



EVROPSKÁ UNIE
Evropské strukturální a investiční fondy
Operační program Výzkum, vývoj a vzdělávání



Název projektu	Zvýšení kvality vzdělávání na Slezské univerzitě v Opavě ve vazbě na potřeby Moravskoslezského kraje
Registrační číslo projektu	CZ.02.2.69/0.0/0.0/18_058/0010238

Odborný anglický jazyk pro speciální pedagogy

Distanční studijní text

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Opava 2019



**SLEZSKÁ
UNIVERZITA**
FAKULTA VEŘEJNÝCH
POLITIK V OPAVĚ

Obor: Pedagogika

Klíčová slova: Základní terminologie speciální pedagogiky, klasifikace speciální pedagogiky, psychopedie, poruchy autistického spektra, somatopedie, logopedie, surdopedie, oftalmopedie

Anotace: Studijní opora pracuje se slovní zásobou anglického jazyka s vazbou na obor speciální pedagogika. Student rozšíří své jazykové kompetence učením izolovaných anglických pojmů a prostřednictvím práce s cizojazyčnými texty vyhledáváním informací na webových stránkách se speciálně pedagogickou problematikou.

Po prostudování textu se student bude orientovat v anglické terminologii z oblasti psychopedie, logopedie, surdopedie, oftalmopedie, somatopedie a poruch autistického spektra. Dále bude schopen popsat anglicky symptomy a etiologii vybraných speciálně pedagogických jevů a rozšíří své znalosti o možnostech edukace a přístupech k handicapovaným osobám v anglickém jazyce.

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ÚVODEM

Obsah studijní opory Odborný anglický jazyk pro speciální pedagogy je vypracován ve shodě s akreditací daného kurzu ve studijním programu Speciální pedagogika.

Text i doplňkové úkoly jsou vypracovány v anglickém jazyce. Je určen studentům, jejichž dosažená úroveň znalostí anglického jazyka je minimálně A2 dle evropského referenčního rámce.

Nároky současného světa se stále více spoléhají na dobrou znalost cizích jazyků. Ve středoevropském prostředí se dnes již takřka automaticky předpokládá plynulá komunikace v anglickém jazyce. Studentovi poskytne nový rozměr vybraného oboru, zlepší orientaci v odborných textech v anglosaských zemích a seznámí jej s anglickou terminologií a rozšíří podstatně slovní zásobu.

Studijní opora pracuje s řadou distančních prvků. Využívá úkoly k zapamatování, k zamyšlení, zařazuje kontrolní otázky, doplňková cvičení pro zájemce, práci s anglickým textem, práci s probranou slovní zásobou atp. Zařazené korespondenční úkoly odkazují studenty na zajímavé webové stránky anglicky mluvících zemí a vybízejí k vyhledávání informací. Text pracuje s odbornou terminologií a předpokládá plnou účast studenta a motivaci k zlepšení jazykových kompetencí v anglickém jazyce. Největší důraz je kladen na práci s odbornou slovní zásobou s návazností na níže uvedené speciálně pedagogické disciplíny.

Text studijní opory je řazen do osmi kapitol, přičemž první dvě kapitoly jsou úvodní, tj. navozují problematiku speciální pedagogiky, probírají její základní terminologii v anglickém jazyce. Další kapitoly se již orientují na podrobnější obsah disciplín psychopedie, poruchy autistického spektra, somatopedie, logopedie, surdopedie a oftalmopedie. Tyto kapitoly zahrnují i další úkoly k probíraným tématům, v některých případech obsahují i vyobrazení, fotografie, schémata, odkazy k poslechu apod.

RYCHLÝ NÁHLED STUDIJNÍ OPORY

The first chapter focuses on general and basic concepts of special education. It deals with different types of disability division, primary and secondary disabilities and the concepts of integration, inclusion and segregation. There is a small special education glossary containing the most important terminology incorporated here.

The second chapter explains briefly what is the content of special pedagogical disciplines of education of people with intellectual disability, physical disability, speech therapy, education of people with hearing impairment, education of people with visual impairment, and autism spectrum disorders.

The third chapter deals with education of people with intellectual disability in detail. It focuses on the term of intellectual disability and its causes. Furthermore, it presents peculiarities in sensory perception, thought and speech, memory, attention, emotions and will of the intellectually disabled. It also focuses on education and training with a link to the Czech environment. It also introduces the concept of dementia, its causes and stimuli for communication. The end of the chapter offers practical instructions for communicating with the intellectually disabled people.

The fourth chapter deals with the definition and classification of autism spectrum disorders. Furthermore, it analyzes the symptoms by age, manifestations in social interaction, communication and stereotypes in behavior. In addition, the peculiarities of ASD education and inclusion prerequisites are discussed in more detail.

The fifth chapter deals with the discipline of physical disability. It analyzes the forms of physical disabilities, describes some of the diagnoses in more detail. Special attention is paid to cerebral palsy, its symptoms, etiology and types. It also develops the topic of support for people with limited mobility.

The sixth chapter deals with the basic concepts of speech therapy. It deals in detail with impaired communication ability and its classification, delayed speech development, dysphasia, aphasia, neurotic speech disorders, speech and nasal fluidity disorders, articulation disorders and voice disorders.

The seventh chapter focuses on the concepts of education of people with hearing impairment, the classification of hearing disorders according to their type, the degree of disability and the time of their occurrence. Furthermore, it deals with supportive means of hearing impaired people and forms of communication. Special attention is paid to sign language. It also outlines the problem of integrating the hearing impaired.

The eighth chapter discusses the basic terminology of education of people with visual impairment, deals with the classification of visual defects and mentions some causes of blindness. It also offers a view of the compensatory means of the visually impaired.

1 INTRODUCTION TO SPECIAL NEEDS EDUCATION – BASIC TERMINOLOGY



RYCHLÝ NÁHLED KAPITOLY / QUICK PREVIEW OF THE CHAPTER

A large number of scientists are concerned with the classification of special education. The issue of special education takes into account all the changes this area is currently experiencing. The most significant change in the last decade is the fact that the education of children with disabilities is no longer the competence of special schools, but gradually within integration and inclusion of all types of educational institutions and schools.

Previously, a special educational structure was based on medical terminology and disability was considered a medical category. Based on this belief, special schools were established for physical, mental and sensory-impaired people.

The current trend is different. It pays more attention to the degree and depth of disability, which is seen as one dimension. The special needs of people with disabilities are accompanied by supportive measures. In special schools, children with severe or multiple disabilities are usually educated, while pupils with mild or moderate disabilities remain in mainstream schools.



CÍLE KAPITOLY / AIMS OF THE CHAPTER

After studying these chapters thoroughly, you will be able to:

- explain some basic technical terms related to the field of special education
- divide disabilities according to different criteria
- explain the concepts of primary and secondary disability
- explain the terms of integration, inclusion and segregation
- correctly pronounce new English words and expressions from the field of special education

KLÍČOVÁ SLOVA KAPITOLY / KEY WORDS



Education, rehabilitation, prevention, anomaly, compensation, deformation, disability, disorder, handicap, inborn defects, type of disability, primary disability, secondary disability, integration, inclusion, segregation, reeducation, socialization, deterioration, mild defect, moderate defect, severe defect

ČAS POTŘEBNÝ KE STUDIU / TIME TO STUDY



Depending on student's previous knowledge and language competence, you will need min. 6 hours to study this chapter.

1.1 Special education as a science

Special education in the Czech Republic is a relatively young scientific discipline whose foundations were laid at the end of the 19th century and during the 20th century.

Over time, the name of this discipline has changed very often. Most of the original terms gradually disappear. The term special education was promoted only by a great pedagogical personality Miloš Sovák in the 1970s.

Also the designation of those who are the subject of special education research is changing. For example, the following terms exist: abnormal / unnormal child, defective adolescent, adolescent with special needs, child with special needs, child with support needs, etc. Currently, a child, pupil, person with mental, physical condition is considered the correct use of language.

SPECIAL NEEDS EDUCATION GLOSSARY

Below you can find frequent terms you will encounter in the field of special education:

- Anomaly - a relatively permanent deviation from the norm in the somatic area, mental area or in their combination, but which is not yet considered a pathological condition.
- Compensation – providing balance. On a psychic level, it means the way in which one copes with all kinds of life obstacles. On a physical level, it can mean replacing the reduced performance of an organ by increasing the function of another organ.

- Deterioration - the process or fact of becoming worse.
- Disability - limiting or losing the ability to carry out activities in such a way or to the extent considered normal by humans.
- Inclusion - the idea that everyone should be able to use the same facilities, take part in the same activities, and enjoy the same experiences, including people who have a disability or other disadvantage.
- Integration – uniting in the whole. It expresses the concept of special education as an organizational component of general education in the syllabus that the education of individuals with special educational needs should be implemented in ordinary educational institutions, not separately.
- Prevention - activities, measures or processes aimed at preventing or reducing the consequences of threat, disruption or disability.
- Reeducation – a set of special education procedures aimed at development or improvement of disrupted / affected features.
- Rehabilitation – in medical meaning focuses on restoring organ defects, in special education forms the relationship of the affected person to education and in social meaning focuses on making the affected person.
- Socialization - It is a sociological, socio-psychological and pedagogical concept that refers to a process in which an individual integrates into society, adopting its values, norms, behaviour, abilities and learning social roles. The WHO (World Health Organization) classifies the nine-scale socialization from full integration to high segregation.

CLASSIFICATION OF DEFECTS

Defect (*from Latin defectus = loss*) can be characterized as a lack, loss or deficiency in the anatomical structure of the organism and disorders in its functions. (Mild deficiency is sometimes referred to as a **deficit** or **disorder**).

We may find defects in the following areas: somatic (e.g. deformity, chronic disease, etc.); sensory (e.g. hearing impairment, deafness, blindness, etc.), speech (e.g. organically conditioned defects of spoken and written speech), mental functions (e.g. mental retardation, dementia, etc.).

A **defect** is understood as a relatively permanent significant deficiency (irreparable), and its deviation from the standard in terms of size is most noticeable.

In the literature we often meet the term – an **impairment** (disorder, disturbance) which prof. Sovák considers developmental condition and which has, according to him, a repairable character. Its deviation from the standard is milder than the defect.

The causes of the defects are diseases, injuries and heredity.

1. By the origin, the defects are divided into:
 - a) inborn
 - in the **prenatal period** - in particular acute and chronic diseases of the mother, her malnutrition, alcohol and drug use, smoking, use of certain drugs, exposure to X-ray or radiation, indifferent or hostile relationship to pregnancy threaten or damage the healthy development of the child. They can also be the cause of inborn developmental defects. The causes of fetal damage are various gene mutations and chromosomal aberrations, and heredity also plays a negative role.

Example: an example of chromosomal aberration is the Down's Syndrome, which is the result of the redundant 21st chromosome (trisomy 21), the individual has 47 chromosomes instead of 46. This redundant chromosome affects development from the earliest stages and the same specific symptoms can be observed: mental retardation, short height, slanting position of the eyes, skin fold in the inner corners of the eye, flat root of the nose, bigger tongue, short fingers, muscular hypotonia, flat and round face etc. Every individual has got only part of these physical characteristics and their number does not correspond to the level of mental retardation. Down's Syndrome cannot be cured but its impact can be positively lowered by purposeful care. There is scientific evidence that people with Down's Syndrome benefit from affectionate and caring environment of their families.

This genetic disorder is named after John Langdon Down, a British doctor who fully described the syndrome in 1866.

Phenylketonuria - is an inborn disorder of protein metabolism.

Fetal Alcohol Syndrome (FAS) - is characterized as a state of mental retardation which is accompanied by multiple deformations of the face, frequent internal organ defects, hyperkinetic syndrome, and lower birth weight. These are the effects of alcohol in the prenatal period.

- in the **perinatal period**, most children are at risk of hypoxia (i.e. oxygen deficiency due to placental dysfunction, tight umbilical cord around the neck or prolonged delivery), prematurity, overdue pregnancy, traumatization, or infections during labor.

Cerebral palsy (CP) is a severe movement disorder due to brain damage under the influence of hypoxia or mechanical effects of childbirth. Abnormal muscle tone (hypotonia and hypertonia), poor coordination, tremors, problems with vision, hearing, swallowing or speaking affect the level of activity and brings a number of other constraints to the individual affected. Cerebral palsy is incurable, however, supportive treatments, medications and surgery may help many individuals.

In the early **postnatal period**, infections and injuries are particularly unfavorable.



PRO ZÁJEMCE / FOR THOSE INTERESTED

Questions: What is happening during the development of a child's brain? What is the relationship between brain and speech development? What shall we do not to harm the development of the child's brain? – are clearly and simply answered to parents, teachers and all those involved in child upbringing and education by John Brierley in his book "*Give me a child until he is seven*". (Published by the Portal Publishing House in Prague in 2000 under the title "*7 prvních let života rozhoduje*".)

b) acquired during life

- E.g. viral inflammation of the brain (encephalitis) and bacterial inflammation of the meninges (meningitis) which occur at an early age, when the brain develops rapidly, can have adverse effects on the child's further mental development and personality.
- Brain injuries can cause a change in nature and loss of intellect.
- Neuroses arise in the predisposed individuals when adapting to the environment, but also after an injury or a traumatic experience.

The influences of the particular social environment in which the child's physical and mental development takes place are also significant. It is the development in the earliest period of life that has such a great influence on the creation of personality and on all other psychological, emotional and social development that it can be described as a guiding life-long factor.

If a proper interaction with a well-equipped organism and the effects of a proper social environment fails to direct the development, life-defects arise. Instability and family life disorders threaten the child's social development, as the child loses the feeling of confidence and home security. The result is most often child neglect, emotional deprivation, social disability, neurosis, emotional disorders and behavioral disorders.

2. By nature, the defects are divided into:
 - a) organ - missing or inadequate organ or its part

Causes:

1. developmental defect - an anomaly that affects the entire organs or their or parts, e.g. developmental defects of the limbs, clefts (palate, face, spine), complete organ missing, etc.;
2. illness and its consequences – e.g. heart defect, cerebral palsy, damage to sensory organs, chronic tissue changes, etc.;

3. injury - deformation of the organ, restricted movement, sensory damage, brain damage, etc.;
- b) functional - disorder of the function of the organism without the tissue of the organ or organ system being damaged. The causes of functional disorders are most often inappropriate external influences of the environment, way of upbringing, etc., which result in disturbances of social relations and emotional ties between the individual and the environment. These are, for example, organ neuroses (heart, stomach, vascular and other), psychoneuroses (e.g. phobias, compulsive behaviour, sleep disorders, etc.), behavioural disorders.

Example: secondary nocturnal enuresis (bedwetting) – occurs when the child has been dry for at least 6 consecutive months and then starts wetting the bed again - may develop as a reaction to stressful situations such as parents' separation or divorce, death in the family, birth of a new member of the family, parental neglect of the child, moving house, etc. Stress at school can also trigger enuresis.

3. Classification of defects by severity of disability:
 - **mild defect** - where there is no imminence of disturbing the social relations, and care is aimed at prevention of secondary consequences of disability
 - **moderate defect** - in which a disturbance of social relations has already developed or is imminent
 - **severe defect** – typically accompanied by the loss of social relations or these do not develop at all
 4. Classification of defects by the type of disability:
 - motor (physical)
 - visual
 - hearing
 - communication disorders
 - mental disability
 - behavioral disorders
 - partial disability (*partialis - partial, incomplete*)
 - multiple disabilities (*the individual is affected by two or more defects at the same time, such as visual and hearing impairment*)
-



The feature of different types of disability will be further discussed in more detail in the following chapters, especially in relation to the classification of special needs education.

1.2 Primary and secondary disability

Primary disability is defined by medical diagnosis which identifies physical and/or mental anomalies from the norm and their symptoms caused by the defined damage.

Secondary disability is the negative impact or a reaction of the affected person caused by the primary disability.

Attitudes of the public deeply affect the behaviour of the person with disabilities by expecting certain kind of behaviour and performance. An important role is played by the subjective assessment of one's own defect, that is to say, how serious it is and how it is assessed by the person affected. In general, the rule is that a more severe defect involves a greater subjective burden, but it does not apply to everyone. Some defects and disorders limit the function of organs in humans, or there are deficiencies without an organic background and yet in their consequences they do not adversely affect the personality of the individual. We can say that the disabled person did not develop secondary consequences of disability.

The reaction of individuals with an inborn and acquired defect is a little different. People with inborn disabilities are usually raised in a different way from the beginning, and they lack a comparison of two situations - health and disability (illness). In disability acquired during life, it is necessary to accept a new, subjectively less satisfactory position to cope with. People with later onset of disabilities do not generally have such negative views about the attitudes of the intact population as people with inborn disabilities. Mostly, they managed to keep in touch with people who do not suffer from any disability and are considered part of a "normal society". People with inborn disabilities expect rather an evasive attitude of society. The time of the onset of the defect has therefore a significant impact on the development of the secondary consequences of disability.

Example 1: A young man who had lost the upper limb after an accident, learned to do all his usual work and to write with his left hand. He does not feel subjectively that he would be limited in his relationships with other people and his work. He suffers from a severe organ loss, yet he does not develop secondary consequences of disability.

Example 2: A family raises a ten-year-old boy with Asperger Syndrome (primary disability). The boy attends a secondary school and there is a teaching assistant in the class. Although the boy's classmates and their parents are familiar with the characteristics of his disability, some students and even some parents express their discontent with his presence in the class (secondary disability).

However, if a person with a disability (either inborn or acquired) has a disturbed relation to society, there is a violation of the integrity of the personality (the disorder of the balance of the four basic components - the physical, psychological, social and educational aspects). The disorder is reflected in the personality traits and consequently in social relationships. The person's personal problem becomes a matter of society (it acquires the so-called social dimension) and develops the so-called **secondary consequences of disability** (defectiveness).

(Recently, there is a tendency to retreat from the terms defect-defectiveness and replace the terms requiring a special approach - the secondary consequences of disability.)

Secondary consequences of disability (defectiveness) are characterized by a long-term disorder of the integrity of the human organism in relation to itself and the environment (i.e. education, work, society).

Characteristics of secondary consequences of disability (defectiveness):

1. the disorder concerns relationships to the intact population;
2. has a dialectical character, i.e. society influences the affected person, who responds back to society
3. it is a long-term process;
4. it is not a permanent state, i.e. it can get worse or better, even completely disappear;

Specific manifestations of secondary consequences of disability can be seen as:

- changes in learning and behaviour
- changes in work activities
- changes in social activities
- changes in personality focus and motivation

Response to disability depends on:

- severity and extent of defect
- whether it is reversible or irreversible (reparable or irreparable)

- whether it is organ or functional the age of the person at the time of the onset of the defect the type of the nervous system of the affected person
- the social environment in which the disabled person lives (family, school, work)
- the general focus and attitudes of the person affected, the level of self-esteem, the relationships with other people

Removal, modification or mitigation of the secondary consequences of disability are the subject of special care within the framework of comprehensive (integrated) rehabilitation.

1.3 Integration, inclusion, segregation

Integration in a general sense is the acceptance of the prevailing differences, while adapting to country, language, culture, food, politics, etc.

In a special education sense, integration is a stage of socialization of a person with disabilities into society, i.e. the easy coexistence of healthy and disabled population. It is about integrating people into mainstream society and its daily life. Integration complications mainly concern people and groups who differ from others (people with disabilities, ethnic minorities, immigrants and refugees, people released from prison) and therefore their complete socialization does not occur naturally. It is therefore necessary to help these people and promote their integration into society.

Inclusion refers to the incorporating of one group into another and is initially seen as neutral. In education science this is a "higher degree of integration of disabled or disadvantaged individuals into society and its institutions". School models are primarily designed to teach children with disabilities and without disabilities together. Thus children give up the form of special education where possible. An inclusive process may be more demanding for the individual, but it also allows the majority society to accept the main idea of inclusion, that is, that all people are equal.

In 1994, the UNESCO conference in Salamanca stated: "The guiding principle of this framework is that schools should accommodate all children, regardless of their physical, intellectual, social, emotional, linguistic or other abilities." This should include children with disabilities and gifted children, children of distant or nomadic peoples, linguistic, cultural or ethnic minorities, as well as children of other disadvantaged groups or marginalized areas."

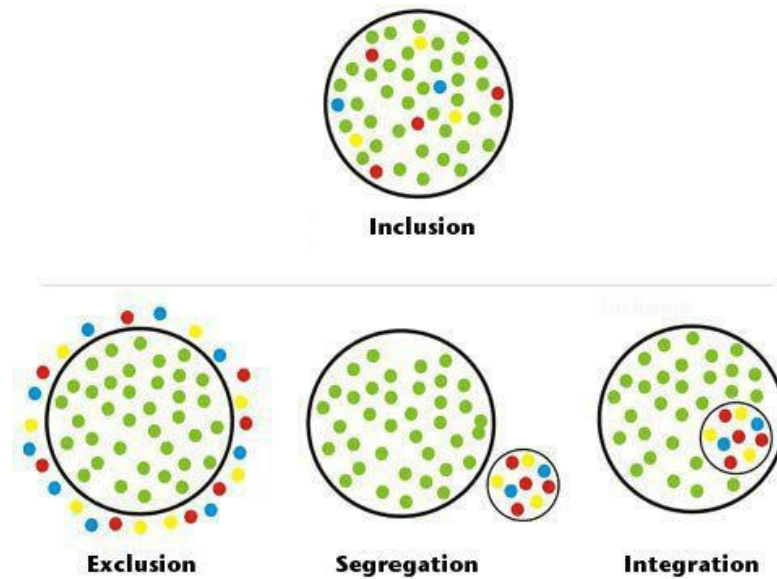
Inclusion is associated with the idea that the difference is normal and that social diversity is necessary. Human rights apply to everyone.

