

DOCUMENT RESUME

ED 227 067

SP 021 783

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TITLE Adapted Physical Education for Emotionally Disturbed Children and Learning Disabled Children.
PUB DATE [82]
NOTE 13p.
PUB TYPE Reports - Descriptive (141) -- Information Analyses (070)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Adapted Physical Education; *Behavior Modification; Elementary, Secondary Education; *Emotional Disturbances; Individualized Education Programs; Interpersonal Relationship; *Learning Disabilities; Mastery Learning; Psychomotor Objectives; Self Concept; Self Control; Sequential Learning; *Student Characteristics; Student Motivation; Teaching Methods

ABSTRACT

A review of literature on learning disabled and emotionally disturbed children is presented, focusing upon the role of the physical education teacher as a part of the educational team responsible for implementing individualized education programs. The close relationship between learning disabilities and emotional disturbances is examined, and characteristics which make emotionally disturbed children behave in a markedly different way from social norms are discussed. Theories on neuromuscular etiologies such as myelinization, hyperactivity, and movigenics are cited. Approaches to adapting physical education programs to meet the needs of children with these particular handicaps are explored, including consideration of: (1) movement development; (2) self control; (3) motivation; (4) self confidence; (5) psychological tests; (6) hyperkinetic children; (7) sequential and mastery learning; (8) behavior modification, reinforcement, and modeling; and (9) obtainable goals for both elementary and secondary school physical education programs. The necessity of building and implementing an effective behavioral management system for adapted physical education programs is emphasized. (JD)

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ED227067

ADAPTED PHYSICAL EDUCATION
for
EMOTIONALLY DISTURBED CHILDREN
and
LEARNING DISABLED CHILDREN

by

Karen King Womack and Sid T. Womack

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Schools have always had their problem children. There have always been children who could not learn as quickly as others, pay attention as long as other children, or demonstrate physical dexterity like their classmates. Until this century, and very recently at that, society's responses to exceptional children of all categories has been predictable: extermination, exclusion, ridicule, or, possibly, begrudging tolerance. However, all of these have one commonality: they are children first, who have problems. To this, the 94th Congress addressed Public Law 94-142.

On August 25, 1977 the Federal government enacted Rules and Regulations which altered the whole array of Special Education. Among the facets defined in the Rules and Regulations for PL 94-142 were "Seriously Emotionally Disturbed" and "Specific Learning Disability." These two definitions from the Federal Register are as follows:

"Seriously Emotionally Disturbed":

- (1.) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:
 - a. An inability to learn which cannot be explained by intellectual, sensory or health factors;
 - b. an inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
 - c. inappropriate types of behavior or feelings under normal circumstances;
 - d. a general pervasive mood of unhappiness or depression; or
 - e. a tendency to develop physical symptoms or fears associated with personal or school problems!
- (2.) The term includes children who are schizophrenic. The term does not include children who are socially maladjusted unless it is determined that they are seriously emotionally disturbed.

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

Physical education is the only curricular area specified in P.L.-94-142.

The law defines it as:

Physical and motor fitness; Fundamental motor skills and patterns; and skills in aquatics, dance, and individual and group games and sports (including intramural and lifetime sports). The term includes special and physical education, movement education, and motor development.

Physical educators must have a place, then, on the educational team. This is the planning team for individualizing the educational plan for each special education student. It consists of the special teacher, a regular academic teacher, a counselor, an administrator, a parent and, if pertinent, any additional assessment person. The team should plan procedures and agree to expected short- and long-term goals for each child as an individual in special education. It is by and through this plan that all teachers serve each child.

There have been many etiologies postulated as to causes of both learning disabilities and emotional disorders. The two are closely related, emotional disorders seeming to be a larger problem including learning disabilities and dire self-concept problems. It is not known whether a child first is learning disabled and out of frustration and poor self concept becomes emotionally disturbed or if his learning disabilities are as a result of his emotional disturbance. At any rate, he must first gain self control before he can hope to better himself academically. According to Kauffman (1977), the characteristics which make emotionally disturbed children different from other children is that their behavior differs markedly and chronically from current social or cultural norms. Kauffman also indicates that these children can be taught "more socially acceptable and personally gratifying behavior." Other factors appear to exist as well. Hereditary factors are difficult to assess directly. Organic causes including neurological impairments, chemical imbalance, and glandular problems may all contribute to emotional disorders. The majority

of cases appear to result from functional or environmental factors, real or imagined. Peer pressures, parental pressures or authority figures are among these as well as any single traumatic event.

