, and then they feel guilty about their anger. They may stop

²Ibid., pp. 21-23.
bringing friends home or they may start to act up in order to get extra attention. Much of the parents' energies go into helping the learning disabled child and getting help for him. They may not expect the same household help from him as from the other siblings, and it is natural that the others will resent the fact that so much time is spent with the learning disabled child. The parents must recognize these conflicts and explain the situation as clearly as possible. They should be empathetic and not accusatory. Care must be taken to help the other siblings accept the necessity for the extra attention that the learning disabled child receives.

Gordon has some solid advice for parents on their handling of handicapped adolescents. He is concerned with sex education and feels a child should be told what he needs to know. Otherwise, he looks dumb to his peers. Gordon also feels it is inappropriate to say, "You are like everyone else." However, it is appropriate to say, "It is hard for you to concentrate. Let us work on ways to make it easier."

It is easy to create dependency, but parents must not be overprotective (mother) nor make excessive demands (father). They should do whatever is

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possible to "normalize" their child. Teaching card games, how to score, or understand a spectator sport, or even having him learn an active sport, gives the child a piece of the real world to understand and relate to.\textsuperscript{1}

The intrafamily structure can be further assaulted by the reactions to the child by others outside the family. Most people are ignorant of handicaps and feel uncomfortable with "imperfection".\textsuperscript{2} They may observe and comment to the parents that the child is spoiled and bratty, bad-mannered, or ill-behaved.\textsuperscript{3} The parents must agree on the necessary treatment and plan for the child. They should not be ashamed and should talk to others.

Parents will have to impose a structure on the child. They should realize that preferential treatment will cause anxiety in the learning disabled child and hostility in the siblings, and they must include him in the family choices and responsibilities.\textsuperscript{4} Their leisure time and study time must also be structured.\textsuperscript{5}

Parents will have to teach behaviors and use role playing or "life space" interviews to help the learning disabled adolescent see his role in relation to others. Some helpful "life space" questions are: "What did you


\textsuperscript{5} Lauriel E. Anderson, ed., Helping the Adolescent with the Hidden Handicap, p. 20, Academic Therapy, San Rafael, CA, 1970.
do? What did you think about when doing it? How did you feel? What do you think he felt? I feel? What can we do to prevent this from happening again?" These questions will help the child learn to analyze his own behavior.¹

Many adolescents associate their problem with some misdeed or thought. It is as though they are being punished.² However, in order for the learning disabled adolescent to function successfully in the world independently, he needs a good positive self-image. A good self-image begins with self-care which can be broken down into the areas of personal hygiene, manners, and respect for others. Because they do not perceive subtleties, social situations are difficult for them.³ To develop self-awareness, he needs to know as much as possible about his handicap and what his strengths are. He should learn to know what to avoid or to be alert about.⁴

Discussing labeling with the child may cause some parents or teachers concern. Kronick gave several negative and positive effects of labeling. The disadvantages are:

1. Every lapse has a "cause" and external sources are blamed.
2. Material regarding his disability may be shared without his approval.

3. He may resent being labeled as "not normal" and feel it separates him from others.

The advantages of labeling are:

1. There is a security in knowing what is wrong.
2. He can seek information on the subject.
3. Parents can band together in groups for action and support.
4. He can be placed in classes with remediation.
5. Ignorance is seldom bliss.¹

The final statement sums up Kronick's philosophy: "Knowledge is the key to understanding, acceptance and help." It is further observed that a child with a handicap cannot grow up feeling normal, but he can face his handicap and not feel any worse off than the next child.² To improve their self-image, parents and teachers must help adolescents accept their shortcomings and help them to learn to deal with others.³

The problems that these adolescents face are compounded by the intact capabilities, good intelligence and good appearance. It evokes a reaction in others that they are not trying. Parents and teachers seldom acknowledge the real progress of an individual and the impossible goal of normalcy causes denial and "diversionary tactics, excuses and pretenses."⁴ To

reverse some of the above problems, the adolescent needs the following to build his self-image:

1. a reasonably good relationship with his parents
2. friends
3. self-awareness of assets and limitations
4. a wide range of interests
5. savoir faire or knowing the right thing to do
6. a minimum of functional academic skills.1

No adolescent wants to be different and learning disabled adolescents pay a price in emotional stress. The family and the whole family structure is involved and the entire social interaction is affected.2 He feels guilty for having fallen short of the family and social class expectations. He also feels guilty about being bad so much of the time.3 Because the guilt and its anger is strong, he fears rejection and being sent away. Even though he needs or depends on his parents more than a normal teenager, he resents the dependence. Yet, he can't show resentment because he fears rejection. He may feel unworthy of the trust and love his parents have for him.4 He needs help to minimize his problems, ways to escape his anger, and ways to work off his aggression.5

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4Ibid., p. 53.
5Ibid., p. 58.
Emotion is involved in the learning process and each child experiences emotion. When the student has an ego deficit, he has an emotional handicap. It seems that "every learning disabled adolescent has a psychiatric problem as well."¹ Some of the emotional reactions of developmentally disabled students have been written about by Silver in a chapter called "Emotional and Social Problems of a Child with Developmental Disabilities."² In this article, he described some of the emotional reactions as negative intrapsychic problems which include:

1. withdrawal, avoid failure by becoming passive
2. regressive reaction, acting younger
3. using diagnosis as a defense "I can't because..."
4. poor self-image, think they are failures
5. depress, punish self
6. fear, pick an issue to fear to explain their feelings
7. impulse disorder, take longer to do things
8. somatic symptoms, stomach ache, diarrhea
9. hypochondriacal reaction, overly aware of body

Some healthy intrapsychic reactions are:

1. compulsive characteristics
2. organization and neatness
3. accuracy and structure
4. self-discipline

Another group of reactions reported were in the interactional problems. They were:

1. passive aggressive reaction - overly sweet, too agreeable
2. passive dependent - never take the initiative

Healthy interactional reactions are:

1. desire to succeed
2. like help and use help.