Segregation is most viewed as the opposite of integration. It means a situation where the disabled person lives apart from the others.

PRO ZÁJEMCE / FOR THOSE INTERESTED



The following figure shows the principles of four ways of socialization. The green dots represent an intact population, different colors show the status of disabled people.



www.google.com/search?q=integration,+inclusion&source=lnms&tbm=isch&sa=X&ved=0ahUKEwjt7KqrzZvhAhVI46QKHUpOD7MQ_AUIDigB&biw=1920&bih=969#imgrc=Nygf8r6Dv9cqLM:

OTÁZKY / QUESTIONS



1. Characterize primary and secondary disabilities. What relationship do they have?
2. How do organ and functional disabilities differ?
3. Describe the frequent differences between attitude to life of a person with inborn disability and disability acquired during life.
4. What are the three levels of severity of disability?
5. How do we divide defects?
6. What do we call partial disability?

Practise pronunciation:

introduction to special needs education – basic terminology

- anomaly /ə'nom.ə.li/
<https://dictionary.cambridge.org/dictionary/english/anomaly>
- attitude /'æt.ɪ.tʃuːd/
<https://dictionary.cambridge.org/dictionary/english/attitude>
- behaviour /bɪ'heɪ.vjə/
<https://dictionary.cambridge.org/dictionary/english/behaviour>
- compensation /,kɒm.pen'seɪ.ʃən/
<https://dictionary.cambridge.org/dictionary/english/compensation>
- defect /'diː.fekt/
<https://dictionary.cambridge.org/dictionary/english/defect>
- deterioration /dɪ'tɪəriə'reɪʃən/
<https://dictionary.cambridge.org/dictionary/english/deterioration>
- disability /,dɪs.ə'bɪl.ə.ti/
<https://dictionary.cambridge.org/dictionary/english/disability>
- disorder /dɪ'sɔː.də/
<https://dictionary.cambridge.org/dictionary/english/disorder>
- emotional /ɪ'məʊ.ʃən.əl/
<https://dictionary.cambridge.org/dictionary/english/emotional>
- environment /ɪn'veɪ.rən.mənt/
<https://dictionary.cambridge.org/dictionary/english/environment>
- functional /'fʌŋk.ʃən.əl/
<https://dictionary.cambridge.org/dictionary/english/functional>
- genetic /dʒə'net.ɪk/
<https://dictionary.cambridge.org/dictionary/english/genetic>
- impairment /ɪm'peə.mənt/
<https://dictionary.cambridge.org/dictionary/english/impairment>
- inclusion /ɪn'kluː.ʒən/
<https://dictionary.cambridge.org/dictionary/english/inclusion>

- integration /,ɪn.tɪ'greɪ.ʃən/
<https://dictionary.cambridge.org/dictionary/english/integration>
 - mild /maɪld/
<https://dictionary.cambridge.org/dictionary/english/mild>
 - moderate /'mɒd.ər.ət/
<https://dictionary.cambridge.org/dictionary/english/moderate>
 - physical /'fɪz.ɪ.kəl/
<https://dictionary.cambridge.org/dictionary/english/physical>
 - prenatal /,pri:'neɪ.təl/
<https://dictionary.cambridge.org/dictionary/english/prenatal>
 - primary /'praɪ.mər.i/
<https://dictionary.cambridge.org/dictionary/english/primary>
 - psychological /,saɪ.kəl'ɒdʒ.ɪ.kəl/
<https://dictionary.cambridge.org/dictionary/english/psychological>
 - retardation /,ri:.tɑ:'deɪ.ʃən/
<https://dictionary.cambridge.org/dictionary/english/retardation>
 - severe /sɪ'viə/
<https://dictionary.cambridge.org/dictionary/english/severe>
 - social /'səʊ.ʃəl/
<https://dictionary.cambridge.org/dictionary/english/social>
 - stomach /'stʌm.ək/
<https://dictionary.cambridge.org/dictionary/english/stomach>
 - syndrome /'sɪn.drəʊm/
<https://dictionary.cambridge.org/dictionary/english/syndrome>
 - visual /'vɪʒ.u.əl/
<https://dictionary.cambridge.org/dictionary/english/visual>
-



KONTROLNÍ OTÁZKY / CHECKING QUESTIONS

1. The periods when some inborn defects may appear are prenatal,
..... and postnatal.
2. A type of disability defined by medical diagnosis which identifies physical and/or
mental anomalies from the norm is
3. Activities, measures or processes aimed at preventing or reducing the consequen-
ces of threat, disruption or disability are called
4. The idea that everyone should be able to use the same facilities, take part in the
same activities, and enjoy the same experiences, including people who have
a disability or other disadvantage is in special education called
.....
5. A type of defect typically accompanied by the loss of social relations or when these
do not develop at all
6. What is viewed as the opposite of integration?



ODPOVĚDI / ANSWERS

1. perinatal
2. primary
3. prevention
4. inclusion
5. severe
6. segregation



KORESPONDENČNÍ ÚKOL / CORRESPONDENCE TASK

In June 1994 Salamanca, Spain, held the World Conference on Special Needs Education inviting representatives of 92 governments and 25 international organisations to speak on the topic of inclusion in schools. The conference adopted a new Framework of Action and agreed on a new Statement on the education of all disabled children. For more

details visit http://www.unesco.org/education/pdf/SALAMA_E.PDF website where you can find out how the concept of integration schools supports the successful education of children with special needs.

- In which cases should children be educated in special schools or special departments?

SHRNUTÍ KAPITOLY / CHAPTER SUMMARY



Disabilities are divided into several criteria. With regard to the time of the development, a distinction is made between inborn (in prenatal, perinatal and postnatal) and acquired disability.

Depending on their nature, they are divided into two groups: organ-based disability and functional disability.

In contrast, the severity of the disability manifests itself as mild, moderate and severe. The individual stages are accompanied by the loss of social contacts in various degrees of intensity.

The most common division is based on the type of disability, i.e. which part of the body is affected. This division will be further elaborated in detail.

A very significant difference is between primary and secondary disability.

Special educational concepts include integration, inclusion and segregation. The first is above all the position of a disabled person in society in which a disabled person is identified with his / her health problem, readily accepted by other healthy people and fulfills his / her personal and professional needs.

Inclusion is a broad term. This means a state where children with disabilities and children without disabilities are taught in schools together (if the child's health allows it). "Being different" is considered normal.

We understand the concept of segregation as a contrast of integration. It often brings with it social isolation of a person with disabilities.

DALŠÍ ZDROJE / LITERATURE AND FURTHER LINKS

introduction to special needs education – basic terminology

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KROUPOVÁ, K. a kol. *Slovník speciálněpedagogické terminologie*. Grada: 2016. ISBN 978-80-247-5264-8.

http://www.unesco.org/education/pdf/SALAMA_E.PDF

<http://www.csie.org.uk/inclusion/unesco-salamanca.shtml>

<https://dictionary.cambridge.org/>

https://cs.wikipedia.org/wiki/Soci%C3%A1ln%C3%AD_integrace

2 CLASSIFICATION OF SPECIAL NEEDS EDUCATION

RYCHLÝ NÁHLED KAPITOLY / QUICK PREVIEW OF THE CHAPTER



Special education includes quantum theoretical and practical knowledge of education and training of people with disabilities. The traditional, so far recognized special educational structure has its roots in the teachings of Miloš Sovák. Individual categories of disabled children, adolescents and adults require specific forms of education and training, and their introduction to work is also specific.

Therefore, we use the classical disability classification for our study purposes, with the exception of learning disabilities and behavioural disorders (so-called ethopaedia in the Czech Republic), which are intentionally omitted. However, we are dealing with the problem of autism spectrum disorders, which is today one of the centrepieces of special education. It is later presented as a separate chapter and described in detail.

CÍLE KAPITOLY / AIMS OF THE CHAPTER



After studying these chapters thoroughly, you will be able to:

- classify individual areas of special education and briefly characterize them
- use new English terms from special education
- correctly pronounce new English words and expressions from special education

KLÍČOVÁ SLOVA KAPITOLY / KEY WORDS



autism spectrum disorders, speech therapy, combined sensory and physical impairments, intellectual disability, physical disability, visual impairment, hearing impairment, multiple disabilities, behavioural disorders, partial deficiency, psychopathology

ČAS POTŘEBNÝ KE STUDIU / TIME TO STUDY



Depending on student's previous knowledge and language competence, you will need min.8 hours to study this chapter.

Introduction

The classification of special needs education is currently being dealt with by a number of authors who are trying to approach the whole issue in a comprehensive way, taking into account all the changes that this discipline is undergoing. The most fundamental change in the last ten years is the fact that the raising and education of disabled children and adolescents ceases to be the domain of special education and, in the context of integration trends in education, gradually becomes a matter for all types of schools and school facilities. These changes, which were elaborated in the UNESCO project "School for All", and whose ideas were included in the programme also by our country, included a methodical material entitled *The Integration Course for Children with Special Needs*.

Whereas in the past special education was based on the breakdown of the disabled according to medical terminology, disability was understood as a category and on this basis special schools for the physically, sensually, mentally disabled, etc., were built, it is now based on the degree and depth of disability, and understood as a dimension and the special needs of the individual are responded by special support measures.

Depending on the country's education systems, pupils with more severe disabilities and with multiple disabilities are educated in special schools, while pupils with mild and moderate disabilities attend regular types of schools and are educated in the so-called mainstream educational process (Vítková, 2003).

For the needs of this text, however, we will remain in a classical division by type of disability, which makes it possible to express clearly the specific forms of education, training and assistance in integrating society for each age category.

2.1 Education for people with intellectual disabilities

It is special needs education to people with mental disabilities. It is a discipline which examines the patterns of development, raising and education of people with mental retardation.

In Czech you will come across the term "psychopaedia" (*from Greek psyché = soul, paidea = education*). The term psychopaedia was introduced into our terminology after 1945 by the anthropologist Frantisek Štampach. Originally, it also included the so-called "difficult to educate, morally flawed, emotionally or socially disturbed children and youth", which only separated in the second half of the 60's of the twentieth century.

eth century, and so a new specialization – education of children with behavioural disorders (Czech: "etopedie") - has arisen.

This discipline closely co-operates with psychopathology (a study of mental disorders), pathopsychology (science about border psychological states, properties and processes between normal and pathological) and psychiatry (science on the recognition and treatment of mental illnesses).

K ZAPAMATOVÁNÍ / REMEMBER



Notice how we pronounce words starting with *ps*-: (the initial "p" is dropped, is not pronounced), also "ch" is pronounced as /k/

- *psychology* /saɪ'kɒl.ə.dʒi/ - psychologie
- *psychiatry* /saɪ'kaɪə.tri/ - psychiatrie
- *psychologist* /saɪ'kɒl.ə.dʒɪst/ - psycholog
- *psychopathology* /,saɪ.kəʊ.pə'θɒl.ə.dʒi/ - psychopatologie

KORESPONDENČNÍ ÚKOL / CORRESPONDENCE TASK



In the following website you can find a lot of information on mental health and mental illness treatment in the United States of America. Also, you can read authentic stories written by people experiencing different kinds of mental illness.

<http://www.mentalhealthamerica.net/recognizing-warning-signs>

- What are the typical warning signs and symptoms of mental illness in adults, young adults and adolescents?
- Where can people in the USA affected by mental illness find help?

2.1.1 AUTISM SPECTRUM DISORDERS

Autism is a profound developmental disorder that significantly changes a child's personality. This disorder usually occurs before three years of age and is often accompanied by mental retardation.

The disorder fundamentally changes the behaviour, socialization and education of the child. Features include the following three areas:

- special features and inconsistencies in communication, i.e. the child has limited abilities of verbal and nonverbal communication and language
- problems in social interaction, i.e. there is no adequate response to emotional stimuli, limited adaptability to new situations, trouble with human contact
- limited interests with repeated behaviour, i.e. preferences in handling various objects, stereotyped movements

Despite extensive research efforts, there is currently no generally accepted explanation for the causes of autistic disorders.

2.2 Education of people with physical disability

This is a field of special education which deals with special educational and didactic-methodological issues of education, upbringing and retraining especially of children and adolescents who have special educational needs due to physical disability. The specific nature of this discipline lies in the selection of methods, means and forms of the educational process, the adjustment of the content and respect for individual needs of the individual resulting from its the his/her mobility limitations.

In the Czech Republic, this scientific discipline is known as "somatopaedia" (*from the Greek soma = body, paidea = training, education*).

2.3 Speech therapy

Speech therapy (*also logopedia, from Greek logos = word, speech, paidea = education*) – education of speech. It is a discipline specializing in raising, education and socialization of people with impaired communication abilities, as well as prevention of this impairment.

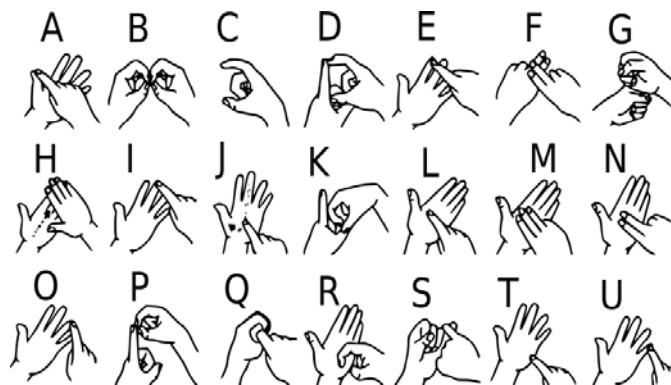
The first conscious beginnings of speech therapy date back to antiquity when the philosopher and speaker Isokrates (436-338 BC) first used the term speech therapy in the sense of education of speech. Speech therapy is one of the youngest disciplines of science, and there are currently changes from its earlier predominant orientation to pronunciation to orientation to all linguistic levels. Also, for these reasons, speech therapy has moved from the terms "speech disorder" and "speech defect" to the umbrella term "impaired communication ability". This term is an expression of a holistic concept in speech therapy. The discipline works closely with other medical fields (phoniatics, ENT, plastic surgery, etc.), psychology, linguistics (phonetics, phonology).

Nowadays, when the emphasis is increasingly placed on prevention of disorders in the development of the child's personality, basic speech therapy education becomes essential especially for teachers and educators of pre-school and young school children.

2.4 Special education of people with hearing impairment

It is a special needs education discipline, which deals with the study of the development, raising, education and socialization of people with hearing impairment or disorders (hard of hearing and deaf people, formerly deaf and dumb people). In the last century, the discipline was part of speech therapy (for example in the concept of speech therapy by Prof. M.Sovák). Since the beginning of the 1990s, both disciplines have become independent. This is due to different ways of methodological processes. In Czech the discipline is called surdopaedia (*from the Latin Surdus = Deaf, Paidea = Education*)

Historically, care for the deaf and dumb is older, but the care of the speech of the deaf (hearing-impaired) has gradually developed in the care of the speech of the healthy people, thus intermingling both disciplines - in the care of the communication process altogether. On the one hand, it closely links the indivisibility of all the components of the communication process, i.e. speech, hearing and voice; on the other hand there are the specifics of oral language education in the deaf, sign language (i.e. a summary of means expressed by specific signs of motion and perceived visually), dactylogy (fingerspelling, finger alphabet), lip-reading (the ability to understand the content of spoken speech from the movements of the mouth and the face of the speaker) which makes this discipline different from speech therapy.



British sign language

<https://www.techadvisor.co.uk/how-to/internet/how-learn-sign-language-online-3657378/>



K ZAPAMATOVÁNÍ / REMEMBER

Remember new vocabulary from this paragraph:

- *sign language* /'saɪn ,læŋ.gwɪdʒ/ – znaková řeč
- *lip reading* /'lɪp ,riː.dɪŋ/ - odezírání
- *finger alphabet* /'fɪŋ.gə'æɪ.fə.βet/ – prstová abeceda
- *deaf* /def/ - hluchý
- *dumb* /dʌm/ - němý
- *voice* /vɔɪs/ - hlas

2.5 Special education of people with visual impairment

Special education for the visually impaired. It examines the specifics of raising, education, socialization and enculturation of the visually impaired. In Czech environment this discipline is called "ophthalmopaedia" (*from the Greek oftalmos = eye, paidea = education*) - in parallel with this term, the term "typhlopaedia" is also used (*from Greek tyflos = blind, paidea = education*).

The range of special care for the visually impaired (who do not form a single group) is very diverse. These and other circumstances form new branches of the science, such as special needs education for the blind, special needs teaching for the dim-sighted, for the early and pre-school age, special needs education for the visually impaired with multiple disorders and others. This field grew originally from the pedagogy of the blind and began to develop fully after the 2nd world war.

2.6 Education of children with behavioural disorders

Special needs education of morally disturbed persons, persons with behavioural disorders. In Czech it is called ethopaedia (*from the Greek ethos = morals, paidea = education*) and it as a science deals with the raising, education and research of socially disturbed youth (formerly difficult to educate youth). Some authors call this youth morally defective, defective of character, emotionally disturbed, maladaptive, problematic, delinquent, etc., and the inconsistency in terminology still persists. this branch of science was created in 1969 because of a considerable disparity in the issue of mentally retarded and morally disturbed persons.

This special needs education discipline seeks and applies optimal forms of adaptation to disturbed youth with a view to their full socialization. It uses the latest knowledge of diagnostics, reeducation, rehabilitation and prevention. It closely cooperates with general pedagogy and special needs education, developmental, pedagogical and social psychology, pedopsychiatry and neurology, sociology and criminology (science on the state, dynamics and causes of crime, methods of investigation of crime, ways to prevent it).

2.7 Multiple disabilities

Special needs education of people with multiple disabilities (*from Latin combinatio = combining*) - these are multiple defects when the individual is affected by two or more defects at the same time, e.g. vision and hearing impairment, movement disorder with hearing disorder, mental retardation with sensory or movement impairment, there are combinations of organic disorders with neurotic manifestations and so on. There is currently no uniform terminology for this subject. In our country we use the term combined disability, combined defects or multiple disabilities.

Not only severe degrees of disability combine with each other but also milder ones with severe ones. We cannot even eliminate a combination of disability with talent. Increased individual special needs teaching care in these individuals is focused on the use of special methods and the content of education is modified in relation to persons with a single disability.

Part of the population with multiple disabilities is not negligible and can be characterized as extremely heterogeneous (variable) with variable symptoms. From these special educational needs emerge. The process of socialization in individuals with multiple disabilities is very often negatively affected by serious communication gaps, as they often cannot use oral language and are dependent on alternative communication systems.

2.7.1 SPECIAL NEEDS EDUCATION TO PEOPLE WITH PARTIAL DEFICIENCIES

This discipline relates to specific developmental learning disorders, behaviour and attention disorders. These deficiencies cannot be included in any field of special needs education so far. The use of finer diagnostic methods in recent decades has contributed to their clear allocation.

We include dyslexia, dysgraphia, dysorthographia, dyscalculia, dyspraxia, developmental disorder to learn to draw and paint, developmental disorder to learn to perceive and express music among the specific developmental learning disorders. We do not meet with the last three terms in foreign literature, they are a Czech particularity.

In the 10th review of the International Classification of Diseases of the World Health Organization, specific developmental disorders of schooling skills are classified as "men-

tal development disorders". Specific learning disorders are very closely related to behavioural disorders with frequent symptoms of lack of concentration, hyperactivity and impulsiveness. This disorder was in the 2nd half of the 20th century called light brain dysfunction (encephalopathy). At present, experts are inclined to refer to the set of symptoms as Attention Deficit Hyperactivity Disorder (ADHD). Although terminology for specific developmental learning disorders is still not uniform, in general, individuals with these disorders are considered to be pupils (students) with specific educational needs.

The study of the causes of specific learning disorders is associated with the name of the physician A. Heveroch, the associate professor of Charles University in Prague, who as the first in our country (and probably also in Europe) published in 1904 an article *O jednostranné neschopnosti naučiti se čísti při znamenité paměti* (On the one-sided inability to learn to read while having a remarkable memory), in which he described symptoms later labelled as dyslexia.

Reeducation of learning disorders is mainly implemented in specialized classes or in common classes of elementary schools, where pupils are taught according to an individual educational programme. Care is also concentrated in counselling centers (pedagogical-psychological counselling centre, special needs education centre). Reeducation is dealt with by psychologists, special educators and teachers trained in accredited courses.