One of the neuromuscular etiologies includes myelination. During the second trimester of pre-natal growth, the nervous system grows a sheath-like protection. This is a long process not completed for many years. During the second trimester myelination begins in the spinal cord area. According to Chinn, Drew, and Logan (1979), completion of myelination of the cerebral cortex is accomplished after birth. In the first month after birth this seems to be why movements of the infant seem to be purposeless and in magnified gross motor fashion. The central nervous system experiences rapid growth during the first four years. For the most part the myelin sheath is complete after two years but some growth continues into adolescence. Should an interruption in this process occur, the system of gross- and fine-motor control may be interrupted. Substantial research supporting this etiology lies with the medical profession. Other etiologies postulated for learning disabilities include Feingold's theory (1976) that food additives may cause hyperactivity and learning disabilities, and several in the field of perceptual-motor training. For learning to take place effectively, perception and movement must occur congruently. A child must also have good figure-ground perception in order to read or write. Kephart's (1971) perceptual-motor training included ocular control, figure-ground exercises and movement patterns based on balance and posture, locomotion, contacting and receiving objects and propelling objects.

Barsch defines movement efficiency in Arnheim (1975) as a person who "can manage his body weight so as to maintain stability at rest or in motion and can produce and control force in a comfortable and economic pattern of movement so as to successfully resolve the demand which confront him with the least possible

strain and minimal expenditure of energy appropriate to the task." He considered his approach to be eclectic, borrowing from many others. His movigenics was based on movement efficiency considering movement basic to learning. He believed motor skills should be learned in hierarchical manner until the desired level was obtained.

Carl Delacato believed in neurological organization postulating that man goes through specific evolutionary steps. If one is unadvertantly missed, this throws the whole learning process off. He maintains one must first creep before crawling. If a child has learning problems, and missed the creeping stage then he should go back to the level which he missed and begin there in the progression. Many have criticized Doman and Delacato and studies have been done (Robbins, 1968) demonstrating that laterality and creeping behaviors have no relation to reading beyond chance expectancy.

Gerald N. Getman, an optometrist, also believes in visual perception through motor training. He believes that movement training comes through the eyes and goes from gross to fine motor movement patterns. As Getman states in Arhheim (1975) the four components of visual movement are the "antigravity process" (transporting movements), the "centering process" (self awareness), "whatness to objects" (objectile relationships) and the speech-auditory process. His approach is more concerned with visual training than motor, however.

Bryant J. Cratty (1970) has been highly critical of these etiologies in favor of game and sports movement to build self esteem and through that build the basic learning skills which further cognition. Cratty considers movement one facet of a child's total development. This etiology would seem to be most logical from an educator's viewpoint at this time.

In order for children to learn and be taught they must learn to exercise some self control. Both emotionally disturbed children and learning disabled

children often exhibit behaviors which are not in keeping with their peers. In order to teach, one must first have a willing pupil. Motivation is often lacking and these children must have extrinsic reinforcements to spur them. They often need much structure and uniform guidance to avoid confusion. It is, therefore, necessary especially with emotionally disturbed children, for the educational team to work together as behavioral technicians to help the child. Through a detailed behavior-analysis program properly delivered the desired behaviors and motivation will be found.

The physical educator has an excellent opportunity to establish rapport with problem children. Exercises, games and sporting events which are non-threatening in nature can be a broad basis for trust. Often these children need an authority-friend to break through the barriers with which they have surrounded themselves.

Self-concept building should be one of the main concerns of the physical educator. To set fitness goals in small steps and help a child to reach that goal must be most rewarding. Building the body through exercises for strength, flexibility and endurance will enhance any self concept. Through dance (structured), individual sports such as archery and gymnastics and aerobic exercises pupils will enhance self-concepts and fitness.

Much of the testing for emotional disturbance lies within the field of medicine. These are "hard" signs and consist of neurological exams by specialists and electroencephalograms which measure electrical activity within the brain (Lerner, 1971). Many of the tests for soft signs are psychological or behavioral and are performed by psychologists and trained school personnel. All children in special education have been through a specified referral process. This consists of referral forms, academic screening and achievement tests, parental permission for psychological testing, psychological testing by

trained personnel, evaluation by a team and an Individualized Educational Plan written by an educational team. Implementation and periodic review are also part of the plan. Within the screening and psychological testing steps appropriate personnel look for soft indicators of emotional disturbances or learning disabilities. Included in the battery with intelligence tests are visual-motor tests such as the Bender-Gestalt and Frostig's test. The Goodenough-Harris "Draw-a-Man" test may also be included. Gross motor tests of the formal or informal nature may be given depending on the age of the child. Neurological indicators have been added to the Bender Visual-Motor Gestalt test by Koppitz. One should be careful not to rely exclusively on any one of these "soft" signs but on a composite of many.