Some system problems observed were a clowning reaction as a way of gaining peer approval or controlling inadequacy. It gets group reinforce­ment. He also develops a pseudo mature attitude and may act like a serious old man.¹

This becomes a societal problem because everyone else appears "normal"; the only people who see a specialist are "different". The real problem is that all children should be allowed to develop at their own pace.² Some of the teenagers are able to make some compensations, but they are aware of their "different" status. Sometimes they use cues such as freckles or a ring to remember left and right. They may develop a specialty area where they learn much about a given subject. This also may go into negative behavior, like drugs, non-attendance at school or aggressiveness, e.g., hoods.³ His perceptual problems may bring about the nagging idea that he's


not too bright. Recognition should be given to remedying this social failure, not just academic failure.2

A child with severe learning problems once assured his teacher, "I don’t do this on purpose."3 For a child like this who is aware of his shortcomings, individual psychotherapy would be helpful as a way to deal with frustration and rage. He should be able to work through his anger at his parents and school for the misery he feels.4 In the family structure, the child needs to feel that "I am one who can." If his mother reacts to his unacceptable behavior in anger, a battle of wills ensues and the child grows to distrust adults.5 If a learning disabled adolescent is to repair his self-image, he must gain self-respect by having help to do what he can and to develop strengths. He must be treated with dignity and move toward self-direction. He must realize that he is more like other adolescents than different. He needs success, appreciation and relatedness to feel good about himself.6


The Parents of a Learning Disabled Adolescent

When the parent, usually the mother, begins to question the child's development, certain patterns emerge in the parent's search. First, she visits the family doctor who assures her the child will grow out of it. Next, she decides there is a problem at home of too much pressure. When relieving the pressure does not seem valid, she seeks out a neurologist who usually has a negative response to her fears. Finally, she turns to a school psychologist who is usually in a position to help her.¹

As discussed previously, the initial reaction of the parents to the diagnosis is shock and denial which gives them time to collect ideas and start to build defenses. This is easy to do because their child's abilities are so variable and the lags can be rationalized away.² A tragic truth also is that parents with a more seriously handicapped child, usually a slow learner or a retarded child, will cling to the idea of a learning disability. They will go from place to place rejecting unacceptable answers until they find a "professional" who will agree with them. These parents will also complain how hard it is to get "help" for their special child.³

The feelings of parents at this time are varied and intense. The child is a psychological extension of themselves and reflects on them as


³Ibid., p. 17.
parents and successful people. They want to squelch bad or inappropriate behavior. A child with a normal appearance should have normal behavior.\(^1\) The contrast of normal abilities and areas of normal achievement with subnormal abilities is a constant source of irritation to the parents and causes frustration.\(^2\) They feel alone and isolated when they try to understand.\(^3\) The feelings of anger, fear, helplessness, anguish, guilt and shame are intermingled and the marriage may suffer.\(^4\)

In some cases, the child's own defenses and manipulative behavior can cause the disruption in the family.\(^5\) The stress on the family causes guilt and may result in the breakdown of husband/wife relations. Each blames the other, or anyone, because of his/her guilt.\(^6\) The marriage may not start out disturbed, but it is upset by the learning disabled child. Parents observe his behavior relative to "normal" and not as relative to his own development.\(^7\) If a parent views his child's behavior in terms of a disability,

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the child becomes a one-dimensional person.1 Parents may be worried and disappointed and reject the child because the pain of accepting an imperfect child is too great.2

Prolonged parent reaction can be very destructive. If they continue in the denial stage, they may continue "doctor shopping". The mother may be overly dedicated and become a professional martyr or become overprotective to build her own sense of worth. Prolonged anger and questioning, "Why" or "Why me?" may make everything seem to be wrong or negative. Lastly, the mother may withdraw from everything to dedicate her time to the child and the whole family suffers.3

Parents are alienated from professionals when they are not honest or straightforward with them.4 The parents need to know how to transmit the culture to a disabled child, and the professionals give too little time or concern for the parents' needs. The use of jargon and lack of proper explanation causes a high level of frustration.5 Parents should be wary of a "one answer professional".6

The parents need to understand the problems and realize that the unstable world which envelops the perceptually handicapped child requires an externally secure environment. The parents can cope by realizing how easily the child is panicked in this environment and learn to break tasks down into simple step-by-step processes. Gordon gave good advice in his Bill of Rights for Parents. It is briefly summarized as follows:

- Get away from the child occasionally.
- Feel depressed but don't feel guilty.
- Enjoy your child and your life.
- Let the child have his or her own life.
- Lie once in awhile and say everything's fine.

The messages to the parents which come through again and again in the research are to establish order and to apply external control. Parents should be educated to the three R's - routine, regularity and repetition - which help reduce the need to make lots of choices. The parent must learn to accept the child as he is, to get rid of the guilt and go onward. The adolescent too must be helped around the emotional problems in order to

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protect himself. Adolescents need blatant honesty from adults in explain­
ing their disability, their strengths, and their social coping skills.¹
They need to realize that "behavior is a function of its consequences."²
To change behavior, you have to study what the consequences are and try to modify to fit that. Parents must realize that the student is not going to be "cured" but that they do learn to cope and compensate for this dis­ability. The person learns to work with what he has and not to ponder why the problem is there.³ Parents should remind the child that he is bright and should stress strengths and explain weaknesses.

The goals of a family should be to help produce an integrated adult. Some of the ways that this can be done are as follows:

1. Expect the learning disabled adolescent to exert control over his behavior and to be responsible for controlling himself. He cannot be allowed to blame his behavior on his disability.
2. Try to find adaptive ways in difficult areas.
3. Expect him to accept the consequences of his behavior.
4. Do not allow him to get caught up in the problem, but to seek help.
5. Understand and accept his strengths and weaknesses.

6. Be content for him to do things that he does well.
7. Do not overreact or underreact to stimuli.
8. Expect acceptance and do not be defensive.
9. Show interest in society and others.
10. Expect him to cope with independent adult life.¹

Parents can teach their children in positive, practical ways. They can teach in the kitchen and around the house. This is particularly interesting because it's practical and non-pedantic.² Parents who try to teach should always analyze the task or problem and break it down to the simplest level. They should make a simple explanation and focus on the task. Patience and repetition are needed to teach specific skills.³ Teaching can be done by asking what is helpful, thoughtful and proper.⁴ Parental tutoring is not recommended because of the stress and strain on the relationship. Help can be given with homework if needed.⁵ Parents may teach study hints which are helpful, have only one item on the desk at a time, have the parent plan the session, and be calm.⁶

Parents wonder how to discipline the learning disabled adolescent and what to expect from him. His poor impulse control and short attention span cause him to focus on the punishment or authority and not on the act. This causes hostility toward the punishing party. Acceptable social behavior should be explained and discipline should be clear, simple, definite and consistent. Some guidelines for discipline are:

1. Do not punish him for things he cannot control - clumsiness, etc.
2. Be consistent in demands which both parents have agreed upon.
3. Punish the behavior appropriately, not the child.
4. Punishment should come immediately after the act.
5. Punishment should be short.
6. Reward for accomplishment.¹

Parents can help to keep the environment ordered, simple and predictable with regular sleeping times, meal times, and routines which help to develop self-regulation. Any change in routine should be presented ahead of time. His room should be kept simple, with few decorations and uncluttered. Things should be kept in cabinets.²

Counseling can be a way for parents to learn more about the specific disability, the family ego-system, and behavior management. Counseling for the parents in a group session can help relieve anxiety and guilt. These sessions move through several stages. The first stage is information

²Ibid., p. 100.
seeking and then comes sharing. Their feelings come next. This generalizes into the whole family situation and finalizes in a sense of maturity and the ability to integrate the child into a positive position. The parent must be careful not to encourage the negative behaviors which tend to isolate the child.

