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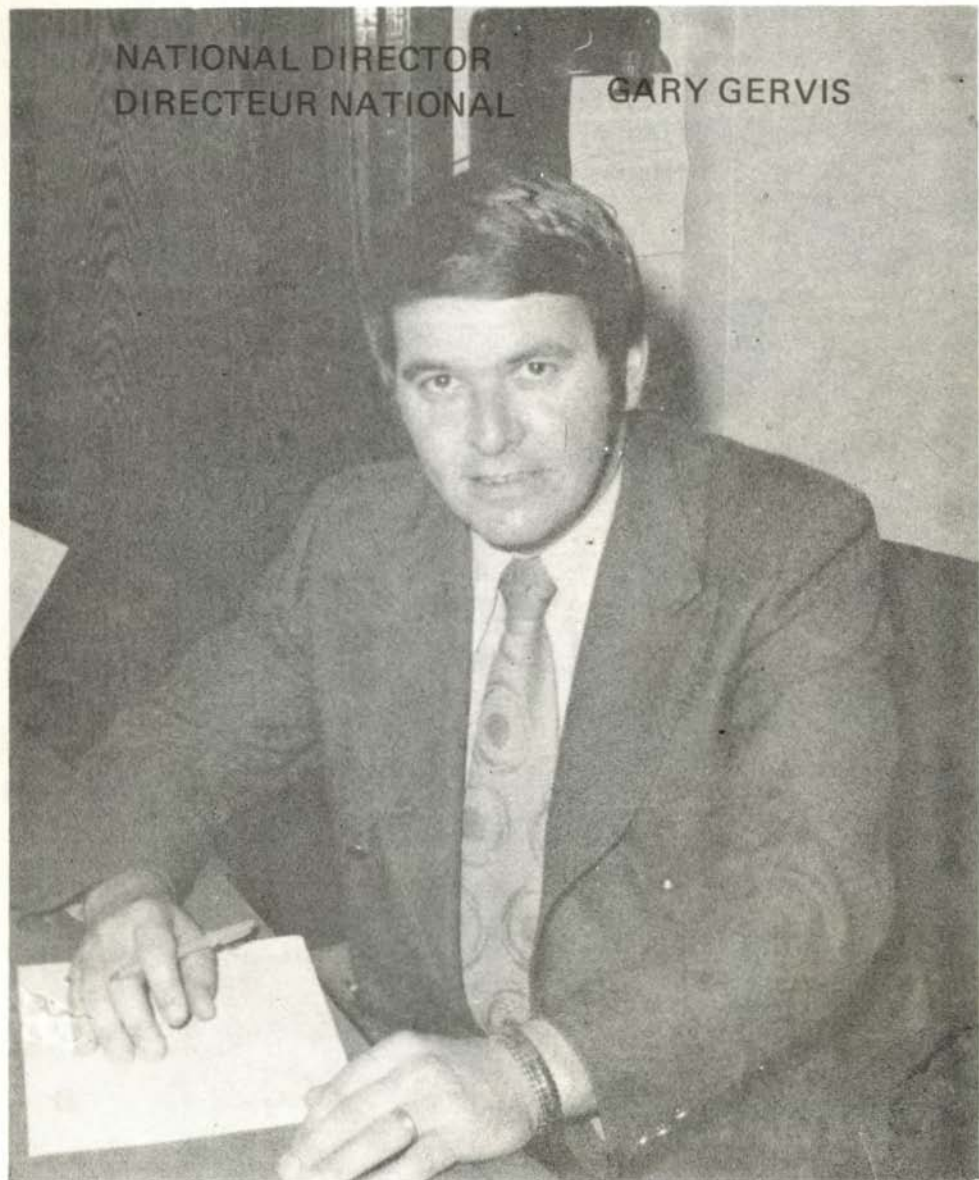
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# CANADIAN SERVICES FOR MULTIPLY HANDICAPPED

DEAF CHILDREN by Gary Bunch

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## Introduction:

A discouraging characteristic of education of the deaf individual in Canada has been lack of knowledge of the state of the art within our country. Except for the one or two top administrative figures in major schools, very few Canadians involved in education of the deaf have had any concept of the programmes offered in any province other than their own. Recently a national consciousness has been growing among teachers in various parts of the country. This consciousness has been growing among teachers in various parts of the country. This consciousness is manifest in the new journal The Canadian Teacher and the upcoming first National Convention of Canadian Teachers of the Deaf with its theme of ASK CANADIANS: A Sharing of Knowledge by Canadians.