K ZAPAMATOVÁNÍ / REMEMBER

Remember new vocabulary from this paragraph:

ADHD /,ei.di:.eitʃˈdi:/ (zkratka anglického „Attention Deficit Hyperactivity Disorder“ – hyperkinetická porucha (HKP), porucha pozornosti s hyperaktivitou

counselling centre /'kaʊn.səl.ɪŋ/ - poradenské centrum

developmental learning disorders – vývojové poruchy učení

dyslexia /dɪ'slek.si.ə/ - a condition affecting the brain that makes it difficult for some one to read and write

➤ *dyslexic* /dɪ'slek.sɪk/ - přídavné jméno

dysgraphia /dɪ'sgrafi.ə/ - a condition affecting the brain that makes it difficult for someone to write, primarily handwriting

dysorthographia /dɪsɔ:θɒg.rə.fi.ə/ - a condition affecting the brain that makes it difficult for someone to spell words correctly

dyscalculia /,dɪskæl'kju:lɪə/ - s difficulty in learning/understanding mathematics and numbers.

express /ɪk'spres/ - vyjadřovat

perceive /pə'si:v/ - vnímat

relate to /rɪ'leɪt/ - vztahovat se k

WHO /,dʌb.əl.ju:.eɪtʃ'əʊ/ - the World Health Organization – Světová zdravotnická organizace

PRO ZÁJEMCE / FOR THOSE INTERESTED



If you want to learn more about the issue of dyslexia in the UK, visit e.g. <https://www.bdadyslexia.org.uk/> where you can get a lot of information on how dyslexia is viewed by parents, teachers, carers, or children affected. The British Dyslexia Association has three areas of interest:

- to encourage schools to work towards becoming dyslexia-friendly.
- to reduce the number of dyslexic young people in the criminal justice system.
- to enable dyslexic people to achieve their potential in the workplace.

The BDA offers help to dyslexic people from all sorts of backgrounds, to parents, employers and teachers.

Compare your findings with some Czech websites about dyslexia, e.g.:

<https://www.vcelka.cz/dyslexie>

<https://www.basic.cz/poruchy-uceni/porucha-cteni-dyslexie/>

KONTROLNÍ OTÁZKY / CHECKING QUESTIONS



1. List three key features of autism. What does "profound developmental disorder" mean? Is there currently a widely accepted explanation for the cause of this disorder?
2. What is the most important content of education for people with physical disability?

3. How does the scientific discipline of speech therapy develop over time? What is its most important task today?
 4. How can we characterize sign language? List some of the other methods of communication for people with impaired hearing.
 5. Which terms are used in the Czech Republic to translate the English terms "Special needs education of people with visual impairment"? Which specialized branches of science have developed to meet the needs of visually impaired people?
 6. List some possible combinations of physical and sensory impairments. Is talent an exception for a person with combined disability?
 7. What does the abbreviation ADHD stand for?
-



OTÁZKY / QUESTIONS

Practise pronunciation:

- attention /ə'ten.ʃn/
<https://dictionary.cambridge.org/dictionary/english/attention?q=attention+>
- autism /'ɔ:.tɪ.zəm/
<https://dictionary.cambridge.org/dictionary/english/autism?q=autism+>
- behaviour /bɪ'heɪ.vjə/
<https://dictionary.cambridge.org/dictionary/english/behaviour?q=behaviour+>
- blind /blaɪnd/
<https://dictionary.cambridge.org/dictionary/english/blind?q=blind+>
- deaf /def/
<https://dictionary.cambridge.org/dictionary/english/deaf>
- disorder /dɪ'sɔ:.dər/
<https://dictionary.cambridge.org/dictionary/english/disorder>
- dumb /dʌm/

<https://dictionary.cambridge.org/dictionary/english/dumb>

- dyslexic /dɪ'sleɪk.sɪk/
<https://dictionary.cambridge.org/dictionary/english/dyslexic>
- linguistics /lɪŋ'gwɪs.tɪks/
<https://dictionary.cambridge.org/dictionary/english/linguistics?q=linguistics+>
- lip-reading /'lɪp,rɪ:.dɪŋ/
<https://dictionary.cambridge.org/dictionary/english/lip-reading?q=lip-reading+>
- multiple /'mʌl.tɪ.pəl/
<https://dictionary.cambridge.org/dictionary/english/multiple?q=multiple+>
- neurology /njʊə'rɒl.ə.dʒi/
<https://dictionary.cambridge.org/dictionary/english/neurology?q=neurology+>
- neurotic /njʊə'rɒt.ɪk/
<https://dictionary.cambridge.org/dictionary/english/neurotic?q=neurotic+>
- pathophysiology /,pæθ.əʊ.fɪz.i'ɒl.ə.dʒi/
<https://dictionary.cambridge.org/dictionary/english/pathophysiology>
- phonology /fə'nɒl.ə.dʒi/
<https://dictionary.cambridge.org/dictionary/english/phonology?q=phonology+>
- psychiatry /saɪ'kaɪə.tri/
<https://dictionary.cambridge.org/dictionary/english/psychiatry>
- psychology /saɪ'kɒl.ə.dʒi/
<https://dictionary.cambridge.org/dictionary/english/psychology>
- psychopathology /,saɪ.kəʊ.pə'θɒl.ə.dʒi/
<https://dictionary.cambridge.org/dictionary/english/psychopathology>
- raise /reɪz/
<https://dictionary.cambridge.org/dictionary/english/raise>
- sign language /'saɪn ,læŋ.gwɪdʒ/
<https://dictionary.cambridge.org/dictionary/english/sign-language>
- spectrum /'spek.trəm/
<https://dictionary.cambridge.org/dictionary/english/spectrum>

classification of special needs education

- speech /spi:tʃ/
<https://dictionary.cambridge.org/dictionary/english/speech>
- therapy /'θer.ə.pi/
<https://dictionary.cambridge.org/dictionary/english/therapy>
- vision /'vɪʒ.ən/
<https://dictionary.cambridge.org/dictionary/english/vision>

Complete the following phrases or short definitions:

1. The education of disabled children is mostly no longer in competence of s..... s..... but it is gradually becoming part of all types of educational institutions in connection with i.....
2. The features of autism mostly occur before the t..... year of life.
3. People who cannot hear and talk are d..... and d.....
4. A way of understanding what someone is saying by watching the movements of their mouth is called l..... r.....
5. A system of hand and body movements representing words, used by and to people who cannot hear or talk is called s..... l.....
6. A study of mental disorders is called p.....
7. Speech therapy closely works with p..... and p.....
8. Combined or m..... disabilities.
9. A condition affecting the brain that makes it difficult for someone to write, primarily handwriting is called
10. Someone who studies the human mind and human emotions and behaviour, and how different situations have an effect on people:

ODPOVĚDI / ANSWERS



1. special schools, inclusion
2. third
3. deaf, dumb
4. lip-reading
5. sign language
6. psychopathology
7. phonology/phonetics/psychology/phoniatrics/plastic surgery
8. multiple
9. dysgraphia
10. psychologist

SHRNUTÍ KAPITOLY / CHAPTER SUMMARY



Special education deals with the issue of education, upbringing and socialization of mentally disabled (including people with autism spectrum disorders), hearing impaired, visually impaired, physically disabled (including multiple disabilities) and people with impaired communication.

Individual branches of special education have specific names.

Early understanding of education and training for people with disabilities has focused on the different types, including the structure of educational institutions: there were many schools for physically, mentally and sensory impaired people.

The current trend reflects both the level and depth of disability. The special needs of people with disabilities are promoted with respect and legal access to these people is also changing. Special schools continue to work, mostly educating children with severe or multiple disabilities. Pupils with mild or moderate disabilities can stay in mainstream schools. In the Czech Republic, this tendency is still in its infancy and integration and inclusion in society are still not widely accepted.



DALŠÍ ZDROJE / LITERATURE AND FURTHER LINKS

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ZEZULKOVÁ, E. *Speciální pedagogika – Úvod do problematiky*. Ostrava: 2009.

<https://dictionary.cambridge.org/>

<https://www.bdadyslexia.org.uk/>

<https://www.vcelka.cz/dyslexie>

<https://www.basic.cz/poruchy-uceni/porucha-cteni-dyslexie/>

3 INTELLECTUAL DISABILITY

RYCHLÝ NÁHLED KAPITOLY / QUICK PREVIEW OF THE CHAPTER



Mental disability is one of the most common manifestations in the human population, regardless of human race, world continent, economic and cultural conditions.

There is no other disability that has such great difficulty with terminology, depending on its particular nature. Previously used terms over time (e.g. idiot) have become obsolete because they have acquired a pejorative overtone. The opinion that mentally handicapped people are not capable of education has also disappeared (which is also part of these chapters).

At present time of humanization and consequently the tendency to use only one name the term a person with intellectual disabilities prevails in special education.

This chapter explains how mental disability is currently defined. To obtain an overview of the severity of mental disability, there is a classification which further describes and explains this area. Every mental disability has its causes, but not everyone can clearly explain them at the present time. Development risks are further presented and divided into three areas - prenatal risks, perinatal and postnatal risks. The following paragraphs are devoted to the peculiarities of mental disability in many ways. They also explain the concept of dementia and points out the differences between it and mental disability. Finally, practical tips and instructions for communication with mentally disabled people are presented.

CÍLE KAPITOLY/AIMS OF THE CHAPTER



After studying these chapters thoroughly, you will be able to:

- define intellectual disability and describe the grades of its severity
- clarify the prenatal, perinatal and postnatal risks of its development
- divide common signs of mental retardation into six areas and clarify them
- identify learning opportunities for the intellectually disabled
- understand and explain the difference between intellectual disability and dementia
- practically use instructions in communication with intellectually disabled

intellectual disability

- correctly pronounce new English words and expressions from special education
-



KLÍČOVÁ SLOVA KAPITOLY / KEY WORDS

adaptive behaviour, Alzheimer's disease, communication with intellectually disabled, dementia, endogenous factor, exogenous factor, intellectual disability, intelligence quotient, mild mental retardation, moderate mental retardation, perinatal risk, postnatal risk, prenatal risk, profound mental retardation, retardation, severe mental retardation, special education centre, special kindergarten, special primary school, special school, triggering factors of dementia, vocational school



ČAS POTŘEBNÝ KE STUDIU / TIME TO STUDY

Depending on student's previous knowledge and language competence, you will need min. 8 hours to study this chapter.

3.1 The term intellectual disability

Up to these days, intellectual disability (ID) has been defined several times and there are several definitions which describe it. In the English speaking countries it is also known as general learning disability and mental retardation (MR).

The World Health Organization (WHO) defines intellectual disability as "a reduced ability to understand new or complex information and to learn and apply new skills."

The definition of the American Association of Intellectual and Developmental Disabilities (AAIDD) describes the intellectual disability in the following way: "An individual is intellectually disabled if he/she falls in the following three categories":

- Intelligence Quotient (IQ) is less than 70 - 75 (An intelligence test can clarify the presence of an intellectual disability, but should not be used as the only criteria)
- There are strong limitations in adaptive behaviour – Adaptive behaviour is an individual's ability to adapt to new living conditions and new situations (includes literacy, money, time and number concepts, social skills, ability to follow rules, personal care, travel, routines, concepts of using telephone, etc. Limitations in adaptive behaviour can be determined by standardized tests.

- These two conditions manifest before the age of 18.

Later in school age, we talk about a learning disability (as part of an intellectual disability). The lack of communication, self-sufficiency, self-determination, personal safety and use of community facilities are manifest.

The severity of intellectual disability is visible in the grading of mental retardation:

Mild intellectual disability (IQ 52 - 70/75) - In adults, this degree of disability corresponds to an indicative mental age of 9-12 years. Neuropsychological development is delayed, somatic disabilities are rare. Restrictions on intellectual development and in other mental functions become more apparent at pre-school age and even more significantly after school entry.

An individual with a mild degree of mental retardation learns to count and read, with some limitations, in terms of comprehension of the text. He is also capable of very simple abstract thinking (except for judgmental thinking). Delayed speech development is typical. As far as concrete, visual and mechanical abilities are concerned, these are generally well developed (assuming an appropriate social environment, motivation, reasonable requirements and incentives).

Basic education is managed by these individuals if it is slightly adapted to their abilities. After completing the vocational school (in the highest number of cases), they are able to engage in social and professional environment on condition of having appropriate conditions.

Moderate intellectual disability (IQ 36 - 51) - In adults, this degree of disability is indicative of a mental age of 6 to 9 years. Neuropsychological development is delayed and limited, frequent physical disabilities, frequent onset of epilepsy, movement development is delayed, attention is low, understanding and self-esteem are lowered, language development very different, linguistic utterance often non-grammatic, articulation incorrect, poor vocabulary, impulsiveness, mood swings, education possible at special schools.

It is the children and adults with moderate mental disabilities who should receive the most attention from our society, because in the past these individuals have been a largely neglected group of all the mentally disabled. Especially when it comes to their at least partial integration into the social environment, possibly the working environment (if they are capable of working) so that they can develop their potential capacity later in adult life.

Severe Intellectual Disability (IQ 20-35) - In adults, this degree of disability is indicative of mental age 3 to 6 years. Limited neuropsychological development, frequent somatic disability, frequent occurrence of epilepsy, frequent stereotypes in motion, movement disorder, mental disorders, lack of concentration, speech predominantly nonverbal, or single words. Disturbances in emotions and will, frequent appearance of self-injury.

Individuals with severe mental retardation can achieve certain habits in terms of self-service and elementary work for a short time and under constant supervision. At the same time, however, it must be possible for these individuals to gain at least the basics of school education.

Profound intellectual disability (IQ \leq 20) - In adults, this degree of disability corresponds to a mental age below 3 years. Non-verbal tests must be used for testing. Neuropsychological development severely limited, physical combined disabilities very common (somatic and sensory), neurological symptoms, movement often limited or impossible, severe disorders of mental functions, nonverbal or no communication (unarticulated sounds), severe disturbances in emotions and in will, frequent appearance of self-injury.

The possibilities of socialization are limited to the basic differentiation of persons, exceptionally simple habits of self-care. Permanent dependence on social surroundings is characteristic of these people. It is not rare to be permanently bedridden because of extensive somatic and neurological defects. Constant supervision and care is necessary, education is very limited (individual approach).

Note and Example: *The diagnosis of intellectual disability and the determination of its severity is rather difficult and not so clear. Not only the definition of the Intelligence quotient is sufficient, but also the estimation of many other aspects, e.g. whether the individual fails in his/her own environment in most expectations. For example, the social skills of many Romany children are quite good (sometimes better than of those with above-average intellectual abilities), and they fulfill all expectations in their social circle. In spite of their IQ being lower than 70, we should not consider them intellectually disabled.*



OTÁZKY / QUESTIONS

- Have you ever met personally a person with intellectual disability?
- Do you recall a film, a theater performance or a book where a person with intellectual disabilities is the main character? If so, how was the character portrayed?

3.2 CAUSES OF INTELLECTUAL DISABILITY

Anything that can affect brain development can be seen as a cause of intellectual disability.

All causes which affect a woman's pregnancy from the outside are considered **exogenous factors**. In addition to alcohol consumption and drug abuse, eating disorders can also disrupt brain development. There is also a risk of brain inflammation, risk of chemotherapy and radiation therapy (if a pregnant woman is diagnosed with cancer, all concerned doctors need to consider carefully and emotionally how to protect life of the mother and child). In the period after birth, an accident can also be the cause of intellectual disability.

The human brain reacts very sensitively to oxygen deficiency, which often brings a more or less noticeable intellectual disability.

Endogenous factors (from the inside) involve hereditary causes. It is about the diseases that are caused by genetic defects, such as the Down's Syndrome (trisomy 21).

Another focus in the research of the causes of intellectual disability is the time of their onset:

➤ **Prenatal risk** (during pregnancy) includes:

- irregular medical pregnancy care
- very young and especially very old mothers (nowadays a very common phenomenon)
- infectious diseases (e.g. rubella, hepatitis, HIV)
- chemotherapeutic and other medicines, radioactive radiation, nicotine
- blood group intolerance (mismatch of the RH factor between the child and the mother)
- uterine bleeding
- placental malnutrition
- lack of amniotic fluid
- prenatal deprivation (strongly unwanted child)

➤ **Perinatal risk** (during childbirth) includes:

intellectual disability

- premature birth or low birth weight (weight of the infant is under 2000 grams)
- twin or multiple births
- perinatal encephalopathy
- placental umbilical cord abnormalities
- narrowing of the birth canal
- mechanical brain damage during delivery
- extension of labour and hypoxia (lack of oxygen during birth)
- forceps delivery

➤ **Postnatal risk** (after birth) includes:

- brain inflammation (tick-borne encephalitis or meningitis)
- neonatal jaundice
- serious accidents, especially head injuries
- brain damage as a result of cancer
- long-term nutritional disorders
- brain haemorrhage

3.2.1 SYMPTOMS OF A INTELLECTUAL DISABILITY - SPECIAL FEATURES

In a healthy person, the organization of the experience is very fast, with intellectually disabled persons this process is slow and it happens with certain deviations. The sensory perception is characterized by the following special features:

- slowed down visual perception: it lies in specific movements of our eyesight, while a healthy person perceives the environment globally, a person with intellectual disability has limited this ability, and so his orientation gets worse in a new environment. They are unable to conceive perspective in pictures. The development of the drawing is noticeably slowed down, as the following picture shows:



The picture drawn by a nine-year-old girl - family members

- disturbed perception of forms, shapes and colours: for an intellectually disabled person, it is problematic to distinguish a figure or geometric form from the background.
- ability to correctly distinguish the details: the intellectually disabled lack the ability to notice all the details (e.g. the difference between a hippo and a pig). You can also notice it when using a picture, if you turn it, the intellectually disabled person will no longer recognize the image.
- poor spatial perception
- poor tactile perception: the ability to clearly identify the volume and material
- poor perception of time: intellectually disabled people have difficulty distinguishing individual times of day and naming them correctly

Thinking and language of an intellectually disabled person is too concrete (the person is not able to use abstraction, generalization); other distinctive features are errors in analysis and synthesis. Thinking is also inconsistent, with inaccurate judgement and clumsy forming of concepts.

People express thoughts by means of language. In the case of the intellectually disabled, the focus is on poor development of phonematic hearing (differentiation of individual sounds that a person with disability hears well but does not sufficiently differentiate). The deformation of language also lies in the incorrect articulation - pronunciation of sounds, syllables and words.

Insufficient is, of course, the content of a message, insufficient comprehension, decision-making ability, evaluation, poor vocabulary.

intellectual disability

The memory of the intellectually disabled is also specific in many respects. The memorizing of new terms and information is very slow for them and only persistent repetition brings success. However, they quickly forget what they have already learned, and they cannot put the new knowledge in practice. It is necessary to pay attention to constant repetition of new information. The intellectually disabled tend to have a mechanical memory, it means they cannot select and classify memory tracks.

Example: *Jack is intellectually disabled (Down's Syndrome). At the age of 37, he is mostly unable to remember two or more pieces of instructions. The request of his mother to bring a roll from the pantry, place it on the plate and put some butter on it is too much for his memory. He has to do the activities step by step, then the preparation of the dinner is successful.*

Attention is related to immediate perceptions, and it can be divided into two groups - involuntary and intentional attention (the first focuses on strong stimuli, the other on the will.) The intentional attention of intellectually disabled people is much shorter and less consistent than the one of a healthy individual. An intellectually disabled person gets tired more easily, has lowered ability of multi-tasking and after a period of concentration must relax and unwind.

The intellectually disabled do not control their **emotions** to the same extent as healthy people. Emotions outweigh reason, which usually suppresses or even overestimates emotions. There are often mood disorders, especially among people with epilepsy or as a result of accidents. Intellectually disabled people often react disproportionately to the situation - they either perceive superficially and the emotion is minimal, or conversely very intense and strong for no reason. A seemingly meaningless hint can be an impulse for a strong and long-term reaction.

The **will** of the intellectually disabled shows visibly increased suggestibility, emotional instability, impulsiveness, aggression, but also passivity and anxiety.

In terms of **talent and creativity**, it is proven that intellectual disability is no hindrance. There are a lot of artists among the intellectually disabled in the areas where have the opportunity to develop their talents. The evidence can be a number of theatre companies from all over the world (Theater Maatwerk in Rotterdam, Heart and Soul in London, Theater RambaZamba in Berlin etc.), studios and art exhibition halls.



K ZAPAMATOVÁNÍ / REMEMBER



Make a note of the most important terms and vocabulary from these paragraphs:

Sensory / visual perception, slowed perception, spatial perception, tactile perception, time perception, the second signal system, concepts, clumsy, abstraction, generalization, ana-

lysis, synthesis, phonemic hearing, the distinction of sounds, incorrect articulation, inaccurate, repetition, judgement, pronunciation, poor vocabulary, insufficient comprehension, memorizing new concepts, memory, attention, stimulus/stimuli, concentration, reason, emotion, suppressing / overestimating emotions, strong / long-term reaction, suggestibility, emotional instability, impulsiveness, aggression, passivity, artistic talent, creativity

Keep working with this vocabulary. Try to make meaningful sentences, to use the connections in context.

PRO ZÁJEMCE / FOR THOSE INTERESTED



- Find at least two theatres (anywhere in the world) on the Internet which often participate in projects involving intellectually disabled people.
- Are there organizations in the Czech Republic which support the artistic talent of the intellectually disabled? Describe their activity.

3.3 EDUCATION AND TRAINING OF INTELLECTUALLY DISABLED PEOPLE

In the Czech Republic there is currently a system of school facilities: special kindergartens (or special classes at kindergartens), special schools (in Czech called practical elementary school), special primary schools (formerly called auxiliary school), vocational schools and special education centres (these hold a special position in the system).