Counseling should be an integral part of a successful program. Two questions by parents need answers. They are: "Why did this happen?" and "What can I do about it?" Counseling should take place before the actual placement and should contain a clear explanation of the purpose and goals of placement. There are two options which can be taken with parent counseling. The first is parent education which deals directly with the learning disability. The second is a psychotherapeutic approach which redefines the problem as an affect and emotion rather than one of skill development. Baldauf preferred parent education because it is more effective and results are seen quicker. A problem with counseling is an "unwillingness of the parents to change their ways because they want a culturally acceptable child." In some cases, the family relationship is the most important part

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5 Ibid., p. 196.
of the learning disorder.\textsuperscript{1} The child with developmental disorders is in a family setting and is not seen in an isolated situation.

The family positions should be analyzed and examined in order to facilitate change. An unfavorable home life is not usually seen as a cause, but it can be upsetting and the children can become anxious and unhappy.\textsuperscript{2} The disabled child may serve a real function in the family, either as a scapegoat or the pivotal wheel, and the whole system may have to change.\textsuperscript{3}

There is a tendency on the mothers' part to overprotect and of guilt and defensiveness, and the fathers do not seem very strong.\textsuperscript{4} Problems can occur in the family system and the image at home can be disturbed by a sudden spurt in reading, for example. The whole status quo in the family is disturbed.\textsuperscript{5}

Family systems operate on the "laws of nature", according to Silver.\textsuperscript{6} The first "law of family motion" is that there are established roles and

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patterns that will continue unless there is an external force to change. The second law is that changes when forced are in proportion to the force acting on the problem. Third, there is an equal and opposite reaction to re-establish patterns or to find new ones. If the family system is to change, observations need to be made in order to evaluate where they are and what needs to change. There are three ways used to observe behavior: intrapsychic, or the inner self; interactional, how each one interacts with others; and a systems approach, how well each member relates to other groups, how many groups are involved. The systems approach establishes the rules and boundaries needed to maintain a comfortable equilibrium. Ideally, all should be used to evaluate the total structure.

The goal in family counseling is to work on areas of disagreements and misunderstanding and to improve communication. The child should be included in the interview with the understanding that, "You can't change anyone else. You can change you. What would you like to change about you?" In this way, the problem becomes a family problem, not an individual problem. According to Adamson, it is important to break the inadequacy cycle and


establish realistic expectations for the child. Breaking the inadequacy cycle is the first step in counseling the family of a learning disabled adolescent. The second step is interpretive counseling where the family is trained to stop, look and listen when dealing with the child's behavior. The child should be allowed to express his feeling without reproach or defensive postures. No future predictions can or should be made. Habitual input is the third step. As the parents become more involved and aware of what is happening in school, the parents will be more supportive of the school and not put the child in the middle of school-home conflicts.¹

Contracts also can be used to establish goals of desirable behavior. The parent and child must agree to work as a team toward these goals and must come to a mutual agreement. A contract can work in conjunction with parent groups and remedial programs. The contract can have positive value in opening direct communication, giving a choice to commitment and providing an understanding of family dynamics.²

A family counseling program established by the New York Division of Vocational Rehabilitation was written up in Helping the Adolescent with a Hidden Handicap.³ It was called PAT, Personal Adjustment Training Program, and required attendance and commitment from both parent and adolescent.

It involved group counseling with the adolescent and separate but simultaneous group counseling with the parents. It also involved a weekend socialization and recreation program.1

Positive results in a better self-image and self-confidence for the adolescent have been observed when the parents never gave up. Because they were not willing to accept failure and would seek specific help, gains were made. Positive faith, consistent help and concern made the success possible.2

Part III. Parent Information

Parent Groups

In a historical perspective, parent groups have been formed for various reasons and with a variety of reactions and results. Parents band together for support and are drawn forward at varying rates toward the advocacy position. A brief history of parent groups, their results, future goals and a variety of models is presented in this section.

Parents have come together in the past to demand that reforms be made in the schools. Changes in the schools, which were lobbied for in legislation bodies, have occurred because the parents have organized and have pushed for reforms. The history of the quiet revolution, the Rights of the Handicapped, was discussed in Baldauf's article, "Parental Intervention.


vention". Baldauf explained the frustration which augmented the formation of parent groups of learning disabled students. They began in the late 1950's and grew tremendously in the 1960's. New Jersey, Illinois, California, Texas, Louisiana, and New York were among the first states to organize parent groups. They organized around the concept of a child's right to an equal education. Parents realized that the distribution of funds is not done on the basis of the goodness of heart, but it occurs as a reaction to laws which are passed. After appealing to individual schools and school districts for modified programs and being turned away by traditional educators, the parents organized and went to Congress, state legislators, and to the courts. Laws were written to give learning disabled children the right to the special education they require. The handicapped children in our society have, in the past, been systematically excluded from public education. They have been isolated in specialty schools. Even with laws regulating schools, such as compulsory attendance, schools have been allowed to exclude certain children and to segregate others. The challenge to these procedures came from the Fourteenth Amendment, Equal Protection Clause. When the federal laws had been determined, the parent groups turned to the states to force the state legislatures to incorporate the

3Ibid., p. 181.
4Ibid., p. 182.
federal standards. In the long term struggle, "the parent should hold
the local Superintendent responsible... (to) deliver an adequate educational
opportunity."  

Various parent groups have formed over the years to give psychological
support, to effect change, and to eliminate the process of trial and
error.  

Parents have found comfort in banding together with parents who
have struggled or who are struggling to find services, proper school
placement, and competent professional guidance. When they can see others
have the same or similar problems, they don't feel quite so isolated or on
their own. From an educational viewpoint, parent groups are valuable for
two specific reasons. The first being that factual knowledge decreases
anxiety. Parents who have struggled to find information are delighted to
have sources given, but also to have people explain or answer questions in
problem areas. This refers back to Kronick's remark quoted earlier, "Ig­
norance is not bliss." The second reason that parent groups are helpful is
that it is a positive way to approach parent involvement. When parents
feel supported by the school system or the "system" in general, positive
changes may occur. The schools benefit from the creative and highly moti­
vated researchers, letterwriters, and lobbyists who are willing and eager
to help make the schools a more positive experience for their children. McCarthy and McCarthy mentioned in their book, Learning Disabilities\(^1\), "that parental pressure was the basic impetus for beginning programs."\(^2\) Wisconsin Chapter 115 was written and lobbied through the legislature by a group composed primarily of parents. PL 94-142 and bills preceding it were a direct result of parental, child advocacy groups which formed, lobbied and followed through to achieve the goal of equal education for all handicapped or disabled children. Where active parent groups have been established, actions which benefit the school, the parent and the student occur.\(^3\) Because the parents' attitudes toward the school are very important to the handicapped child, special help is needed to help the child succeed in life. Parent groups can be helpful in bridging the gaps between home, school, community and professionals.

