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ABSTRACT

The annotated bibliography on Hyperactivity--General contains approximately 84 abstracts and associated indexing information for documents or journal articles published from 1967 to 1975 and selected from the computer files of the Council for Exceptional Children's Information Services and the Education Resources Information Center (ERIC). It is explained that titles were chosen in response to user requests and analysis of current trends in the field. Abstracts include bibliographic data (identification or order number, publication date, author, title, source or publisher, and availability); descriptors indicating the subject matter covered; and a summary of the document's contents. Also provided are instructions for using the bibliography, a list of journals from which articles were abstracted, and an order form for ordering microfiche or paper copies of the documents through the ERIC Document Reproduction Service. (JM)

Hyperactivity—General

A Selective Bibliography

CEC Information Services and Publications
An ERIC Clearinghouse
The Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091

Exceptional Child Bibliography Series No. 643

Each abstract contains three sections; bibliographic data, descriptors, and a summary of the document.

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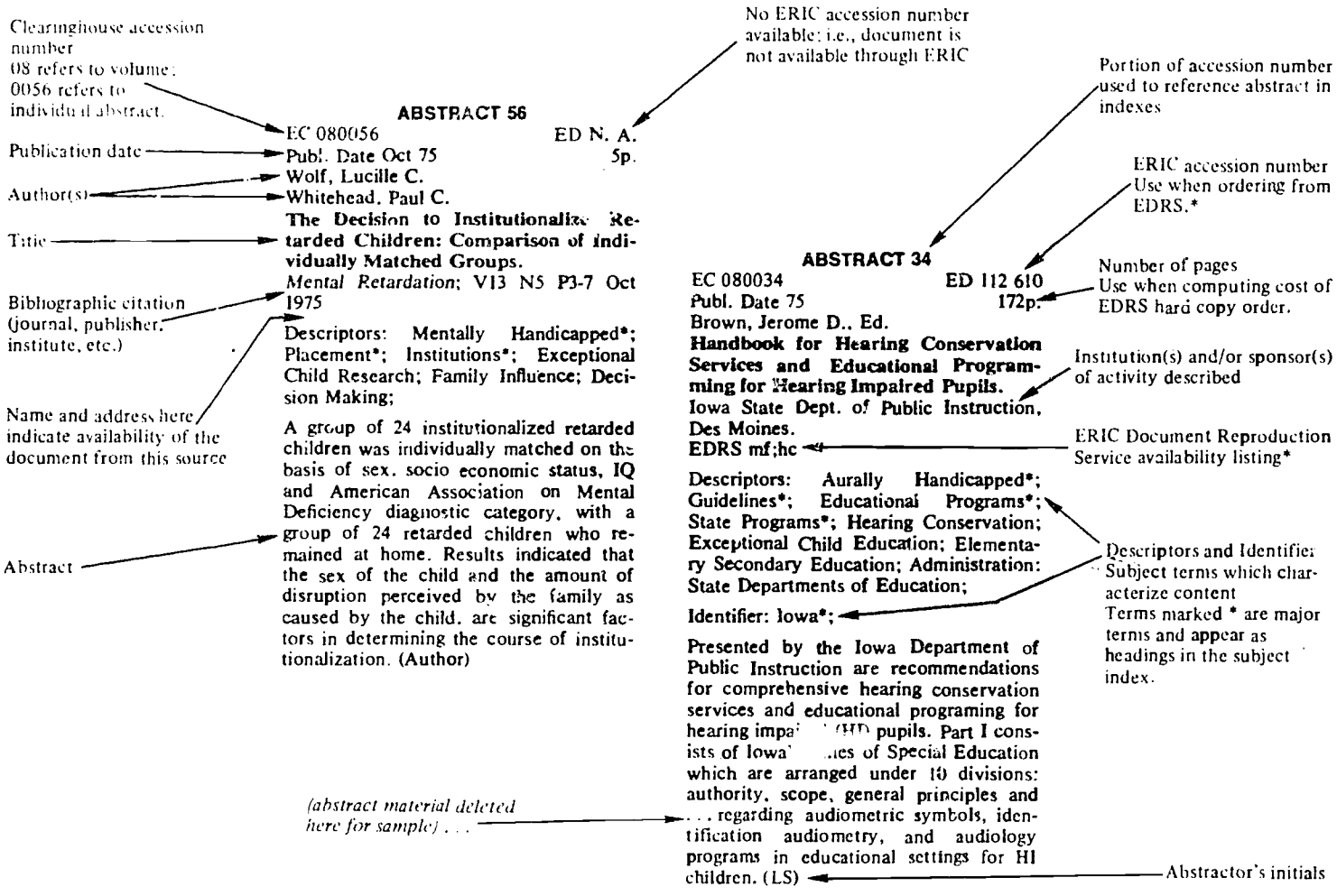
3. The summary provides a comprehensive overview of document contents and, in some cases, availability is announced here.



CEC Information Center Journal Collection

The CEC Information Center regularly receives more than 200 journals which are examined for material concerning exceptional children. Articles judged to meet established criteria are abstracted, indexed and published in *Exceptional Child Education Abstracts (ECEA)*. Some of these articles are indexed and submitted also for announcement in *Current Index to Journals in Education (CIJE)*, an Educational Resources Information Center (ERIC) publication. The following list (current May 1976) is *representative* of journals currently received.

*Academic Therapy, 1539 Fourth Street, San Rafael, California 94901

ACTA Symbolica, University of Akron, Akron, Ohio 44304

Adolescence, PO Box 165, 391 Willets Road, Roslyn Heights, New York 11577

*American Annals of the Deaf, 5034 Wisconsin Avenue NW, Washington DC 20016

American Education, 400 Maryland Avenue SW, Washington DC 20202

American Educational Research Journal, 1126 16th Street NW Washington DC 20036

American Journal of Art Therapy, 6010 Broad Branch Road, Washington DC 20015

American Foundation for the Blind Research Bulletin, 15 West 16th Street, New York, New York 10011

**American Journal of Diseases of Children, 535 North Dearborn Street Chicago, Illinois 60610

*American Journal of Mental Deficiency, 49 Sheridan Avenue, Albany, New York 12210

American Journal of Nursing, 10 Columbus Circle, New York, New York 10019

**American Journal of Occupational Therapy, 6000 Executive Boulevard, Suite 200, Rockville, Maryland 20852

*American Journal of Orthopsychiatry, 1790 Broadway, New York, New York 10019

Archives of Otalaryngology, 535 North Dearborn Street, Chicago, Illinois 60610

Arithmetic Teacher, 1201 16th Stree, NW, Washington DC 20036

ASHA, 9030 Old Georgetown Road, Washington DC 20014

Audecibel, 24261 Grand River Avenue, Detroit, Michigan 48219

Auditory & Hearing Education, 15300 Ventura Boulevard, Suite 301, Sherman Oaks, California 91403

Audiovisual Instruction, 1201 16th Street NW, Washington, DC 20036

Australian Children Limited, Box 91, Brighton 5048, South Australia

*Australian Journal of Mental Retardation, P.O. Box 255, Carlton, South Victoria 3053, Australia

AVISO, Newark State College, Union, New Jersey 07083

**Behavior Therapy, 111 Fifth Avenue, New York, New York 10003

Behavior Today, Ziff-Davis Publishing Co., 1156 15th Street NW, Washington DC 20036

Behavioral Disorders, Council for Children with Behavior Disorders, Indiana University, Bloomington, Indiana 47401

British Journal of Disorders of Communication, 4345 Annandale Street, Edinburgh EH7 4 AT, Scotland

British Journal of Mental Subnormality, Monyhull Hospital, Birmingham B30 3QB, England

British Journal of Physical Education, Ling House, 10 Nottingham Place, London WIM 4 AX, England

Bulletin of the Orton Society, 8415 Bellona Lane, Suite 204, Towson, Maryland 20402

Bulletin of Prosthetics Research, US Government Printing Office, Washington DC 20402

*Bureau Memorandum, 126 Langdon Street, Madison, Wisconsin 53702

CSMR Bulletin, 345 Campus Towers, Edmonton, Alberta, Canada

Canada's Mental Health, Information Canada, Ottawa K1A 0S9, Canada

CEDR Quarterly, Phi Delta Kappa, PO Box 789, Bloomington, Indiana 47401

Child Care Quarterly, 2852 Broadway, Morningside Heights, New York 10025

Child Development, 5750 Ellis Avenue, Chicago, Illinois 60637

**Child Psychiatry & Human Development, 2852 Broadway, Morningside Heights, New York 10025

Child Welfare, 67 Irving Place, New York, New York 10003

Childhood Education, 3615 Wisconsin Avenue NW, Washington DC 20016

Children Today, US Government Printing Office, Washington DC 20402

Children's House, Box 111, Caldwell, New Jersey 07006

Colorado Journal of Educational Research, University of Northern Colorado Greeley, Colorado 80631

Communication Education (formerly Speech Teacher) Speech Communication Association, Statler Hilton Hotel, New York, New York 10001

Compact, 300 Lincoln Tower, 1860 Lincoln Street, Denver, Colorado 80203

Day Care & Early Education, 2852 Broadway, New York, New York 10025

Deaf American, 5125 Radnor Road, Indianapolis, Indiana 46226

Deficience Mentale/Mental Retardation, York University, 4700 Keele Street, Downsview, Ontario M3J 1P3, Canada

Developmental Medicine and Child Neurology, Spastic International Medical Publications, 20-22 Mortime, Street, London W1N , England

Dyslexia Forum, 19 South Waterloo Road, Devon, Pennsylvania 19333

DSH Abstracts, Gallaudet College, Washington, DC 20002

Dyslexia Review, The Dyslexia Institute, 133 Gresham Road, Staines, TW18 2AJ, England

*Education and Training of the Mentally **Retarded, 1920 Association Drive, Reston, Virginia 22091

Education Digest, PO Box 623, 416 Longshore Drive, Ann Arbor, Michigan 48107

*Education of the Visually Handicapped, 919 Walnut St. Fourth Floor, Philadelphia, Pennsylvania 19107

Educational & Psychological Measurement, Box 6907, College Station, Durham, North Carolina 27708

Educational Forum, 343 Armory Building, University of Illinois, Champaign, Illinois 61820

Educational Horizons, 2000 East 8th Street, Bloomington, Indiana 47401

Educational Leadership, 1201 16th Street NW, Washington DC 20036

Educational Researcher, 1126 16th Street NW, Washington DC 20036

Educational Technology, 140 Sylvan Avenue, Englewood Cliffs, New Jersey 07632

Elementary School Journal, 5801 Ellis Avenue, Chicago, Illinois 60637

English Journal, 1111 Kenyon Road, Urbana, Illinois 61801

*Exceptional Children, 1920 Association **Drive, Reston, Virginia 22091

*Exceptional Parent, 264 Beacon Street, Boston, Massachusetts 02116

Family Involvement, Canadian Education Programs, 41 Madison Avenue, Toronto, Ontario M5R 2S2, Canada

Focus on Exceptional Children, 6635 East Villanova Place, Denver, Colorado 80222

*Gifted Child Quarterly, 8080 Springvalley Drive, Cincinnati, Ohio 45236

Harvard Educational Review, 3 South Main Street, Uxbridge, Massachusetts 02138

Hearing, 105 Gower Street, London WCH 6AH, England

*Hearing & Speech Action, 814 Thayer Avenue, Silver Spring, Maryland 20910

Hearing Rehabilitation Quarterly, New York League for the Hard of Hearing, 71 W. 23rd Street, New York, New York 10010

Human Behavior, PO Box 2810, Boulder, Colorado 80302

Humanist, 923 Kensington Ave., Buffalo, New York 14215

Illinois Schools Journal, 6800 South Stewart Avenue, Chicago, Illinois 60621

Indiana Speech & Hearing Journal, Ball State University, Muncie, Indiana 47306

Instructor, PO Box 6099, Duluth, Minnesota 55806

Inter-Clinic Information Bulletin, 317 East 34th Street, New York, New York 10016

International Child Welfare Review, 1 Rue De Varembe, 1211 Geneva 20, Switzerland

International Journal of Child Psychiatry, Verlag 10, Basel 13, Switzerland

International Rehabilitation Review, 219 East 44th Street, New York, New York 10017

Involvement, PO Box 460, Oak Ridges, Ontario, Canada

*denotes journals monitored for CIJE.