One aspect of the Canadian scene on which we must share information and become much more knowledgeable is the education of the multiply handicapped deaf child. Every school in the country is faced with increasing demands to admit more and more deaf children with severe handicaps in addition to deafness. Individual schools have responded as best they can but the pressures on administrative, diagnostic, educational and residential staff is intense. How does an administrator create a special programme for a handful of special children in this time of budget restrictions? How does a psychologist diagnose the extent and interaction of handicaps such as profound deafness, mental retardation, visual defects and heart problems in a Rubella case and end up suggesting an appropriate educational management programme? How does a teacher carry out any programme with a

multiply handicapped child when she has been trained only to cope with the handicap of deafness? How does a residence counsellor cope with two or three multiply handicapped children when she is also responsible for a whole dormitory of active, energetic and attention demanding normal deaf children? In most cases answers are not available. The individual is asked in soothing tones to "do the best you can." However, that is not enough. Canadians must begin to develop rational plans for programmes for these children. Perhaps the place to begin is to delineate the present involvement of various Canadian schools with multiply handicapped children.

## Some Basic Information:

In the latter half of 1972 the writer sent a short questionnaire on Canadian services for multiply handicapped deaf children to all provincial residential schools for the deaf. Questions were designed to elicit general information in major areas of service. Responses have been received from all schools except three. These responses have been summarized or quoted in the following sections.

1. Does your school provide a programme specifically designed for multiply handicapped deaf children?

Newfoundland School for the Deaf	No
Interprovincial School for the Deaf, Nova Scotia	Yes
Institut Des Sounds (Charlesbourg-Est)	No
Institut Des Sounds de Montreal	Yes
Ontario School for the Deaf, Milton	Yes
Manitoba School for the Deaf	Yes
Saskatchewan School for the Deaf	No
Alberta School for the Deaf	Yes

Jericho Hill School for the Deaf,  
British Columbia

No

2. What are your admission criteria for multiply handicapped deaf children?  
Newfoundland:

Admitted if they can function within a normal class setting.

Interprovincial: No remarks

Charlesbourg Est:

The child must be able to move about without the assistance of another person. He must have the capacity to learn or to function in a normal group. He must be educable and be able to socialize. His major handicap must be deafness.

Montreal: The child must be

- (a) deaf
- (b) male
- (c) between nine and twelve years of age
- (d) ambulatory
- (e) able to dress himself, to eat alone, toilet-trained
- (f) not presenting too severe a misadaptation.
- (g) having at least an I.Q. of 50.

Milton:

Flexible: functional competence to benefit from our programme as exhibited on trial placement. I.Q. of 60.

Hearing loss necessitating special education. No other physical disabilities preventing the student benefiting from the programme.

(N.B. This again is flexible and judgemental.)

Manitoba:

None has ever been formally adopted, but behaviour would have to be such as not to infringe on the rights of others, ability to benefit from our programme.

I think we really believe that a trial period is the best way of determining if we can do something for a child.

Saskatchewan:

The written policy has been that students must have a profound hearing loss and their secondary handicaps must not be such that they can not be educated as hearing impaired youngsters. In practice this has not been an actuality in recent years.

Alberta:

The prognosis is such that we believe the child can be integrated into the regular deaf school within a tentative two year period.

Jericho Hill:

Residence - governed by our staff ratio. Child must have reasonable self care; able to tolerate dormitory life. School - much wider. We accept all but the severely disturbed or grossly mentally retarded.

3. What age range of children do you serve and what are the approximate numbers by handicap?

	Age Range	Retarded	Disturbed	Orthopaedic	Cerebral Palsy	Visual Defects	Learning Disability	Other	Total
Newfoundland	6-12		2-5	1-2	5				10-12*
Nova Scotia	Kdgtn. -21			1	2	9	2	38	52
Charlesbourg*	6-19	40	10	3	3	2	5		60*
Montreal*	9-17	25	4	2		1	7		36*

Milton*	5-21	92	55	11	27	1	25	15	185*
Maniboba		8	15	3	6	3	8	1	44
Saskatchewan*	5-18	19	12		8	3	3	5	43*
Alberta	5-17	1	11	1			2		15
Jericho Hill	5-18	20	13	7	13	3	5	6	67

\*Some children noted under more than one handicap.

4. From what sources do you obtain diagnostic information regarding intelligence, degree of deafness, other handicaps in addition to deafness, etiology, etc.

**Newfoundland:**

Provincial audiologist and E.N.T. School medical officer (Provincial) University Institute for Research in Human Abilities. Provincial Children's Hospital - Communications, Development Clinic and Psychiatric Division.

**Interprovincial:**

From staff; hearing and speech clinic, hospital reports from specialists; medical practitioners.

**Charlesbourg Est:**

When we have children with abnormal behaviour or behaviour different from our average clientele we consult a psychologist and psychiatrist and Centre de l'Ouïe et de la Parole and L'Hotel Dieu du Sacre-Coeur.

**Montreal:**

Our own psychologist and audiologist. From our staff (audiologist, psychologist, social worker).