To reach and best serve any child, one must begin at the point where the child is functioning. With emotionally disturbed children, they are often in motion and may best be reached through motion in order to constructively redirect their energies. Disturbed children often find long lists of items such as rules confusing so it may be necessary to simplify and shorten them. Often these children need to burn off energy before they can even begin to listen. This is also true with hyperkinetic children. It may be necessary to begin with a fairly rigorous routine of exercises to wear down energy levels and gain attention (Waggoner, 1973). The environment should be so structured as not to include many distractors, for these children are highly distractable. It may also be necessary to do a task analysis in order to break down long range goals into small sequential and attainable steps. These children need to be told exactly what to do in order to progress to the next highest level. Distractors often keep them from thinking through the steps on their own. It is imperative also that tasks be taught sequentially, building each skill on the successful attainment of the previous skill. This calls for mastery learning and is the

basis for self-concept building and an end to frustration. Consistent positive reinforcement and individualized behavior modification plans are the keys to working with emotionally disturbed and hyperactive children. Rawson's (1973) study of emotionally disturbed children in a camp setting showed significant gains with a behavior modification program. However, it was noted that if the program was not continued, the children regressed gradually into previous behavior problems. From this we conclude that parents and educators must unite in behavioral programs to best serve these children on a continuing basis. John M. Dunn (1975) wrote a valuable in-depth article in which he explains the uses of positive reinforcement, modeling, negative reinforcement, punishment, extinction and time-out in the behavior-analysis program. Many other detailed volumes have been published on the subject and are readily available to the educator on the subject.

Another characteristic of emotionally disturbed children is their short attention span. Short individual lessons in each period tend to adjust for this problem.

The physical make-up of emotionally disturbed children is not unlike normal children in their peer group. Quite often their intelligence is normal or above, so many of the same-type activities are applicable. Only the manner of delivery is different, precision teaching being the key. Motor skills to improve heart, lungs, and endurance are essential. Directed dance may productively channel aggression and hostility. A good/normal physical education program may be used with secondary students taking care to individualize and group skill levels in mildly competitive situations. Strongly competitive situations should be avoided in order to build self concept. French and Jansma (1982) have authored some instructional strategies for emotionally disturbed children. With elementary programs, again, the physical goals, of strength,

endurance, and flexibility are the same, adding behavior modification and heightened self-concept.

Many of the same characteristics previously noted apply to learning disabled children. By definition these children have normal or above intelligence. They also have a processing problem which causes a significant deviation from the norm in one or two specific academic areas. These areas include: oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, mathematic calculation and mathematic reasoning (11). Often low self-esteem is a product of the failure these children have experienced and it may be manifested through withdrawal or inappropriate behavior. Again, a highly successful approach to remediate this is the use of a behavior modification system. There is a need to reach out for the secondary student especially because, by this age the problems generally have compounded instead of disappeared. Valett (1976) begins with a list of fifty-three basic behaviors which he has operationally defined. He then gives directions, illustration, and ideas for incorporation of each into the behavioral program. These fifty-three skills are grouped into six general categories including gross-motor development, sensory-motor integration, perceptual motor skills, language development, conceptual skills and social skills. Suggestions are given for three general levels of functioning and may be used from preschool into the secondary grades. It encompasses the behavioristic approach to learning disabilities.

It may be necessary to teach the hyperkinetic or learning disabled child how to relax as they may have overdeveloped their haptic sense and may not have gained the skill not to move--to be still (Frank and Jansma, 1982). In the 1920's and 1930's Jacobson developed "Progressive relaxation." Through this method specific muscle groups are contracted and relaxed purposefully. Several others have also done work in this area including Yates, Rathbone, and Hatha Yoga.

The same goals apply for learning disabled children as with normal children for physical education. Physical and motor activities include exercises for strength, flexibility and endurance. Also added should be many opposite-hand or elbow to opposite-foot or knee flexibility exercises for crossing the midline. Calisthenics should be included but pupils should be in the same spot every day in order to provide structure to the environment. Sensory awareness and visual perception are heightened through fundamental motor skills and patterns. Body orientation and spacial orientation teaches children to avoid clumsiness. Exercises for laterality, reflexes, equilibrium and obstacle courses are of this nature. Static, dynamic and rotating balance all contribute to poise and coordination.