**denotes copyrighted journals for which ECEA has been granted permission to use author abstracts.

Journal for Special Educators of the Mentally Retarded, 171, Center Conway, New Hampshire 03813

*Journal of Abnormal Child P , hology, **Plenum Publishing Corp., 227 W. 17th Street, New York, New York 10011

**Journal of Abnormal Psychology, 1200 17th Street NW, Washington DC 20036

*Journal of Applied Behavior Analysis, Uni-**versity of Kansas, Lawrence, Kansas 66044

Journal of Applied Rehabilitation Counseling, 1522 K Street NW, Washington DC 20005

Journal of Association for Study of Perception, PO Box 744, De Kalb, Illinois 60115

*Journal of Autism & Childhood Schizophre-**nia, Plenum Publishing Corp., 227 W. 17th Street, New York, New York 10011

Journal of Child Psychology & Psychiatry, Pergamon Pre . Elmsford, New York 10523

Journal of Clinical Child Psychology, 111 South Meramec Avenue, No. 208, St. Louis, Missouri 63105

Journal of Communication Disorders, American Elsevier Publishing Co., 52 Vanderbilt Avenue, New York, New York 10014

Journal of Community Health, Human Sciences Press, 72 Fifth Avenue, New York, New York 10014

**Journal of Consulting & Clinical Psychology, 1200 17th Street NW, Washington DC 20036

Journal of Creative Behavior, 1300 Elmwood Avenue, Buffalo, New York 14222

Journal of Developmental Disabilities, PO Box 8470, Gentilly Station, New Orleans, Louisiana 70182

Journal of Education, Department of Education, Halifax, Nova Scotia

**Journal of Educational Psychology, 1200 17th Street NW, Washington DC 20036

**Journal of Educational Research, Box 1605, Madison, Wisconsin 53701

Journal of General Education, 215 Wagner Building, University Park, Pennsylvania 16802

*Journal of Learning Disabilities, 5 North **Wabash Avenue, Chicago, Illinois 60602

Journal of Marriage & the Family, 1219 University Avenue SE, Minneapolis, Minnesota 55414

*Journal of Mental Deficiency Research, 86 Newman Street, London WIP 4 AR, England

Journal of Music Therapy, Box 610, Lawrence, Kansas 66044

Journal of Negro Education, Howard University, Washington DC 20001

**Journal of Nervous & Mental Disease, 428 East Preston Street, Baltimore, Maryland 21201

*Journal of Pediatrics, 11830 Westline Industrial Drive, St. Louis, Missouri 63141

**Journal of Personality Assessment, 1070 East Angeleno Avenue, Burbank, California 91501

Journal of Reading, 6 Tyre Avenue, Newark, Delaware 19711

Journal of Rehabilitation, 1522 K Street NW, Washington DC 20005

Journal of Rehabilitation of the Deaf, 814 Thayer Avenue, Silver Spring, Maryland 20910

Journal of School Health, American School Health Association, Kent, Ohio 44240

**Journal of School Psychology, 51 Riverside Avenue, Westport, Connecticut 06880

*Journal of Special Education, Grune and **Stratton, 111 Fifth Avenue, New York, New York 10003

*Journal of Speech & Hearing Disorders, 9030 Old Georgetown Road, Washington, DC 20014

*Journal of Speech & Hearing Research, **9030 Old Georgetown Road, Washington DC 20014

Journal of Teacher Education, One Dupont Circle, Washington DC 20036

*Language Speech & Hearing Services in Schools, 9030 Old Georgetown Road, Washington DC 20014

Lantern, Perkins School for the Blind, Watertown, Massachusetts 02172

Learning, 530 University Avenue, Palo Alto, California 94301

Mathematics Teacher, 1906 Association Drive, Reston, Virginia 22091

*Mental Retardation, 5201 Connecticut Ave-**nue NW, Washington DC 20015

Merrill Palmer Quarterly, 71 East Ferry Avenue, Detroit, Michigan 48202

Momentum, 350, One Dupont Circle, Washington DC 20036

Music Educators Journal, 1902 Association Drive, Reston, Virginia 22091

NASSP Bulletin, 1904 Association Drive, Reston, Virginia 22091

National Elementary Principal, 1801 North Moore Street, Arlington, Virginia 22209

The New Beacon, 224 Great Portland Street, London WIN/AA, England

*New Outlook for the Blind, 15 West 16th Street, New York, New York 10011

Notre Dame Journal of Education, PO Box 686, Notre Dame, Indiana 46556

Nursing Outlook, 10 Columbus Circle, New York, New York 10019

Optometric Weekly, 5 North Wabash Avenue, Chicago, Illinois 60602

Parents Voice, Journal of the National Society of Mentally Handicapped Children, Pembridge Square, London W2 4EP, England

Peabody Journal of Education, George Peabody College for Teachers, Nashville, Tennessee 37203

*Pediatrics, PO Box 1034 Evanston, Illinois **60204

**Personnel & Guidance Journal, 1607 New Hampshire Avenue NW, Washington DC 20009

Phi Delta Kappan, 8th & Union Streets, Bloomington, Indiana 47401

**Physical Therapy, 1156 15th Street NW, Washington DC 22005

Pointer, PO Box 131, University Station, Syracuse, New York 13210

Psychology in the Schools, 4 Conant Square, Brandon, Vermont 05733

Psychology Today, PO Box 2990, Boulder, Colorado 80302

Quarterly Journal of Speech, Speech Communication Association, Statler Hilton Hotel, New York, New York 10001

**Reading Research Quarterly, 6 Tyre A nue, Newark, Delaware 19711

Reading Teacher, 6 Tyre Avenue, Newark, Delaware 19711

Rehabilitation Digest, One Yonge Street, Suite 2110 Toronto Ontario M5E 1E8, Canada

Rehabilitation Gazette, 4502 Maryland Avenue, St. Louis, Missouri 63108

*Rehabilitation Literature, 2023 West Ogden **Avenue, Chicago, Illinois 60612

Rehabilitation Teacher, 88 St. Stephen Street, Boston, Massachusetts 02115

Remedial Education, 5 Netherlee Street, Glen Iris, Victoria 3146, Australia

Review of Educational Research, 1126 16th Street NW, Washington, DC 20036

**Scandinavian Journal of Rehabilitation Medicine, Gamla Brogatan 26, Box 62, S-101 20 Stockholm 1, Sweden

Schizophrenia Bulletin, 5600 Fishers Lane, Rockville, Maryland 20852

School Media Quarterly, 1201-1205 Bluff Street, Fulton, Missouri 65251

*Sight Saving Review, 79 Madison Avenue, New York, New York 10016

Sign Language Studies, Linstock Press, 9306 Mintwood St., Silver Spring, Maryland 20901

*Slow Learning Child, St. Lucia, Brisbane 4067, Australia

**Social Work, 49 Sheridan Avenue, Albany, New York 12210

Southern Journal of Educational Research, Box 107, Southern Station, Hattiesburg, Mississippi 39401

Special Children, American Association of Special Educators, 107-20 125th Street, New York, New York 11419

*Special Education: Forward Trends, National Council for Special Education, 12 Hollycroft Avenue, London NW3 7QL, England

Special Education in Canada, Parkway V S, 1 Danforth Avenue, Toronto, Ontario, Canada

Speech Monographs, Speech Communication Association, Statler Hilton Hotel, New York, New York 10001

Teacher, 22 West Putnam Avenue, Greenwich, Connecticut 06830

Teacher of the Blind, Royal School for the Blind, Church Road North, Wavertree, Liverpool L156TQ, England

Teacher of the Deaf, 50 Topsham Road Exeter EX2 4NF, England

Teachers College Record, 525 West 120th Street, New York, New York 10027

**TEACHING Exceptional Children, 1920 Association Drive, Reston, Virginia 22091

*Volta Review, 3417 Volta Place NW, Wash-**ington, DC 20007

Young Children, 1384 Connecticut Avenue NW, Washington, DC 20009

ABSTRACT 1767

EC 002 089 ED N.A.
Publ. Date Aug 67 7p.
Allen, K. Eileen And Others
Control of Hyperactivity by Social Reinforcement of Attending Behavior.
EDRS not available
Journal Of Educational Psychology; V58 N4 P231-7 Aug 1967

Descriptors: exceptional child research; preschool children; attention span; operant conditioning; reinforcement; behavior change; teacher role; social influences; hyperactivity; case studies (education)

The attending behavior of a 4 1/2-year-old boy was increased by systematic social reinforcement by his preschool teachers. Teachers gave the subject attention when he stayed with one activity for a minute. The average duration of activities increased from 53 seconds to 1 minute 51 seconds with teacher reinforcement. Without teacher reinforcement duration dropped to 59 seconds per activity. Reinforcements were again applied and duration reached 2 1/2 minutes per activity. When the reinforcement criterion was then raised to 2 minutes, the average duration leveled off to 1 minute 34 seconds per activity. Social behavior did not change. Conclusions were that attending behavior can be shaped and maintained by teachers using social reinforcement. (LE)

ABSTRACT 2136

EC 005 215 ED N.A.
Publ. Date Jan 70 9p.
Wright, Lance; McKenzie, Clancy
Talking Group Therapy for Learning Disabled Children.
EDRS not available
Reading Teacher; V23 N4 P339-46, 385 Jan 1970

Descriptors: hyperactivity; learning disabilities; group therapy; group discussion

A talking group for five hyperactive boys, ages 10 and 11, is discussed. Begun as an experiment in group therapy, the boys met 1 hour a week with two therapists and a supervisor. Case studies illustrate change that took place within individuals and within the group as a whole (group dynamics) are described. The talking group is considered a viable alternative to an activities group; advantages are that talking is less likely to lead to overstimulation and that more emphasis can be placed on interpretation of group feelings and processes. (RJ)

ABSTRACT 2675

EC 005 739 ED N.A.
Publ. Date Apr 70 5p.
Smith, Barbara S.; Phillips, Elizabeth H.
Treating a Hyperactive Child. Case Report.
EDRS not available
Physical Therapy; V50 N4 P506-10 Apr 1970

Descriptors: exceptional child education; mentally handicapped; hyperactivity; case studies (education); therapeutic environment; physical therapy; trainable mentally handicapped; sensory deprivation

Treatment of a four year old mentally retarded hyperactive girl by a technique which reduced all external sensory stimuli except touch is explained. Progress of the patient in skill development and behavior changes are described. (MS)

ABSTRACT 3323

EC 501 305 ED N.A.
Publ. Date Jul 70 4p.
Scott, Thomas J.
The Use of Music to Reduce Hyperactivity in Children.
EDRS not available
American Journal Of Orthopsychiatry; V40 N4 P677-80 Jul 1970

Descriptors: exceptional child education; hyperactivity; music; classroom environment; behavior change; music therapy

Hyperactivity may diminish when environmental stimulation is minimized, as it is in low-stimulus study booths. Surprisingly, a similar effect may be obtained simply by introducing background music. The parent or teacher attempting to reduce hyperactivity might well experiment with conditions other than simple stimulus reduction (Author)

ABSTRACT 2071

EC 03 2071 ED N.A.
Publ. Date Apr 71 242p.
Wender, Paul H.
Minimal Brain Dysfunction in Children.
EDRS not available
John Wiley and Sons, Inc., 605 Third Avenue, New York, New York 10016 ($10.50).

Descriptors: exceptional child research; learning disabilities; minimally brain injured; neurological defects; clinical diagnosis; etiology; psychological characteristics; medical treatment; theories; hyperactivity; drug therapy

Both theoretical and clinical aspects of the disorder known as mimimal brain dysfunction (MBD) or hyperactive behavior disorder are discussed. With detailed coverage of both aspects, the volume is intended to be of particular interest to pediatricians and child psychiatrists, and perhaps also to clinical psychologists and special educators. For the practitioner, extensive descriptive data on the following major topics are presented: characteristics and clinical signs of MBD, etiology, prevalence, diagnosis, prognosis, and management (including drug management, methods of psychological management for child and family, and educational intervention). For the theoretician, the final part of the book is devoted to a discussion of the theoretical basis of the MBD syndrome. Psychological and physiological theories of causation are considered, and, in conjunction with the latter, a neurological and biochemical model of the MBD syndrome to explain the etiology of some forms of MBD is presented in detail. Twelve case histories are appended. (KW)

ABSTRACT 15

EC 04 0015 ED N.A.
Publ. Date Oct 71 5p.
Kenny, Thomas J. and Others
Characteristics of Children Referred Because of Hyperactivity.
EDRS not available
Journal of Pediatrics; V79 N4 P618-22 Oct 1971

Descriptors: exceptional child research; emotionally disturbed; hyperactivity; interdisciplinary approach; medical evaluation; medical research; electroencephalography; neurology; diagnostic tests

Investigated were first, characteristics of children referred to an interdisciplinary diagnostic and evaluation clinic for hyperactivity and second, reliability of medical evaluations of the hyperactivity. One hundred children received medical and psychological examinations, while 78 children had electroencephalograms. Out of 299 independent observations of behavior, only 75 yielded diagnoses of excessive activity. Of the 100 children, 58 were rated as not hyperactive, while 13 were judged as hyperactive. Findings suggested that hyperactivity was an ill-defined and inconstant phenomenon often associated with undesirable environmental influences and organic and/or developmental defects. No significant relationship was discovered among the neurological examination, electroencephalogram, and final diagnosis. Extensive medical evaluations were considered to be of little value in assessing hyperactivity in childhood. (CB)

ABSTRACT 44

EC 04 0044 ED N.A.
Publ. Date Oct 71 9p.
Keogh, Barbara K.
Hyperactivity and Learning Disorders: Review and Speculation.
EDRS not available
Exceptional Children; V38 N2 P101-9 Oct 1971

Descriptors: exceptional child research; learning disabilities; hyperactivity; underachievers; behavior problems; research reviews (publications); theories

Research on hyperactive children is reviewed in order to define and clarify relationships and interactions between hyperactivity and learning disorders. Despite agreement on maladaptive social and behavioral characteristics associated with hyperactivity, findings specifying the nature of educational deficits are inconsistent and inconclusive. Three hypotheses are proposed to explain learning problems of hyperactive children. The first represents the medical-neurological syndrome explanation; the second suggests that activity disrupts attention and the information acquisition stages of learning; the third implicates impulsivity in decision making. Although neither exhaustive nor mutually exclusive, the hypotheses differ in remedial and treatment implications. Evidence is reviewed

under each hypothesis. (Author)

ABSTRACT 140

EC 04 0140 ED N.A.
Publ. Date Oct 71 7p.
Mendelson, Wallace and Others
Hyperactive Children as Teenagers: A Follow-up Study.
EDRS not available
Journal of Nervous and Mental Disease; V153 N4 P273-9 Oct 1971

Descriptors: exceptional child research; emotionally disturbed; hyperactivity; followup studies; adolescents; behavior patterns; socially deviant behavior