Czech legislation allows (and today this tendency is strongly supported) also individual integration into primary schools (which depends on the disability).

Special kindergarten - the organization in this type of pre-school institution is similar to the regular kindergarten. It fulfills informative and formative function - i.e. physical, intellectual, esthetic, ethical, and language education. In addition, it has a diagnostic, reeducational and therapeutic function, sometimes also function of the relief, e. g. for the the parents of an intellectually disabled child. The special kindergartens are founded and managed by the state, church or a private owners.

Hundreds of children with intellectual disabilities are now integrated into ordinary kindergartens.

intellectual disability

Special schools - the most visited type of school facilities intended for students with intellectual disabilities. The attribute "practical" in the Czech name is related to the fact that these schools are often equipped with a training kitchen, workshop, a ceramic, artistic or textile studio or a garden with a greenhouse where pupils go through practical training (as opposed to a more academic curriculum at common primary schools).

The practical elementary school with its structure, organization and curriculum is not significantly different from the regular primary school. Compulsory schooling is 9 years and the school is divided into the first grade and the second grade.

The number of students in the classes is reduced. Special schools use didactic, diagnostic and therapeutic methods and special teaching aids. They also ensure speech therapy care, health education, sign language and teaching assistants.

Special primary schools - former term of these types of schools was the auxiliary school. These schools are primarily designed for children with more severe forms of intellectual disability, with autism and with multiple disabilities that can no longer be educated at regular primary or special schools. The emphasis of education is on communicative, social, interpersonal and work skills. The results of education are only assessed verbally. The lessons are divided into several units.

Vocational schools - there are no significant differences between the vocational school attended by intellectually disabled students and the vocational school for healthy children. Some graduates of the 9th year of the special school can even be admitted to a "normal" vocational school.

A successful graduate receives an apprenticeship certificate after two or three years of training and is fully qualified in his/her field. The subjects of training include e.g. blacksmith work, stonework, masonry work, cooking, painting works, sewing clothes, bakery work, work in social facilities, bookbinding work, farm work, upholstery work etc.

Special Education Centres - are indispensable facilities for teachers, school head teachers, intellectually disabled and their parents. They implement special educational and psychological diagnostics of intellectually disabled children and they also work as counselling centres for teachers and parents (mainly methodical procedure in cases of integrated children). They help with the preparation of individual education plans. They have professional literature, special aids and textbooks which they can lend to schools and parents.

There is usually a team of experts in these centers – a special needs teacher, a psychologist, a social worker, a speech and language therapist etc.

KORESPONDENČNÍ ÚKOL / CORRESPONDENCE TASK



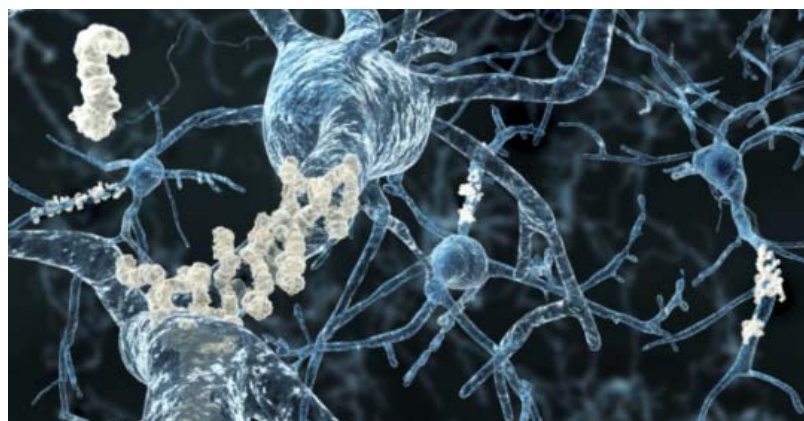
- Find out how social care for people with intellectual disabilities works in the Czech Republic.
 - What are the advantages and disadvantages of social facilities working in daily, weekly and year-round mode?
-

3.4 Dementia and its relationship to disability

Dementia relates to degenerative and non-degenerative brain diseases (from the Latin word dementia = unreasonable), which are typical of the loss of intellectual power. Dementia accompanies deficits in cognitive, emotional and social abilities and leads to disruption of social and professional functions. It is by no means a congenital trait or disease and must be distinguished from intellectual disabilities.

Dementia is characterized by these features: it affects short-term memory, thinking, language, motor skills, and sometimes personality structure. The characteristic of dementia is the loss of thinking skills which were normally active in life.

The most common form of dementia is Alzheimer's disease, which occurs mostly between 60 and 70 years of life.



human brain connections affected by Alzheimer's disease

<http://www.alzheimerhome.cz/u-alzheimeru-pomuze-vcasna-diagnoza/>

intellectual disability

Some of the typical symptoms may include:

- "abnormal" behavior
- memory failures - typical is the so-called short-term memory loss (the patient is not able to recall what he has been doing recently or with whom he/she spoke, etc.)
- rational thinking disorders
- disorders of good judgement and assessment of the situation
- time-space perception disturbed
- patients wander around their own flat
- not recognizing your loved ones
- slow or no response to stimuli
- fatigue, drowsiness
- frequent changes in emotional levels
- weakening of intellect
- inability to take care of oneself
- inability to perform routine daily tasks
- loss of inhibitions, unacceptable public behavior
- selfishness, malice
- lying without reason and inventing things

Since there are several forms of this disease, the exact causes of the occurrence are not yet explained, very often they are controversial. However, some triggering factors can be mentioned (all these circumstances are perceived as unbearable by the patients):

- the death of a husband or child, illness - the collapse of the existing meaning of life

- unbearable partnership life
- absence of suitable employment (something that gives life a sense and structure) that fills the pension
- loneliness and lack of communication, isolation
- dependence of aid in a helpless situation (illness, disability)
- economic dependence, worries about existence itself
- loss of public recognition, especially for people who have been involved in public affairs throughout their lives

This disease cannot be cured, but its progress can be slowed. Prevention is important (staying active both mentally and physically, frequent walks, adequate sports, reading books and magazines, puzzles, participation in social events, good food, not smoking, reducing alcohol to a minimum, etc.), with the benefit of psychotherapy, sociotherapy. There are medicines which, however, give patients a relatively low benefit. Sometimes, up to 24 hours of care a day is required. There are different centres and hospitals which provide the necessary care to the patients.

OTÁZKY / QUESTIONS



Patients with Alzheimer's disease usually do not notice the disease. They get lost in themselves but also in what is the norm. Mostly they do not have insight into how the disease progresses.

Think about:

- How can relatives help?
 - How can relatives cope with the fact that their loved one suffers from dementia.
-

3.5 Practical advice on communicating with people with intellectual disabilities

The most common mistake of people who are not experienced with intellectually disabled people is that they try to talk to an adult as a child, that they do not respect

intellectual disability

his/her dignity and do not show the same respect to a partner as if they were talking to a healthy individual.

The following rules for communicating with people with intellectual disabilities are based on years of experience of professionals and people taking care of the intellectually disabled:

- Talk to persons with disabilities in the same way and with a normal tone of voice (not shouting) as you would talk to anyone else.
 - Talk to people with disabilities directly rather than to an accompanying person.
 - Talk face-to-face, slowly and clearly and concretely, do not use complex and too abstract words, foreign words, complex sentences.
 - Approach people with disabilities adequately to their age.
 - Listen actively, let your partner talk without interruption, keep appropriate eye contact, show your interest in communicating.
 - Don't give too much information at once.
 - Accept and develop your partner's message and topic
 - Take advantage of open questions first. If your partner doesn't understand you, you can choose from several options.
 - Always have enough time to answer, don't be afraid of silence.
 - Ask people around when communication is successful, how they communicate with the particular person.
 - During the conversation check that you have been understood.
 - If you don't understand your partner, ask again. If you still do not understand, ask for an explanation in another way.
 - Pay attention to your partner's non-verbal manifestations (thinking about something, watching something...)
 - Praise for any progress and effort, preferably specifically, so that it is clear what the person is praised for.
-

OTÁZKY / QUESTIONS



Practise pronunciation:

- adaptive /ə'dæp.tɪv/
<https://dictionary.cambridge.org/dictionary/english/adaptive?q=adaptive+>
- attention /ə'ten.ʃn/
<https://dictionary.cambridge.org/dictionary/english/attention?q=attention+>
- cancer /'kæ.n.sər/
<https://dictionary.cambridge.org/dictionary/english/cancer>
- creativity /kri'eɪ'tɪv.ɪ.ti/
<https://dictionary.cambridge.org/dictionary/english/creativity>
- damage /'dæm.ɪdʒ/
<https://dictionary.cambridge.org/dictionary/english/damage>
- dementia /dɪ'men.ʃə/
<https://dictionary.cambridge.org/dictionary/english/dementia>
- deprivation /,dep.rɪ'veɪ.ʃən/
<https://dictionary.cambridge.org/dictionary/english/deprivation>
- disease /dɪ'zi:z/
<https://dictionary.cambridge.org/dictionary/english/disease>
- emotion /ɪ'məʊ.ʃən/
<https://dictionary.cambridge.org/dictionary/english/emotion>
- endogenous /en'dɒdʒ.ɪ.nəs/
<https://dictionary.cambridge.org/dictionary/english/endogenous?q=endogenous+>
- exogenous /ɪk'sɒdʒ.ɪ.nəs/
<https://dictionary.cambridge.org/dictionary/english/exogenous?q=exogenous+>
- inability /,ɪn.ə'bɪl.ə.ti/
<https://dictionary.cambridge.org/dictionary/english/inability?q=inability+>
- inhibition /,ɪn.hɪ'bɪʃ.ən/
<https://dictionary.cambridge.org/dictionary/english/inhibition?q=inhibition+>

intellectual disability

- intelligence /ɪn'tel.ɪ.dʒəns/
<https://dictionary.cambridge.org/dictionary/english/intelligence>
- jaundice /'dʒɔːn.dɪs/
<https://dictionary.cambridge.org/dictionary/english/jaundice>
- kindergarten /'kɪn.də.gɑː.tən/
<https://dictionary.cambridge.org/dictionary/english/kindergarten?q=kindergarten+>
- malnutrition /,mæl.nju:'trɪf.ən/
<https://dictionary.cambridge.org/dictionary/english/malnutrition>
- mild /maɪld/
<https://dictionary.cambridge.org/dictionary/english/mild>
- moderate /'mɒd.ər.ət/
<https://dictionary.cambridge.org/dictionary/english/moderate>
- oxygen /'ɒk.sɪ.dʒən/
<https://dictionary.cambridge.org/dictionary/english/oxygen>
- perception /pə'sep.ʃən/
<https://dictionary.cambridge.org/dictionary/english/perception>
- quotient /'kwɒʃ.jənt/
<https://dictionary.cambridge.org/dictionary/english/quotient>
- retardation /,ri:.tə:'deɪ.ʃən/
<https://dictionary.cambridge.org/dictionary/english/retardation>
- severe /sɪ'veɪər/
<https://dictionary.cambridge.org/dictionary/english/severe>
- spatial /'speɪ.ʃəl/
<https://dictionary.cambridge.org/dictionary/english/spatial>
- special /'speʃ.əl/
<https://dictionary.cambridge.org/dictionary/english/special>
- stimulus /'stɪm.jə.ləs/
<https://dictionary.cambridge.org/dictionary/english/stimulus>

- synthesis /'sɪn.θə.sɪs/
<https://dictionary.cambridge.org/dictionary/english/synthesis>
- tactile /'tæk.taɪl/
<https://dictionary.cambridge.org/dictionary/english/tactile>
- uterine /'ju:.tər.aɪn/
<https://dictionary.cambridge.org/dictionary/english/uterine>
- vocational /vəʊ'keɪ.fən.əl/
<https://dictionary.cambridge.org/dictionary/english/vocational?q=vocational+>

Answer these question:

1. How does dementia differ from inborn intellectual disability?
2. Name at least 6 useful tips for successful communication with an intellectually disabled person.
3. What are typical features of
 - a) mild mental intellectual disability?
 - b) profound mental intellectual disability?
4. What does prenatal risk of intellectual disability onset include?

SHRUTÍ KAPITOLY / CHAPTER SUMMARY



Intellectual disability can be defined as an intellectual developmental disorder that is recognized by reduced intelligence and is manifested by a lack of language, movement, social skills and intellect. The cause is in prenatal (before birth), perinatal (during birth) or postnatal (after birth) periods. The onset is affected by exogenous (external) or endogenous (internal) factors. Depending on the severity of the disability, these stages can appear: mild, moderate, severe, and profound intellectual disability.

The peculiarities of intellectual disability are evident in language, attention, thought, memory, will and emotions. The possibilities of education and training are relatively wide, in the Czech conditions there are special kindergartens, special schools and vocational schools available. The current tendency prefers (if the disability allows this) the integration into the primary schools.



DALŠÍ ZDROJE / LITERATURE AND FURTHER LINKS

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<https://aaidd.org/intellectual-disability/definition>

4 AUTISM SPECTRUM DISORDERS

RYCHLÝ NÁHLED KAPITOLY / QUICK PREVIEW OF THE CHAPTER



In recent years, autism has received much attention in the media, by doctors and psychologists, in research, but also in the general public. The presentation of autistic disorders is unfortunately (very often in the media) deformed (this was also the impressive presentation of the fantastic talent of an autistic character portrayed by Dustin Hoffman in the movie "Rainman") and it supports the lay public with the impression that the diagnosis of autism, especially Asperger's Syndrome, can be even beneficial for those affected and their families.

These chapters explain how the deep developmental disabilities are shared according to the international classification. It also deals with the symptoms of autistic disorders, i.e. how these impairments are manifested. It also deals with the symptoms in the child's early years (before the 3rd and after the 3rd year of life) and also briefly mentions the prospects for an adult autistic person.

CÍLE KAPITOLY / AIMS OF THE CHAPTER



After studying these chapters thoroughly, you will be able to:

- define Autism Spectrum Disorders (AS)
- name and distinguish the most important AS groups
- understand social interaction disorders
- understand communication disorders
- identify early symptoms, symptoms before the the third year and after the third year of life, understand the specifics of autism in adults
- explain the specifics of the educational process of autistic children with and without mental retardation
- correctly pronounce new English words and expressions from the field of autism spectrum disorders



KLÍČOVÁ SLOVA KAPITOLY / KEY WORDS

ASD, definition of autistic disorder, classification of autistic disorder, Asperger's syndrome, autism spectrum disorders, symptoms of autistic disorders, impairment in social interaction, impairment in communication, repetitive activities, early symptoms, symptoms until the age of 3 / after the age of 3; autism in adulthood, education and inclusion, Autistic children's play, special interests



ČAS POTŘEBNÝ KE STUDIU / TIME TO STUDY

Depending on student's previous knowledge and language competence, you will need min. 6 hours to study this chapter.

4.1 Definition and classification of autistic disorders

Autistic Spectrum Disorders (ASD) are profound developmental disorders which are apparent from early childhood and persist throughout life despite helpful therapeutic measures. This definition is recognized by both the European and US psychiatric diagnostics and classification systems.

The qualitative features can be observed in children and adults with different levels of development. Autistic people with a high level of development have normal to above-average intellectual abilities, but even as adults they show socially conspicuous behaviour - often contrived language or a lack of empathy. This group is classified as Asperger's syndrome (named after the Austrian pediatrician Hans Asperger).

Those with low levels of development, on the other hand, have significant deficits in the intellectual area, namely mental retardation, are assigned to the group of Kanner syndrome, often called also infantile autism (after the US child psychiatrist M. Kanner).

A third, intermediate group is referred to as highly functional autism. These people have no mental retardation, but often a delayed development of linguistic skills, which distinguishes them from people with Asperger's syndrome.

According to the current classification, the following groups (diagnoses) are summarized under the term of Autism Spectrum Disorders:

- Early Childhood Autism (F84.0)
- Atypical Autism (F84.1)
- Asperger's syndrome (F84.5)
- Unspecified profound developmental disorder (F84.9)
- Rett syndrome (F84.2)
- Disintegrative Disruption (F84.3)
- Other profound developmental disorder (F84.8)

K ZAPAMATOVÁNÍ / REMEMBER



Make a note of the most important terms in this chapter:

profound developmental disorder, therapy measures, socially conspicuous behaviour, lack of empathy, artificial language, specific (high or low) level of development, ASD = Autism Spectrum Disorders (in Czech PAS = porucha autistického spektra), Asperger's syndrome

Keep working on the vocabulary and make meaningful sentences.



4.2 Symptoms of autistic disorders

The diagnosis of an ASD is based on the description of the behaviour and is independent of the intelligence. For the different diagnoses (described in chapter 4.1) within the autistic spectrum different degrees of severity and composition of symptoms as well as certain developmental aspects have to be present.

The diagnosis "early childhood autism" is considered a prototype of the ASD. All other ASDs have certain common features with early childhood autism. Of the twelve symptoms (listed further), at least six must be present to diagnose "early childhood autism", out of which at least two are social interaction and at least one is language / communication and repetition and special interests.

It is noticeable that the symptom constellation can be very different. It is true that ASDs are very variable: some children are very withdrawn, barely using active language and showing many motor repetitive movements. Other children communicate in their peculiar way, are verbally adept, but in expression they are strange and the language is contrived. They show obsessive behaviour or special interests. Unfortunately, this large variability often contributes to delays in the early detection of ASD.

Diagnosis of ASD is carried out today in the Czech pediatric practice at the age of 1,5 years of the child. The parents should, on the basis of their own observation, write down a list of symptoms (in the Original Modified Checklist for Autism in Toddlers, Revised, with follow-up by Diana L. Robins, Deborah Fein and Marianne Barton). The information given and the results obtained are then considered by the pediatrician as an impulse for possible further examinations.

Autism is independent of intelligence level, but the likelihood of mental retardation is increased.

4.2.1 QUALITATIVE IMPAIRMENT IN THE FIELD OF SOCIAL INTERACTION

The following four symptoms in the field of social interaction (at least two of them must be present to make the diagnosis of "early childhood autism") indicate what features the social interaction of ASD has:

- People are unable to use eye contact, facial expressions, posture and gestures to express social interactions.
- People are unable to relate to peers (with shared interests, activities and feelings).
- People are unable to spontaneously share joy, interests, or activities with others (e.g. showing other people things that are of importance, showing, bringing, or explaining to those involved).
- Lack of social emotional reciprocity - it manifests in an impairment of other people's emotions, lack of behavioural modulation according to the social context.

Example: Common symptom is the use of the body of another person, e.g. with the hand of the mother, they bring something they are interested in, without making the mother aware of it.

4.2.2 QUALITATIVE IMPAIRMENTS IN COMMUNICATION

The following four symptoms of communication (at least one of them must be present to diagnose "early childhood autism") indicate what features the language of ASD has:

- The development of the spoken language is delayed or completely disturbed. The attempts to replace the spoken language with an alternative communication fails.
- People are unable to start or maintain a verbal contact in which there is a mutual communication exchange with other people.

- Typical is repetitive use of language or idiosyncratic use of words and phrases, neologisms, echolalia.
- People (children) lack the ability to spontaneously conceive and practise imitation or pretend games.

Example: In non-verbal communication one can observe lack of gestures, insufficient use of gestures (common gestures, e.g. nodding, are also missing).

4.2.3 BEHAVIOUR PATTERN - REPETITIVE ACTIVITIES

The following four symptoms in the area of stereotypes and special interests (at least one of them must be present to make the diagnosis of "early childhood autism") indicate what special features the behaviour pattern of ASD has:

- Typical are repetitive motor movements with hands and finger beating or bending or complex movements of the whole body.
- Compulsive attachment to specific, non-functional actions or rituals.
- Preoccupation with sub-objects (people are not interested in the complex thing, but only in their particular part) or not functional elements of the object (surface, smell, noise, vibration, etc.).
- People deal with several restricted and special interests (the number is not decisive) which are abnormal in content.

Example: One of the most common symptoms is spinning things. Children spin on their fingers different things, in front of their eyes, they watch them in a concentrated way. Finger movements in front of the eyes are typical for Rett Syndrome. In response to the impulses to divert attention from these activities, children often react with resistance and negativism.

OTÁZKY / QUESTIONS



What do you understand by these terms and expressions? Give examples:

- symbolic game
- alternatives to the spoken language
- repetitive use of the language
- idiosyncratic use of words and phrases

- echolalia



K ZAPAMATOVÁNÍ / TO REMEMBER

Make a note of the most important terms in this chapter:

restrictions (motor, linguistic, etc.), special interests, withdrawn, verbally skilled, artificial language, compulsive behaviour, attachment to sth., relationship with peers, lack of (reciprocity, gestures, facial expressions, etc.), mutual communication, noise, vibration, smell, surface, examination



KORESPONDENČNÍ ÚKOL / CORRESPONDENCE TASK

The aforementioned directory of authors Robins, Fein and Barton (early diagnosis of ASD) is available on the Internet at <https://autismus-screening.eu/>. Please download this list and continue to work on it:

- Translate at least twenty out of the forty questions into English. Practice the new vocabulary.

4.3 Symptoms of autistic spectrum disorders related to age

The onset of autistic symptoms is described by most parents on average between the age of 16 and 20 months, with the first abnormalities being detected earlier.