There have been various attempts by schools to establish parent education groups. In Wichita, Kansas, the school system instituted a massive inservice effort to educate the parents. School administrators, and special education teachers organized the inservice to inform, encourage, involve and support parents. They wanted to have the parents of exceptional students aware of the services available and they wanted to demonstrate their concern to the parents.\(^4\)


\(^2\) Ibid., p. 107.


\(^4\) Ibid.
The Deverau Program, which is run in conjunction with the Arizona State University at Tempe, has made the materials used in their parent groups available through McWhirter of the University. A copy of their program was included in this paper as Appendix A. The Deverau School is a private school which deals with children with learning difficulties. The school administration felt their program was very successful, and the teachers were also satisfied with the results. The parents of newly diagnosed students are brought into a six-week program with a minimum fee of $10 a month. The six meetings are a structured group education program and an additional two weeks are offered as open-ended meetings for questions, suggestions and a general sharing of information. The program was designed to increase knowledge and decrease anxiety. The parents discover that they are not alone. The parents develop and increase their understanding of the child's emotional growth and needs. Deverau developed this program with the philosophy that the family is the primary influence on children's behavior and with the understanding that the family can promote or detract from learning. The on-going groups (after the initial six-week introductory sessions) met twice a month and had educational programs, groups in counseling and groups where behavior modification techniques were discussed. The effectiveness of the Deverau Day Program was seen in several areas. The counseling helped increase parent-school communication, and helped decrease behavior problems. The parents and students benefited

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from the interpersonal relationships. Areas laden with emotional overtones were discussed and resolutions begun, such as:

1. denial or the resistance to discuss the negative side of developmental difficulties
2. anxiety for the future
3. guilt
4. ambivalence.

This program was highly organized and on-going. This contributed greatly to its success which was measured by the satisfaction felt by the school administration, teachers, students, and parents.¹

Barsch contributed a chapter to Educating Children with Learning Disabilities,² "Counseling the Parents of the Brain Injured Child." The program was conducted at the Milwaukee Jewish Vocational Service in the mid 1960's. Barsch has moved on to other jobs and the program of parent counseling groups does not exist at the Jewish Vocational Service at this time.

The role of the counselor in the J.V.S. program was to focus on the parents' concerns during the session in a two-way conversation. The counselor was to point out the specific objective and other members were encouraged to participate and contribute. The parents were guided away from intrapsychic conflicts and were encouraged to stay away from griping or getting too personal. The counselor was to help work out a possible

solution for the mother with the specific problem. The mother would report briefly at the next meeting to see if it worked. Gradually, the counselor moved into a more passive role as the mothers learned techniques. The counselor really just kept them on the track.¹

The objectives of the J.V.S. program were to:
1. alter the perceptions of the brain-injured child
2. teach the parents understanding and guidance
3. correct misconceptions of the handicapped child
4. educate parents to new developments
5. educate the parents to understand the child and what is a cue for help
6. educate the parents to be consistent and systematic in ways of helping children and organizing responses to them.

These objectives were to deal with problems resulting from the brain-injured child and were not intended to alter the parent’s personality.²

The techniques used in the sessions were discussing or reporting on a specific problem that one of the parents had. The counselor would help to label characteristics which were identified as being typical of a brain-injured child. They would compare the child to normal developmental growth to understand his personal development. The counselor and others would propose methods to deal with the problem.³

²Ibid., p. 147.
³Ibid., p. 148.
The parent groups at J.V.S. were to meet for thirty to thirty-six sessions from September to June on a fixed schedule. There was a floating fee and individual counseling was available. The principles taught to the parent were simple and had a common sense approach. They were:

1. The brain-injured child misperceives and that is why he isn't constant. The first step was to find out how he misperceived.
3. Simplicity is the key word in setting goals.
4. Task analysis was explained so that parents could see the solutions.
5. Help the child organize the world.
6. Parents were taught to turn to the child for clues in order to help.
7. The child needed an organized base before he can advance.
8. The parent is the chief organizer.¹

In the thirty-nine discussion groups which extended over a seven-year period, growth was shown in the level of conversation and depth of communication between parent and child. The parents started at an information seeking level where questions and answers were primary, and moved to a sharing process where they tried to help each other. They progressed into a feeling stage with people helping each other examine their feelings. The next stage was generalization, to be interested in the child's development, and went to maturity where the brain-injured child was fully integrated into

the family unit.1

Techniques in the groups taught the parents how to set limits and why, how to prepare the child for a new experience, how to set achievable goals, how to reinforce or extinguish behavior patterns, and how to cope with difficulties.2 The program was successful because it offered support to the parents and positive suggestions to problems. When more effective ways of communication are learned, the parents feel more worthwhile and see changes being effected. These techniques are basic and could be used with other problem children.3

Another parent group, formed in Massachusetts, was the Career Development Center, and was written up in Teaching the Exceptional Child, Spring, 1973.4 The program was designed to work on self-esteem, independence and vocational options. The program offered transitory help to modify behavior in order for the students to get back into the local schools.5 The parent involvement in the program was in the Family Activity Continuing Education, FACE. An effort was made to involve the family in the educational program. It extended to the parents to help them recognize and understand their responsibilities in reinforcing the school's program.6 FACE included

2Ibid., p. 150.
3Ibid., p. 151.
5Ibid., p. 110.
6Ibid., p. 117.
activities which were designed to promote communication between parents and students. The students were encouraged to participate in arts and crafts groups and communications and discussion groups. The organization of FACE was that the students must meet twice a week for activities out of school time for fifteen weeks. The parents attended once a week, usually for the activity of the week and the discussion group. Although the program was voluntary, a commitment in time was made. During the sessions, time was structured for informal socializing and group discussion of the activity. (The activities ranged from bowling to concerts to field trips.) Group learning was utilized to change behavior and reintegrate the student into schools and the community.\(^1\) The results of the FACE program were satisfactory in that their goals were attained. The goals were as follows:

1. understanding of the individual's pace and potential
2. understanding by observing the parent and child
3. an enjoyable learning experience
4. new ways to deal with their students' problems
5. new skills
6. observations of family dynamics which could provide suggestions for changes
7. suggestions and give parents a new perspective
8. open family and intrapersonal communication.\(^2\)

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\(^2\)Ibid.
The programs mentioned earlier give a general idea of the ways and extent of programs which have been tried to educate parents to the nature of their child's disability. McCowan\(^1\) conducted a study which indicated that counseling with parents and students present was more effective than with just the student alone. Parents were eager for practical help with methods useful in working with their children. Counseling may help the family clarify their expectations for their child, and destructive patterns of behavior can be recognized for possible change.\(^2\)

In areas where a group counseling or a school oriented program is not available, other types of treatment may be sought. In some cases where there is a stable home, special education at a school and tutoring to improve skills and to boost the ego are sufficient. The student may require individual therapy if the parent is unable to cope. The therapist needs to be accepting and supporting to help alleviate guilt and to build self-esteem in the student. Another alternative would be parent group counseling to help the parents understand and cope. This could offer a respite to the parent who needs support.\(^3\)

Individual therapy and tutoring may be necessary even though having two adult figures could be confusing. Concurrent therapy where the parent and child have different therapists would be considered if the child's therapist did not have the extra time or the parents do not want the same

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\(^3\)Ibid., p. 29.
perhaps the child needs the protection of separate therapists. Concurrent therapy with the same therapist would be preferred because they would be working together. Family therapy would be the most acceptable alternative because it allows a systems view. The family members may help each other outside of therapy and because it opens up communication, the family functions better.¹

The parent is largely responsible for the identification and placement of the student into special education programs. Each school must follow PL 94-142 and so the referral processes will be very similar from state to state and within the various states. The individual educational program may vary as far as form, but its contents and procedures to be followed are mandated in the PL 94-142 legislation. Because this topic is extensive enough to be a paper in itself, the reader who would like to pursue this subject or who would like to refer a concerned parent for further information could recommend the October 1977 issue of Focus on Exceptional Children.²

A side benefit for parents getting involved with their child’s disability is improved mental health and a healthier, more realistic and positive attitude toward the “system”.³ It needs to be noted that parents could become concerned over the lack of equal education only in an affluent era in history and in the context of the whole struggle for civil rights.


When the parents of handicapped children demanded their share in the af
fluence, the system had to make accommodations to be flexible enough to
offer success.\(^1\) The motivation behind the parents and the attitudes
toward schools have changed from a passive "lucky to have such a pro-
gressive school where my child is allowed"\(^2\) to an advocacy position shows
rights are demanded.\(^3\)

The parents and their relationship with the school is now much more
clearly defined; however, the parents' referral and concern can be the im-
petus to begin EEN testing. The parents should become aware of the evalua-
tion process and understand their rights in order to participate as a full
member of the team which decides the child's placement. The child should be
viewed as a learner first and as a handicapped learner second. He should
be assessed as to what he can do and not by what he can't do. The parent
should realize the difference between observable behavior and assumptions.\(^4\)
The parent should ask the school to focus on what can be learned rather
than the amount of work performed. The parent does not need to support
the teachers at all times, but he/she can help the child to understand the
teacher and how to get along with him/her. The parent should support the
child's efforts in school.\(^5\) The parents should not blame the teachers or

\(^1\)Robert H. Bradfield, "Preparation for Achievement," p. 91, Lauriel
E. Anderson, ed., Helping the Adolescent with the Hidden Handicap, Academic
Therapy, San Rafael, Calif., 1970.

\(^2\)Peter Fanning, "The New Relationship Between Parents & Schools,"

\(^3\)Ibid.

\(^4\)Robert J. Baldauf, "Parental Intervention," Ch. 9, p. 184, Helmer R.

\(^5\)Ibid., pp. 192-194.
schools, but they should be positive and have realistic goals. The student needs some successes even if they are minor. One good sentence is better than a bungled paragraph. The student should know the results of testing to be able to have the confidence that he has strengths and that the weaknesses are definable.

To promote good parent, school, student communication, a parent handbook or handouts could be written by the school system. Appendix B contains suggestions for constructing a parent handbook.

Another area that parent groups may deal with would be the socializing or the socialization of their children. By knowing the various parents, contacts can be made for the children to meet other children with similar difficulties. If the student has no friends and poor social skills, this may be a way to start. However, Kronick felt that only if the student was severely disabled should the parents encourage this sort of grouping. She felt that a student lives in a non-handicapped world and that he can learn more from being around non-disabled students. Gordon would agree with this and felt that the child needs to associate with non-handicapped children and learn from them. This can't always happen because the differences may be too great. In this case, handicapped children can help each other develop social skills, but they should definitely not be the only outlet.

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A North Shore parent group was called together by the Zimmermans of Whitefish Bay. The first meeting attracted more girls than boys and had some parents who were present without their children (boys). The group has initiated various activities and is now going to join an East Coast group for a tour of the Southwest, and California in particular, for this summer.

Because socialization is such an important part of a child's growth and development, some efforts should be made to teach the basic social skills early in life. Adolescence would be less painful if social skills were established and could be relied upon. It might be helpful for the parent to assist in finding a friend and talking about what friend would value the adolescent. The adolescent could make arrangements to meet a friend for dinner and a movie, with the parent's advice. This might make the socialization process easier. The social skill tasks necessary for an adolescent to master or be aware of are, how to carry on a conversation with a friend, how to listen well, and how to organize words to express thoughts. Some of this learned behavior can be done by parental discussion; however, it should extend to planned visits to other homes. Developmental disability does not end outside the school walls. Other skills to be learned are game skills, sports, and self-management skills.


The whole idea of socialization dovetails with the concept of mainstreaming. Because this is such an integral part of recent legislation and seems to be more fully implemented at the secondary level, the two are interrelated. There are several benefits to mainstreaming, not the least of which is, that all children are guaranteed the right to be educated with their peers as much as possible. The world is non-handicapped and this is where they must live. Another benefit that accrues is that their peers have been exposed to the positive effects of knowing more about the handicapped.¹

The current legislation has recognized the need for acceptance of all children into the educational setting. They have recognized the inequality of segregation by handicap as a social ill. With the thrust of current legislation in the direction of mainstreaming, few have raised their voices in opposition. Cruickshank² wrote against mainstreaming because the programs are poorly administered and the regular education teachers were ill-prepared. He felt that some integration would be good but that special educators were more cognizant of the problems of the exceptional child.