A followup study, utilizing mother interviews, was conducted on 83 children, ages 12-16 years, who had been diagnosed as hyperactive by a psychiatric clinic 2 to 5 years earlier. Interview questions included an open-ended evaluation of the child, 51 questions about specific behavioral symptoms, and 61 questions on school record, family history, police record, and effectiveness of treatment. Results showed about half of the children markedly improved, one quarter of them remaining unchanged, and the remaining quarter in between. The symptoms of restlessness, distractibility, impulsiveness, excitability, and aggressiveness seemed to persist in most of the children, and were associated with poor performance in school and low self-esteem. A number of the children were involved in delinquent behavior, with approximately one in four involved in enough antisocial behavior to cause the authors to be pessimistic about their future. (Author/KW)

ABSTRACT 232

EC 04 0232 ED N.A.
Publ. Date Nov 71 7p.
Minde, K. and Others
The Hyperactive Child in Elementary School: A 5 Year, Controlled, Follow-up.
EDRS not available
Exceptional Children; V38 N3 P215-21 Nov 1971

Descriptors: exceptional child research; learning disabilities; hyperactivity; followup studies; academic achievement; behavior problems; elementary school students

The study examined the academic performance of 37 school-children diagnosed as hyperactive 4 to 6 years previously, and compared it with the performance of an equal number of nonhyperactive classmates. The results indicated that hyperactive youngsters have a significantly higher failure rate in all academic subjects and are rated by their teachers as displaying far more behavioral problems than their controls. While the hyperactive children showed an increase in learning disorders and did poorer on a group IQ test than their peers, intelligence alone was ruled out as the main contributor to their academic failure. (Author)

ABSTRACT 327

EC 04 0327 ED N.A.
Publ. Date Nov 71 3p.
Davids, Anthony
An Objective Instrument for Assessing Hyperkinesis in Children.
EDRS not available
Journal of Learning Disabilities; V4 N9 P499-501 Nov 1971

Descriptors: exceptional child education; learning disabilities; hyperactivity; behavior rating scales; identification

Background, development, and preliminary appraisal of behavior rating scales for identifying characteristics of the hyperkinetic syndrome in learning disabled children are presented. The main purpose of the report is to make the instrument available to other investigators who are conducting studies on the diagnosis and treatment of hyperkinesis. (Author)

ABSTRACT 714

EC 04 0714 ED N.A.
Publ. Date Jan 72 6p.
Marwit, Samuel J.; Stenner, A. Jack
Hyperkinesis: Delineation of Two Patterns.
EDRS not available
Exceptional Children; V38 N5 P401-6 Jan 1972

Descriptors: emotionally disturbed; hyperactivity; clinical diagnosis; etiology; classification; theories; behavior patterns

The literature on hyperkinesis is seen to contain considerable disagreement regarding the disorder's terminology, etiology, behavioral correlates, and treatment techniques. The paper explores the possibility that two distinct patterns of hyperkinesis exist and that the failure to delineate these has resulted in the conflicting reports evidenced throughout the literature. Distinction is made between hyperactive and hyperreactive patterns, each with its own behavioral and etiological features. (Author/KW)

ABSTRACT 1862

EC 04 1862 ED N.A.
Publ. Date Dec 71 6p.
Johnson, Charles F.
Hyperactivity and the Machine: The Actometer.
EDRS not available
Child Development; V 42 N6 P2105-10 Dec 1972

Descriptors: equipment evaluation; test reliability; testing problems; hyperactivity; actometers

Investigated for reliability was the actometer, an activity-measuring device consisting of a modified self-winding calender wristwatch which senses and meters acceleration and deceleration of movement. Four experiments were conducted to test the sensitivity and reliability of two actometers standardized by the manufacturer and certified as being in exact agreement. Actometers tested were found to be unreliable. They were dramatically unequally sensitive to all movement. Individual instruments showed variation in sensitivity and a poor relationship with simultaneous recordings of another instrument. Possible factors influencing readings were noted. It was included that, even if reliable, the relationship of the motion they qualitate to the behavior of a hyperactive child would be questionable. (Author/KW)

ABSTRACT 1986

EC 04 1986 ED N.A.
Publ. Date Jun 72 7p.
Van Osdol, Bob M.; Carlson, Larry
A Study of Developmental Hyperactivity.
EDRS not available
Mental Retardation; V10 N3 P18-24 Jun 1972

Descriptors: learning disabilities; hyperactivity; clinical diagnosis; therapy; etiology; literature reviews

The purpose of the paper is the organization of the more specifically recognized knowledge relative to the main variables involved in the management of hyperactive children. With the understanding that hyperactive behavior usually is beyond the normal control potential, both within the home and the school it becomes essential that more effective means of developing programs to meet the needs of this special group of children gain attention. The paper considers essential factors of medical, psychological, and educational diagnosis and management of hyperactivity. (Author)

ABSTRACT 2003

EC 04 2003 ED N.A.
Publ. Date 72 4p.
Mekler, Lucy
My Son the Reader.
EDRS not available
Academic Therapy; V7 N4 P473-6 Sum 1972

Descriptors: exceptional child education; learning disabilities; hyperactivity; reading; parent role; perceptually handicapped; teaching methods; basic reading

A mother describes how she taught her hyperactive son to read. In addition to being hyperactive, he was plagued by numerous kinds of visual perception problems and was extremely visually distractive. Outlined briefly are the steps followed in teaching him to read, and the kinds of exercises which were found to be successful. (KW)

ABSTRACT 2249

EC 04 2249 ED 063 723
Publ. Date Jun 72 60p.
Simpson, D. Dwayne; Nelson, Arnold E.
Breathing Control and Attention Training: A Preliminary Study of a Psychophysiological Approach to Self-Control of Hyperactive Behavior in Children. Final Report.
Texas Christian University, Fort Worth, Institute Of Behavioral Research
Office of Education (DHEW), Washington, D. C., National Center for Educational Research and Development
EDRS mf,hc
OEC-6-71-0541(509)
BR-1-F-080

Descriptors: exceptional child research; hyperactivity; physiology; attention span; behavior change; learning disabilities;

psychology; operant conditioning; reinforcement; feedback

The present study was undertaken as a preliminary evaluation of a psychophysiological method for training children in the control of hyperactive behavior. The method involves breathing control and attention training which employs biofeedback and operant conditioning principles designed to help the child develop control over exeessive and distracting motor behaviors and maintain attention in learning situations. Since breathing records are highly sensitive to numerous behaviors relevant to the desired behavior pattern in learning settings, the use of respiration as a focal behavior in the training procedures sharply reduce the number of simple motor behaviors requiring monitoring and reinforcement in comparison to the typical behavior modification program. Six children (age 6 to 8 years old) from a private school for children with learning disabilities participated in the study. Three were assigned to a group given the breathing control and attention training and three were assigned to a control group. Measures obtained before, during, and after training included respiration indices, performance, attention and vigilance test scores, and teacher ratings of classroom behaviors. The study was concluded to be successful. (Author)

ABSTRACT 2456

EC 04 2456 ED N.A.
Publ. Date 71 24p.
Minde, K.
A Parents' Guide to Hyperactivity in Children.
EDRS not available
Quebec Association for Children With Learning Disabilities, 6338 Victoria Avenue, Montreal 252, Quebec, Canada ($1.00).

Descriptors: learning disabilities; hyperactivity; parent education; guidelines; child rearing

The guide for parents of hyperactive children describes some of the common and substantial difficulties experienced by and with hyperactive children and suggests methods to help parents live in better harmony with such children. Explained are what hyperactivity is, ages when it starts, who is affected, and what happens to the excessive hyperactivity as the children grow older. Main difficulties of hyperactive children in the areas of behavior and learning are identified. General guidelines for parents are followed by a more detailed description of a simulated day in the home of a hyperactive child to illustrate common problems which arise and how they can be handled. Covered are getting out of bed in the morning, washing and dressing, eating habits, play and study times, and bedtime routines. (KW)

ABSTRACT 2769

EC 04 2769 ED N.A.
Publ. Date 70 32p.
Reistroffer, Mary; Kuhn, Roy
The Hyperactive Child Without Mental Retardation.
EDRS not available
University of Wisconsin Press, Box 1379, Madison, Wisconsin 53701

Descriptors: exceptional child education; learning disabilities; hyperactivity; infants; early childhood; childhood; child rearing; parent role; parent school relationship; identification; therapy

Information gleaned from research literature, reports of parents, teachers and social workers, and the writers' own professional experience is presented to aid in the identification of hyperactivity without mental retardation as a syndrome and to specify appropriate care and management techniques for hyperactive children. The hyperactive syndrome is defined as a disturbance of the central nervous system which causes polar reactions to external and internal stimuli. Because hyperactivity is seen to have an age related progression, the discussion considers infant, toddler, preschooler and school-age stages. Various characteristics of the hyperactive infant are discussed such as resistance to tactile stimulation, crib traveling, marked startle reaction, head banging and body rocking. The quickness of the young child's movements, his reaction to barometric and color changes, his need for carefully regulated play, reactions to food, accident proneness, blunted response to pain, toilet training problems, imagined dangers, friendliness toward adults, slow speech, word reversal, destructiveness, affinity for repetitive motion, and poor memory and attention are considered. The authors advise frankness and extensive interaction between parents and teachers, and emphasize the need for controlling and programing the activities of a hyperactive youngster. Briefly discussed are medications for hyperactivity. (GW)

ABSTRACT 2920

EC 04 2920 ED N.A.
Publ. Date Sep 72 7p.
Cohen, Nancy J. and Others
Cognitive Styles in Adolescents Previously Diagnosed as Hyperactive.
EDRS not available
Journal of Child Psychology and Psychiatry; V13 N3 P203-209 Sep 1972

Descriptors: exceptional child research; learning disabilities; hyperactivity; adolescents; cognitive processes; problem solving; performance factors; learning characteristics

Four cognitive styles (reflection-impulsivity, field-dependence-independence, constricted-flexible control, strong versus weak automatization) were studied in 20 adolescent boys previously diagnosed as hyperactive and 20 normal controls. Diagnostic tools used were the Matching Familiar Figures Test, the Embedded Figures Test, and the Stroop Test. It was reported that the adolescent hyperactive child exhibited a pattern of inefficient approach to problem solving, especially to relatively novel tasks and tasks in which there was a greater degree of response uncertainty, similar to the approach of the young hyperactive child. Hyperactive children took less time to reflect over problems where a number of alternative solutions were available and had greater difficulty isolating a simple figure hidden in a complex background. Compensatory training in impulse control and attention focusing was recommended for hyperactive children. (GW)

ABSTRACT 282

EC 05 0282 ED 071 212
Publ. Date 72 13p.
Clarkson, Frank E.; Hayden, Benjamin S.
The Relationship of Hyperactivity in a Normal Class Setting with Family Background Factors and Neurological Status.
Department of Health, Education, and Welfare, Washington, D. C.
EDRS mf,hc

Descriptors: exceptional child research; hyperactivity; neurological defects; family characteristics; socioeconomic status; learning disabilities; elementary school students; age differences; medical evaluation

Boys (age 6-10 years, in regular classes) who were judged as hyperactive by their teachers were compared with matched non-hyperkinetic boys in terms of family background information and neurological functioning. Parent interview data were obtained on 109 hyperkinetic and 135 control Ss, while 121 hyperkinetic and 142 control Ss underwent pediatric neurological examinations. Parent interview data gathered included medical history, prenatal experiences of mother, the S's infant and preschool behavior, and socioeconomic status (SES). Although significant differences between groups were found on the neurological examination, there was a relatively low absolute incidence of neurological pathology and it was of a diffuse nature, consisting primarily of soft signs. This was seen to suggest immature psycho-physiological status, or developmental lag. Low SES was associated with hyperactivity in older (8-10 years) hyperactive Ss; disturbance in the family situation was present more often in hyperactive than in control S's families; low SES and high family disruption scores were related within the hyperkinetic group. Findings suggested that social and environmental factors become more relevant to hyperactive behavior as age increases. (KW)

ABSTRACT 605

EC 05 0605 ED N.A.
Publ. Date Win 71 6p.
Palkes, Helen and Others
Improvement in Maze Performance of Hyperactive Boys as a Function of Verbal-Training Procedures.
EDRS not available
Journal of Special Education; V5 N4 P337-42 Win 1971

Descriptors: exceptional child research; hyperactivity; children; males; verbal learning; training techniques; performance factors

Reported was an experiment which in-

vestigated the effects of verbal training procedures on the maze test performance of 30 hyperactive males aged 7 to 13 years. The Porteus Maze Test Revision Series was utilized as a measure of impulsivity. Ss were assigned to one of three equal groups: a verbal training group, a silent reading group, and a control group. Data supported the hypothesis that verbalization of self-directed commands is a more effective technique for modifying the maze test performance of hyperactive boys than silent reading of the same commands. (GW)

ABSTRACT 622

EC 05 0622 ED N.A.
Publ. Date Nov 72 24p.
Alabiso, Frank
Inhibitory Functions of Attention in Reducing Hyperactive Behavior.
EDRS not available
American Journal of Mental Deficiency; V77 N3 P259-82 Nov 72

Descriptors: exceptional child research; mentally handicapped; hyperactivity; research reviews (publications); attention span, behavior change; operant conditioning

A review of the literature related to the process of attention and the syndrome of hyperactivity revealed that attention appears to be a multibehavioral process that is incompatible with hyperactive behavior. Studies cited in both areas suggested the feasibility of using operant training in attention span, focus, and selectivity as a means of inhibiting high rates of behavior. (Author)

ABSTRACT 689

EC 05 0689 ED N.A.
Publ. Date Jan-Feb 6p.
Miller, Floyd
Getting Billy Into the Game.
EDRS not available
American Education; V9 N1 P22-7 Jan-Feb 1973

Descriptors: exceptional child education; learning disabilities; hyperactivity; special classes; program descriptions; remedial programs; Madison plan