**Milton:**

Our own psychologist and audiologist. Previous records from school boards, hospitals such as Sick Children's Hospital, Toronto, parents, and public health services. Our own and outside social services.

**Manitoba:**

Usually in the documentation which

accompanies the referral from the Society for Crippled Children. We also get information through our part-time psychologist, otolaryngologists, Rehabilitation Hospital, Children's Hospital, and our part-time psychiatrist.

**Saskatchewan:**

1. Staff - We have three staff members who do intelligence testing. We have our own audiologist.

2. We make referrals to the Child Guidance and Development Centre, College of Special Education, University of Saskatchewan.

3. We make referrals to MacNeill Clinic in Saskatoon. Alvin Buckwold Unit in Mental Retardation in Saskatoon.

4. Departments of Psychology and Psychiatry, University Hospital.

**Alberta:**

Resident School Psychologist Consulting Education Psychologist Associated with the University of Alberta (Department). Assessments made by Learning Centre Staff.

**Jericho Hill:**

Children's Diagnostic Centre. Our own re-assessment group.

5. From what sources do you obtain programme suggestions for your multiply handicapped children?

**Newfoundland:**

Same as in number 4.

**Interprovincial:**

Staff, workshops, conferences.

**Charlesbourg Est:**

Books on physical and intellectual handicaps.

**Montreal:**

Reviews of specialized publications (Volta Annals, etc.). Programmes concerning hearing multihandicapped children.

**Milton:**

Specially trained teachers, staff experience, Children's Psychiatric Research Institute, London, Clarke Institute, Toronto, Crippled Children's Centres, Mental Retardation Centre, Toronto.

**Manitoba:**

Psychiatrist, psychologist, Children's Hospitals, own staff.

**Saskatchewan:**

A staff teacher with a major in learning disabilities. Visits by Principal to other schools to discuss programmes. Child Guidance and Development Centre, University of Saskatchewan.

**Alberta:**

Hewitt's The emotionally disturbed child in the classroom. Robert Lennan's adaptation of the Hewitt Programme for emotionally disturbed deaf at Riverside, California. Educational Psychologist, University of Alberta Learning Centre Staff.

**Jericho Hill:**

University of British Columbia staff. Pertinent articles in professional publications.

**6. What specific training do your teachers have for working with multiply handicapped deaf children?**

**Newfoundland:**

None per se.

**Interprovincial:**

A four summer institute course in special education. Workshops in special education.

**Charlesbourg Est: None**

**Montreal:**

Some teachers have specialized in teaching exceptional children. Others are

presently engaged in studies.

**Milton:**

Ministry of Education course for exceptional children leading to Specialist Certificate in special education.

**Manitoba: Little or none.**

**Saskatchewan:**

All teachers are now required to take a class in the Psychological Development of Exceptional Children.

**Alberta:**

1. Teacher with diploma from the National College of Teachers of the Deaf.
2. Teacher working in graduate studies in special education.

**Jericho Hill:**

Most of them very little.

**Summary:**

In total these nine responding schools enrol 2,232 children (American Annals of the Deaf, 1972). Of this number 514 or 23 per cent were indicated as having one major handicap in addition to deafness. The majority categories of additional handicaps were retardation (9.2%) and emotional disturbance (5.6%). The figure of 9.2% is very close to the estimated figure of 10% used by the writer in a discussion of Residential Schools for the Deaf in Canada (Bunch, 1972). It is also in close agreement with the figure arrived at by United States' researchers (Calvert, 1969; Leenhouts, 1959). The figure of 5.6% for emotionally disturbed deaf children is in general agreement but lower than the figure reached by Calvert in 1968. Two schools (Newfoundland and Nova Scotia) did not report any retarded deaf children while Alberta reported only one. Nova Scotia did not report any emotionally disturbed children either but classed 38 of their 52 multiply handicapped deaf children under "Other Combinations." Alberta reported specifically on their programme for emotionally disturbed deaf children rather than additional handicaps

in their school at large.

It is obvious that though every school enrolls a relatively large number of multiply handicapped deaf children, teachers are not trained to cope with the problems presented. Either specialist staff trained to cope with deafness or trained to cope with emotional disturbance or retardation, etc. are hired. An individual trained to cope with two or more handicaps is rare. In general schools have admitted children and begun programmes because they were presented with deaf children exhibiting additional handicaps and faced with the choice of admitting these children or consigning them to custodial care in their homes or provincial institutions.

Over the years various schools have evolved fairly sophisticated stop-gap programmes to deal with these children but teacher training has lagged far behind. Unless Canadian Schools are to continue their present type of programming, teacher training centres and local university special education departments must begin to offer courses and practicum in the area of the multiply handicapped deaf child. In the meantime the best we can do is to relate to one another to share ideas and continue to consult journals and periodicals which reveal that other countries are no further advanced than we are.

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