While all of this may be true, the programs and teacher preparation will not change until they are forced to change. The new laws will force those changes. The Deckers³ repeated the idea that teachers were poorly prepared. They also mentioned the need for remediation and felt that there might be

too many children in the classroom. One point which was particularly noted was that perhaps mainstreaming was not the answer for the "normal" child, either. While remediation is particularly appropriate for the lower grades, the secondary program usually offers support and life-survival skills. If a student is kept in a remedial program and away from the mainstream classes, he tends to be isolated from his peers and lacks the necessary exposure to their ideas. The longer he stays in a disability program, the further behind he falls in academic areas.

Several handouts that were written specifically for parents were included as appendices to this paper. Appendix C gives an inventory which parents can use to check their adolescent's social behavior. Appendix D lists practical advice given by Gordon, a well known educator in the field of special education. Appendix E, Parents and the Specialists, was included as a guide for parents to be used when dealing with various professionals. Appendix F gives the answer to what parents want to know. Appendix G was included to give parents a list of available suggested books. Appendix H is a list of colleges and universities which have special help programs. These appendices were included to give parents the benefit of the research gathered in this area in a concise form.

The Future of the Learning Disabled Adolescent

At this time, the future for an identified learning disabled student is getting more promising. There are still very severe problems, however.

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It has been estimated that 15% of the U. S. population is illiterate, angry and frustrated. Many in this group have learning problems for which they are blamed. We should be less concerned with labeling these people and more concerned with the problems of the people who are affected because they can't read.\(^1\) The American Association of Junior Colleges stated that one-third to one-half of their new students have significant reading problems. Twenty percent of these problems are too severe to benefit from the remedial programs now being offered.\(^2\) A California teacher has estimated that seventy-five percent of the students with learning problems leave school, "unemployed, unemployable and with no plans for a job or job training."\(^3\) In many ways, it is viewed as unfortunate that we have tried to understand the problem people and failures because by labeling students we give the impression that we know what to do, which compounds the problem.\(^4\)

For the non-handicapped student, graduation means the beginning of adulthood, a first step toward life, a career, and a family. For the handicapped, they are cut off from the shelter of school with nowhere to turn, that is, if they have been able to stick out the twelve or thirteen years of school.\(^5\) The motivation to achieve comes from success. Each

\(^2\)Ibid., p. 264.
student needs successes to help keep him motivated.\textsuperscript{1}

The future for the younger students will be less of a struggle, but many students are not seen early enough and are ready for college. Intellectually gifted students should be able to continue their schooling.\textsuperscript{2}

The questions which should be answered before a learning disabled student goes to college are:

1. Can he read quickly and extensively?
2. Can he cope with an unstructured situation?
3. Can he handle the academic material?
4. Are there facilities where he can get special help?\textsuperscript{3}

Many community colleges are providing accommodations such as taping and tutors.\textsuperscript{4}

Future planning at a secondary level should focus on matching strengths with job requirements. Because the secondary students with learning problems have a strong identification with less fortunate people, they are well suited for social work, health careers, and other public service areas.\textsuperscript{5}

Efforts to compensate for poor reading skills or an effort at survival


\textsuperscript{3}Lauriel E. Anderson, ed., Helping the Adolescent with the Hidden Handicap, p. 18, Academic Therapy, San Rafael, Calif., 1970.


\textsuperscript{5}Ibid.
reading skills, should be made in secondary school because the possibility of getting a status job usually depends on reading. The job which does not require reading is usually an inflexible situation with few chances for advancement.¹

Whether a student pursues further education or goes directly to the employment market, certain areas need to be examined for vocational success. First, social skills must be developed along with the ability to relate to people and to be responsible. Next, the store of general information needs to be expanded. He should be exposed to new activities. Lastly, the academic ability needs to be expanded. Tapes should be used, or whatever modality is strongest, to fill in on general information.²

The psychological adjustment of the handicapped youngster is more important to future employment than is the disability itself.³ More research is needed as to the effectiveness of career education for the learning disabled student. Career education programs need guidance offered in order to help with emotional problems and frustrations which accompany learning disabilities.⁴ Career education should be weighted heavily with basic literacy skills, reading, writing, speech, thinking and listening. Options must be offered, including college. Too often these students are steered into a

²Ibid., p. 87.
³Ibid., p. 44.
Vocational training in high school is sometimes a very poor choice for a learning disabled student. His perceptual motor skill deficit may be too low to function well in a shop situation. This is particularly bad when industrial arts takes the place of a more appropriate class. Often because industrial arts or shop becomes a dumping ground, the staff reacts negatively.

The California Department of Vocational Rehabilitation worked out a pilot program to provide for the potential drop-out. For the drop-out, successful employment is difficult because of low reading skills, poor math, expressive language lags, and general lack of perception. This pilot program was a "take out" program where students were put into training programs. The students would attend high school part-time and vocational training part-time. It was a work experience program. The pilot program was funded with state, federal and local money. Two positions were created, program Coordinator and work coordinator. The school districts supplied the facilities and money for the office paperwork. The two categories of work experience were a learning lab with work experience and occupational education

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with on-the-job training and pay. The students also had the option of having tuition paid to learn skills from an outside training center.

Other attempts are being made to prepare the college-bound student with sufficient coping and survival skills that he will be able to succeed. "...many of them have above average intellectual ability and are fully capable of handling advanced academic subjects if such subjects can be appropriately presented." Although higher education does not require a high reading level, accommodations are necessary for the non-reader to succeed.

The devices that can be used to cope are the tape recorder, calculators and computers, and video-taping equipment. These devices open up new avenues of learning to the disabled student.

Weiner reported on the Newton, Massachusetts high school's remedial program. There, in-service for teachers and individual help was offered. The teachers of the college-bound students made accommodations and worked particularly hard on written expressive language. The students prepared for the PSAT and SAT exams and prepared for interviews. Class work quality improved as the students were taught coping skills. They learned to tape

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2Ibid., p. 95.

3Ibid.


6Ibid., p. 201.
lectures and to use the taped texts if they were available. They would fill in the gaps in their notes from friends. They accepted discussing lectures with friends and having others proofread their papers.¹

Many colleges and universities are creating special help resource centers to help students who require it. Webb wrote about the program at Curry College, Milton, Massachusetts, in Weber’s book, Handbook on Learning Disabilities.² The PAL, Program of Assistance in Learning, started in the 1970’s to help the students who needed help. The generalizations were made that the population would be five to one, boys to girls. They were usually intact orally but experienced difficulty in writing.³ Webb felt most failures are due to the inflexibility of the institutions.⁴ The students from the PAL program at Curry were integrated into the student body. The remedial help was on their free time.⁵

Other colleges and universities are providing special help centers; and although they are still exceptions, special help is being offered on a limited basis. In this area, MATC, WCTI and Gateway in Racine, all have special centers which deal with remedial and support help. An Appendix is included to give a general idea of schools available. Parents will have to search and research to find suitable programs in their geographical areas.