Beginning with the story of Billy, a hyperactive elementary school student whose disruptive habits made him unable to succeed in academic work or in peer relations, the article discusses the characteristics of hyperactivity and a special school program designed to help such children. Drug therapy and a structured home environment are said to often be of assistance in treating hyperactivity. The program described is a special education project at the Unified School District in Santa Monica, California, begun in 1965 for handling children with learning problems, especially hyperactive failure-prone children. The remedial programs, which became known as the Madison plan, are shown to involve a system of check marks (immediate reinforcement) and rewards for small groups of students in learning centers at both the pre-academic and academic levels. Reported are some of the observer's impressions gained during a day's visit to the program. (KW)

ABSTRACT 885

EC 05 0885 ED N.A.
Publ. Date Win 73 24p.
Wright, Lance S.; Mckenzie, C. D.
A Talking Group Therapy for Hyperactive 11 Year Old Boys.
EDRS not available
Devereux Schools Forum; V8 N1 P1-24 Win 1973

Descriptors: exceptional child education; emotionally disturbed; hyperactivity; childhood; males; verbal communication; group therapy; group dynamics

Presented are the rationale, content, and psychodynamic formulation of a talking group therapy with five hyperactive 11-year-old boys in a residential setting. The rationale for the group is seen to have been the hope that with a low level of stimulation the group would become a cohesive unit and effectively control individual members. The content of each of 30 sessions is summarized and includes such group dynamics as group response to a disruptive member and reactions to the absence of a group member or a therapist. Summarized is the progress of the five individuals, such as Peter, who is reported to have been the obsessive-compulsive talker in the group and who worked through his problems of separation, improved his peer relations, and became an integral part of the group. The authors' formulation of the psychodynamics of the group includes the development of a group super ego as a source of control and the suggestion that a group body ego was formed similar to the body ego of an individual. (DB)

ABSTRACT 903

EC 05 0903 ED N.A.
Publ. Date Jan 73 5p.
Weithorn, Corinne J.
Hyperactivity and the CNS: An Etiological and Diagnostic Dilemma.
EDRS not available
Journal of Learning Disabilities; V6 N1 P41-45 Jan 1973

Descriptors: exceptional child education; hyperactivity; theories; etiology; clinical diagnosis; neurology

Theories about the etiology of hyperactivity are discussed to indicate problems with respect to diagnosis and research. Cited are theories about the relation of the central nervous system to hyperactivity which indicate that hyperactivity results from a disruption in the cortical excitation-inhibition cycle. Emphasized is the lack of conclusive evidence linking specific neuronal events to overt behavior in hyperactive Ss. Research to date is thought to suggest that the disturbance underlying the symptom of chronic hyperactivity is a functional one. (Author/GW)

ABSTRACT 1593

EC 05 1593 ED N.A.
Publ. Date 73 120p.
Wender, Paul H.
The Hyperactive Child--A Handbook for Parents.
EDRS not available
Crown Publishers, Inc., 419 Park Avenue South, New York, New York 10016 ($3.95).

Descriptors: exceptional child education; emotionally disturbed; learning disabilities; hyperactivity; minimally brain injured; parent education; etiology; psychological characteristics; maturation; medical treatment

Written for parents, the book considers the nature, causes, and management of hyperactivity in children. It is stressed that hyperactive children are not brain damaged though they may suffer from minimal brain dysfunction. Discussed to be among the characteristics of hyperactive children are the intensity, persistence, and patterning of symptoms such as attention difficulties, demandingness, impulsivity, learning and coordination difficulties, resistant and domineering social behavior, and emotional difficulties. Hyperactivity is reported to be the result of an inborn termperamental difference in the child in almost all cases and discussed are ways in which biologically caused differences can affect and be affected by experiences in the areas of school behavior, relationships with children and parents, and the child's feelings about himself. Many hyperactive children are said to outgrow their symptoms but may suffer more lasting psychological effects. Stressed in the long chapter on the treatment of the hyperactive child is the usefulness of medication, changes in the relationship between the parents and the child, and special educational assistance. Finding a physician who can help the hyperactive child is considered in the final chapter. (DB)

ABSTRACT 1935

EC 05 1935 ED N.A.
Publ. Date Jun 73 6p.
Willerman, Lee
Activity Level and Hyperactivity in Twins.
EDRS not available
Child Development; V44 N2 P288-93 June 1973

Descriptors: exceptional child research; learning disabilities; hyperactivity; twins; heredity; Activity Level

The mothers of 93 sets of same-sexed twins completed questionnaires on activity level and zygosity in their twins. Intraclass correlations for activity level in monozygotic twins (MZs) were substantially higher than for dizygotic twins (DZs). Among twin sets where at least 1 member scored in the hyperactive range on the questionnaire, MZ twins showed a high correlation for activity level while DZ twins showed no correlation. The results were interpreted as suggesting a substantial heritable component to activity level. (Author)

ABSTRACT 2369

EC 05 2369 ED N.A.
Publ. Date 73 299p.
Stewart, Mark A.; Olds, Sally Wendkos
Raising a Hyperactive Child.
EDRS not available
Harper and Row, Publishers, Inc., 10 East 53rd Street, New York, New York 10022 ($8.95).

Descriptors: exceptional child education; learning disabilities; hyperactivity; child rearing; parent influence; parent role;

environmental influences; behavior change; operant conditionning; behavior patterns; teacher role; school services; drug therapy

Described in the book are hyperactive children's problems and ways parents can help their hyperactive children at home, in school, and in developmental stages. Characteristics of the hyperactive child are delineated, and some theories are advanced on the origin of the condition. Hyperactivity is seen to be a variant of normal temperament, with early symptoms such as colic, constant movement, and inability to sleep during the day. It is recommended that parents seek help from sources such as the family doctor or parents' organizations, or arrange for therapies which might involve psychological counseling or teaching strategies. Ways parents can help their children at home are suggested, such as helping the child like himself, providing a healthy home climate, fostering good behavior through rewards and punishment, and enabling children to acquire good habits through either guidelines or a token reward system. Described are approximately 26 problems associated with hyperactive children (such as excitability or stealing) and techniques parents can use to cope with the problems. The following are among some of the approaches offered for parents to help their children in school: cooperation with teaching personnel to implement individualized instruction, appropriate seating arrangements, or incorporation of physical activity in the daily schedule; investigation of special education services in both public and private schools; and investigation of drug therapy. Given are and private schools; and investigation of drug therapy. Given are guidelines such as parental management of hyperactive children during the first five years of life, and during adolescence. (MC)

ABSTRACT 2446

EC 05 2446 ED N.A.
Publ. Date Jan-Mar 9p.
Coleman, Mary
Serotonin and Central Nervous System Syndromes of Childhood: A Review.
Journal of Autism and Childhood Schizophrenia; V3 N1 P27-35 Jan-Mar 73

Descriptors: exceptional child research; emotionally disturbed; hyperactivity; autism; schizophrenia; mentally handicapped; medical research; biochemistry; etiology; research reviews (publications)

Briefly reviewed are clinical studies of serotonin 5-hydroxytryptamine (5-HT) and its metabolites in children with central nervous system diseases which affect brain function. Evidence of 5-HT abnormalities in the hyperactive syndromes, primary infantile autism, and childhood schizophrenia is reviewed and compared with the many types of mental retardation with documented serotonin abnormalities. The platelet 'model' system is postulated to explain the relationship of serotonin abnormalities in blood to clinical evidence of brain dysfunction in these varying patient groups. The nonspecificity of serotonin abnormalities in humans is emphasized. (Author/MC)

ABSTRACT 2450

EC 05 2450 ED N.A.
Publ. Date 73 9p.
Huessy, H. R. and Others
Five Hundred Children Followed from Grade 2 Through Grade 5 for the Prevalence of Behavior Disorder.
EDRS not available
International Journal of Child Psychiatry; V39 N11 P301-9 1973

Descriptors: exceptional child research; emotionally disturbed; hyperactivity; elementary school students; followup studies; behavior patterns; evaluation; environmental influences; maturation; sex differences

Reevaluated as part of a followup study were 500 fifth grade children in rural Vermont, of whom 64 children had been identified as hyperkinetic in second grade. Some of the data showed that 37 (31 male and six female) of the 64 hyperkinetic children still retained the classification after 3 years; that 31 children were rated hyperkinetic who had not before received such a rating; that 12 children who were hyperkinetic at time of grade 2 and grade 4 evaluations were not hyperkinetic in the grade 5 evaluation; and that 15 children were hyperkinetic in grade 4 only. The findings indicated that the behavior pattern is less likely to disappear in boys than in girls; that environmental influences may play a role; that pharmacotherapy should be viewed as a symptomatic but not as a curative treatment; and that hyperkinesis is a behavior pattern and not a diagnostic entity. (MC)

ABSTRACT 2493

EC 05 2493 ED N.A.
Publ. Date Sep 73 5p.
Cermak, Sharon A. and Others
Hyperactive Children and an Activity Group Therapy Model.
EDRS not availale
American Journal of Occupational Therapy; V27 N6 P311-15 Sep 1973

Descriptors: exceptional child education; learning disabilities; hyperactivity; preschool children; elementary school students; occupational therapy; group therapy; class activities

In a theoretical paper based on clinical observations, the authors examine the role of occupational therapy in the treatment of preschool and elementary school age hyperactive children. Facilitating the self-regulation of the hyperactive child through the use of an activity group in which other children serve as monitoring agents is discussed. The application of a structured activity group, the environment, the selection of activities, the individual and group goals, and the therapist's role as an interventive agent in the group are examined. (Author)

ABSTRACT 2528

EC 05 2528 ED N.A.
Publ. Date Sep 73 8p.
Syk[illegible]nald H. and Others
Su[illegible]: Attention in Hyperactive Children.
EDRS not available
Journal of Child Psychology and Psychiatry; V14 N3 P213-20 Sep 1973

Descriptors: exceptional child research; emotionally disturbed; hyperactivity; childhood; attention span; performance tests

Examined were 20 hyperactive children, 5-to 11-years-old, to determine ability to maintain attention on three tasks. Results indicated that the hyperactive children were no different from controls in focusing attention for brief periods, as measured by the Choice Reaction Time Task; and that the hyperactive children were significantly inferior to controls in sustained attention, measured by the experimenter paced Continuous Performance Test and the self-paced Serial Reaction Task. (MC)

ABSTRACT 2624

EC 05 2624 ED N.A.
Publ. Date 72 55p.
Reistroffer, Mary; McVey, Helen Zuber
Parental Survival and the Hyperactive Child.
EDRS not available
University of Wisconsin-Extension Publications, 432 North Lake Street, Madison, Wisconsin 53706 ($2.00)

Descriptors: exceptional child education; learning disabilities; hyperactivity; parent education; personal adjustment; child rearing; adjustment problems

Intended for parents, the paper provides basic information about hyperactive children and offers suggestions for child management and personal adjustment. The condition, sometimes called the Strauss Syndrome, is seen to be a disorder of the central nervous system which causes extreme reactions to internal and external stimuli. Described as typical for the period of babyhood and early childhood are a difficult pregnancy, a volatile infancy, early walking, a tendency toward accidents, parent-child contention over toilet training and eating, friendliness with adults, and slow speech development. The parent is encouraged to child proof the house, enforce only the important standards, and have some time away from the child. Elementary school years are also seen to be a difficult time with school discipline, learning problems, and social problems common. Stressed is cooperation with the child's teacher, and avoidance of competitive group situations. The hyperactive child is also explained to cause difficulties within the marriage, and suggested is acceptance of the mixture of love/hate feelings each parent has toward the child. Briefly considered are medication, nutrition, and surgery as treatments for hyperactivity. The early teen period is explained to be the time when the child begins to fit in more normally with his peers and achieves greater academic success. (DB)

ABSTRACT 151

EC 06 0151 ED N.A.
Publ. Date Nov 73 3p.
Friedland, Seymour J.; Shilkret, Robert B.
Alternative Explanations of Learning Disabilities: Defensive Hyperactivity.