4.3.1 SYMPTOMS UNTIL THE 18TH LIFE MONTH

The behavioural peculiarities in early months of life can go unnoticed, they are still ambiguous and unspecific. The symptoms mainly affect sleeping, crying and eating habits of the child.

Some autistic children sleep without any problems, while other children sleep very little and are also restless. Sometimes autistic children have difficulty in taking solid foods. Frequent screaming, which the parents cannot calm down with usual measures (holding in the arms, rocking, breastfeeding), does not necessarily have to signal something abnormal.

The diagnosis cannot be made with certainty during the first months of life. The first abnormalities are attributed mostly to physical illnesses or personality traits, thus not interpreted as a disorder.

4.3.2 SYMPTOMS UP TO THE THIRD YEAR OF LIFE

The symptoms between the 2nd and 3rd year are much clearer. The parents usually notice that their child does not react when they come into the room or when they call his/her name. The autistic children do not focus their attention on the close person, object, or event, but rather on the specific parts of objects (sounds, surface, etc.), as described in paragraph 4.2.3.

The situation in which the child aims to focus on an object or event while awaiting the reaction (verbal or non-verbal) of the caregiver (mother, father, etc.) is called joint attention. Showing objects, which is typical for healthy children at this age and which supports language development and social interaction, is called Protodeclarative pointing. Children with ASD hardly show any joint attention and in most cases the protodeclarative pointing is also missing.

4.3.3 SYMPTOMS AFTER THE THIRD YEAR OF LIFE

Language development

Very long delay or lack of language development is considered an early indicator of an autistic disorder. The language does not develop and the non-verbal communication fail as well.

The children with ASD show very little interest in human voice, almost no preference for the voice of their own mother. They do not respond to speech and do not deliberately turn to the sounds in their environment.

The mentioned restrictions are very intense in language. They insist that the same sentences are (must) be used in the same situation. The utterance has to be said in "right" form, otherwise the child will show his/her mood or even resistance.

Example: Situation from the mealtime: "Do you want to eat something?" The child insists that the meal should not start without this question.

Echolalia frequently occurs - the child repeats whole unchanged utterances. For the children with ASD it is difficult to distinguish "I" and "YOU", they often do not understand the meaning of these pronouns and they speak of themselves as "YOU".

It is typical for children with Asperger's syndrome to memorize difficult words and passages of text easily. Their language is often smart, pedantic. Often, they are very interested in individual words which they like and which they are constantly talking about.

Nonverbal communication is conspicuous - facial expressions and gestures are not adequate for the situation.

Autistic children's play

Children with ASD enjoy playing but their way of playing is slightly different. Pre-school children first deal with repetitive activities such as tapping, turning, hitting or stringing different toys. The pretend game appears delayed and is very stereotypical and always executed in the same way. Spontaneous play with other children is rare, it is not initiated by the child with ASD.



PRO ZÁJEMCE / FOR THOSE INTERESTED

Visit <https://raisingchildren.net.au/autism/school-play-work/play-learning/play-asd> and see how parents can develop their autistic children's play.

Specific interests

Autism itself has no obvious external manifestations or signs. However, typical self-stimulation behaviour, most commonly referred to as **stimming**, is often considered a typical feature of autism. This behaviour has a regulatory character and can take very unobtrusive forms, such as employing hands by spinning pens or spinners, to very distinctive manifestations including aggression or auto-aggression (self-injury). Children with ASD can stimulate themselves with uniform, rhythmic movements, such as rocking of the upper body or hand flapping. They are fascinated by special sounds such as a washing machine, a vacuum cleaner, they also produce noise by themselves e.g. by scratching surfaces.

Typically, autists prefer unchanging routines and permanent environments and can react negatively to changes. Routine activities often must be done every day in the same order (they involve eating and drinking, dressing or other daily activities), otherwise there will be violent bursts of rage, which may last for hours.



a sleeping autistic child

<https://en.wikipedia.org/wiki/Autism>

Very specific interests are particularly prevalent in children with Asperger's Pre-school Syndrome. For example, they may be obsessed with finding everything about computers, fish or timetables. They often show great interest in linguistic, mathematical and scientific topics. Repetitive behaviour may also apply to speech, repeating one word or phrase may be part of the daily routine. They talk about their knowledge with anyone who listens to them. They often also ask questions to which they already know answers.

4.3.4 ASD IN ADULTHOOD

Some people may not be diagnosed with High Functional Autism (HFA) or Asperger's Syndrome until adulthood. Most of them have no intellectual disability, social skills are very limited (flexibility, empathy, communication skills, hypersensitivity to sensory stimuli). A lot of them just like routines and order, however due to their experience from social environment they can usually cope better with everyday life situations and diagnosis is not easy to make.

Not all parents of autistic children are autistic. Even neither of the parents may be autistic even though the chances are high. Autism can occur, and often occurs in a wider family. Finding out that a child is autistic does not only lead to the realization that the parent is autistic, but often also all his siblings are autistic. Autism changes the historical understanding of the whole family and enables the relationships within it to improve.

The features of autistic disorders are very variable over time. However, it is a rule that they persist despite the development. The symptoms typical of autism can often be improved or compensated but not cured. Most people with autism need lifelong help and support, the degree of which can vary widely.



K ZAPAMATOVÁNÍ / TO REMEMBER

Make a note of the most important terms in this chapter:

eye contact, behavioural peculiarities, speech, resistance, to learn something by heart, pedantic language, symbolic game, to initiate, rhythmic movements, to be fascinated by sth., to diagnose (verb), to make a diagnosis, a diagnosis (noun), to initiate a therapy, a lifelong help, adulthood, empathy, to persist, to occur, empathy, nonverbal communication, to flap, to spin, to tap, to string, to repeat

4.4 Education and inclusion of autistic children

4.4.1 SPECIAL FEATURES OF THE EDUCATION OF CHILDREN WITH ASD

Education of autistic children should have a highly individual character, which means it should be based on their specific needs. These students are educated according to individual study plans, no matter which school they attend. The school (if its organization allows it) can enforce special teaching arrangements and special methods for children with ASD. They can be the following:

- structure of the lesson divided into shorter time blocks
- different schedule of breaks
- breakdown of tasks into individual levels (the number of levels can be very different).

In general, one should always keep in mind that the autistic children:

- Have trouble with spoken speech: the spoken word should always be accompanied by written or other visual means.
- Require direct definitions of their behaviour.
- Can be very sensitive to some stimuli: sounds (including unexpected, loud noises, but also different intensity of the human voice, sounds from outside such as ambulance or siren howls, ringing at the beginning and end of the lesson, etc.). If necessary, in certain situations, the child may wear the earplugs or use headphones that isolate them from disturbing noises.

- Some autistic children do not like being touched. The teacher should always tell the children in advance if he/she intends to touch them.
- Always require a stable environment: the class should always provide the pupil with safety and predictability. For all changes, the teacher should alert the child in advance (class visits, changes in the schedule, etc.).
- Have problems with the spontaneous speech: difficulties in expressing their opinion, choosing from several options, making a choice on their own, asking for help, etc. In these cases the teacher should provide a simple guide (in figures or points).
- May have special interests or abilities: the teacher should consider them as a means of interacting with the classmates and allow the child to show their knowledge to other children.

4.4.2 PEOPLE INVOLVED IN THE FORMATION AND INCLUSION OF AUTISTIC CHILDREN

In the Czech Republic, the following persons usually participate in the inclusive education of children with ASD (without or with intellectual disabilities):

- teachers - class teachers, subject teachers, educators
- assistant teacher
- personal assistant
- education consultant
- school psychologist
- special needs teacher

4.4.3 REQUIREMENTS FOR THE INCLUSION OF AUTISTIC CHILDREN (WITHOUT INTELLECTUAL DISABILITY)

Inclusion of an autistic child is an ongoing process that requires the full support of the educator, the environment and the family. This process changes - modifies and reduces - depending on how the needs and outcomes of the child change. One should always consider two basic objectives of this process: academic (education should stimulate the child's cognitive potential) and social (inclusion of the child into the group of peers).

If an autistic child is integrated into an ordinary class in which the majority of children are without special educational needs, then the education is adapted to the abilities of these children. Average social development is mostly taken into account. If the child's

social behaviour differs from ASD, it is immature, unusual, education can not be successful neither for the autistic child nor for other pupils.

Before deciding to integrate a child with ASD, it is necessary to assess his/her level in all these areas:

- in the cognitive area
- in the language area
- in the social sphere

The organization of the whole educational process is very demanding - both its content and methodological side. One should always be aware that the breaks, free lessons, and the like mean a risk to the autistic child. Teachers need to visualize the tasks and other activities in advance, to explain the instructions step by step in simple stages.

Very important is the preparation of the children's team: explaining the specifics of a specific child and not explaining autism in general. The teacher should emphasize that the behaviour is inadvertent and everything that the child does has its cause. The autistic child is sensitive to his/her environment and due to the peculiarities of behaviour, he/she can easily become the target of attention, laughter or even bullying.

4.4.4 REQUIREMENTS FOR THE INCLUSION OF AUTISTIC CHILDREN (WITH INTELLECTUAL DISABILITY)

Education of autistic children with intellectual disability will have most likely shorter lessons, divided into shorter periods - blocks. Their length is directly dependent on the attention of each child and may change in relation to the current condition of the child. Individual blocks are not marked by school ring. The deeper the disability of the child, the less the educational process is subject to the standards.

The following measures apply:

- visualization (timetable, order of activities)
 - individualization (planned activities for each individual student)
 - breakdown of tasks into single steps
 - forming the most undesirable behaviour into another - desired form
 - use of verbal / alternative communication
-

SAMOSTATNÝ ÚKOL / SPECIAL TASK



Before you integrate a child with ASD into an ordinary class, you should think about the following areas. Write at least three questions for each area that should be answered before the beginning of the educational process. Inspiration can be found e.g. at Viktor Lechta - Základy inkluzivní pedagogiky:

Class: (e.g. is the class well-arranged for the student?)

.....
.....
.....

Tasks: (e.g. is the task age-appropriate?)

.....
.....
.....

Student's plan and day plan: (e.g. does the student know what, where and when?)

.....
.....
.....

ÚKOL K ZAMYŠLENÍ / FOOD FOR THOUGHT



Think about 10 questions you should never ask a person with ASD. Translate the questions into English and think about the reasons why people with ASD don't like to hear them.

You can find inspiration here:

<https://metalove-srdce4.webnode.cz/news/a15-veci-ktere-by-jste-nikdy-nemeli-rict-cloveku-s-autismem-prevzato/>

e.g. *What is it like to be autistic? or Are you really autistic? – You look normal.*



OTÁZKY / QUESTIONS

Practise pronunciation:

- Asperger's syndrome /'æs.pɜːdʒəz ,sɪn.drəʊm/
<https://dictionary.cambridge.org/dictionary/english/asperger-s-syndrome?q=Asperger%27s+syndrome>
- attachment /ə'tætʃ.mənt/
<https://dictionary.cambridge.org/dictionary/english/attachment>
- autism /'ɔː.tɪ.zəm/
<https://dictionary.cambridge.org/dictionary/english/autism>
- autistic /ɔː'trɪ.tɪk/
<https://dictionary.cambridge.org/dictionary/english/autism?q=autistic>
- cognitive /'kɒɡ.nə.tɪv/
<https://dictionary.cambridge.org/dictionary/english/cognitive>
- compulsive /kəm'pʌl.sɪv/
<https://dictionary.cambridge.org/dictionary/english/compulsive>
- diagnose /'daɪ.əɡ.nəʊz/
<https://dictionary.cambridge.org/dictionary/english/diagnose>
- diagnosis /,daɪ.əɡ'nəʊ.sɪs/
<https://dictionary.cambridge.org/dictionary/english/diagnosis>
- empathy /'em.pə.θi/
<https://dictionary.cambridge.org/dictionary/english/empathy>
- environment /ɪn'vaɪ.r.n.mənt/
<https://dictionary.cambridge.org/dictionary/english/environment>
- eye /aɪ/
<https://dictionary.cambridge.org/dictionary/english/eye>
- gesture /'dʒes.tʃə/
<https://dictionary.cambridge.org/dictionary/english/gesture>
- hypersensitivity /,haɪ.pə.sens.ə'tɪv.ə.ti/
<https://dictionary.cambridge.org/dictionary/english/hypersensitivity>

- interaction /,ɪn.təˈræk.ʃən/
<https://dictionary.cambridge.org/dictionary/english/interaction>
- opinion /əˈpɪn.jən/
<https://dictionary.cambridge.org/dictionary/english/opinion>
- peculiarity /pɪˌkjuː.liˈær.ə.ti/
<https://dictionary.cambridge.org/dictionary/english/peculiarity>
- pediatrician /,piː.di.əˈtriʃ.ən/
<https://dictionary.cambridge.org/dictionary/english/pediatrician?q=pediatrician+>
- repetitive /rɪˈpet.ə.tɪv/
<https://dictionary.cambridge.org/dictionary/english/repetitive>
- requirement /rɪˈkwaɪə.mənt/
<https://dictionary.cambridge.org/dictionary/english/requirement>
- rhythmic /ˈrɪð.mɪk/
<https://dictionary.cambridge.org/dictionary/english/rhythmic>
- ritual /ˈrɪtʃ.u.əl/
<https://dictionary.cambridge.org/dictionary/english/ritual>
- routine /ruːˈtiːn/
<https://dictionary.cambridge.org/dictionary/english/routine>
- social /ˈsəʊ.ʃəl/
<https://dictionary.cambridge.org/dictionary/english/social>
- spontaneous /spɒnˈteɪ.ni.əs/
<https://dictionary.cambridge.org/dictionary/english/spontaneous>
- stimulus /ˈstɪm.jə.ləs/
<https://dictionary.cambridge.org/dictionary/english/stimulus>
- therapy /ˈθer.ə.pi/
<https://dictionary.cambridge.org/dictionary/english/therapy>
- verbal /ˈvɜː.bəl/
<https://dictionary.cambridge.org/dictionary/english/verbal?q=verbal+>



SHRNUTÍ KAPITOLY / CHAPTER SUMMARY

Successful therapy of autistic children is always conditioned by teamwork. During the early care, the parents can talk especially to the professionals (neurologists, child psychiatrists, etc.). Psychologists, later teachers and educators (as part of education in kindergarten and primary schools) have an irreplaceable position here. The Czech Republic also supports special counselling centers: SPC (Special Education Centres) and PPP (Pedagogical Psychological Counselling Centre).

In next phases of life, they can use the services of non-profit organizations (for example APLA, Autistik).

However, the most important and essential part of the life of an autistic person is the family and their concern and cooperation with the above mentioned specialists.



DALŠÍ ZDROJE / LITERATURE AND FURTHER LINKS

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[htt-](https://www.researchgate.net/publication/11775629_Including_Children_with_Autism_in_General_Education_Classrooms_A_Review_of_Effective_Strategies)

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<https://www.autism.org/help-for-schools-understanding-asd/>

5 EDUCATION FOR PEOPLE WITH PHYSICAL DISABILITY

RYCHLÝ NÁHLED KAPITOLY / QUICK PREVIEW OF THE CHAPTER



The term physical disability education refers to the pedagogy for people with impairments of physical and motor development. The disability can be present from birth or occur later, it can also be a chronic disease.

Different terminology is currently used in European countries (compare the Czech term *Somatopedie* with German *Körperbehindertpädagogik* or *Rehabilitationspädagogik*; or the English term *Education of students with physical disability*). There is also a common tendency to use a generic term Education of Students with Special Education Needs for all types of disabilities. Physical disability can lead to limitation on a person's physical functioning, mobility, dexterity or stamina and further complications in life (in social and emotional sphere, which also influences human independence and self-sufficiency).

This chapter deals with individual categories of physical disabilities. The problem of cerebral palsy is dealt with in detail. It also describes difficulties and opportunities for funding.

CÍLE KAPITOLY / AIMS OF THE CHAPTER

After studying these chapters thoroughly, you will be able to:

- explain the term "*physical disability*"
- talk about the complaints of those affected in individual life situations
- get an overview in the problem categories of physical disability
- explain the concept of *cerebral palsy*, present its forms and explain causes
- differentiate *cerebral palsy* and *polio*
- describe special educational support for people with physical disabilities
- correctly pronounce new English words and expressions from the subject of physical disability



ČAS POTŘEBNÝ KE STUDIU / TIME TO STUDY

Depending on student's previous knowledge and language competence, you will need min. 8 hours to study this chapter.



KLÍČOVÁ SLOVA KAPITOLY / KEY WORDS

primary / secondary physical disability, central nervous system, peripheral nervous system, deformity, congenital hip dislocation, wrong posture, malformation, amputation, progressive muscle dystrophy, infantile cerebral palsy, spastic cerebral palsy, athetoid cerebral palsy, ataxic cerebral palsy, polio, duchenne muscular dystrophy

5.1 People with physical disability

People with physical disability do not form a homogeneous group. Their most striking feature is complete or partial mobility restriction. The restriction is either primary or secondary.

The first case concerns the impairments of the locomotor system or damage to the central nervous system or the peripheral nervous system. These handicaps include e.g. various deformities and amputations and various types of paralysis.

In the second case, the locomotor system and central nervous system remain without pathological changes, but mobility is influenced by other causes. Patients' problems arise here as an after-effect of cardiac and bone diseases or rheumatism. Unlike a disease that sooner or later passes, it is a long-term or permanent condition.

Physical disability affects the person in all his personality. Motor skills, perception, cognitive and emotional processes are inseparable and interconnected. Limited mobility can complicate self-realization and social interactions. Problems in the socialization of physically disabled people are very different, depending mainly on the severity, extent and type, but also on the individual and personal characteristics. The health state of a disabled person forces him/her to adapt to new situations and living conditions to a much greater extent than to a healthy person.

Physical disability is a very broad term. A number of physical disorders, injuries or dysfunctions (especially cerebral disorders, spinal disorders, muscle and joint disorders, but also respiratory and circulatory problems) affect the motor system directly. Particularly severe coordination disorders occur in the context of neurological diseases and as a result of traumatic brain injury. The development of movement can also affect a limited sensory perception - especially in the blind, visually impaired or deaf and hard of hearing children.

In this chapter, we focus on the physical disability directly related to motor impairment. The problem of cerebral palsy is dealt with in detail.

5.2 Forms of movement restrictions

Deformities include a large group of inborn and acquired defects. Typical for them is one or more parts of the body.

Inborn deformities of the locomotor system have several causes. One speaks of the multifactorial heredity, in which it is true that the earlier in the prenatal development, the more severe the deformation is.

The following list is not complete, but sufficient for our purposes.

- **Congenital hip dislocation** - this is a fairly common defect; it is even one of the most common congenital malformations in the baby. Hip dislocation affects girls 5-6 times more frequently than boys. It can be either one-sided or bilateral. The causes are manifold and are often based on the position of the baby in the uterus during pregnancy. In order to detect early malalignments of the hips, a precautionary examination - ultrasound examination - is carried out in the Czech Republic immediately after birth and later at six weeks of age. The hip dislocation in the baby can be treated well if the therapy is initiated early.
- **Wrong posture** - characteristic are asymmetries in the back. Most commonly, scoliosis occurs during puberty. It's about the malposition of the spine, with the most obvious signs being an uneven pelvis, uneven shoulders, rib prominence or a prominent shoulder blade. The posture is bent. Scoliosis affects about four percent of the population - women much more often than men.

In another disease - *kyphosis* - the thoracic vertebrae get deformed and become wedge-shaped. One speaks here also of the round back. Therapeutic help is possible - especially regular special exercise and using a special stretching device.

- **Malformation** - is pathological development of one or more parts of the body. Limbs are most commonly affected. A congenital malformation of one or more limbs is called dysmelia. The condition when an arm or leg is completely missing is called amelia. If all four limbs are affected, it is called tetra-amelia.

At present, the ultrasound examination is successfully carried out in the first third of pregnancy in order to detect malformations in time.

- **Amputation** - a term used to describe the removal of a part of the body (most commonly a limb) by surgery. Reasons for this are very varied:

Accidents - the amputation happens at the moment of the accident or immediately after it, e.g. during a car accident, after a serious injury from the electric current, from an explosion, during sports activities.

Diabetic foot - it is a common complication of diabetes. Due to the high blood sugar (especially on the lower limbs) superficial, later deep wounds can occur. This condition can lead to the death of the tissues (necrosis) and the leg must be separated.

Other causes of amputation include tumors in the limbs, infectious diseases and vascular disease.

- **Brain inflammation, brain tumours, stroke attack**



PRŮVODCE STUDIEM / STUDY GUIDE

- **Polio and Infantile Cerebral Palsy** - this topic is further processed in detail.

These are two completely different diseases / disabilities. Because these concepts are often confused, they are treated in parallel and their origin, course and consequences are explained.

- **Progressive muscular dystrophies** - include multiple progressive diseases whose prognoses are negative. Those affected sometimes die very early, between the age of 20 and 30 years. It is a degenerative muscle disease, genetically determined, whose symptoms become more and more profound over time. The sufferer gradually loses control of all the muscles in his/her body. They are aware of their condition until the end of life. For the person affected and his family, this disease is very exhausting and above all mentally difficult.

Working with patients with dystrophies is one of the most difficult challenges for special educators.