With some children, water activities and those involving heights may need to be approached cautiously in order to allieviate fears. Dancing can develop social maturity. Children with perseveration problems do best with dances with irregular beats and form. Hyperactive students may be calmed down with soothing music. Individual and group activities may facilitate social skills if students do not feel threatened.

Individual behavioral plans again may involve the learning disabled child to his potential and redirect his inappropriate behaviors.

In working with these children who have such a fragile self-concept, it is necessary to plan an effective behavioral management system and implement it concisely. Evaluations need to occur frequently and the plan needs to be updated as is necessary.

REFERENCES

1. Arnheim, Daniel D. and Pestolesi, Robert A. Developing Motor Behavior in Children. St. Louis: The C. V. Mosby Company, 1973.
2. Arnheim, David D. and Sinclair, William A. The Clumsy Child: A Program of Motor Therapy. St. Louis, Mo.: C. V. Mosley Company, 1979.
3. Chinn, Philip C., Drew, Clifford J., and Logan, Don R. Mental Retardation: A Life Cycle Approach. St. Louis, Mo.: The C. V. Mosley Company, 1979.
4. Cratty, Bryant J. Perceptual-Motor Behavior and Educational Processes. Springfield, IL.: Charles C. Thomas, 1970.
5. Dupont, Henry. Educating Emotionally Disturbed Children: Reading. New York: Holt, Rinehart, and Winston, Inc., 1975.
6. Dunn, John M. "Behavior Modification with Emotionally Disturbed Children," JOHPER, 46:3, pp. 67-70, March, 1975.
7. Feingold, B. F., "Hyperkinesia and Learning Disabilities Linked to the Ingestion of Artificial Food Colors and Flavors," Journal of Learning Disabilities. 9, 554, November 1976.
8. French, Ronald J. and Jansma, Paul. Special Physical Education. Columbus: Charles E. Merrill Publishing Company, 1982.
9. Gallahue, David L. Motor Development and Movement Experiences for Young Children (3-7). New York: John Wiley & Sons, Inc., 1976.
10. Gearheart, Bill R. Teaching the Learning Disabled. St. Louis: The C. V. Mosby Company, 1976.
11. Hallahan, Daniel P. and Cruickshank, William M. Psychoeducation Foundations of Learning Disabilities. Englewood Cliff, NJ: Prentice-Hall, Inc., 1973.
12. Heward, William L. and Michael D. Orlansky. Exceptional Children. Columbus, Ohio: Charles E. Merrill, 1980, pp. 114-115.
13. Kauffman, J. M. Characteristics of Children's Behavior Disorders. Columbus, Ohio: Charles E. Merrill, 1977, p. 23.
14. Kephart, Newell C., The Slow Learner In the Classroom, Second edition, Columbus, Ohio: Charles E. Merrill Publishing Company, 1971.
15. Kirk, Samuel A. and Gallagher, James J. Educating Exceptional Children. Boston: Houghton-Mifflin Co., 1979.
16. Lerner, Janet W. Children with Learning Disabilities. Boston: Houghton Mifflin Co., 1971.
17. Oklahoma State Department of Education, Special Education Section. Policies and Procedures Manual for Special Education in Oklahoma, 1982.

18. Rawson, Harve E. "Behavior Modification in a Summer Camp Setting." JOHPER, 44:3, pp. 76-78. March, 1973.
19. Remedial Motor Activity for Children. Philadelphia: Lea and Febriger, 1975.
20. Robbins, Melynn P. "A Study of the Validity of Delacato's Theory of Neurological Organization" in Remedial Reading: An Anthology of Sources. Editors: Schell, Leo M. and Burns, Paul C. Boston, Mass.: Allyn and Bacon, Inc., 1968.
21. Sulzer-Azaroff, Beth and Mayer, G. Roy. Applying Behavior Analysis Procedures With Children and Youth. New York: Holt, Rienhart, and Winston, 1977.
22. Valett, Robert E. The Remediation of Learning Disabilities. Belmont, California: Fearon Publishers, Inc., 1976.
23. Waggoner, Bernice E. "Motivation in Physical Education and Recreation for Emotionally Handicapped Children," JOHPER, 44:3, pp. 73-76. March, 1973.
24. Wallace, Gerald and Kauffman, James M. Teaching Children With Learning Problems. Columbus, Ohio: Charles E. Merrill Publishing Company, 1973.