EDRS not available
Exceptional Children; V40 N3 P213-5 Nov 1973

Descriptors: exceptional child education; hyperactivity; etiology; behavior patterns; remedial instruction; learning disabilities; childhood

It is maintained that two weaknesses of current theories on etiology of learning disabilities are reliance on a single-cause model and assumption of a child's deficit; advanced is the explanation that defensive hyperactivity is a coping device of children who are anxious about forming relationships with others, particularly adults. An example is given of an 8-year-old boy in a diagnostic situation. Recommended is use of peer involvement in diagnosis and remediation of defensive hyperactivity, a treatment which is based on assumption of multiple causes of the problem. (MC)

ABSTRACT 391

EC 06 0391 ED 083776
Publ. Date Mar 73 320p.
Mann, Lester and Others
A Comparison of Three Methods of Physical Education Programming for Emotionally Disturbed Children. Final Report.
Office of Education (DHEW), Washington, D. C.
EDRS mf,hc

Descriptors: exceptional child research; emotionally disturbed; physical education; coordination; program descriptions; aggression; hyperactivity; withdrawal tendencies (psychological); early childhood; childhood; physical fitness; program effectiveness; motor development; emotional adjustment; academic ability

Presented are the procedures, analyses, results, and discussion of a project which compared three methods of physical education programing for 96 emotionally disturbed children (6 to 14 years of age) in an 8-week summer camp program held during two summers. The first year's program is seen to have served as a field test with the most reliable data resulting from the second year's program. Four groups, each with eight aggressive, eight hyperactive, and eight withdrawn children are reported to have been assigned to four treatments: control, physical fitness, general coordination, and specific coordination. Detailed training manuals used in the program are provided for each of the three treatments. It is explained that the physical fitness group received activities aimed at improving strength, endurance, speed, and flexihility, while the general coordination group received activities to improve a child's ability to maneuver his body, and the specific coordination group received activities to improve performance in selected games. The following major findings are reported: the specific coordination group exhibited superior performance on the strength criterion, the Bender developmental age scores, and the Deverux measure; though the general coordination group excelled in having the least impatience and equaled the specific coordination group in coordination. It is concluded that restructuring the physical activities of the disturbed children raised the quality of motoric behavior hut had little effect on emotional adjustment or academic aptitude. (DB)

ABSTRACT 470

EC 06 0470 ED N.A.
Publ. Date Oct 73 5p.
Victor, James B. and Others
Objective Behavior Measures of First- and Second-grade Boys' Free Play and Teachers' Ratings on a Behavior Problem Checklist.
EDRS not available
Psychology in the Schools; V10 N4 P439-43 Oct 1973

Descriptors: exceptional child research; hyperactivity; males; primary grades; student evaluation; play; electromechanical aids

The study tested the usefulness of the activity recorder (a small recording device consisting of two small, hand-wound wrist watches without balance wheels) in free play situations and tested the usefulness of free play and activity level to predict teacher judgments of classroom behavior and to serve as diagnostic instruments for hyperactive, impulsive behavior in four hyperactive and four nonhyperactive first-and second-grade boys. The data supported the use of the free-play situation to assess behavior; the reliability and stability of the activity recorder were verified; and the behavioral measures used to assess free play correlated with judgments of teachers on classroom behavior. (DB)

ABSTRACT 634

EC 06 0634 ED 084755
Publ. Date Apr 73 38p.
Advani, Kan
Involving Parents in the Behavior Modification Program of Their Children in Home and School.
Frontenac County Board of Education, Kingston (Ontario).
Ontario Educational Research Council, Toronto, (Ontario).
EDRS mf,hc

Descriptors: exceptional child research; hyperactivity; early childhood education; parent education; behavior change; handicapped children; operant conditioning

Six children enrolled in a 'Kindergarten for Children with Special Needs' were the subject of a 3-month study of behavioral techniques applied to children's problem behavior through the training of parents. The children were rated as hyperactive and immature with various emotional, social, and physical problems. The study worked with the children in their natural environment (homes) and attempted to bring about change in their behavior through parental involvement. The improvement shown by the children suggested the advantage and need of early intervention in families of deviant children. (Author)

ABSTRACT 1272

EC 06 1272 ED N.A.
Publ. Date Fall 73 9p.
Stewart, Mark A. and Others
Hyperactive Children as Adolescents: How They Describe Themselves.
EDRS not available
Child Psychiatry and Human Development; V4 N1 P3-11 Fall 1973.

Descriptors: exceptional child research; emotionally disturbed; hyperactivity; adolescents; interviews; self esteem; self concept

Interviewed were 81 adolescents who had been diagnosed as having the hyperactive child syndrome 2 to 5 years previously. About half the Ss reported that they were restless, impatient, irritable and impulsive, and found it hard to study. In general, the Ss' reports agreed well with their mothers' reports, though Ss were more likely to report themselves as well liked by peers and teachers than were mothers. Two out of five Ss had low self-esteem, but this characteristic was not associated with antisocial behavior. (Author/DB)

ABSTRACT 1274

EC 06 1274 ED N.A.
Publ. Date Win 74 7p.
Miller, Ray G. and Others
Hyperactive Children in Suburban Elementary Schools.
EDRS not available
Child Psychiatry and Human Development; V4 N2 P121-7 Win 1974

Descriptors: exceptional child research; learning disabilities; hyperactivity; elementary school students; incidence; sex differences; intelligence differences

The prevalence of hyperactivity was determined in a large population of suburban grade school children. The problem was found in 1 out of 12 boys, but only about 1 in 100 girls. The mean intelligence of hyperactive children was significantly lower than that of normal classmates. (Author/DB)

ABSTRACT 1589

EC 06 1589 ED N.A.
Publ. Date Jan 72 12p.
Bell, Richard.Q. and Others
A Rating System for the Assessment of Hyperactive and Withdrawn Children in Preschool Samples.
American Journal of Orthopsychiatry; V42 N1 P23-34 Jan 1972

Descriptors: exceptional child research; hyperactivity; behavior problems; rating scales; test construction; emotionally disturbed; anxiety; factor analysis

Six rating scales for hyperactivity and three for withdrawal were developed from a series of studies on 202 early preschool-age children. The hyperactivity scales covered frenetic play, induction of intervention, inability to delay, emotional agression, nomadic play, and spelling/throwing. Withdrawal scales focused on vacant staring, closeness to adult base, and chronic fearfulness. Testing of the scales for factor composition indicated that they formed one bipolar hyperactivitiy-withdrawal factor for males and spearate hyperactivitiy and withdrawal factors for females. Implications for research applications included i.c. testing of 'untestable cases, identifying of ex-

treme cases, and assessing results of enrichment programs for hyperactive and withdrawn children. (Included are definitions of rating scales used in factor scores and a factor scoring system for assessment of hyperactive and withdrawn behaviors.) (Author/(MC)

ABSTRACT 1751

EC 06 1751 ED N.A.
Publ. Date Oct-Dec 7 15p.
Worland, Julien and Others
Performance and Activity of Hyperactive and Normal Boys as a Function of Distraction and Reward.
Journal of Abnormal Child Psychology; V1 N4 P363-77 Oct-Dec 1973

Descriptors: exceptional child research; emotionally disturbed; hyperactivity; childhood; discrimination learning; task performance; behavior patterns; environmental influences

Twenty-five hyperactive 7-to 11-year-old boys and 25 controls matched for age, social class, and race were compared on three performance tasks (coding, tone discrimination, and connecting dots) in two settings (nondistracting and highly distracting). Control Ss performed significantly better than hyperactive Ss in all conditions, except during tone discrimination and connecting dots in the nondistracting setting. Distraction decreased performance for both groups on the coding task and for hyperactives on the tone discrimination task, but significantly improved performance for controls on the connecting dots task detrimental distraction was not significantly greater for hyperactives than for controls. The effect of reward on coding performance in the distracting condition produced the best performance for both groups. (Author/MC)

ABSTRACT 1901

EC 06 1901 ED N.A.
Publ. Date May 74 10p.
Simpson, D. Dwayne
Attention Training Through Breathing Control to Modify Hyperactivity.
Journal of Learning Disabilities; V7 N5 P274-83 May 1974

Descriptors: hyperactivity; operant conditioning; attention span; feedback; training techniques; exceptional child research; learning disabilities; childhood; behavior change; self control

A psychophysiological method was used to train 6 children (6-8 years old) in the control of hyperactive behavior. The method involved attention training through breathing control, incorporating biofeedback and operant conditioning principles to help the child develop self-control over excessive and distracting motor behaviors and to maintain attention in learning situations. Three children were assigned to a group given the breathing control and attention training and three children were assigned to a control group. Measures obtained before, during, and after training included respiration indices, attention and vigilance test performance scores, and teacher ratings of classroom behaviors. The findings supported the feasibility of the training approach and provided important information relevant for future refinements in training and evaluation procedures. (Author)

ABSTRACT 2009

EC 06 2009 ED N.A.
Publ. Date 74 197p.
Renshaw, Domeena C.
The Hyperactive Child.
Nelson-Hall Company, 325 West Jackson Boulevard, Chicago, Illinois 60606 ($8.95).

Descriptors: exceptional child education; learning disabilities; hyperactivity; neurologically handicapped; behavior patterns; psychological characteristics; medical treatment; educational needs; special classes

The book provides information derived from clinical and experimental investigation on the nature and management of the hyperactive child, who is seen to suffer from what is probably a specific neurophysiologic disturbance characterized by distractibility, over-responsiveness to stimuli, and a paradoxically tranquilizing reaction to stimulants. Chapters are given to an overview of the hyperactive child, the hyperanxious child, the hyperaggressive child, and discipline. Additional chapters cover the following aspects of hyperkinesis: definition and diagnosis, epidemiology, pathology, management and treatment, medications, and prognosis and prevention. Stressed is the importance of distinguishing true hyperkinesis from normal childhood activity; the need for a treatment approach based on cooperation among the family, the school, and the physician; and the provision of special education facilities which can provide more structure, less stimulation, and specialized help. (DB)

ABSTRACT 2146

EC 06 2146 ED N.A.
Publ. Date 61 576p.
Cruickshank, William M. and Others
A Teaching Method for Brain-Injured and Hyperactive Children. A Demonstration-Pilot Study.
Syracuse University Press, Syracuse, New York 13210 ($7.95).

Descriptors: exceptional child research; emotionally disturbed; learning disabilities; neurologically handicapped; hyperactivity; childhood; research projects; research methodology; evaluation criteria; classroom environment; clinical diagnosis; educational diagnosis; psychological characteristics; learning difficulties; diagnostic tests; diagnostic teaching; teaching methods

Reported is a pilot study which investigated the effect of a nonstimulating classroom environment, specially prepared teaching materials, and highly structured teaching methods on the learning problems and school adjustment of 40 hyperactive, emotionally disturbed children (six to ten years old) with and without clinically diagnosed brain injury. Introductory materials cover the psychological characteristics of hyperactive children, the learning process, recommended aspects of educational programs for hyperactive students, the research design employed in the pilot study, and descriptions of the classroom arrangements. Program organization by the public school district personnel, the diagnostic staff and the resident co-ordinator is recounted. Examined are prediagnostic screening procedures and techniques, individual diagnostic examinations, a sample case study (including psychological, pediatric, physical, neurological, electroencephalographic, speech, hearing, and psychiatric examinations), and prenatal, natal, and postnatal data. Matching criteria, grouping procedures, and teacher selection are explained. An extensive discussion of the teaching method treats the Ss' learning characteristics, instructional problems, classroom management, and numerous specific techniques for teaching eye-hand coordination, sound discrimination, tactile and olfactory perception, motor ability, writing, arithmetic, reading, and art. Presented are data obtained in initial assessment procedures when such tests as the Stanford-Binet Scale, the Metropolitan Readiness Test were given along with nine others. Data from the 12 month follow-up test battery are also summarized and discussed. Psychological and achievement test results were thought to support the generalizations that experimental classes had made temporary gains in comparison to the control group on several scoring categories of the perceptual tests and that the total group made significant academic improvement and made considerably fewer errors on the perceptual and visuo-motor tests. The authors draw educational implications from the pilot study as well as implications from psychiatry, clinical psychology, audiology and speech pathology, visual examinations, and achievement test data. (GW)

ABSTRACT 2210

EC 06 2210 ED N.A.
Publ. Date 74 26p.
Archuleta, Alyce J.; Archuleta, Michael J.
The Hyperactive Child: A Selected Bibliography for Parents and Educators.
Current Bibliography Series, Post Office Box 2709, San Diego, California 92112 ($2.00).

Descriptors: exceptional child education; learning disabilities; hyperactivity; parent education; bibliographies

The bibliography on hyperactivity contains approximately 125 listings of books, documents, general periodicals, education journals, and medical and technical journals of interest to parents and teachers. Listings are alphabetical by author within sections organized by type of material. Usually provided are author, title, publishing company or journal, date of publication, and pagination. Also provided are names and addresses of six additional sources of information. (DB)

ABSTRACT 2300

EC 06 2300 ED N.A.
Publ. Date Jun/Jul 74 8p.
Keogh, Barbara K and Others
Teachers' Perceptions of Educationally High Risk Children.
Journal of Learning Disabilities: V7 N6 P367-74 Jun/Jul 1974

Descriptors: exceptional child research; educable mentally handicapped; learning disabilities; identification; teacher role; mentally handicapped; educationally disadvantaged; kindergarten; primary grades; socioeconomic influences

Fifty-eight kindergarten and primary grade teachers (from both a suburban, middle socioeconomic status (SES), Anglo community and an urban, low SES, black community) were individually interviewed in order to determine their perceptions of children's behavior indicative of educational high risk. During 20 to 30 minute individual interviews, teachers were asked questions such as "What makes you suspicious that a child may be a potential educationally handicapped (EH) or retarded (EMR) child?" Terms generated by teachers such as hyperactive and aggressive were then categorized and analyzed to determine similarities and differences. Results showed overall agreement as to risk signs, differences in perception of potential EH and EMR pupils, some differences in risk indicators according to the SES status of the school district, and more agreement among teachers in middle SES schools than in lower SES schools. Results lend support to the use of classroom teachers as a first level screen in the early identification of high risk pupils. (Author LC)

ABSTRACT 2589

EC 06 2589 ED N.A.
Publ. Date 72 79p.
Adler, Sidney; Jackson, Terry; Keith, C
Your Overactive Child: Normal or Not?
Medcom, Inc., 2 Hammerskjold Plaza New York, New York 10017 ($6.95)

Descriptors: exceptional child education; learning disabilities; hyperactivity; childhood; physicians; identification; drug therapy; family problems; family role; parent role; medical evaluation; behavior change; operant conditioning; case studies

The handbook uses the case study of a boy (0 to 11 years old) to educate parents and teachers regarding the identification, diagnosis, and treatment of hyperactivity. The nature of hyperactivity and its symptoms, such as impulsive behavior, forgetfulness, poor concentration, and perseveration are described. Warning signals at home (including inappropriate behavior at organized functions, and an inability to fit into games with peers) and at school (such as a high IQ but an inability to read, and creativity but poor coordination) are noted. Discussed are clinical examinations, the process of selecting a physician, a sample of a medical questionnaire, and a neurological examination involving an electroencephalogram. The use of stimulants to control hyperactivity, their effect on the brain, and their use with particular hyperactive children are examined. Changing behavior at home through the use of a behavior modification program is recommended, and examples of rewards, punishments, and a behavior diary are included. Educational strategies are evaluated in relation to the hyperactive child's self-concept, the need for special education or a controlled environment, and teaching methods. Brief guidelines are provided for parents desiring to help improve their child's visual perception, speech, numerical concepts, and general coordination. An interview between a pediatrician and parents of a hyperactive child is included. (BA)

