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СОЦІАЛІЗАЦІЯ ГЛУХИХ ТА СЛАБОЧУЮЧИХ ДІТЕЙ ІЗ ТРУДНОЩАМИ У НАВЧАННІ В ІНКЛЮЗИВНОМУ ОСВІТНЬОМУ СЕРЕДОВИЩІ

В статті розглядається шлях соціалізації для глухих та слабочуючих дітей із труднощами у навчанні через залучення до навчання в загальноосвітніх інклюзивних школах із чуючими однолітками (на прикладі США та Канади). Автор розглядає положення законодавства стосовно прав таких дітей на інклюзивне навчання, висвітлює підходи до класифікації особливостей та потреб даної категорії дітей, а також аналізує наукову літературу, що вивчає методику ідентифікації, тестування та навчання. Не дивлячись на те, що часом у освітян, що навчають глухих дітей і спеціалістів, що вивчають труднощі у навчанні, виникають протиріччя, спільними зусиллями вдається перебороти труднощі і протиріччя і знаходити ключі до успіху.

Ключові слова: глухі діти, слабочуючі діти, труднощі в навчанні, інклюзивна освіта.

В статье рассматривается путь социализации глухих и слабослышащих детей, у которых идентифицированы трудности в обучении, через обучение в инклюзивных общеобразовательных школах вместе со слышащими сверстниками (на примере США и Канады). Автор рассматривает положения законодательства относительно прав таких детей на инклюзивное обучение, освещает подходы к классификации особенностей и потребностей таких детей, а также анализирует научную литературу изучающую методику идентификации, тестирования и обучения. Несмотря на наличие порой разных взглядов у педагогов занимающихся образованием и воспитанием глухих и слабослышащих детей и специалистами занимающимися трудностями в обучении, общими усилиями удается преодолеть разногласия и находить ключи к успеху.

Ключевые слова: глухие дети, слабослышащие дети, трудности в обучении, инклюзивное обучение.

Inclusive movement is impacting all areas of special education, including education of students who are deaf or hard of hearing (D/HH). Educating D/HH students in public schools is not a new phenomenon. While numerous definitions for inclusion have been offered, a common denomination of all definitions of inclusion is reference to placement of students with disabilities in the general education classroom with necessary supplementary aids and support systems [3]. D/HH are educated within a few schools for the deaf but mostly within self-contained or resource classrooms in public schools, or within regular education classrooms with support provided by an itinerant teacher [24].

Lipsky and Gartner [12] viewed inclusion as a result of changes in the values and beliefs of society in relation to people who differ from the norm. These authors wrote of paradigm shifts in society from the era of institutions (in which individuals with disabilities were viewed as in need of medical care), via the era of deinstitutionalization (in which individuals were viewed as in need of specialized rehabilitation to facilitate re-integration into society) to the era of community membership (in which individuals with disabilities were viewed as unique individuals in need of functional support to enhance inclusion in society).

Inclusion is more complex than a mere physical placement in the regular classroom. In order to make the classroom inclusive for all learners, teachers should work in partnership with special educators to make adaptations in the curriculum and to structure the classroom in a manner that will allow for learning by a diverse group of learners [6].

The difference between mainstreaming and inclusion is that mainstreaming implies that the child adapt to the regular classroom, whereas inclusion implies that the regular classroom will adapt to the child. Mainstreaming implies that the D/HH children are visitors in the regular classroom, whereas inclusion implies that the D/HH children are members of the regular classroom.

Learning disability: Definitions and implications

A broad interpretation of the term 'deaf with multiple disabilities' implies a hearing loss combined with another disability generally needing services beyond those provided for a child with the single disability of hearing loss. Additional disabilities may include mental retardation, learning disabilities, ADD/ADHD, visual impairment, cerebral palsy, orthopedic involvement, or other physical disabilities. However, there is no consensus as to the definition of LD. In the past 40 years numerous studies have been conducted on students with learning problems variously labelled "dyslexia", "brain injury", "neurological impairment", "perceptual handicap" and more. There do exist different definitions accepted by different organizations and researchers. The following definition of learning disability belongs to the government of Canada:

"A specific learning disability results from problems in one more of the central nervous system processes involved in perceiving, understanding and/or using concepts through verbal (spoken or written) language or nonverbal means. It manifests itself with a deficit in one or more of the following areas: attention, reasoning, processing, memory, communication, reading, writing, spelling, calculation, coordination, social competence and emotional maturity. It affects: INPUT (How information is taken in); Perception (How it is perceived); Auditorily (How well information is heard); Visually (How well information is seen); Tactually (How well information is input by touch); INTEGRATION (How new information is taken in, understood and linked to old information); Concept formation (How multiple ideas are combined); OUTPUT (How information that has been learned and assimilated is shown to others); Written expression (Organization of thoughts and understanding of Logical Progression); Oral expression (A speech or explanation of what has been learned); Demonstration (A project demonstrating what they have learned)" [20].