⁴Ibid., p. 346.
⁵Ibid., pp. 252-253.
and in the areas where their children’s interests lie.

The future for post-high school graduation still presents problems. There are several ways that community services can be utilized to help provide for the future of learning disabled youth. One concept is the life adjustment center, which can provide a living, learning environment. In a life adjustment center, the learning disabled adolescent or post-adolescent works on problem solving and building self-confidence. They work on social skills and try to widen their social experiences. Sex education is offered to help them deal with their sexuality. Communication skills, employment skills, academic skills and therapeutic recreation complete the program. Some counseling with the family or parent may be included.¹

Group homes may be an answer for those whose problems are aggravated by the family situation. Some parents cannot cope with the guilt involved with institutionalization. Group homes can help with this problem. The basic philosophy behind group homes is that maladaptive behavior is learned behavior. In a group home, behavior modification is used because behavior can be observed and growth measured. They can be systematic and offer contingency management. This can maximize conditions for learning.²

Another option for community based support is the hostel, which is a "supervised residential facility...long term or indefinite basis."³ This is not a treatment facility. The payment of fees is done by the residents.
The staff should be near the same age and be an advocacy program. They should be a clearing house of information. The concept is to be a support system which helps establish independence.¹

Arena discussed the future needs of learning disabled students in Anderson's book.² Some of the needs he saw are discussed in the following paragraph. One need is for a definition which is inclusive enough to bring in all the learning problems in order to bring order to the whole field of learning disabilities. Funding, from some revenue source to insure smaller classes, must be established. Better screening devices and ways to interpret the results more precisely are needed. Programs which are geared for the total child's needs must be developed. Schools must expand programs to provide decent classrooms and better materials and equipment. The materials need to be appropriate to age level. Parents should be included in the planning to give their special insights. Vocational training with realistic and thorough training should be developed and implemented. Both regular and special educators need proper training and definite certification standards. A student should be evaluated with the goal being to move him out of the program. Communities are going to have to make resources available for continuing assistance.³


Summary

The field of secondary learning disabilities is growing rapidly. Much information is still needed for the families affected by an adolescent learning disabled student. Support is needed for the family in order to have an integrated, functioning family. The parents who have banded together have provided impetus for legislation which has defined and expanded the rights of the handicapped. As more learning disabled adults need facilities in the community for their survival, new legislation will be needed to provide this support system. Colleges and post high school training centers are becoming more sensitive to the learning disabled student and are beginning to modify their programs. Parents will still have to monitor the systems offered and continue to demand quality and equal education for their children. They now have the expertise and experience in dealing with the legal and legislative branches of government and may be expected to keep the pressure applied to these pressure points. The future looks much brighter for the learning disabled student today than it has in the past.
CHAPTER III

Summary and Conclusions

The learning disabled adolescent provides very special problems for parents and the total family involved. He requires adjustments, accommodations and special help. A strain can be placed on the total family environment and marital problems can become pronounced. The student is able to learn to be a productive member of society, and his needs must be met. The parents as advocates have created many changes in the laws which have affected schools.

An area where research is needed is in psychotherapy as a way to treat learning disabilities. It seems apparent that all children have problems with adolescence and with growing up. However, the learning disabled children, the writer has observed, seem to have a complex psychological makeup which apparently contributes to their learning problems. How to investigate this aspect of a developmental lag due to a family disturbance presents a real problem. Parent groups could be a way to delve into this area. These groups might provide at least an educated guess as to the accuracy of this premise. It was interesting to note that only one author alluded to this aspect as a possible remedial device.

Another area of interest is in researching self-concept and self-image as a contributing factor to learning problems. This would not be dealing with an emotionally disturbed child, but with an under-achieving student.
The question of survival or remediation also faces the secondary learning disability teacher. Is specialized tutoring reasonable or does the remediation of specific lags take precedence at this age? Obviously, this writer's opinion is survival, which seems to be supported by the research. Using the classroom material as a base, seems logical. However, MATC still uses a remedial approach and feels successful. This area could use some thorough research.

This writer also has questions about the different ways of counseling with learning disabled adolescents. Very little was written about techniques used or the emphasis placed on this aspect by teachers. This is a very important aspect of a classroom technique, but there is little research to support this contention.

Secondary learning disabilities is an exciting field and has opened many areas for research. Curriculum will be researched as will vocational or career education for learning disabled youth; but the areas of interest to this writer are the interpersonal and intrapsychic aspects of an adolescent with learning disabilities.
APPENDIX A

The Deverau Parent Group In Learning Disabilities
by J. Jeffries McWhirter, Ph.D.

Session One: Overview and Definitions
- Parents Counseling Summary Sheet
- Definitions of Learning Disabilities
- Focus of Learning Disabilities
- Case Studies of Famous People

Session Two: Laterality and Directionality
- Balance Beam Exercises

Session Three: Visual Perception Problems
- Gobbligook
- Gobbligook, Translated

Session Four: Auditory Perception and Discrimination Problems
- Oral Language Problems
- Suggestions for Development of Auditory Discrimination and Auditory Memory

Session Five: Perceptual Motor Issues
- Perceptual Motor Concept of Learning Disabilities
- Toys That Teach

Session Six: Summary and Review
- A Letter From a Learning Disabled Child

Optional Sessions
- Parent's Description of Problem Symptoms
- A Classification System of Dyslexia
- Learning Functions and Teaching Materials

For more information, contact:

Dr. J. J. McWhirter
Arizona State University
Tempe, Arizona 85281
Handbook to Facilitate School & Home Communication

Parents must become involved with schools in order to provide the best possible education for their children. The schools should provide certain information to parents. A handbook which parents could find helpful could be organized. Some of the information might duplicate the general school handbook. It could contain some of the following information:

Special Personnel. This section would include the names and phone numbers of school personnel who parents may need to contact during the year - the principal, teacher, counselor, nurse, school psychologist, or bus driver.

Classroom Procedures. The classroom procedures should be explained, the use of any rewards, the use of study carrels, and general classroom expectations and procedures.

With the inception of Chapter 115 and PL 94-142, schools are mandated to maintain closer communication with parents and to involve them in planning programs. In order to facilitate this, a handbook dealing with specific items not covered in the general school handbook could be developed as well as handouts listing books and specific agencies or community services that are available to them. The handbook should be clearly written and devoid of jargon. Some of the areas that it might cover are special personnel, classroom procedures, materials and supplies, transportation (if different from other students), conferences and reporting systems, and any additional pertinent information.