ABSTRACT 2640

EC 06 2640 ED N.A.
Publ. Date Aug/Sep 74 3p.
Schoenrade, Joyce L.
Help Means Hope for Laurie.
Journal of Learning Disabilities: V7 N7 P414-6 Aug/Sep 1974

Descriptors: exceptional child education; learning disabilities; hyperactivity; childhood; family problems; family role; behavior problems; medical treatment; case studies

A 9-year-old girl's hyperactive condition which caused numerous social and behavior problems for her, as well as difficulties for her family and friends, was improved through medication, guidance from a trained physician, and patience and understanding on the part of her family. (Author BA)

ABSTRACT 2742

EC 06 2742 ED N.A.
Publ. Date Aug 74 11p.
Lubchenco, Lula O. and Others
Newborn Intensive Care and Long-Term Prognosis.
Developmental Medicine and Child Neurology; V16 N4 P421-31 Aug 74

Descriptors: exceptional child research; handicapped children; mentally handicapped; anomalies; hyperactivity; cerebral palsy; followup studies; infancy; early childhood; medical research; incidence; nursing; medical treatment; prevention; hospitalized children; body weight

A followup study evaluated the incidence, type, and severity of handicaps at 4 years of age of 151 children as correlated with birthweight, gestational age, and intensive nursing care. Pre-term children who had birthweights appropriate-for-dates had approximately the same incidence of handicap as children born at term but small-for-dates. Pre-term infants cared for in the intensive care nursery and provided with intravenous fluid therapy had fewer handicaps than children cared for in the regular nursery or children in the intensive care nursery who had received only oral feedings. A high incidence of central nervous system handicaps (such as cerebral palsy, mental retardation, and hyperactivity), was found for children who weighed more than 2500 grams at birth but were of less than 38 weeks gestational age. (DB)

ABSTRACT 2751

EC 06 2751 ED N.A.
Publ. Date Aug 74 2p.
Keith, Ronald Mac
High Activity and Hyperactivity.
Developmental Medicine and Child Neurology; V16 N4 P543-4 Aug 74

Descriptors: exceptional child education; learning disabilities; hyperactivity; etiology

Briefly noted are factors in the diagnosis of hyperactivity in children, and listed are causes of hyperactivity such as emotional deprivation, epilepsy, and high drive (often associated with high intelligence). (DB)

ABSTRACT 47

EC 07 0047 ED N.A.
Publ. Date Sum 74 12p.
Prinz, Robert; Loney, Jan
Teacher-Rated Hyperactive Elementary School Girls: An Exploratory Developmental Study.
Child Psychiatry and Human Development; V4 N4 P246-57 Sum 74

Descriptors: exceptional child research; hyperactivity; females; elementary education; students; art; self esteem; self control; adjustment (to environment); age differences

Sixteen girls in grades one through six who had been identified by an art teacher as hyperactive were evaluated. Data showed that there were no significant differences between hyperactive and control girls on measures of general adjustment at either age level (grades one through three or grades four through six), that hyperactive Ss were rated significantly lower than controls on measures of art proficiency and impulse control; and that there were no significant differences in self esteem ratings between Ss and controls. Comparison of the data with results of a study on hyperactive boys indicated such conclusions as that for both males and females, the young hyperactive groups do not differ from their controls in IQ, but that older hyperactive groups have lower IQs than their controls. (GW)

ABSTRACT 102

EC 07 0102 ED N.A.
Publ. Date 74 339p.
Frazier, James R., Ed.; Frazier, Dianne M., Ed.
Exceptional Children: Biological and Psychological Perspectives.
MSS Information Corporation, 655 Madison Avenue, New York, New York 10021 ($15.00)

Descriptors: exceptional child research; mentally handicapped; learning disabilities; minimally brain injured; hyperactivity; aurally handicapped; speech handicapped; physically handicapped; emotionally disturbed; neurotic children; psychotic children; autism; medical treatment; psychology; etiology; biological influences;

The book of readings on biological and psychological perspectives of mental retardation was compiled for college cours-

es and college libraries. Section I on mental retardation includes the topics of prevention, heritability of intelligence, mental retardation following infection and intoxication, with metabolic and nutritional disorders, associated with gross brain disease, associated with unknown prenatal influences, associated with chromosomal abnormality, gestational disorders, and prediction and prevention. other sections present readings on learning disabilities, hyperactivity and minimal brain dysfunction, communication disorders, disorders of motor development, neurotic disorders, and psychotic disorders (autism). (MYS)

ABSTRACT 232

EC 07 0232 ED N.A.
Publ. Date Oct 74 4p.
Burns, Edward; Lehman, Lyle C.
An Evaluation of Summated Rating and Pair Comparison Measures of Hyperkinesis.
Journal of Learning Disabilities; V7 N8 P504-7 Oct 1974

Descriptors: hyperactivity; evaluation methods; exceptional child research; learning disabilities; elementary education; student evaluation;

Two methods, summated ratings and pair comparisons, were used to assess the hyperkinesis of 20 elementary school aged children. The results revealed that ratings were an internally consistent and reliable normative technique for measuring hyperkinesis. In contrast, pair comparisons provided a method for specifying, on an individual basis, the relative importance of each subcategory which comprised the overall estimate of hyperkinesis. (Author)

ABSTRACT 594

EC 07 0594 ED N.A.
Publ. Date Nov 74 10p.
Tarver, Sara G.; Hallaban, Daniel P.
Attention Deficits in Children with Learning Disabilities: A Review.
Journal of Learning Disabilities; V7 N9 P560-9 Nov 1974

Descriptors: exceptional child research; learning disabilities; research reviews (publications); attention span; attention; hyperactivity;

Twenty-one experimental studies of attention deficits in children with learning disabilities were reviewed. Included in the review were studies of distractibility, hyperactivity, impulsivity, vigilance, and intersensory integration. From the accumulated evidence, the following conclusions were drawn: Children with learning disabilities exhibit more distractibility than controls on tasks involving embedded contexts (figure-ground perception tasks) and on tests of incidental vs. central learning; they are not differentially distracted by other types of distractors such as flashing lights and extraneous color cues. Hyperactivity of children with learning disabilities may be situational-specific, with higher levels of activity being exhibited in the structured situation; Children with learning disabilities are more impulsive, i.e. less reflective, than controls; Children with learning disabilities are deficient in their ability to maintain attention over prolonged periods of time. Studies of attention within a standardized testing framework were also discussed. (Author)

ABSTRACT 606

EC 07 0606 ED N.A.
Publ. Date Nov 74 8p.
Maier, I.; Hogg, J.
Operant Conditioning of Sustained Visual Fixation in Hyperactive Severely Retarded Children.
American Journal of Mental Deficiency; V79 N3 P297-304 Nov 1974

Descriptors: exceptional child research; trainable mentally handicapped; childhood; institutionalized (persons); behavior change; operant conditioning; reinforcement; visual stimuli; hyperactivity; attention span;

The relative preferences of each of 10 hyperactive severely retarded institutionalized children (6 to 10 years old) for a set of stimulus objects were objectively assessed prior to use of the objects as discriminant stimuli in an operant program aimed at increasing the duration of visual fixation through the use of social and edible reinforcers. Increases contingent upon reinforcement in both percentage of time per session spent fixating the objects and frequency of visual fixation were demonstrated for most Ss by the use of reversal procedures, while analyses of variance of group results confirmed these trends statistically. Other findings that the behavior of the hyperactive child is amenable to modification through the appropriate management of discriminative stimuli and reinforcement contingencies were confirmed. (For a related document, see EC 070607.) (Author)

ABSTRACT 607

EC 07 0607 ED N.A.
Publ. Date Nov 74 6p.
Hogg, J.; Maier, I.
Transfer of Operantly Conditioned Visual Fixation in Hyperactive Severely Retarded Children.
American Journal of Mental Deficiency; V79 N3 P305-10 Nov 1974

Descriptors: exceptional child research; trainable mentally handicapped; childhood; institutionalized (persons); behavior change; operant conditioning; visual stimuli; attention span; hyperactivity; transfer of training;

Following operant conditioning of visual fixation responses to objects of known preference, 10 hyperactive, severely retarded children (6 to 10 years old) were given a series of transfer tests involving a distracting testroom, neutral (unconditioned) stimuli, experimenter replacement, simple play tasks presented in the testroom and the classroom, Seguin formboard, bead manipulation, or classroom assessment involving prescribed tasks. Results showed consistent improvement for most Ss in the majority of tests for frequency and duration of visual fixation. No improvement was shown on the Seguin formboard, and a significant practice effect was obtained on the bead manipulation task. (For a related document, see EC 070606.) (Author)

ABSTRACT 798

EC 07 0798 ED N.A.
Publ. Date 74 152p.
Sugerman, Gerald I.; Stone, Margaret N.
Your Hyperactive Child: A Doctor Answers Parents' and Teachers' Questions.
Henry Regnery, Company, 180 North Michigan Avenue, Chicago, Illinois 60601 ($5.95).

Descriptors: exceptional child services; hyperactivity; behavior; parent role; etiology; diagnostic tests; teaching methods; therapies; medical treatment; drug therapy; directories;

Presented for parents and teachers by a pediatric neurologist are answers to questions concerning hyperactive children. Discussions center on the following aspects of hyperactivity:- diagnosis and etiology, school factors (including suggested teaching strategies), treatment approaches (including home management and medical assistance), drug therapy (including dosage and possible side effects), and future life considerations. The first of four appendixes provides a listing by state of where to get help for the hyperactive child. Also included in the appendixes are approximately 50 references on the topic, definitions of approximately 40 terms, and sample forms and questionnaires used with hyperactive children. (CL)

ABSTRACT 908

EC 07 0908 ED N.A.
Publ. Date Win 74 6p.
Schaefer, Jacqueline W. and Others
Group Counseling for Parents of Hyperactive Children.
Child Psychiatry and Human Development; V5 N2 P89-94 Win 74

Descriptors: exceptional child services; hyperactivity; early childhood; childhood; parent education; psychological services; behavior change; operant conditioning; reinforcement; extinction (psychology);

Parents of nine hyperactive children (3-to-12-years-old) learned a procedure for making and enforcing rules and for shaping behavior by applying concepts such as reinforcement and extinction. The procedure, together with group counseling and discussion, appeared to be an effective alternative to drug treatment when advice and support was also given to the children's teachers. (Author/LH)

ABSTRACT 1010

EC 07 1010 ED N.A.
Publ. Date Dec 74 6p.
Juliano, Daniel B.
Conceptual Tempo, Activity, and Concept Learning in Hyperactive and Normal Children.
Journal of Abnormal Psychology; V83 N6 P629-34 Dec 74

Descriptors: exceptional child research; learning disabilities; hyperactivity; childhood; cognitive processes; learning characteristics; performance factors; concept formation; transfer of training;

Examined were performance characteristics of 40 hyperactive and 80 normal children, all between the ages of 8 and 11 years. Measured were impulsivity and reflectivity, activity level, concept attainment, and classification skill. In examining the relations among activity, conceptual tempo and diagnostic category on concept learning and transfer tasks, the results revealed a small but significant performance decrement by the hyperactive group on the learning task. This decrement did not carry over to the transfer task, in which a group difference was not found. Activity and conceptual tempo were not found to be related to the performance tasks. Results implied a need to focus on cognitive styles and performance characteristics of hyperactive children rather than hypothesized 'brain damage'. (Author/DB)

ABSTRACT 1065

EC 07 1065 ED N. A.
Publ. Date 74 201p
Agress, Hyman
Why Me?
Creation House, 499 Gundersen Drive, Carol Stream, Illinois 60187 ($5.95).