Learning disability: Students who are D/HH and have multiple disabilities

Just as there is no generally accepted definition of LD, there is no generally accepted definition of the term 'D/HH-LD' as well [9; 14; 22]. However, Jones [9] reported that of the 39 state special education directors responding to a survey (USA) on what definition of LD their state guidelines follow when applying the term to students who are D/HH, 77% reported adherence to the definition of Public Law 94-142, (1977) published in the Federal Register:

"Specific learning disability" means a disorder in which one or more of the basic psychological processes involved in understanding or in using language, spoken or written, may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or to do mathematical computations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. The term does not include children who have learning problems that are primarily the result of visual, hearing or motor handicaps or mental retardation or emotional disturbance or environmental, cultural, or economic disadvantage" [27].

The above definition was retained later almost untouched in the Individuals with Disabilities Education Act [28]. Other definitions insist that a specific learning disability not be caused by mental retardation, physical handicap, hearing/visual impairments, or emotional disturbance. So, most definitions include the assumption that the child has adequate intelligence, opportunity, adequate instruction and an adequate home environment, yet still does not succeed.

Some professionals prefer to describe 'learning differences' or 'individual variations' because they believe it is important to remember that children

learn and mature at varying rates. Because children also differ in the ways they learn and what captures their interest, it is better to emphasize the child's learning style and strengths while acknowledging their differences.

Number of D/HH children enrolled in special education programs who have been identified with a disability in addition to their hearing loss has increased from 25.7% in 1999 to 39.9% in 2002 [7]. The most common are the cognitive-behavioral disabilities: mental retardation and *specific learning disabilities*.

It should be noted, that part of the explanation for this high percentage comes from the linkage between the cause of hearing loss and the additional disability:

"All of the major contemporary known causes of early childhood deafness may be related to other conditions to some extent. These include maternal rubella, prematurity, cytomegalovirus, mother-child blood incompatibility, and meningitis. Even in the case of inherited deafness, whether dominant, recessive, or sex-linked, the hearing loss may be only manifestation of a syndrome that includes a wide range of conditions." [18, p.18]

Table 1 shows the numbers of children with hearing loss and additional disabilities:

Additional conditions	N	%
Total Students	42361	100.0
Information NOT reported	5038	11.9
Total Known Information	37323	100.0
No condition in addition to deafness	22424	60.1
Low vision	819	2.2
Legal blindness	640	1.7
Learning disability	3988	10.7
Mental retardation	3659	9,8
Attention Emotional disturbance/Deficit Disorder	2462	6.6
Emotional disturbance	641	1.7
Cerebral palsy	1280	3.4
Other conditions	4529	12.1

The last line *Other conditions* in the table might include children with whom deafness is not considered to be a student's primary disability, such as a Down syndrome, cleft palate and severe multiple disabilities.

Hunt & Marshall foresee that the number of the children with multiple disabilities "will increase over the coming years because of the improved survival rates of premature and medically at-risk infants and improved identification and diagnostic procedures. Effective strategies for teaching these children, always difficult to come by, must continue to develop" [19,

p.335]. Learning disabilities are far the most prevalent disabilities among school-age children. According to the Individuals Education Act, a child's learning disability is determined by the discrepancy between what the child should be achieving educationally, given his or her age and intellectual ability, and what he or she is in fact achieving. The discrepancy is measured in one or more of the following areas: oral expression, listening expression, written expression, basic reading skill, reading comprehension, mathematical calculation, and mathematical abilities. However, applying this measurement to deaf students is not straightforward as it is with hearing students. With deaf students there is the uncertainty of the contribution of deafness and its associated communication implications to any discrepancy noted [8] .