The names and phone numbers of special school personnel who the parents might need such as, director of pupil personnel, special education teachers, counselors, nurse, school psychologist and the bus driver, should be given. Office hours or how to make an appointment might be included.

The classroom procedures and material should be included. If there are supplies the student needs, these should be included. Techniques used in the classroom or special features of the classroom should be explained. The use of carrels for study, special release time, or any particular behavior management techniques used could be described. A list of materials and how they are used would be helpful.

Any special rules or regulations dealing with transportation or bussing, in general, would be of interest to the parents.

Conferences, both regularly scheduled and how to make special conferences, should be explained. Also, the report card and progress reports dates and purposes would be important. A discussion of work study or released time to attend a technical school could be helpful to parents.
It should tell how credit is received.

The specific handouts could include the following topics: a list of games, helpful books, a list of colleges with special help offered, summer camps, or community resources. The Deverau schools have shown the value of closer parents, school contacts. The fewer surprises the parent can have, the better.
Parent Inventory for a Learning Disabled Adolescent

1. Self-awareness:
   Is he aware of his strengths and does he use them? Is he realistic about his limitations? Are his goals attainable?

2. Social Ability:
   Does he have friends his own age? Does he relate to adults? Does he understand how to act in a social situation? Can he carry on a conversation without perseverating? Does he show an interest in others?

3. Outside Interests:
   Does he have hobbies or interests? What does he do in his spare time?

4. Grooming:
   Does he know when to bathe, change his clothes, brush his teeth? Does he choose clothes appropriate to the occasion? If a girl, does she know how to handle personal hygiene?

5. Independence:
   Is he able to get around the city by himself? Does he know how to shop for items, how to cook and care for himself? Does he have the skills necessary for independent adult living?

6. Work Habits:
   Does he have a routine for homework, housework and free time? Is he able to do things without being reminded? Does he have the necessary study skills?

7. Maturity:
   Can he make mature decisions? Does he know when to follow orders and when to think independently?

8. Values:
   Has he developed any future plans? Has he examined his feelings about religion, war, or politics?

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APPENDIX D

Gordon's Practical Suggestions

Gordon is a well-known educator and writer in the field of special education. He has written a column for parents in The Exceptional Parent for several years. He is eminently practical and has a sensible respect for the abilities and competence of parents to parent effectively. The following information is adapted from Gordon.

1. Social experiences are important for development.
2. Help toward guided independence and structured growth in independent living skills.
3. Teach social skills, shopping, bowling and eating out.
4. Design activities which provide the adolescent with success.
5. Help him to structure and explore leisure time activities.
6. Discuss qualities in the choice of friends.
7. Watching TV can be an escape. Determine if it is used in this way.
8. Psychotherapy may be helpful.
9. The question of sex needs to be dealt with openly.
10. Fantasies are to be viewed as normal.
11. Teach adolescent how to cope with his repetitive behavior.
12. Explain why other children may resent him.
13. Discuss chances of success in school.
14. Use the fine art of reverse psychology.
15. Discuss what his future may hold.
APPENDIX E

Parents & The Specialists

1. Be involved.
   If your child is being tested, know what tests will be used, what
   the results will show, and if you may observe the test. You need
   to know how he reacted to the examiner.

2. Be informed.
   Discuss your child's case and if you don't understand, ask questions
   and see all reports. Get copies of all reports.

3. Be aware.
   Labels are convenient, but you need more specific information. Be
   wary of a professional who sees your child as a one-dimensional
   being and not as a whole individual.

4. Be intuitive.
   When faced with conflicting choices, use your "gut" feeling.

5. Be realistic.
   No one has the "answer" or can perform a miracle.

6. Be practical and flexible.
   Be willing to cast aside an unworkable program and be willing to
   try a new approach if it seems reasonable.

7. Be persistent.
   If information or services have been offered, followup requests
   may be necessary.

8. Look for a specialist who will:
   1. Understand your child's assets and limitations
   2. Appreciate your child's accomplishments
   3. Helps you and your child live without guilt or blame
   4. Be truthful to your child

Adapted from Massachusetts Specific Learning Disabilities Gazette, as
Parents' Recommendations to Teachers

Tell us how our child gets along with others in class.

Tell us if our child gets in trouble.

Use terminology we can understand.

Show us how to teach things to our child.

Tell us what you expect our child to learn.

Require us to attend parent conferences.

Tell us if you feel our child has progressed as far as he possibly can.

Be willing to discuss our child's problem with our doctor.

Give us material to read.

Parents' Recommendations to Psychologists

Use terminology we can understand.

Give us materials to read.

Require both parents to discuss their concerns with you.

Give us copies of reports.

Parents' Recommendations to Physicians

Tell us the diagnosis as soon as it is known.

Allow us to ask questions.

Use terminology we can understand.

If you are not interested in treating our child, refer us to someone who may be.

Be willing to discuss our child's problem with his teacher.

Give us materials to read.

Tell us about health problems our child may experience.

Require both parents to discuss their concerns with you.
The conclusions to be drawn are that communications are the biggest problem or drawback in the parents' efforts to understand the problem. An interesting fact is that the three lists overlap in several areas. They are: (1) the use of terminology which is understandable, (2) requiring both parents to attend conferences, (3) the request for materials to read.

APPENDIX G

Books for Parents


APPENDIX H

Colleges

**College of the Ozarks**, contact Director of Special Learning Center, Clarksville, Arkansas 72830 (1-501-754-3034)

**Westminster College**, contact Director, Experimental Division, Westminster College, Fulton, Mo. 65251 (1-314-642-3361)

**Curry College**, contact Ms. Gertrude Webb, Curry Learning Center, Curry College, Milton, Mass. 02186 (1-617-333-0500)

**Wright State University**, contact Dr. Marlene Bireley, W475B Millett Hall, Wright State Univ., Dayton, Ohio 45431 (1-513-873-2677)

**DeAnza College**, contact Ms. Judith Triana, Learning Disabilities Specialist, 21250 Stevens Creek Blvd., Cupertino, Calif. 95014 (1-408-157-5550)

**Goddard College**, contact John Lewis, Learning Skills Center, Goddard College, Plainfield, Vt. 05667

**Southwest College**, contact Dr. Mary Samaras, Southwestern College, 900 Otay Lakes Blvd., Chula Vista, Calif. 92010 (420-1080)

**Wright State University**, contact Denise Chenoweth, Wright State University, Dayton, Ohio 45435 (1-513-873-3333)
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Kronick, Doreen. They Too Can Succeed, Academic Therapy, San Rafael, Calif., 1969.


Edlund, C. V. "Rewards at Home to Promote Desirable School Behavior," Teaching Exceptional Children, Summer 1969, pp. 121-127.