Descriptors: exceptional child education; mentally handicapped; educable mentally handicapped; hyperactivity; family role; parent child relationship; parent attitudes; special schools; Personal Accounts

Recounted by a Rabbi is the story of his hyperactive educable mentally handicapped son Michael, and the family's experiences. Described are their shock at the initial diagnosis, their frustration from repeated evaluations and unhappy school placements, as well as their positive experiences with several educators. Detailed are the Rabbi's early despair and loneliness, along with his satisfaction in Michael's progress highlighted by participating in his own Bar Mitzvah. (CL)

ABSTRACT 1357

EC 07 1357 ED N.A.
Publ. Date Sep 74 7p.
O'Connell, Thomas S.
The Musical Life of an Autistic Boy.
Journal of Autism and Childhood Schizophrenia; V4 N3 P223-9 Sep 1974

Descriptors: exceptional child education; emotionally disturbed; autism; childhood; case studies (education); music; behavior change;

A hyperactive 8-year-old autistic boy who had exceptional musical ability and absolute pitch but who was unable to read music was given training in several aspects of music in individual lessons two or three times a week during a four-year period. He now reads piano music moderately well and can read melodies and accompany himself with chords at the piano. His behavior improved steadily as he became more competent in musical activities, and his ability to concentrate improved as he was brought to read music and perform it in rhythm without letting his attention wander. His comprehension of music was aided considerably by practice in taking dictation and learning to write the notes of the melodies with the correct rhythmic values. (LH)

ABSTRACT 1514

EC 07 1514 ED N. A.
Publ. Date May 74 8p.
DeSouza, S.W. Milner, R. D. G.
Clinical and CSF Studies in Newborn Infants with Neurological Abnormalities.
Archives of Disease in Childhood; V49 N5 P351-8 May 74

Descriptors: exceptional child research; neurologically handicapped; hyperactivity; infancy; prenatal influences; biochemistry; medical diagnosis; prediction; identification; Perinatal Influences;

Thirty-four newborn infants with abnormal neurological signs of no specific etiology and 49 newborn infants without abnormal neurological signs were compared for abnormal behavior and cerebrospinal fluid (CSF) abnormalities. After a detailed neurological examination, the hyperexcitability syndrome was diagnosed in 18 and the apathy syndrome in 16 infants. The apathy syndrome was associated with apnoeic attacks, absent sucking, swallowing, and Moro responses as well as pneumonia. The hyperexcitability syndrome was associated with a history of fetal distress, a very poor condition at birth, and absent sucking and swallowing responses. Three infants with the apathy syndrome died. The majority of abnormal infants had either blood-stained or xanthochromic CSF. Cisternal puncture was helpful in diagnosing intracranial haemorrhage and was associated with subsequent clinical improvement in six infants. Though there was an association between apathy and hyperexcitability syndromes in the newborn period and subsequent neurological abnormalities during the first year, these abnormalities were present only in a minority. The study indicated that the clinical diagnosis of the apathy or hyperexcitability syndrome in the newborn period has diagnostic and prognostic significance. (DB)

ABSTRACT 1533

EC 07 1533 ED N.A.
Publ. Date Feb 75 10p.
Winchell, Carol Ann
The Hyperkinetic Child: A Bibliography of Medical, Educational and Behavioral Studies.
Greenwood Press, 51 Riverside Avenue, Westport, Connecticut 06880 ($11.00)

Descriptors: exceptional child education; exceptional child research; hyperactivity; etiology; classification; identification; neurology; psychological evaluation; educational diagnosis; behavior rating scales; drug therapy; educational trends; parent role; sociology; longitudinal studies; bibliographies;

The bibliography cites over 1800 medical, educational, and behavioral references (primarily between 1950 and 1974) on hyperkinesis. Entries are said to be taken from more than 300 professional journals and from sources such as books, conference reports, government documents, and dissertations. Arrangement is by the following major topics (and typical subtopics in parentheses): introductory research (symptomatology, classification and epidemiology); etiology (genetic factors, pre- and perinatal complications); diagnosis (neurological, psychological, educational, and behavioral testing); management (clinical, educational and parental management); and related research (psychological, sociological and follow-up studies). Appended are lists of research terms applied to hyperkinesis, of drugs used to treat hyperkinesis, and of journal abbreviations. Author and key word subject indexes are provided. (LS)

ABSTRACT 1717

EC 07 1717 ED N. A.
Publ. Date Jan 75 4p.
Alabiso, Frank
Operant Control of Attention Behavior: A Treatment for Hyperactivity.
Behavior Therapy; V6 N1 P39-42 Jan 75

Descriptors: exceptional child research; mentally handicapped; trainable mentally handicapped; hyperactivity; elementary education, behavior change; operant conditioning; positive reinforcement; institutionalized (persons); attention span; time factors (learning);

Operant conditioning was used with eight institutionalized hyperactive trainable retardates (8-to 12-years-old) to determine the effect of positive reinforcement in increasing Ss' attention span, focus of attention and selective attention and in inhibiting hyperactive behavior. The length of time that a S could remain seated, the frequency of correct responses to an eye-hand coordination task, and the number of correct responses to a stimulus discrimination task were selected as measures of attention behaviors. Results supported the hypothesis that attention is a learned behavior and that span, focus, and selective attention can be brought under operant control, indicating that reinforcement training may be a meaningful supplement to drug therapy in treating hyperactive children. (LH)

ABSTRACT 1744

EC 07 1744 ED N. A.
Publ. Date 74 133p.
Tymchuk, Alexander J.
Behavior Modification with Children: A Clinical Training Manual.
Charles C. Thomas, Publisher, 301-327 East Lawrence Avenue, Springfield, Illinois 62717 ($9.75 Cloth, $6.95 Paperback)

Descriptors: exceptional child education; handicapped children; guidelines; behavior change; operant conditioning; reinforcement; environmental influences; punishment; timeout; parent role; program effectiveness;

The manual of behavior modification techniques is intended to aid parents and other persons working with autistic, psychotic, mentally retarded, or behaviorally disturbed children. A brief history of behaviorism is provided in the introduc-

tory chapter. Stressed is the importance of defining, counting and graphing target behaviors for effective behavior change. Basic principles of positive and negative reinforcement are explained. Possible reasons for problem behaviors not responding to behavior modification are noted. Suggested is restructuring the environment as one way to change maladaptive behavior. Guidelines for administering reinforcement are detailed. Given are examples of programs using reinforcement to implement and/or accelerate a desired response such as encouraging a shy boy to speak louder and respond to questions and eliminating whining and temper tantrums in a 9-year-old retarded girl. Ways to weaken maladaptive behaviors including extinction, timeout, and punishment are discussed. Examples are given of parents using behavior modification techniques with mildly retarded, aggressive, and hyperactive children. Problems in making behavior modification programs work such as lack of consistency are considered. Appended are a summary of cautions, outlines of programs for eliminating or strengthening target behaviors, multiple choice questions on behavior modification principles, and a glossary of behavioral terms. (DB)

ABSTRACT 1866

EC 07 1866 ED N. A.
Publ. Date May 75 9p.
Rosenbaum, Alan and Others
Behavioral Intervention with Hyperactive Children: Group Consequences as a Supplement to Individual Contingencies.
Behavior Therapy; V6 N3 P315-23 May 75

Descriptors: exceptional child research; emotionally disturbed; hyperactivity; elementary education; behavior change; operant conditioning; positive reinforcement; behavior problems; group dynamics;

Group reward and individual reward for individual behavior were compared during a 4-week treatment and a 4-week maintenance period with 10 hyperactive elementary school children in two groups. Each child was rated four times daily on individually determined target behaviors, and at the end of the school day the child exchanged his cards for candy, either for himself (individual reward) or for himself plus his classmates (group reward). Standardized teacher ratings of hyperactivity and weekly ratings of problem behaviors both indicated a significant treatment effect although no difference was found between the two groups. The treatment effects were maintained during a 1-month treatment withdrawal. A teacher questionnaire designed to assess teacher satisfaction with the treatment programs indicated that the group reward program was significantly more popular than the individual reward program. The experimental results indicated that behavioral intervention can be successfully applied to hyperactive children, producing changes in behavior similar to those reported with drug-related therapies. (Author)

ABSTRACT 2035

EC 07 2035 ED N. A.
Publ. Date 74 93p.
Responding to Individual Needs in Head Start: A Head Start Series on Needs Assessment. Part I: Working with the Individual Child.
Department of Health Education and Welfare, Human Development Office; Child Development Officice., Dr. Linda Randolph, Post Office Box 1182, Washington, D. C. 20013

Descriptors: exceptional child education; handicapped children; early childhood education; teaching guides; class management; effective teaching; behavior change; emotional problems; cognitive development; medical treatment; physical environment; needs; Head Start;

The manual on the management of handicapped children is described as the first part of a needs assessment kit for Head Start staff and parents. General concerns about children with special needs are discussed in relation to the attitudes and activities of staff, teachers and parents. Guidelines are provided for managing physical problems in the classroom related to the motor difficulties, speech and language disorders and blindness. Directives on problems of cognitive development concern ways of dealing with variations in developmental levels and the special attributes of mentally handicapped children. Suggestions to teachers for managing emotional problems in the classroom center on inappropriate body habits and children's concerns with their own bodies, aggressive children, hyperactive children, withdrawn children, dependent-fearful children and their fear of separation, children whose sense of reality is seriousiy impaired, neglected children and battered children. For example, teachers of hyperactive children are encouraged to reduce classroom clutter that might confuse hyperactive children and to provide tactile equipment to absorb the children's interest. Medical information is given on various childhood handicaps and health impairments, including chronic asthma, bleeding disorders, diabetes and epilepsy. Advice is also presented on parent communication and teacher resources. Appendixes contain ideas for instructional materials and methods, a bibliography and an evaluation form to be completed by users of the manual. (GW)

ABSTRACT 2228

EC 07 2228 ED 104 113
Publ. Date 74 16p.
Jampolsky, Gerald G.; Haight, Maryellen J.
A Study of ESP in Hyperkinetic Children.
Child Center Annex, Tiburon, Calif.
EDRS mf; hc

Descriptors: hyperactivity; exceptional child research; childhood; extra sensory perception;

Evaluated with 10 hyperkinetic Ss (9-to 13-years-old) was whether hyperkinetic children have more extrasensory perception (ESP) than normal children and learn ESP skills more rapidly than other children. Ss were administered the Operational Assessment Tool and a color clairvoyance test and then were given eight practice sessions using the Targ ESP teaching instrument. Results did not support the hypothesis that hyperkinetic children have more ESP than normal children nor the hypothesis that learning would occur as a result of using the Targ instrument by either experimental or control groups. (DB)

ABSTRACT 2374

EC 07 2374 ED N. A.
Publ. Date Spr 75 11p.
West, Mina Georgi; Axelrod, Saul
A 3-D Program for LD Children.
Academic Therapy; V10 N3 P309-19 Spr 1975

Descriptors: learning disabilities; behavior change; attention span; academic achievement; program descriptions; exceptional child education; behavior problems; hyperactivity; elementary education; operant conditioning;

A three phase program reduced hyperactive behavior, increased attending/participating behavior, and improved academic performance of a total of 20 learning disabled children from 10 to 14 years of age. A combination of behavior modification techniques and developmental principles was applied which included group contingency reinforcement for nondisruptive behavior, giving a problem student leader the job of student consultant, rewarding individual students who improved attending/participating behavior, and reinforcing (with money) the correct completion of homework assignments. (DB)

ABSTRACT 2514

EC 07 2514 ED 107029
Publ. Date Spr 73 42p.
Kelly, Joseph J.; And Others
Readiness Continuum.
East Pennsboro Area School District, Enola, Pa.
EDRS mf;hc

Descriptors: learning disabilities; curriculum guides; language development; readiness (mental); class activities; exceptional child education; hyperactivity; behavior problems; kindergarten; primary grades; reading readiness; number concepts; handwriting; perceptual motor coordination;

Presented is a curriculum guide at the readiness level for the child who is hyperactive, a behavior problem, or unable to sustain attention. The following areas are included: language development (including perceptual-motor skills), physical development (following the Frostig Perceptual Program), alphabet and sounds, creative exercises, language arts, math concept skills, mathematics, music, reading readiness, science, social studies, speech and language, and writing. A readiness continuum is outlined. Areas are usually divided into phases with instructional objectives and activities listed. Examples of objectives include developing alternating laterality (for gross motor coordination), comparing sizes

(for perceptual constancy), recognizing letters, developing dramatization and pantomine (for language arts), developing the concept of zero (for mathematics), beginning music reading, studying the seasons (science), and printing name (writing). (DB)

ABSTRACT 2517

EC 07 2517 ED 107030
Publ. Date 18p.
Mccurley, Arlene Bell
Answers for Parents of the Child with Learning Disabilities. Showing and Telling It Like It Is
Calcasieu Parish School System, Lake Charles, La.
EDRS mf;hc

Descriptors: learning disabilities, guidelines, parent education, exceptional child education;

The guidebook for parents of learning disabled (LD) children provides answers to questions such as the following: What is a learning disability? How does an LD child behave? What should parents who suspect their child has a learning disability do? Can an LD child succeed in school? How should parents discipline an LD child? and How can parents manage a hyperactive child? For example, it is suggested that any combination of the following problems may cause an LD child to fail despite average intelligence: poor concept of time and of spatial relationships, inability to deal with sequence, poor listening ability, problems of attention, inability to receive and organize information from several senses, or poor self esteem. (GW)

ABSTRACT 2563

EC 07 2563 ED N. A.
Publ. Date Win 74/7 6p
Guyer, Barbara P.
The Montessori Approach for the Elementary-Age LD Child.
Academic Therapy; V10 N2 P187-92 Win 1974/1975

Descriptors: learning disabilities; handwriting; language development; reading; exceptional child education; concept formation; educational methods; Montessori Method;

The Montessori language program is described as potentially helpful to the learning disabled child because of its emphasis on developing a concrete understanding of concepts prior to the teaching of abstract solutions. Noted are specific program aspects that relate to problems of hyperactivity, short attention span and auditory and visual perception deficits. Discussed is the method of teaching writing before reading by means of such techniques as sand paper letters and use of the Movable Alphabet. (GW)

ABSTRACT 2721

EC 07 2721 ED N. A.
Publ. Date Apr 75 7p.
Rapoport, Judith L.; Benoit, Marilyn
The Relation of Direct Home Observations to the Clinic Evaluation of Hyperactive School Age Boys.
Journal of Child Psychology and Psychiatry; V16 N2 P141-7 Apr 75

Descriptors: exceptional child research; emotionally disturbed; hyperactivity; behavior patterns; measurement techniques; home visits; clinical diagnosis; attention span; interpersonal relationship; rating scales; observation; test validity;

Compared were data from clinic behavioral measures and direct home observations of 20 hyperactive boys (6-to 12-years old). During 1-hour home visits, observers noted the number of spontaneous activity shifts and the frequency of negative interpersonal interactions and made global estimates of Ss' 'hyperactivity.' Home observation data were then correlated with teacher and parent rating scales, mothers' 4-day diary reports, and psychologists' behavior ratings. A significant correlation was found between home observations and teachers' and psychologists' ratings, indicating the validity of clinic measurements and leading to conclusions that Ss' hyperactivity was pervasive characteristic in both structured and unstructured settings. (LH)

ABSTRACT 2810

EC 07 2810 ED N. A.
Publ. Date May 75 5p.
Goodwin, Donald W.; And Others
Alcoholism and the Hyperactive Child Syndrome.
Journal of Nervous and Mental Disease; V160 N5 P349-53 May 75

Descriptors: exceptional child research; emotionally disturbed; alcoholism; hyperactivity; adults; males; etiology; parent influence; drug abuse; behavior patterns; delinquency;