D/HH students with LD: Problems of identification

Kluwin [10] framed several points for the discussion about deaf students with a learning disability: (1) deafness per se is not a learning disability, (2) deafness can result in experiential and learning characteristics of hearing students with learning disabilities, and (3) some deaf students might have learning disabilities. As in the hearing school-age population, many students who are D/HH exhibit LD-like characteristics whether they have LD [5]. The lack of a definition for the term 'deaf or hard of hearing with learning disabilities' (D/HH-LD) has resulted in controversy among professionals with regard to the classification of such students. Professionals attempting to identify students who are D/HH-LD are faced with many challenges. Differentiation of students who are D/HH-LD from students who are D/HH without LD complex is a complicated one. The challenge is also true when hearing students are the focus, but with students with hearing loss this task is even greater because of typical delays in language demonstrated by them [5; 9].

Hearing loss has its most pervasive effect on the development of spoken language. It does not appear to affect cognitive or intellectual development, but it can have a significant impact on school achievement. The average school achievement of D/HH students has been significantly below that of the hearing peers. Paul and Jackson (1993) reported that "one of the most robust findings is that there is an inverse relationship between hearing impairment and achievement: the more severe the impairment, the lower the achievement" (p.34). In an average classroom the low achievement of a deaf or hard of hearing student can consequently be considered as a result of a learning disability rather than the influence of deafness/hearing loss. Even though, Marlowe stated that learning disabilities in deaf students are "neither clearly understood nor even recognized by many educators working with deaf students" [14, p.283). According to Meadow-Orlans "for a child the primary disability of hearing loss is not the deprivation of sound, but deprivation of language" [17]. Lederberg stated that the language delay may disrupt the development of 'normal' social relationships [11]. Many children

who are deaf, particularly those who have not been involved in early intervention programs, come to school at age 3 (and sometimes much later) without any speech or signing skills at all. So, although there are exceptions, most children who are D/HH start school with a language delay, and many of them never catch up to their hearing peers linguistically or academically while they are in school [11; 14; 17; 23]. For students with hearing loss, the ability to communicate with teachers and peers can be a major component of academic success. Teacher-student communication and student-teacher communication are primary means of learning in the classroom. Students who have difficulty communicating in the classroom may choose not to participate in classroom activities, which may in turn affect their learning and their academic success [13].

It is difficult to identify the reasons for a D/HH student's lack of expected achievement. Their education is influenced by many factors including early intervention, effective communication strategies, involved parents, good teachers, and much more [10; 11]. Jones [9] suggested that because of the difficulty with distinguishing students who are D/HH-LD from those without LD, students with LD tend to be older when first identified than students who are hearing with LD, the majority of whom according to McLescy [15] are identified in the first and second grade

Elliot and Powers [5] surveyed teachers throughout 36 states in the United States on the similarities and differences of students who are D/HH who were suspected of having mild LD, mild mental retardation (MR), or mild social/emotional disabilities (SED). The authors concluded that there was "no clear agreement among teachers of deaf students regarding those characteristics that can be commonly ascribed to the population of D/HH students identified as having additional mild disabilities across LD, MR, and SED categories" (pp.9-10). They described the characteristics of D/HH students, as reported by more than 50% of the respondents. These included difficulty with: a) retaining and recalling information that was read; b) word recognition abilities; c) reading comprehension d) attending in groups of six or more; e) staying on task; f) perceiving spatial concepts; g) retrieving needed vocabulary; g) fine-motor tasks. The survey emphasized that the need to determine whether a D/HH child is not achieving because of some underlying intellectual incapacity is critical. An important step in this direction is to distinguish between a perception problem and a processing problem.

A *perception problem* is the result of the failure of all or part of a major sensory function. Colour blindness or astigmatism or being hard of hearing are perception problems because a major sense organ is not opening properly. There can be degrees of perception problems and, in some instances, there are specific medical solutions to these problems. Vernon (1969) and Shroyer [25] reported perceptual difficulties in students who are

D/HH involving such conditions as visual-perception, delayed motor skills, and impaired cognitive process.

A *processing problem* is the result of a failure of the brain to organize sensory input in a standard fashion (Stewart & Kluwin, 2001). Learning disabilities are a class of processing problems or, more specifically, a dysfunction of a basic psychological process involved in using language, which shows up a specific problem in the ability to understand language, including reading, writing, or spelling as well as doing mathematical calculations. Stewart & Kluwin stated this assumes, however, that the child has at least “average intelligence with a significant difference between the potential to learn and actual achievement, no evidence of mental retardation, no separate emotional disturbance, no cultural difference or lack of opportunity to learn such as extreme as poverty” (p.305). Finally, the underlying cause of the dysfunction is assumed to be a central nervous system dysfunction that excludes sensory limitations such as blindness or deafness [2].