SAMOSTATNÝ ÚKOL / A SPECIAL TASK



Carefully read the following text and try to fill in the gaps with the vocabulary in the box.

weakness, described, protein, expectancy (2x), boys, childhood, symptoms, hips, respiratory, damaged, genetic

Duchenne muscular dystrophy

What is Duchenne muscular dystrophy?

Duchenne muscular dystrophy (DMD) is a _____ disorder characterized by progressive muscle degeneration and _____. It is one of nine types of muscular dystrophy.

DMD is caused by an absence of dystrophin, a _____ that helps keep muscle cells intact. Symptom onset is in early _____, usually between ages 3 and 5. The disease primarily affects _____, but in rare cases it can affect girls.

What are the _____ of DMD?

Muscle weakness can begin as early as age 3, first affecting the muscles of the _____, pelvic area, thighs and shoulders, and later the skeletal muscles in the arms, legs and trunk. The calves often are enlarged. By the early teens, the heart and _____ muscles also are affected.



a little boy affected with DMD with enlarged calves

<https://www.mda.org/disease/duchenne-muscular-dystrophy/signs-and-symptoms>

What causes DMD?

Duchenne muscular dystrophy was first _____ by the French neurologist Guillaume Benjamin Amand Duchenne in the 1860s, but until the 1980s, little was known about the cause of any kind of muscular dystrophy. In 1986, MDA-supported researchers identified a particular gene on the X chromosome that, when flawed (mutated), leads to DMD. In 1987, the protein associated with this gene was identified and named dystrophin. Lack of the dystrophin protein in muscle cells causes them to be fragile and easily _____.

What is the life _____ in DMD?

Until relatively recently, boys with DMD usually did not survive much beyond their teen years. Thanks to advances in cardiac and respiratory care, life _____ is increasing and many young adults with DMD attend college, have careers, get married and have children. Survival into the early 30s is becoming more common, and there are cases of men living into their 40s and 50s.

(adapted from <https://www.mda.org/disease/duchenne-muscular-dystrophy>)

5.2.1 POLIO AND CEREBRAL PALSY

Polio (poliomyelitis) is a highly contagious disease. It is transferable through personal contact and contaminated water. It mainly affects children under the age of five. The disease cannot be cured, but there is a vaccine (in the Czech Republic since 1958 so-called Sabin oral vaccine), which effectively prevents the infection. For this reason, the disease is no longer present in European countries. In many African and Asian countries, the population is being systematically vaccinated to provide vaccination coverage for all children. In the countries concerned, there are now several associations working to complete eradication of the disease (e.g. Rotary Foundation).

The virus (a viral disease) infects the central nervous system and leads to paralysis and sometimes death. The intellectual abilities remain without damage. The development after recovery is individual - some patients gradually improve their functions, others have weak paralysis, in rare cases paraplegia without the ability to walk.

Infantile cerebral palsy

Cerebral palsy (ICP) is not a disease, but a spastic disorder of the nervous and muscular system, currently not curable. The physiotherapy, occupational therapy and speech therapy can help those affected very much. It is characterized by disorders of the nervous and muscular systems in varying degrees.

Affected are:

- Muscle tension (tone) - most common are spastic forms in which muscle tension is increased.
- Muscle strength
- Coordination of movements
- Coordination of the speech muscles - the speech can be very difficult to understand as it is difficult for the child to control the muscles involved in making sound.

Generally the onset of the disorder occurs at children – hence the name infantile. The premature infants are particularly affected (up to 15 children of 100 premature births). Cerebral palsy is neither contagious nor hereditary. A parent will only notice this disorder when the child's development is delayed or lagging behind. Very often it is after about the first half year of life.

The causes are very different:

- Lack of oxygen during pregnancy or during childbirth
- One risk group are multiple births
- Infections during pregnancy (e.g. rubella, toxoplasmosis, Zika virus infection, etc.)
- Umbilical cord complications
- Cerebral haemorrhage and accidents during pregnancy
- Severe illnesses such as meningitis, blood poisoning
- Brain injuries during the first two years of life

The spectrum of symptoms of cerebral palsy is very varied - from mild forms that only lead to inconvenience to severe spasticity (spasms) with twisted arms and legs. For more severe cases, mobility aids such as orthoses, walking aids or a wheelchair are required.

Cerebral palsy can be divided into four groups:

- Spastic
- Athetoid
- Ataxic

- Mixed

Spastic cerebral palsy - in spastic cerebral palsy about 70 percent of all children with cerebral palsy suffer from muscle spasticity. When stiffness affects both arms and both legs, it's called *quadriplegia*. When the legs suffer from spasticity more than arms, it is *diplegia*. If only one arm and one leg are affected on one side, we are talking about *hemiplegia*. In *paraplegia*, stiffness affects only the legs and the lower part of the body.

The development in such affected children is very varied, it depends on the type of disorder. Many children with spastic diplegia, paraplegia, and hemiplegia are without any intellectual disabilities. Children with quadriplegia often suffer from visual disturbances, e.g. strabismus, intellectual disabilities, seizures and difficulty swallowing.

Athetoid cerebral palsy - this type affects about 20 percent of children with cerebral palsy. The arms, legs and body move slowly and involuntarily, sometimes jerkily. The seizures are rare. The intelligence is usually normal. Often there are problems with clear articulation of words.

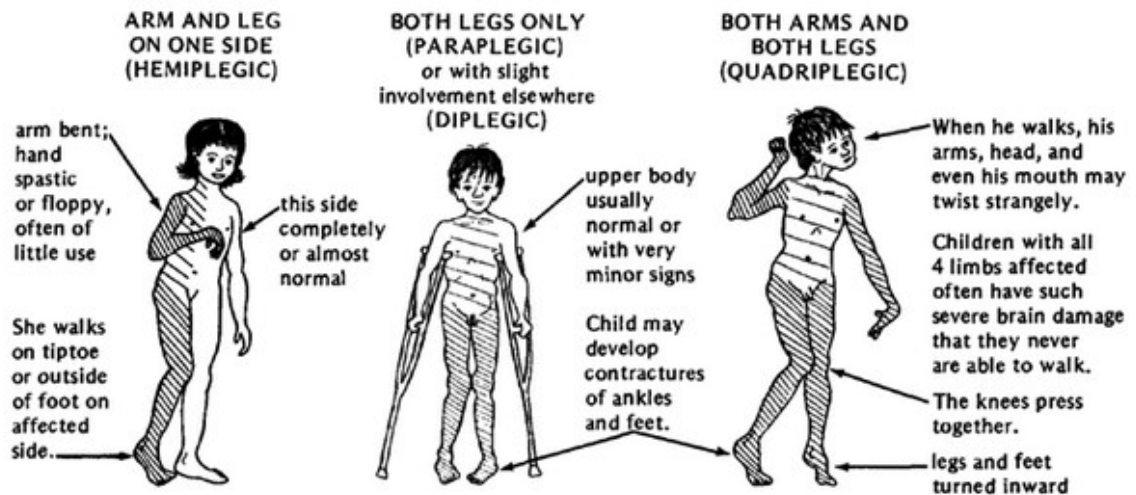
Ataxic cerebral palsy - this condition, affecting approximately 5-10% of children with cerebral palsy, is characterized by poor coordination and weak muscle tone. The most common manifestation of ataxic cerebral palsy is intention (action) tremor, which is especially apparent when carrying out precise movements, such as tying shoe laces or writing with a pencil. Also typical is a wide-legged, unsteady gait.

Mixed form of cerebral palsy - in a mixed form of cerebral palsy, two forms (usually spastic and athetotic form) are present together. Mixed CP is the most difficult to treat as it is extremely heterogeneous and sometimes unpredictable in its symptoms and development over the lifespan.



PRO ZÁJEMCE / FOR THOSE INTERESTED

Study this picture showing symptoms of forms of spastic cerebral palsy to deepen your knowledge.



https://www.physio-pedia.com/Cerebral_Palsy_Introduction#Introduction

KORESPONDENČNÍ ÚKOL / CORRESPONDENCE TASK



Visit the website https://www.physio-pedia.com/Cerebral_Palsy_Introduction. In the chapter of Mobility study the different needs a person with cerebral palsy has at different ages and report about them in your own words.

K ZAPAMATOVÁNÍ / TO REMEMBER



Make a note of the most important terms in this chapter:

- **amputation** /,æm.pjə'teɪ.ʃən/ – amputace
- **blood poisoning** /'blʌd ,pɔɪ.zən.ɪŋ/ – otrava krve
- **brain tumour** /breɪn 'tʃu:.mə/ – nádor mozku
- **cerebral haemorrhage** /'hem.ər.ɪdʒ/ – krvácení do mozku
- **cerebral palsy** /,ser.ə.brɪl 'pɔ:l.zi/ – mozková obrna
- **congenital hip dislocation** /,dʒɪn.ɪ'tʃeɪ.kəl dɪs'lɔ:ʃən/ – vrozená dislokace kyčelního kloubu
- **diabetic foot** /,daɪ.ə'bet.ɪk fʊt/ – diabetická noha
- **kyphosis** /kaɪ'fəʊ.sɪs/ – kyfóza
- **malformation** /,mæl.fə'meɪ.ʃən/ – deformace
- **meningitis** /,men.ɪn'dʒaɪ.tɪs/ – meningitida, zánět mozkových blan
- **multiple birth** /'mʌl.tɪ.pəl bɜ:θ/ – vícečetný porod
- **polio** /pəʊ.li.əʊ/ – dětská obrna

- **progressive muscular dystrophy** /ˌmʌs.kjə.ləˈdɪs.trə.fi/ – progresivní svalová dystrofie
 - **spasm** /ˈspæz.əm/ - křeč
 - **stroke attack** /strəʊk əˈtæk/ – záchvat mrtvice
 - **ultrasound examination** /ˈʌl.trə.saʊnd ɪg.zæm.ɪˈneɪ.ʃən/ – ultrazvukové vyšetření
 - **umbilical cord** /ʌmˈbɪl.ɪ.kəlˌkɔːd/ – pupeční šňůra
 - **wrong posture** /ˈpɒs.tʃər/ – špatné držení těla
-

5.3 PROBLEMS AND SUPPORT OF PEOPLE WITH LIMITED MOBILITY

People with physical disability struggle with many difficulties in everyday life. Of these, the following must be emphasized (to ensure that you remember the information well, they is always given a graphic illustration):

People are limited in mobility, they have problems to overcome distances and barriers.



The development of the body image and body awareness, as well as motivation and a realistic self-assessment is difficult.



People experience severe deterioration of emotional development, social integration and encounter with other people.

Support of physically disabled people includes the following areas:

- Special needs education - specific needs of people with motor disabilities require special education approaches. Teachers should focus on the development of sensory and motor skills and on the coordination of movement. Very important for everyday life are self-service skills and support of communication skills. Every school should accommodate physically challenged children and their parents - the facilities and equipment of schools and classes should be helpful to such children. Part of the educational support should also be the identification and acceptance of school and class rules. These support feelings of security (even in healthy children) and socialization of children. Team collaboration is very effective.
- Technical assistance (orthopedic, rehabilitation and compensation) - they replace and improve the performance of other functions rather than the damaged function. These are aids, equipment or even technical systems increase and strengthen self-reliance. In any case, they improve the quality of life of disabled people. They can be useful in many areas - communication, self-service, education, movement and transport aids, recreational aids, ergonomic aids, etc.
- Wheelchairs - help transport people with disabilities inside and outside, either actively or passively (where another person helps). Wheelchairs come in a wide variety of formats to meet the specific needs of their users. They may include specialized seating adaptations, individualized controls, and may be specific to particular activities, such as sports. They greatly expand the possibilities of social contact with the environment and alleviate the dependency of a disabled person. This is reflected very positively in the mental well-being. A wheelchair is usually recommended only in the situation when walking is completely impossible.

A specialist (neurologist, orthopaedist) usually helps with the selection of a wheelchair. There is currently a wide range of wheelchair - for children, teenagers and adults; special ones (for sporting purposes); mechanical and electrical.

- Positioning aids - the comfort of a physically disabled person reduces psychological stress and in this way improves the body's ability to defend itself. Regular changes in positions ensure proper oxygenation and blood supply, and also prevent the development of deformities. One should only choose those positions that are painless and pleasant. Here too, numerous aids can be used: upholstery, foam rubber cylinder positioners, pads, rolled-up towels and the like.
- Supporting motor skills (neuromotor, sensorimotor, psychomotor, sociomotor) - these are physical activities that lead to gradual control and posture of the body, coordination of the upper and lower limbs, and rhythmic movement.

Experts often recommend swimming. It has a beneficial effect on the hardening of the body, it improves breathing and metabolism, it reduces the muscle tension and contributes to the psychological well-being.

- Supporting crawling - crawling is an important prerequisite for future physical development. Parents should motivate the child to crawl (the children are often excited about various moving toys).

ÚKOL K ZAMYŠLENÍ / FOOD FOR THOUGHT



Visit the website <https://research.cerebralpalsy.org.au/what-is-cerebral-palsy/how-cerebral-palsy-affects-people/> and listen to some authentic stories told by people with cerebral palsy. Then think about the images below – how do these aids for people with cerebral palsy work?



OTÁZKY / QUESTIONS



Practise pronunciation:

- aid /eid/
<https://dictionary.cambridge.org/dictionary/english/aid>
- coordination /kəʊ,ɔː.di'nei.jən/

<https://dictionary.cambridge.org/dictionary/english/coordination>

- crawl /krɔ:l/
<https://dictionary.cambridge.org/dictionary/english/crawl>
- injury /'ɪn.dʒər.i/
<https://dictionary.cambridge.org/dictionary/english/injury>
- joint /dʒɔɪnt/
<https://dictionary.cambridge.org/dictionary/english/joint>
- mobility /məʊ'bɪl.ə.ti/
<https://dictionary.cambridge.org/dictionary/english/mobility>
- muscle /'mʌs.əl/
<https://dictionary.cambridge.org/dictionary/english/muscle>
- orthopaedic /,ɔ:.θə'pi:.dɪk/
<https://dictionary.cambridge.org/dictionary/english/orthopaedic>
- orthosis /ɔ:'θəʊ.sɪs/
<https://dictionary.cambridge.org/dictionary/english/orthosis>
- oxygenation /,ɒk.sɪ.dʒən'eɪ.ʃən/
<https://dictionary.cambridge.org/dictionary/english/oxygenation>
- painless /'peɪn.ləs/
<https://dictionary.cambridge.org/dictionary/english/painless>
- pathological /,pæθ.ə'lɒdʒ.ɪ.kəl/
<https://dictionary.cambridge.org/dictionary/english/pathological>
- positioning /pə'zɪʃənɪŋ/
<https://dictionary.cambridge.org/dictionary/english/positioning>
- posture /'pɒs.tʃər/
<https://dictionary.cambridge.org/dictionary/english/posture>
- respiratory /rɪ'spɪr.ə.tər.i/
<https://dictionary.cambridge.org/dictionary/english/respiratory>
- strength /streŋθ/
<https://dictionary.cambridge.org/dictionary/english/strength>
- tension /'ten.ʃən/
<https://dictionary.cambridge.org/dictionary/english/tension>
- vaccination /,væk.sɪ'neɪ.ʃən/

<https://dictionary.cambridge.org/dictionary/english/vaccination>

- viral /'vaɪə.rəl/
<https://dictionary.cambridge.org/dictionary/english/viral>
- virus /'vaɪə.rəs/
<https://dictionary.cambridge.org/dictionary/english/virus>
- wheelchair /'wi:l.tʃeər/
<https://dictionary.cambridge.org/dictionary/english/wheelchair>

SHRNUTÍ KAPITOLY / CHAPTER SUMMARY



Motor development is fundamental to the overall development of a human being. Disruption of this skills is a major disability for anyone - compromising their self-confidence and usually inhibiting their social activities. Especially in childhood, there is a risk that the child will suffer as a result of his/her weak motor performance and falls behind the performance of his/her stronger peers.

If a disability has occurred, it can in many cases be medically cured or the health and quality of life of those affected improved through treatment. People living with a disability receive a variety of help through rehabilitation in order to lead a self-reliant life.

The biggest obstacle on the way to equal opportunities is the environment that is indifferent or even stigmatizing towards those affected. Organizations of disabled people and political representatives try to prevent avoidable disabilities. At the same time they want to raise awareness that people with disabilities need help in everyday life, but just like other people, they are part of society with all their rights and duties. The ultimate goal of all support for people with disabilities must be an inclusive society.

DALŠÍ ZDROJE / LITERATURE AND FURTHER LINKS



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6 SPEECH THERAPY

RYCHLÝ NÁHLED KAPITOLY / QUICK PREVIEW OF THE CHAPTER



Speech therapy focuses on improving speech quality and the recovery of all defective, negative speech patterns and speech functions. The aim of all therapies is a normalization of the language and thus a speech quality without symptoms.

Speech therapists deal with disorders of speech and voice and diseases of the speech and voice organs. Common disorders and diseases include speech disorders (e.g., pronunciation), speech disorders (e.g. stuttering), voice disorders (e.g. vocal cord paralysis), dysphagia, speech disorders after stroke, brain tumour, coma, and other neurological disorders, speech disorders in deafness.

Of course, this list is not complete at all. In this chapter we will introduce the main areas of speech therapy intervention. Some exercises are attached to the chapter to support learning of new vocabulary.

CÍLE KAPITOLY / AIMS OF THE CHAPTER



After thorough study of these chapters you will be able to:

- define the terms of communication, language, speech and communication skills
- divide disturbed communication skills into individual groups and describe their symptoms
- continue to use the acquired vocabulary and deepen your language skills through language exercises
- correctly pronounce new English words and expressions from the subject of speech therapy

ČAS POTŘEBNÝ KE STUDIU / TIME TO STUDY



Depending on student's previous knowledge and language competence, you will need min. 8 hours to study this chapter.



KLÍČOVÁ SLOVA KAPITOLY / KEY WORDS

Communication, language, speech, disturbed communication skills, symptomatic speech disorder, partial / complete speech disorder, classification of disturbed communication skills, delayed speech development, dysphasia, aphasia, neurotic disorders, speech disorders, nasality disorders, articulation disorders, voice disorders, stuttering, dysphonia, dysarthria, anarthria

6.1 Communication, speech, impaired communication skills

Communication (from the Latin *Communicatio*) means human ability to use the means of expression and thus to form and maintain interpersonal relationships.

This term is used in several scientific disciplines - in pedagogy, linguistics, psychology, sociology, but also in technical disciplines such as traffic and cybernetics and the like. It seems impossible to completely define communication because it includes too many aspects (cognitive, philosophical, social, cultural).

To properly understand the term disturbed communication skills, it is essential to understand exactly the differences between speech and language.

Speech is a specific human ability. It is a conscious use of language as a complicated system of symbols and signs. It serves people to convey the feelings, wishes, thoughts. It participates in the development of each person, it influences the development of its cognitive, emotional and volitional qualities. Speech is ability to communicate with the help of language.

Language is a system of sound and other means of communication. It is realized as a system of signs capable of conveying human knowledge, all human ideas and inner experiences.

Unlike speech (which is individual), language is a social phenomenon.

Speech therapy as a special education area is dedicated to the individual ability of each person to use language as a system. Speech and language should not be separated because they can only work together.

The ability to communicate and disturbed communication skills should be perceived in full range - not just their phonetic-phonological aspects. This is too limited. One should also consider the lexical-semantic, morphological-syntactic (grammar) and pragmatic aspects while observing disturbed communication skills.

This term can be found in many European languages (English: Communicative Disability, French: trouble de la capacité communicative, Russian: narušennaja komunikacionnaja sposobnost', etc.). Their exact definition, however, is controversial and complicated. First, the term normality should be defined exactly - when it is the norm and when is it already called a disturbance. In certain world languages certain linguistic features apply: e.g. different pronunciation of vibrants in Czech, German or French, different pace of speech in our language and in Japan, different quality of nasal sounds and so on. Furthermore one should also consider the education, the dialect and the profession (teacher, actor, presenter, etc.) of the observed person.

The disorder can be **complete** or **partial**. If the disturbance of communicability is the symptom of another dominant disorder, then we speak of **symptomatic speech disorders** (e.g. a person with cerebral palsy may also suffer from speech impairment).

Disturbed communication skills can arise in the prenatal, perinatal or postnatal period. Its most common causes include gene mutations, developmental deviations, unfavourable environmental influences, organ disorders, brain disorders, etc.

K ZAPAMATOVÁNÍ / TO REMEMBER



Make a note of the most important terms in this chapter:

speech, speech therapy, speech therapist, to communicate, disturbed communication skills, to consider, pronunciation, articulation, sound (e.g. nasal sound), complete, partial, conscious use, cognitive, emotional, volitional, voice, vocal cords

6.2 Classification of disturbed communication skills

Currently disturbed communication skills are divided into the following groups:

- delayed language development
- dysphasia
- aphasia
- neurotic speech disorders
- disturbance of the speech flow - stuttering
- speech disorder - rhinolalia, cleft palate speech
- disorders of speech articulation – articulation disorder, dysarthria

speech therapy

- voice disorders – dysphonia

Delayed language development

In a healthy child, the preparation phase of language development is within one year. At this stage, the child does not speak yet, it screams and whines. This time is called physiological speechlessness and it lasts about a year. When the child is one year old (sometimes a little earlier, sometimes slightly later) the first words appear - the phase of own language development begins. Between the second and the third year most children speak in sentences.