To explore possible childhood antecedents of alcoholism (including delinquency and hyperactivity), comparisons were made between alcoholics and nonalcoholics in a sample of 133 male Danish adoptees (23-to 45-years-old). It was found that the alcoholics, as children, were frequently hyperactive, truant, antisocial, shy, aggressive, disobedient, and friendless; that adoptive parents of the two groups did not differ with regard to socioeconomic class, psychopathology, or drinking histories; that 10 of the 14 alcoholics had biological parents who were alcoholic; and that there was no known alcoholism among the biological parents of the nonalcoholics. As adults, the alcoholics differed from the nonalcoholics only with regard to drinking history, use of drugs, and overt expression of anger. (Author/LH)

ABSTRACT 2934

EC 07 2934 ED N. A.
Publ. Date Sum 75 10p.
Ayllon, Teodoro; And Others
A Behavioral-Educational Alternative to Drug Control of Hyperactive Children.
Journal of Applied Behavior Analysis ; V8 N2 P137-46

Descriptors: hyperactivity; operant conditioning; academic achievement; drug therapy; performance factors; exceptional child research; learning disabilities; elementary education; behavior change; evaluation; Token Economy;

Token reinforcement for correct math and reading responses was used with three learning disabled children (8 to 10 years old) to determine whether the behavioral procedure was as effective as medication in controlling hyperactivity without inhibiting academic performance. Observations of hyperactive behavior and measures of academic performance were recorded for Ss when they were taking and not taking medication, as well as before and after introduction of the reinforcement procedure. Results indicated that Ss performed behaviorally and academically in an optimal manner without medication, suggesting that contingency management techniques can provide a feasible alternative for controlling hyperactivity and facilitating academic growth. (Author/LH)

ABSTRACT 2979

EC 07 2979 ED N. A.
Publ. Date Spr 75 16p.
Reid, Dennis H.; And Others
The Use of Contingent Music in Teaching Social Skills to a Nonverbal, Hyperactive Boy.
Journal of Music Therapy ; V12 N1 P3-18

Descriptors: exceptional child research; multiply handicapped; emotionally disturbed; behavior problems; hyperactivity; retarded speech development; behavior change; operant conditioning; music; therapy; reinforcement; normalization (handicapped); interpersonal competence; Music Therapy;

Three experiments were conducted to determine the effectiveness of contingent music to teach social skills and to control the hyperactive, disruptive behavior of a nonverbal 8 year old boy while he was walking, riding in a car, and learning preacademic skills. Contingent music combined with Ritalin medication was used while teaching socially acceptable car riding, and a remote control device was developed to control the presence or absence of recorded music during the teaching of preacademic skills. Results indicated that contingent music was instrumental in normalizing S's walking and car riding behavior, that the music--Ritalin combination was more effective than Ritalin alone in reducing S's hyperactivity in the car, and that the remote control device was a valid apparatus for rapidly presenting contingent music. (LH)

ABSTRACT 3244

EC 07 3244 ED . A.
Publ. Date Jul 75 7p.
Rie, Herbert E.
Hyperactivity in Children.
American Journal of Diseases of Children ; V129 N7 P783-9 Jul 75

Descriptors: exceptional child education; emotionally disturbed; hyperactivity; classification; etiology; drug therapy; learning;

The various childhood problems that are often subsumed under the heading of hyperactivity occur in various combina-

tions and, apparently, for various reasons. The designation does not define a homogeneous group of children, does not consistently point to a common cause, and has treatment implications only in the sense that multiple simultaneous approaches must typically be considered. Stimulant drugs, which seem frequently to be used for control of so called hyperactivity, are an inadequate treatment when used alone, have a number of poorly studied effects, some of which are apparently negative, and may obscure problems other than the hyperactivity itself, which then may be ignored. There is some evidence now available that classroom learning does not improve with drug treatment despite common assumptions to the contrary. (Author)

ABSTRACT 3465

EC 07 3466 ED 111133
Publ. Date 75 47p.
Bannatyne, Alexander
The Spatially Competent Child with Learning Disabilities (SCLD): The Evidence from Research.
Bannatyne Children's Learning Center, Miami, Fla.
EDRS mf;hc

Descriptors: learning disabilities; etiology; theories; space orientation; auditory perception; exceptional child research; hyperactivity; perceptually handicapped; research reviews (publications); incidence; genetics; memory; maturation;

Research is reviewed in support of the author's hypothesis that the majority (60—80%) of learning disabled children are not brain damaged but have above average spatial ability and major deficits in auditory-vocal memory processing which are genetic in nature. Research is reported to support other aspects of his hypothesis such as that the lack of visual problems in the spatially competent learning disabled (SCLD) group, the frequent occurrence of a general maturational lag in SCLD males, and the common presence of hyperactivity is also due to an inherited maturational lag. Research is reviewed in the areas of birth order, sex of siblings, neurological impairment, pregnancy and perinatal factors, hyperactivity and brain damage, the nature of hyperactivity, the management of hyperactivity, the inheritance of specific abilities and disabilities, specific abilities underlying reading and other language processes, the good spatial ability but poor auditory-vocal memory skills in SCLD children, the incidence of SCLD children, and the effectiveness of remediation programs. (DB)

ABSTRACT 3632

EC 07 3632 ED N. A.
Publ. Date Au/Sep75 6p.
Braud, Lendell Williams; And Others
The Use of Electromyographic Biofeedback in the Control of Hyperactivity.
Journal of Learning Disabilities; V8 N7 P420-425

Descriptors: hyperactivity; feedback; behavior change; electromechanical aids; exceptional child research; learning disabilities; childhood; Biofeedback; Electromyographic Biofeedback;

A 6 1/2-year-old hyperactive boy was taught to reduce his muscular activity and tension through the use of electromyographic biofeedback for 11 sessions. The child was instructed to turn off a tone which signaled the presence of muscular tension. Muscular tension and activity decreased both within and across sessions. A follow-up session after a 7-month interval indicated that he continued to be able to control hyperactivity. Improvement was seen in the child's behavior in class and at home as long as he continued to practice and use, both at home and at school, the techniques he had learned in the laboratory. The child also improved a range of 25 to 56 months on four subtests of the Illinois Test of Psycholinguistic Abilities. Improvement also occurred on a group-administered achievement test at school. There was also improvement in self- confidence and self-concept. (Author/DB)

ABSTRACT 3697

EC 07 3697 ED N. A.
Publ. Date Oct 74 9p.
Loney, Jan
The Intellectual Functioning of Hyperactive Elementary School Boys: A Cross-Sectional Investigation.
American Journal of Orthopsychiatry; V44 N5 P754-762

Descriptors: hyperactivity; elementary education; intelligence quotient; behavior patterns; exceptional child research; self concept; self control; creative expression; adjustment (to environment); emotional problems;

Group intelligence test scores and behavior ratings were investigated in 12 second grade and 12 fifth grade hyperactive boys. IQs were obtained from the Kuhlmann-Finch group intelligence test; and the Ss' art teacher rated them on general adjustment, art creativity, art proficiency, self esteem, impulse control, and 15 additional categories including level of activity. The high activity group (used as the experimental, hyperactive group) were compared to controls, and results showed that there were deficits in intellectual functioning in the older hyperactive groups, but not the younger; that younger and older Ss both differed from controls in teacher ratings of impulse control, art proficiency, and general adjustment; and that older Ss showed significant deficits in self esteem. Evidence supported the hypothesis that hyperactive children do not differ from their peers in intellectual endowment. (Author/SB)

ABSTRACT 3704

EC 07 3704 ED N. A.
Publ. Date Jan 75 7p.
Campbell, Susan B.
Mother-Child Interaction: A Comparison of Hyperactive, Learning Disabled, and Normal Boys.
American Journal of Orthopsychiatry; V45 N1 P51-57

Descriptors: hyperactivity; learning disabilities; problem solving; parent child relationship; behavior patterns; exceptional child research; mothers; behavior problems; childhood;

Groups of 13 hyperactive, learning disabled, and normal boys (mean age 8 years) were observed interacting with their mothers in a structured problem-solving situation. Ss were given two tasks (block designs and anagrams) while mothers were instructed to help as much or as little as they liked. Both maternal and child behavior were coded during 10-second blocks; and the Behavior Problem Checklist was administered to mothers at the conclusion of the interaction session. Mothers of hyperactive boys showed a higher level of involvement in task solution, and reported more behavior problems than did mothers in comparison groups. Likewise, hyperactive boys interacted with mothers more than learning disabled or control boys. (Author/SB)

ABSTRACT 3716

EC 07 3716 ED N. A.
Publ. Date Jul 75 15p.
Zentall, Sydney
Optimal Stimulation as Theoretical Basis of Hyperactivity.
American Journal of Orthopsychiatry; V45 N4 P549-563

Descriptors: hyperactivity; research reviews (publications); theories; stimulation; therapy; exceptional child research; environmental influences; drug therapy; behavior change; operant conditioning;

Treatment for hyperactive children based on a stimulus reduction theory is discussed and an alternative theory of optimal stimulation is described. Recommendations for reduction of environmental stimulation are noted to be based on the assumption that hyperactive and distractible behaviors are due to overstimulation. A review of research is reported to indicate that hyperactive behavior may result from a homeostatic mechanism that functions to increase stimulation for a child experiencing insufficient sensory stimulation. It is suggested that the effectiveness of drug and behavior therapies, as well as evidence from the field of sensory deprivation, further support the theory of a homeostatic mechanism that attempts to optimize sensory input. (Author/SB)

ABSTRACT 3743

EC 07 3743 ED N. A.
Publ. Date 75 285p.
Schrag, Peter; Divoky, Diane
The Myth of the Hyperactive Child and Other Means of Child Control.
Pantheon Books, 201 East Fiftieth Street, New York, NY 10022 ($10.00)

Descriptors: exceptional child education; hyperactivity; delinquency; learning disabilities; minimally brain injured; research reviews (publications); trend analysis; theories; therapy; intervention; labeling (of persons); drug therapy; educational diagnosis; grouping; identification; information systems; student records; behavior change; operant conditioning; psychotherapy;

In comparing methods of controlling hyperactive children, the author criticizes the spreading ideology of early intervention of treatment as a means of socially controlling behavior labeled maladaptive. Discussed in Chapter 1 are the Hutschnecker memo and J. Allen's proposal to diagnose and treat children at an early age on a mass scale. In chapter 2, entitled 'The Invention of a Disease,' the spreading trend to label children 'learning disabled,''minimal brain dysfunctioned,' or 'hyperactive' is reported. Covered in Chapter 3 are the misuse, misleading advertising, and faulty research related to psychoactive drugs (such as Ritalin). Noted in Chapter 4 are problems of preschool programs and instruments for cognitive, behavioral, and psychological screening of children. Theories in the field of delinquency and predelinquency presented in Chapter 5 are shown to indicate a trend toward a blurring of distinction between compulsory and voluntary treatment and between crime and disease. Chapter 6 contains information on the content, control, and effects of school, police, and data bank dossiers on children. The use of behavior modification, psychosurgery, and electric shock in treating delinquent and hyperactive children is probed in Chapter 7. Also included are personal examples as illustrations, an appendix on the elements of self defense, bibliographical notes on each chapter, and a subject and name index. (SB)

ABSTRACT 3851

EC 07 3851 ED 112601
Publ. Date Apr 75 13p.
Cohen, Bernard And Others
Do Hyperactive Children Have Manifestations of Hyperactivity in Their Eye Movements?
Mount Sinai School of Medicine, New York, NY
Health Research Council, NY
EDRS mf;hc
Paper Presented at the Biennial Meetings of the Society for Research in Child Development (Denver, Colorado, April, 1975)

Descriptors: hyperactivity; eyes; perceptual motor coordination; vision tests; behavior patterns; exceptional child research, emotionally disturbed; problem solving; eye movements; Electrooculography;

A study involving 18 hyperkinetic children (3-12 years old) was conducted to test the hypothesis that hyperactive children manifest the same type of hypermotility in their eyes as in the rest of their body. Ss were observed under a series of test conditions (including manual problem solving) which elicit short and long periods of fixation, pursuit movements, small and large saccadic movements (rapid, involuntary jumping of the eyes from one fixed point to another); and optokinetic nystagmus (rapid, involuntary oscillation of the eyeballs); and eye movements were measured by electrooculography. In comparison to controls, hyperkinetic Ss were generally unable to hold their eyes steady either in direct forward or in lateral gaze; Ss tended to continue to use combined head and eye movements at a later age when problem solving; and Ss tended to have more saccadic movements to nontarget areas during pursuit. (Graphs are provided.) (SB)

ABSTRACT 3852

EC 07 3852 ED 112602
Publ. Date 75 14p.
Kinsbourne, Marcel
Hyperactivity.
Hospital for Sick Children, Toronto (Ontario). Division of Neurology.
EDRS mf;hc
Paper Based on A Presentation to the Heinz Seminar at The Annual Meeting of the Canadian Paediatric Association (Toronto, Ontario, 1975)

Descriptors: hyperactivity; behavior patterns; etiology; drug therapy; exceptional child education; conference reports; motor development; attention span; social adjustment; nutrition; emotional problems;

Hyperactivity in children is explained in relation to behavioral characteristics, precipitating factors, and stimulant medication therapy. The basic mechanism of hyperactivity is seen to be impulsive style in motility, attention, and socialization. Problems caused by impulsivity are noted to include feeding problems, school difficulties, and peer alienation. Two factors are reported to precipitate hyperactivity which are emotional (stress) and chemical (food additives). The use of stimulant medication therapy is discussed in terms of goals; type and advantages of drug chosen; dosage; when to stop medication; and effects on growth, appetite, and sleep. (SB)

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