Straker [26] reporting the results of the survey of clinical specialists and practical teachers indicated that four component disabilities had been perceived to best discriminate students who are D/HH-LD from those component disabilities that do not. Those were: (1) spatial relationship, (2) visual perception, (3) discrepancy between students’s IQ and achievement level, and (4) a long-term memory. If those behaviors were perceived as characteristic of a student who was D/HH, data analysis revealed a .99 probability that the student had a learning disability. Those four components were defined as *best discriminating* when numerous characteristics are available. The author compiled also a 32-point list of other characteristics such as difficulty with writing, spelling, reading, general math, language etc. The study and the report were made very carefully but a serious remark can be made: determining the child’s IQ can be difficult and problematic. Because a hearing loss can affect the development of verbal skills, intellectual ability is usually determined through the use of non-verbal measures of cognitive ability also rely heavily on visual perceptual and visual motor skills, which, as noted by the author of the study, may be impaired in a learning disabled child.

How can D/HH students with MD/LD be identified and diagnosed?

Based on Straker [26] and Elliot & Powers [5] studies, one can compile a list of symptoms that might suggest a learning disability (or learning difference in D/HH-LD):

- The child may have difficulty acquiring language whether that language is manual, spoken, or a combination of the two. This may include a central processing problem, which refers to difficulty perceiving language and relating it to previous experiences by sorting, categorizing, and generalizing;

- The child may have difficulty paying attention. He may be more distractible than his peers in that he pays attention to everything;
- Several visual perceptual problems may also occur. One of these is a figure-ground problem where the child may be unable to find a specific word on a page of print because all the letters, words, or pictures claim his attention equally;
- Another problem may be organizing what is seen into a meaningful whole. Letters or words may appear as random lines. This type of child may focus on some small, insignificant item in his environment;
- There may be a difficulty in spatial skills, or knowing where something is located in the environment or in space. A child with poor spatial orientation may not perceive how his body relates to the space around him — which is left/right, up/down, behind/in-front-of, he may often bump into things.
- Memory and sequencing problems also occur frequently. The child may not remember the particular sequence of letters in a word, days of the week, or the alphabet.
- Tactile/kinesthetic processing is another potential area of difficulty. A child with a difficulty in this area may have problems learning the hand-shapes for signs.

Schools have some possibilities for identifying deaf children with multiple disabilities and learning disabilities. But much of the diagnosis is not substantially different from that for deaf or hard of hearing children with any additional disabilities. Developmental checklists may indicate problems in areas such as motor skills, self-help, and social skills. Academic or behavioral difficulties are often a clue. The child's ability to perform adequately in a specific environment (such as independent living skills, carrying out instructions, etc.) is also an important clue. Tests using norms are usually not useful because there are virtually no tests with norms for deaf children with multiple disabilities. But teachers are faced with two challenges. Potentially, they can overdiagnose children and clog the system, which can lead to those who truly need intervention and support not being served. Or they can disregard symptoms because they do not wish to clog the system and, again, those who are in need will not get the service. Powers & Hibbet [21] recommended that no attempt be made to do formal diagnosis and referral but rather to use forms to coordinate instruction. Instead of attempting to label the child, the child stays within the regular system but has instruction tailored to his or her needs. They also stressed authentic or functional assessment, that is, “assessment that uses realistic tasks as a way to measure performance”. They recommended a list of categories – such as attention, visual motor or perceptual behaviours, and memory processes – that are measured both through standardized tests and teacher observations.

Eldrege and Coyners [4] also recommended using a battery of different tests coupled with teacher observations. They included in their referral process a clinical interview as a first step in the process as suggested also by Strucker [26]. Both procedures use a strong teacher observation or recommendation component in making the diagnosis, therefore beginning teachers need to be careful in offering an opinion before they have had sufficient experience with a variety of deaf children [4; 21].

At present, the search for a specific diagnosis of learning disability for a deaf child may be more art than science, though formal assessments in intellectual skills, cognitive, and academic achievement need to be considered.

Possible problems with D/HH-MD/LD students and teaching strategies

A recent trend is to educate deaf students with multiple disabilities *as much as possible* with hearing students *as well as* with deaf students of the same age who do not have additional disabilities. The differences among deaf children with multiple disabilities are great. They have different accompanying disabilities; they function at different level and have different ways of learning. The level of the hearing loss and of the additional disability influences their level of functioning. In addition, like that of other deaf and hard of hearing children, the age of onset of each disability, and the age when help/appropriate education is received. A further challenge is the age of identification for the deaf children who with moderate multiple disabilities tends to be later than for deaf students. They are often educated as students with a hearing loss for several years before the additional difficulties are recognized.