If speech development is delayed, i.e. if the child does not communicate verbally or his/her communication does not match his age,

- but if the child is healthy,
- if he/she hears well,
- if his/her mental development is not delayed,
- if his/her motor skills are not disturbed,
- if his/her speech organs are not disturbed
- if he/she adequately responds to their social environment (family)
- if the child responds to the stimuli (non-verbally)

then one speaks of the delayed physiological speechlessness.

A language development delay is when a child develops late, too slowly, and incompletely in language acquisition and understanding compared to their age group. The limit in the observation of the child is three years. Affected are both vocabulary and language comprehension, as well as articulation and grammar. How strongly the individual areas are affected can be very different.

The vocabulary of language-delayed children is too small compared to children of the same age. They often cannot name things they know. Often they do not use age-appropriate terms such as "bow wow" for a dog. When speech understanding is limited, the child does not understand the meaning of many words or sentences. In everyday life, children can often compensate for this by deciphering the facial expressions and gestures of the communication partner. Due to this fact, parents often do not notice the language difficulties of their child.

In any case, it is appropriate to examine the child with an expert (pediatrician, psychologist, phoniatrician, etc.). This examination primarily includes hearing loss, mental disorder (the delay in language development is very common in autistic children).

The most common causes of this problem include:

- non-stimulating environment of the child (parents speak very little with the child, they pay too little attention to him/her)
- influence of heredity
- immaturity of the nervous system
- premature birth

Dysphasia

Dysphasia (development dysphasia) is a disturbance of communication skills, although the conditions for communication are good. It means that:

- There are no noteworthy neurological or psychiatric diagnoses.
- No hearing loss is present.
- Intelligence is appropriate.
- Social environment is motivating (it assures enough stimuli).

Dysphasia concerns the language in its different levels, namely it concerns pronunciation, grammatical structure and vocabulary. Disorders in the field of fine motor skills, disturbances of memory and attention are also very common. Children with dysphasia get tired quickly.

Therapeutic care for the dysphatic children takes a very long time, it is often necessary even at school age.

Aphasia

Aphasia is a major disorder of the ability to process speech. All language expressions - speaking, understanding, reading and writing - are always affected (albeit to varying degrees). The speech has already fully developed in the patients and the disruption of the communication ability is due to the damage of the dominant hemisphere (in most people, the left half of the brain).

The causes of this damage can be: cerebral hemorrhage, brain inflammation, head injuries, strokes etc.

Characteristic symptoms of aphasia include:

- searching for words
- errors in word choice / meaning (e.g. a *glass* instead of a *cup*)

speech therapy

- errors in the sound structure of the words (e.g. *spill* instead of *slip*, *bandana* instead of *banana*)
- disturbed sentence structure, incomplete sentences (e.g. *broken car, fall over and then hospital*)

It is a complex system damage that requires a complex concern.

For the children, the course of aphasia is more complicated because the damage occurs during the time of developing skills (the language is not yet automated). Children's aphasia is more variable than that of adults, and future language advances depend on when the brain was damaged and how the child developed cognitively.

Neurotic speech disorders

Mutism and selective mutism belong to this group of disturbed communication skills.

Mutism (silence) is a communication disorder that leads to the loss of articulated speech due to a severe psychological trauma (shock, stress, fright, exhaustion).

Selective mutism is diagnosed when silence is tied to a specific situation, environment, person. The periods of silence must last more than a month. This disorder is quite often seen in children at the beginning of their schooling - they do not speak to their teacher, even though they communicate with their peers without any problems. Nonverbal means of speech remain undisturbed in some children, some children can whisper or answer only in one word.

These children are very sensitive to rudeness and authoritarian procedures are not suitable for them.

Disturbances of the speech flow

This type of disturbed communication ability includes **stuttering** (*balbuties*) and **cluttering** (*tumultus sermonis*).

According to recent findings, **stuttering** is a complex disorder of the coordination of organs involved in speaking. It is very noticeable in its utterance, it is characterized by involuntary disturbances of the fluency. Stuttering people speak with pauses, they repeat words, syllables or sounds. They change their position for communication as a result of this disorder, they fear or even avoid talking. The situation can lead to logophobia (fear of speech). There are also accompanying neurotic disorders – e.g. tension, excessive sweating, restlessness, blinking, chewing etc.

There are two main types of stuttering. **Clonic stuttering** is characterized by repetition of sounds (e.g. "bbbb-bread"), repetition of syllables (e.g. "I would like a "bu-bu-bu-butter biscuit") and repeated words (e.g. "I would like - I would like - I would like a cheese sandwich").

Tonic stuttering manifests itself through cramps and blockages of speech. Some stuttering people also experience combined forms of stuttering, most of which are referred to as "clonic-tonic stuttering" or "tonic-clonic stuttering."

The causes of stuttering are still not reliably determined. The following triggering factors are indicated:

- heredity
- organ disorders
- neurological disorders

Because we do not know for sure how stuttering occurs, it is also complicated to eradicate. Currently we can only suppress symptoms, unfortunately not cure this disorder.

Cluttering belongs to the disturbances of the flow of speech, where the pace of the speech is affected. The speed of speech is too fast, very often speaking is incomprehensible. There is repetition, omission of letters, disturbances of breathing. Articulation is unclear, disturbed, speech is slurred. Typical is faulty accent and monotonous speech (disturbed modulation of speech).

The previously tested causes of cluttering are:

- organ dysfunction
- heredity
- crossed laterality
- influence of the environment

Disorders of nasal resonance

These are disorders of vocal tone and articulation caused by a disturbed nasal resonance. There are three types of nasal disorders:

Hypernasality - while speaking too much air escapes through the nose and this disturbs the intelligibility.

speech therapy

Causes: an innate cleft lip, jaw and/or cleft palate, a cleft palate after an accident, a congenital too short palate, paralysis of the muscles of the soft palate, reduced muscle power in the palate etc.

Hyponasality – no/very little air escapes through the nasal cavity during speech and the speech sounds clogged. It is especially evident in the nasal sounds / m /, / n /.

Causes: nasal polyps, enlarged throat tonsils, swollen nasal mucus.

Mixed nasality - a combination of both forms.

The speech therapist examines the severity of the nasal disorder and the effect on intelligibility. In some cases, medical (surgical) intervention is necessary (cleft palate) before speech-language therapy can begin.

Hypernasality treatment consists of exercises that activate the palate musculature. In the hyponasality, the focus is on approximating the pathological airflow control to physiological control. The treatment of mixed nasality consists of a combination. In all cases, the language behaviour is systematically changed.

Disorders of articulation

Articulation disorder is the most common disorder of communicative ability. It refers to individual sounds or phonetic groups in syllables and words. A speech and language examination must distinguish those disorders which are only a transitional stage, developmental period, from a pathological pronunciation that persists beyond the child's seventh year (the development of the pronunciation should be completed by the age of seven). It is the task of a speech therapist to distinguish the immaturity of the child from a disturbance of communicative ability.

The causes are:

- hearing impairment
- disorders of the central brain system
- abnormalities of the speech organs
- incorrect speech pattern (children imitate pathological pronunciation of their parents or other relatives) and incorrect setting of the environment

Dysarthria is a collective term for various motor speech disorders caused by damage to the central nervous system (CNS). The complete inability to perform speech movements is called **anarthria**. The disorder is caused by failures of the motor innervation of the speech muscles. This lacks the necessary control over the tongue, lips or larynx.

Breathing, vocalisation, articulation, speed of speech, accent, melody are disturbed to varying degrees.

This impairment is most common for cerebral palsy, but the causes are very diverse and the speech treatment is very complicated in this case.

Dysarthria may arise as a result of these causes (it is not a complete list):

- accidents and infections of the mother during the prenatal period
- cerebral haemorrhage of the child in prenatal time
- premature birth
- asphyxia during childbirth
- consequences of meningitis
- febrile illnesses
- intoxications
- tumours
- skull accidents

Voice disorders

Voice disorders are called **dysphonias**. You can divide them into three or four groups:

Functional voice disorders - are characterized by voice changes in voice response and changes in voice performance. They arise from an incorrect use of the voice (too much effort and tension). The typical and audible symptom is hoarseness. In a hyperfunction, the voice sounds exhausting, rough and hoarse. There may also be pain in the larynx, dryness or coughing. This disorder is typical of people who often need to use the voice in their profession (teachers, actors, etc.). Permanent hyperfunction can lead to organic changes (voice nodules).

A hypofunction, on the other hand, is characterized by powerless vocal sound with little muscle tension.

Organically related voice disorders - the voice is altered by pathological anatomical changes in the larynx. They differ from functional dysphonia (where there are no structural changes in the larynx). The first characteristic is usually a change of the vocal sound (lower, higher, hoarse, rough, etc.). This condition is typically associated with accidents, paralyzes, tumours, voice nodules, polyps, and the like. Organically induced voice disorders require speech therapy, medication and surgery.

Psychogenic voice disorders

Condition after laryngectomy (laryngeal removal) - Complete loss of vocal cords (especially after cancer of the larynx) that requires complex medical-psychological-speech treatment.



OTÁZKY / QUESTIONS

1. What is communication, language and speech? What are the main differences between these terms?
2. What do you mean by the term "disturbed communication skills"?
3. How are physiological speechlessness and language development delay different? What conditions must be met to speak of delayed language development?
4. What are the main symptoms of dysphasia?
5. What can be the causes of aphasia? Name at least three. What are characteristic symptoms of aphasia?
6. In which group of impaired communication skills does mutism belong?
7. What can trigger off stuttering?
8. Name three types of nasal disorders.
9. How can dysarthria develop, what are its causes?
10. How do functional and organic voice disorders affect you?

Practise pronunciation:

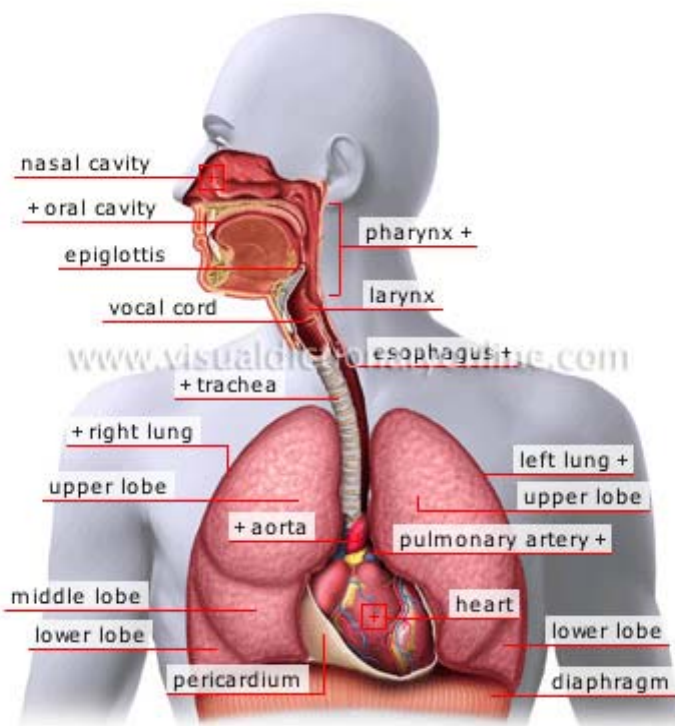
- aphasia /ə'feɪ.ʒə/
<https://dictionary.cambridge.org/dictionary/english/aphasia?q=aphasia+>
- articulation /ɑː'tɪk.jə'leɪ.ʃən/
<https://dictionary.cambridge.org/dictionary/english/articulation?q=articulation+>
- audible /'ɔː.də.bəl/
<https://dictionary.cambridge.org/dictionary/english/audible?q=audible+>
- cluttering /'klʌt.ərɪŋ/
<https://dictionary.cambridge.org/dictionary/english/clutter?q=cluttering+>
- dysphonia /dɪs'fəʊn.i.ə/
<https://dictionary.cambridge.org/dictionary/english/spasmodic-dysphonia?q=dysphonia+>

- hoarse /hɔ:s/
<https://dictionary.cambridge.org/dictionary/english/hoarse?q=hoarse+>
 - larynx /'lær.ɪŋks/
<https://dictionary.cambridge.org/dictionary/english/larynx?q=larynx+>
 - lisp /lɪsp/
<https://dictionary.cambridge.org/dictionary/english/lisp?q=lisp++>
 - polyp /'pɒl.ɪp/
<https://dictionary.cambridge.org/dictionary/english/polyp?q=polyp+>
 - pronunciation /prəˌnʌn.si'ei.ʃn/
<https://dictionary.cambridge.org/dictionary/english/pronunciation?q=pronunciation+>
 - speech /spi:tʃ/
<https://dictionary.cambridge.org/dictionary/english/speech?q=speech+>
 - stutter /'stʌt.ər/
<https://dictionary.cambridge.org/dictionary/english/stutter?q=stutter+>
 - surgery /'sɜ:.dʒəri/
<https://dictionary.cambridge.org/dictionary/english/surgery?q=surgery+>
 - tension /'ten.ʃən/
<https://dictionary.cambridge.org/dictionary/english/tension?q=tension+>
 - therapist /'θer.ə.pɪst/
<https://dictionary.cambridge.org/dictionary/english/therapist?q=therapist+>
 - therapy /'θer.ə.pi/
<https://dictionary.cambridge.org/dictionary/english/therapy?q=therapy+>
 - voice /vɔɪs/
<https://dictionary.cambridge.org/dictionary/english/voice?q=voice+>
 - vocal cords /'vəʊ.kəl ,kɔ:dz/
<https://dictionary.cambridge.org/dictionary/english/vocal-cords>
-



PRO ZÁJEMCE / FOR THOSE INTERESTED

If you want to expand your active vocabulary, take a look at the following medical illustrations for medical names of the human respiratory system, which participates in the formation of the human voice:



Anatomy of the human respiratory system

<http://www.visualdictionaryonline.com/human-being/anatomy/respiratory-system/respiratory-system.php>

PŘÍPADOVÁ STUDIE / CASE STUDY

A preschooler with stuttering

Jay was referred to me by his parents. He was 4 years, six months old and had been stuttering for well over a year. His parents were advised initially to just ignore the stuttering. They reported their son's stuttering as "coming and going," primarily in the form of repeating the first word of a phrase ("can can can we go"); at the time of referral,

however, the stuttering had gotten more pronounced. There was more tension in the sound of the disfluency, and Jay began stuttering on part of the first word (“cuh cuh cuh can I go”) and sometimes would squeeze his eyes shut as he tried to get the word out. Jay’s grandfather on his father’s side had severe stuttering as a young man, and never did talk very much, according to the parents.

Jay’s family brought him in for a speech evaluation. The stuttering was occurring on about 10 per cent of what Jay was saying, was not effortless, and was calling undue attention to Jay and interfering with conversation. Three times when Jay stuttered he also squeezed his eye shut. I decided to initiate speech therapy with this little boy to teach him to use a new, easier way of taking with slower speech, stretched vowels, and easy starts (saying the beginning of the sound gently). I explained to his parents that we would work directly on Jays stuttering, that we would call it bumpy speech, and that I would in a very calm and matter of fact way explain what stuttering is and show Jay how to say words easier. Since some parents worry that directly talking about the stuttering will make it worse, I explained there is no evidence of that and to the contrary, years and years of clinical observation and research indicate much benefit for children working in a calm way directly on their bumpy speech.

I had a parent (Jay’s mother usually brought him) sit in our therapy room and observe and practice with us as we went. First we taught Jay how to start vowel words easily (“apple” became “aaaaapple,” “inside” became “ iinside,” and “under” became “uuunder”), then we contrasted easy starts with regular speech and then with hard starts (getting stuck on purpose). Then we had Jay listen to my words and tell me if I said them easy or hard (bumpy). At the same time, to increase his awareness of bumpy speech in a low key fun way, I taught Jay how to play bump tag. When he heard me m- m- m-aking a bump (repeating the first sound of a word), he was to raise his hand. I praised him when he did so and after five of these, he got to play with a toy. As I handed the toy, I would say its name (for example, “bubbles”) in a slower, stretched way with an easy start at the beginning of the word, and he had to copy the word.

I saw Jay for two half hour visits per week, with he and his mother practicing five minutes each night at home. We practiced the easy voice first on single words, then short imitated phrases and sentences, then on longer sentences including some Jay composed himself. We talked about toys and pictures. After six weeks of speech therapy, we began to encourage Jay to use his easy voice in conversation, first with me and then at home with his mom. In speech therapy, Jay and I played a game called scoreboard, where he got a point when he used his new way of talking and I got a point if there was any bumpy speech or if he forgot to use the new speaking voice. Two months into speech therapy, Jay and his mother were using the easy voice about 30 minutes each day, playing with toys, looking at pictures, and reading books. We did the same activities in speech therapy and also continued to contrast easy voice with regular starts and with hard onsets. After three months, Jay’s family noticed he was stuttering significantly less at home. His at-home conversation (just regular conversation, not making a specific effort to use the easy voice) was delivered in a slightly slower voice. After 4 months of speech therapy, Jay’s

speech therapy

bumpy speech had disappeared. I released him from speech therapy and rechecked his speech six months later and then 12 months after that. The stuttering did not return.

(Adapted from <https://glennweybright.com/case-studies/preschooler-with-stuttering/>)



SHRNUTÍ KAPITOLY / CHAPTER SUMMARY

At present, every year, the number of children who do not articulate properly, whose pronunciation is deficient in some way, is increasing. Unfortunately, there is also a preliminary statement that this trend will not improve in the future. Reasons for this are very diverse - for example, the multilingual growing up in the family (bilingual education) or too little time on the part of caregivers for talking to the children. Parents as the closest persons hand over their children "speech patterns". If one or both parents lisp - incorrectly articulate, these mistakes are often copied, imitated. Some parents consider their children's lisping cute and sweet, and then they are just as incorrect. This fixes the lack of articulation. Some parents or other relatives tend to trivialize incorrect pronunciation ("it's not a disease," "it does not matter, I do not speak perfect, and yet I live happily," "it will pass away in time," etc.).

For these reasons, kindergartens often provide general, playful language training programmes. For severe speech disorders, however, this support is not enough. These cases require speech and language treatment, at the beginning of which a diagnosis is made. Parents should never be afraid to put their child in the hands of experienced speech therapists. Speech disorders of all kinds can be a huge burden for children and their parents in everyday life. Speech therapy is an important tool here to improve the communication skills of children.

The importance of parents during the speech and language treatment is just as high as the cooperation of the child. Since the parents are the most important caregivers for their children and are enormously important for their linguistic development, speech therapists are happy to involve them in the therapy. For optimal advice, it makes sense that at least one parent is present at the meeting.



DALŠÍ ZDROJE / FURTHER LITERATURE AND LINKS

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<https://glennweybright.com/case-studies/preschooler-with-stuttering/>)

<https://www.youtube.com/watch?v=MpdjP0zHeBc>

<https://www.asha.org/public/speech/disorders/stuttering/>

<https://www.aphasia.org/aphasia-definitions/>

<https://dictionary.cambridge.org/>

7 SPECIAL EDUCATION OF PEOPLE WITH HEARING IMPAIRMENT



RYCHLÝ NÁHLED KAPITOLY / CHAPTER SUMMARY

Hearing impairments represent one of the most common physical impairments in the population. In the Czech Republic more than 0.5 million people, an exact number is virtually undetectable. This includes people with differential hearing loss - congenital or acquired deafness, people with residual hearing or deafness, people who have lost their hearing at a later age, people with tinnitus and many other groups.

This chapter explains how current medicine and special education subdivides hearing impairment - there are several aspects. The terms "conductive hearing loss" and "sensorineural hearing loss" are mentioned and clarified.

Further, this chapter deals with the possibilities the deaf people have for communicating. The communication system of sign language is presented here as well as some of the technical aids - the hearing aid and cochlear implant.



CÍLE KAPITOLY / AIMS OF THE CHAPTER

After thorough study of these chapters you will be able to:

- classify hearing loss from multiple perspectives and explain related terms
- talk about hearing aids, cochlear implants and other aids
- explain terms of sign language and finger alphabet, understand the differences of English and international sign language
- think about the integration of the hearing-impaired and interpret their advantages and disadvantages
- correctly pronounce new English words and expressions from the subject of special education of people with hearing impairment

KLÍČOVÁ SLOVA KAPITOLY / KEY WORDS



deafness, conductive hearing loss, sensorineural hearing loss, hearing loss, deafness, inborn / acquired deafness, hearing aids, cochlear implants, sign language, finger alphabet, integration of the hearing impaired

ČAS POTŘEBNÝ KE STUDIU / TIME TO STUDY



Depending on student's previous knowledge and language competence, you will need min. 8 hours to study this chapter.



7.1 CLASSIFICATION OF HEARING IMPAIRMENT

A person is hard of hearing when their ability to hear is degraded. Deafness makes it difficult to hear speech and other sounds. In many cases, the ability to communicate is also affected because speaking is closely related to hearing.