Once the D/HH student has been diagnosed as having a learning disability, this child needs to learn to overcome a specific processing problem by overlearning specific skills that will compensate for the processing problem. McNamara [16] stated that there is no single right way, all other factors being equal, the newest method should be used, and some type of positive reconditioning should be used.

Complete and accurate information about learning strengths is essential. No single specific educational technique is appropriate for all deaf children with multiple and/or disabilities. Characteristics of successful programs include the provision of a highly structured program with specific, clearly stated objectives, focusing on the individual needs of each child, and instruction that is step-by-step in nature. Different objectives and instructional procedures (including IPP) are usually needed for each student. Practical experiences in natural environments are important, as are consistent routines. Persistence in an unsuccessful teaching strategy should be avoided. Age-appropriate materials are important, as are motivation of the student and the provision of successful experiences. The emphasis should be on what the

student can do in given situations, not on his or hers limitations. Over-learning (going over a skill after it seems to be mastered) is important and much repetition may be necessary. Planning for the transfer of instruction to real life situations is also very important including elements of vocational training. All this creates a challenging problem in grouping students, planning, and implementing educational programs. Many deaf children with multiple disabilities have often experienced a great deal of failure both because of their disabilities and because few teachers have been trained to work with them. Deaf children with multiple disabilities may dislike schooling for this reason, and this may cause behavior problems.

Deaf children with multiple disabilities may also be distractible, hyperactive, have short attention spans and/or memory problems, and need ancillary services such as physical or occupational therapy as well as education. Lacking trained teachers, many programs have not been able to meet the needs of such children. This history of failure makes even more important the need to provide a program, which focuses on the individual needs of each child, breaks skills down into small steps, and provides experience with success.

Summary

A recent Institute on Rehabilitation Issues [1] framed the matter starkly, estimating that 25% of deaf and hard-of-hearing school leavers each year were at risk of being identified as Low Functioning Deaf (LFD) as adults because they read at less than second-grade level; another 45% could participate in vocational or trade schools because they read at between second- and fourth-grade levels; and 30% were eligible for community colleges, colleges, and universities because they read above fourth-grade level.

In recent years, there has been increasing concern about the identification of and provision of appropriate services to children and adolescents who are D/HH and who have concomitant LD. Although it is unclear just how many youths who are D/HH also might have educationally significant learning problems, results from limited survey research [5; 9; 26] and clinical practice provide evidence that such a group exists and that a significant portion of the school-age population of children and adolescents who are D/HH comprise a subgroup of youths who have concomitant LD. The overriding interest of those who advocate the cause of children and adolescents who are D/HH with concomitant LD is in finding effective ways to help these youths acquire future academic competence and attain competent levels of psychosocial functioning and emotional well-being. The best way for serving these students would seem to be partnering efforts of teachers of the deaf and specialists, in learning disabilities. Unfortunately, serious gaps exist between these two professions in regard to interpretation of laws governing special services, training of professionals, and locations of

educational programs. However, with creative research efforts and efficacious approaches to psychoeducational practice, we have to strive to seize the opportunity of establishing high-quality diagnostic and educational services for children and adolescents who are D/HH and who have accompanying LD and set the stage to optimize positive developmental, academic, vocational, social, and economic outcomes for these youths.

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This article is dealing with a problem of socialization of deaf (D) and hard of hearing (HH) children who have difficulties in learning (LD) via inclusive educational environment (in Canada and USA). Besides analyzing legislative provisions for educating individuals with special needs, the author is exploring ways of creating reliable and effective ways of identifying children with LD among children who are deaf or hard of hearing as well as providing perspectives of creating successful ways of teaching them in inclusive environment.

Keywords: deaf children, hard of hearing children, learning disabilities, inclusive education.

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АНАЛІЗ ПРОВІДНИХ ПСИХОЛОГІЧНИХ ЧИННИКІВ ВИНИКНЕННЯ ОПІЙНОЇ НАРКОЗАЛЕЖНОСТІ У ПІДЛІТКІВ

На підставі системного підходу до вивчення опійної залежності наведено об'єктивні та суб'єктивні фактори виникнення опійної залежності у підлітків. Розроблено психологічну модель основних факторів формування опійної залежності у підлітків. Висвітлено важливість врахування об'єктивних мікросоціальних, та суб'єктивних індивідуально-біологічних, індивідуально-психологічних та особистісно-психологічних факторів у виникненні підліткової наркозалежності.