There is a distinction between hearing impairment and:

- Types - conductive hearing loss, sensorineural hearing loss, genetic deafness
- Time of onset - congenital deafness, acquired hearing loss
- Degree of deafness: low degree of deafness, moderate deafness, severe deafness, profound, deafness

7.1.1 BY TYPES OF DISABILITY

There are three main groups of hearing loss after the localization of their development.

Conductive hearing loss (conductiva) - in a conductive hearing loss, the sound is no longer directed to the inner ear. The cause is any obstacle that prevents sound conduction from the outside to the auditory cells. The auditory cells are fine, but they are not stimulated. In many cases, this disorder can be eliminated or reduced by medication or surgery.

Possible causes: Earwax, inflammation or malformations of the ear canal, inflammation of the middle ear, damaged eardrum, etc.

Sensorineural hearing loss (perceptiva) - Acoustic hearing loss is caused by a dysfunction in the cochlea. It is usually not to be cured by surgery or drug treatment. The hearing loss can only be compensated with hearing aids or implants - but cannot be eliminated.

The most common cause is noise (how strong the damage is depends on the intensity of the noise as well as on the duration of exposure). Noise above 85 dB is dangerous to the human hearing system. Very intense sound of 150 dB (even with a single action) can lead to deafness.

Other causes: Infections that primarily affect children (e.g. meningitis, measles, rubella, diphtheria, scarlet fever, mumps); furthermore, various poisons and medicines can cause hearing loss.

Mixed hearing damage - it is a combination of conductive and sensorineural hearing loss. They usually require a surgery.

K ZAPAMATOVÁNÍ / TO REMEMBER



Make a note of the most important terms in this chapter:

hearing loss, hard of hearing, deaf, deafness, inner ear, middle ear, sound conduction, auditory cell, cochlea, hearing aid, malfunction, drug treatment, noise, noisy

Remember the names of the diseases:

measles /'mi:.zəlz/- spalničky

rubella /ru:'bel.ə/ - zarděnky

mumps /mʌmps/ - příušnice

diphtheria /dɪf'θɪə.ri.ə/ - záškrt

meningitis /,men.in'dʒaɪ.tɪs/ - zánět mozkových blan

scarlet fever /,skɑ:.lət 'fi:.və/ - spála

smallpox /'smɔ:l.pɒks/ - neštovice

7.1.2 BY DEGREE OF DISABILITY

The World Health Organization (WHO) established a scale of auditory hearing in 1980 (see also the table below):

1. **Mild hearing loss** - hearing loss with a low level of hearing loss is between 26 to 40 dB. People with mild hearing loss have trouble following a conversation in a noisy environment. The language at normal volume is still understood at a distance of one meter. Doctors recommend, however, to wear hearing aids in these hearing impairments.
2. **Moderate deafness** is said to be 41 to 55 dB hearing loss. A conversation is no longer understood at normal volume, only loud speaking (≥ 60 dB) at a distance of 1 meter from the ear is understood. A hearing aid is necessary in this case.
3. **Moderately severe hearing loss** - on average, the most quiet sounds heard by people with their better ear are between 50 and 64 dB. People who suffer from a moderately severe hearing loss have problems hearing in most situations when not using hearing aids.

7.1 Classification of hearing impairment

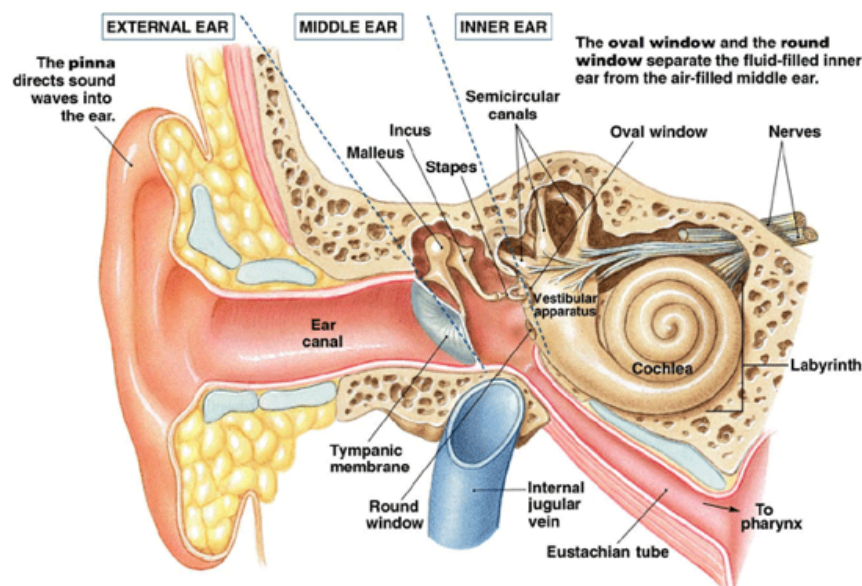
4. **Severe hearing loss** - severe hearing loss is said to occur when the hearing loss is between 56 and 70 dB. Patients with severe hearing loss only understand a few words, even with very loud speech. You need hearing aids, sign language or lip reading. In these cases there is already an effective alternative - implants.
5. **Profound hearing loss** - on average, the most quiet sounds heard by people with their better ear are 80 dB or more. People who suffer from profound hearing loss have a very weak sense of hearing and need very strong hearing aids or implants, many also rely on lip-reading and/or sign language.

The term "deaf-mute" – some people unfortunately still use this best-known term. The word is also often used in the media, however, it is, as well as the term "deaf and dumb" outdated and perceived by many deaf people as discriminating, pejorative and insulting. Deaf people are by no means dumb, they only use a different communication system - the sign language.



PRO ZÁJEMCE / FOR THOSE INTERESTED

To better understand the problem of hearing damage, here is a picture of the hearing organ:



<https://www.dailykos.com/stories/2015/6/28/1394915/-KosAbility-Can-You-Hear-Me-Now-On-Hearing-Loss>

7.1.3 BY TIME OF ONSET

1. Congenital deafness - inherited deafness or deafness has many causes. It can gradually deteriorate over time.

- **Genetic hearing loss** - very rare (about 0.7% of births). In this type of disorder both genomes (male and female) must be defective, that is, responsible for the damage.
- **Acquired during pregnancy or childbirth** - are caused by diseases of the mother (e.g. measles, rubella or toxoplasmosis), X-ray radiation, premature birth, hypoxia, jaundice in newborns etc.

2. Acquired deafness

- If acquired before the age of 6 - it influences the development of communication skills, the functional linguistic stereotypes gradually disappear.

Possible causes: meningitis, mumps, measles, rubella, scarlet fever, accidents (brain accidents), oncological diseases and side effects of chemotherapy and radiation, recurring otitis.

- If acquired after the age of 6 - the language is already fully anchored.

Possible causes: head and ear injuries, long-term effect of the noise, poisons, presbycusis - in old age people hear worse, because the auditory cells die off; tinnitus (ear noises).

7.2 Support of people with hearing impairment

There are currently several ways in which people with hearing impairment can improve their lives. In principle, you can divide the tools into two groups:

Aids for the hard of hearing

- Hearing aid - basic tool. The sooner a hearing-impaired person starts with hearing aids, the better he can compensate for hearing-impairments and learn how to deal with them properly. It should not be hidden, but worn visibly. The environment of an affected person should be informed about the hearing impairment. Getting used to hearing aids usually requires patience and time, positive attitude and personal exercise. There are several variants - the behind-the-ear device, the in-ear device.
- Induction loops - they are frequently installed in public spaces, cultural centres, churches, cinemas and the like. They improve spatial sound perception.

7.1 Classification of hearing impairment

- Acoustic amplification aids for television - in private rooms they improve listening to television and the radio.
- Aid for audio amplification when making a call.

Aids for deaf people and people with residual hearing

- Cochlear implant - represents hope for many deaf people. It enables them to perceive acoustic signals. In the case of adults, only one ear (one-sided operation) is currently operated on. Only after a settling-in period an operation is performed on the second ear. In any case, children undergo a bilateral operation to optimize their language acquisition as much as possible. The ability of new hearing is very demanding and long-term. The prerequisite for success is active work with the family of the affected child.
- Speech therapy aids, computers, subtitles, Internet, multimedia programmes, mobile phones, lighting and vibration equipment, fire detectors - facilitate language acquisition, motivate readers to read, facilitate information gathering and optimize daily activities.



SAMOSTATNÝ ÚKOL / A SPECIAL TASK

There are symptoms that signal hearing loss. Their presence means that people do not hear well anymore.

- Read the following statements and translate them into Czech:
- Background noises disturb and make understanding difficult.
- They have to ask other people to repeat what they say during conversations.
- They need to set your TV and radio louder.
- They do not perceive when addressed from behind or from the side.
- They can hardly follow a conversation at a party or in the restaurant/in a noisy environment.
- They no longer understand everything when talking on the phone.

Which sounds do people experiencing hearing loss miss most typically?

Visit <https://www.healthyhearing.com/help/hearing-loss/symptoms> and find out in English.

7.3 Forms of communication of the hearing impaired

Sign language is a visual language (not pantomime, as many people often suspect), where the words are formed with the hands. Facial expression is also important, the movement of the mouth and "noises".

Each language has its own sign language (e.g. Czech, French, American, etc.), which is tied to specific characteristics of one's own language. Sign language cannot be international. In large countries, where there are many dialects, even several dialects of sign language have evolved (this is the case of Germany).

Sign language has its own complete grammar and conventional characters. It can express both concrete and abstract facts well.

However, international understanding is possible. For the communication of deaf people, who use different national sign languages, so-called "International Signs" exist. It is not a single system. The "speaking" is based for the most part on repetition and the rewriting of gestures and facts. Communication works, but takes much longer. For these reasons, the participants usually agree on international congresses by means of present interpreters.

You always use your dominant hand for your gestures - right-handed people right-handed, left-leaning left. Some of the gestures are done with both hands. Also important is where a gesture is made - on the head or face, neck, arms or body.

Finger alphabet - all countries in the world do not use the same finger alphabet (that is, the deaf, in a sense, must also learn "foreign languages", for example, if they want to understand English finger alphabet). It is used as an aid when a particular gesture is unknown. One can compare it to the situation of a person who spells something to another person. In sign language communication, it mainly occurs with proper names, foreign words or unknown terms.

British Sign Language (BSL) uses a two-handed alphabet however some other sign languages, such as American Sign Language (ASL), use a one-handed alphabet. The German finger alphabet is based on the international, which comes from the USA. Sign language and finger alphabet can be learned with the help of books, videos and CD-ROMs - they help as a good support. But they cannot replace the real contact with the deaf.

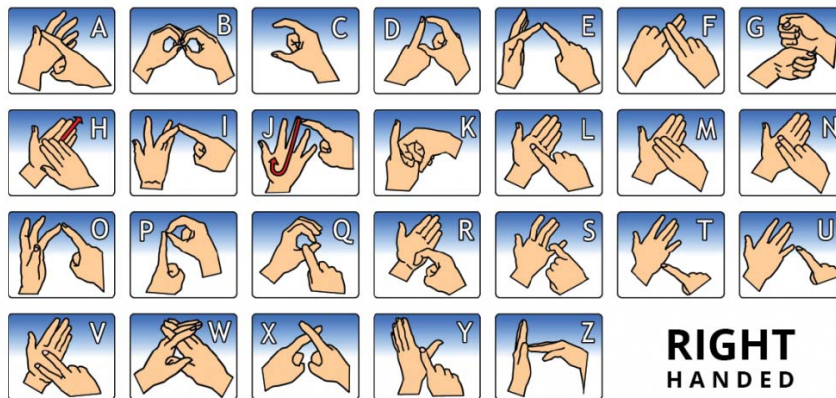
PRO ZÁJEMCE / FOR THOSE INTERESTED

Here you can see the British fingerspelling for sounds and numbers. Try to play with your fingers and imitate them.



7.1 Classification of hearing impairment

BRITISH SIGN LANGUAGE - FINGERSPELLING



british-sign.co.uk

LEARN BRITISH SIGN LANGUAGE ONLINE
AT WWW.BRITISH-SIGN.CO.UK

BRITISH SIGN LANGUAGE - NUMBERS 1-10



british-sign.co.uk

ONLINE COURSE - Learn BSL online from
the comfort of your home or office.

<https://www.british-sign.co.uk/fingerspelling-alphabet-charts/>

7.4 Integration of people with hearing loss

The tendency today is clear - to integrate more and more young people with hearing loss in re-education schools. It is certainly very important that hearing-impaired people learn as early as possible together with people without hearing loss. Nevertheless, the situation remains at least delicate and contradictory.

KORESPONDENČNÍ ÚKOL / CORRESPONDENCE TASK



Visit website https://www.ucsfhealth.org/education/communicating_with_people_with_hearing_loss/.

There you will find interesting suggestions on how to deal with a person with hearing impairment to communicate as well as possible. Read them carefully, choose ten of them and rewrite them in your own words.

OTÁZKY / QUESTIONS

Practise pronunciation:

- acquire /ə'kwaiəɪ/ <https://dictionary.cambridge.org/dictionary/english/acquire>
- auditory /'ɔ:.di.tər.i/ <https://dictionary.cambridge.org/dictionary/english/auditory?q=auditory+>
- cochlear /'kɒk.li.ər/ <https://dictionary.cambridge.org/dictionary/english/cochlear>
- conductive /kən'dʌk.tɪv/ <https://dictionary.cambridge.org/dictionary/english/conductive>
- deaf /def/ <https://dictionary.cambridge.org/dictionary/english/deaf>
- deafness /'def.nəs/ <https://dictionary.cambridge.org/dictionary/english/deafness>
- dumb /dʌm/ <https://dictionary.cambridge.org/dictionary/english/dumb>
- gesture /'dʒes.tʃər/ <https://dictionary.cambridge.org/dictionary/english/gesture>
- implant /ɪm'plɑ:nt/ <https://dictionary.cambridge.org/dictionary/english/implant>

7.1 Classification of hearing impairment

- induction /ɪnˈdʌkʃən/
<https://dictionary.cambridge.org/dictionary/english/induction>
- inflammation /ˌɪn.fləˈmeɪ.ʃən/
<https://dictionary.cambridge.org/dictionary/english/inflammation>
- loop /lu:p/
<https://dictionary.cambridge.org/dictionary/english/loop>
- mute /mju:t/
<https://dictionary.cambridge.org/dictionary/english/mute>
- perceive /pəˈsi:v/
<https://dictionary.cambridge.org/dictionary/english/perceive>
- profound /prəˈfaʊnd/
<https://dictionary.cambridge.org/dictionary/english/profound>
- residual /rɪˈzɪdʒ.u.əl/
<https://dictionary.cambridge.org/dictionary/english/residual>
- sign /saɪn/
<https://dictionary.cambridge.org/dictionary/english/sign>



SHRNUTÍ KAPITOLY / CHAPTER SUMMARY

Hearing impairment is a broad term. It includes congenital and acquired deafness. The severity of the disability is also always considered - from the low degree of deafness, which brings only minor complaints to the disabled person in daily life, to the deafness, which refers the affected persons completely to the sign language.

The situation of the deaf and hard of hearing has improved significantly in recent years. New methods of education for people with hearing impairment and the development of digital hearing aids (especially the cochlear implant) have contributed significantly to this. It is undisputed that in recent years, completely new opportunities for improving the communication of hearing impaired people have opened up.

Even so, the aggravated communication skills and the position of the hearing-impaired remains unenviable. education for people with hearing impairment should seek

integration and social acceptance, while at the same time promoting the community of hearing-impaired people. Its role is also in the promotion of technical, medical and educational innovations.

DALŠÍ ZDROJE / LITERATURE AND FURTHER LINKS



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https://www.ucsfhealth.org/education/communicating_with_people_with_hearing_loss/

www.british-sign.co.uk

8 SPECIAL EDUCATION FOR THE VISUALLY IMPAIRED



RYCHLÝ NÁHLED KAPITOLY / QUICK CHAPTER PREVIEW

Education for the visually impaired and the blind are a part of special education. It deals with special educational and didactic methodological issues of training of visually impaired people. It uses findings from neighbouring sciences, e.g. ophthalmology.

In this chapter you will get basic information about the technical terms. It further classifies visual impairment according to several criteria and presents symptoms of visual impairment. The chapter also addresses the issue of blindness and its common causes. Under no circumstances is the full range of eye diseases shown.

The visually impaired need in their life interest and help from their environment. The breadth of aids for everyday life is getting bigger. The chapter does not fully cover this issue, but it presents the most common and well-known visual aids.



CÍLE KAPITOLY / AIMS OF THE CHAPTER

After thorough study of these chapters you will be able to:

- explain terms of visual impairment, ametropia, blindness
- mention symptoms of visual impairment of different type
- classify sight damage according to different criteria
- explain common causes of blindness - briefly describe selected eye diseases
- explore the aids of the visually impaired and the blind
- correctly pronounce new English words and expressions from the subject of special education of people with visual impairment



KLÍČOVÁ SLOVA KAPITOLY / KEY WORDS

visual impairment, blindness, age-related macular degeneration, cataract, diabetic retinopathy, retinopathia pigmentosa, retinal detachment, Braille, screen reader, white cane, guide dogs, eye structure, shortsightedness, longsightedness, myopia

ČAS POTŘEBNÝ KE STUDIU / TIME TO STUDY



Depending on student's previous knowledge and language competence, you will need min. 6 hours to study this chapter.

8.1 Technical Terms

In the field of education for the visually impaired and the blind there are some related terms - eye damage, ametropia, visual impairment and blindness.

The term **visual impairment** is commonly used as an umbrella term for the two terms blindness and visual impairment.

We talk about a **refractive error** (or refraction error) when the disorder with a visual aid is correctable. Affected people find it difficult to either clearly recognize things in the distance (shortsightedness) or they can no longer clearly recognize the things immediately in front of their eyes (longsightedness). In many cases, a defective vision can be completely corrected with glasses or contact lenses. Then there are no restrictions in everyday life, because those affected have their full eyesight again.

But there are also people who have only a fraction of their eyesight despite wearing a visual aid. Then one speaks of a **visual impairment**.

Visual impairments are varied and very individual. We consider a person visually impaired when, despite correction with glasses or contact lenses, he/she does not reach the normal visual function. The visual acuity is also considered. If the vision loss in the better eye is between 33% and 5%, we talk about the visual impairment.

A person with a high degree of vision impairment is someone who, with their better eye, achieves a visual acuity of less than 5% up to 2%.

People with even lower visual acuity are legally considered blind, even if they still perceive light or residual vision is present.

Typical symptoms of visual impairment include the following (depending on the type):

- permanently limited visibility

Special education for the visually impaired

- headache
- bleeding eyes, inflammation in the eyes
- narrowed eyes
- fear of stairs, heights or sports activities
- disturbed balance, dizziness
- very short or long reading distance

The division of visual impairments is possible with regard to various criteria.

First, one has to consider the time and cause of their onset – we talk about **congenital** and **acquired** visual impairment. Later acquired visual disturbance is quite different compared to a congenital one - it changes (worsens) the life situation significantly. This condition traumatizes the person and subjectively, it seems worse than a congenital impairment, which means no loss to the child. It does not necessarily occur in both eyes, it can also be limited to one eye.

However, a congenital disorder is more complicated in terms of psychological development. The child lacks certain experience, its development is slower, parents have to look for alternative teaching methods and the stimuli deviate significantly from the usual norm.

Hereditary diseases of the retina are among the most common causes of congenital blindness or severe visual impairment.

The main cause of acquired visual impairment are diseases and injuries of the retina, such as age-related macular degeneration. Other causes include glaucoma, diabetic retinopathy (caused by diabetes), cataracts (which cause lens opacity), herpes simplex, corneal opacities, etc.

In general, **blindness** can occur at any age. It can affect both one and both eyes. Blindness can come slowly, so that the affected person gets worse with the time. However, the vision disorder can come quite suddenly, as if the light had been switched off. Possible causes are severe injuries, cerebral haemorrhages, swelling and infectious diseases (common in developing countries).

Considering the time aspect, visual impairments are divided into **functional** and **organ disorders**. In practice, it means that the visual impairment either affects the whole organ of sight (dysfunction) or its individual parts (organ dysfunction).

K ZAPAMATOVÁNÍ / TO REMEMBER



Remember the most important terms from this chapter:

ametropia, myopia, longsightedness, shortsightedness, glasses, contact lenses, correcting a disorder, eyesight, visual aid, visual acuity, visual impairment, severe vision impairment, blindness, congenital / acquired visual impairment, reading distance, narrowed eyes (eyes pinching), watery eyes, glaucoma, cataract, lens, cornea, retina, refractive error

8.2 Characteristics of common causes of blindness

Here are some selected eye diseases, which are also among the most common causes of blindness. In order for you to be able to imagine better how the affected people see, pictures and photos are attached to every sight damage.

Of course, it is not possible to describe all eye diseases in detail. It should be the role of the medical specialists. For our study purposes, this brief insight is sufficient.

Age-related macular degeneration

is the leading cause of visual impairment in old age. Macula is the center of the retina, which allows for sharp vision. In some people, for unclear reasons, there are changes (degeneration) in this area which lead to a loss of vision.



Glaucoma

is a group of eye diseases. All have in common that it comes in the course of increasing damage to the optic nerve. This leads to an increasing restriction of the visual field. In the late stage only a central residual function is retained, if it does not lead to complete blindness. The most important risk factor for the development of glaucoma is eye pressure.



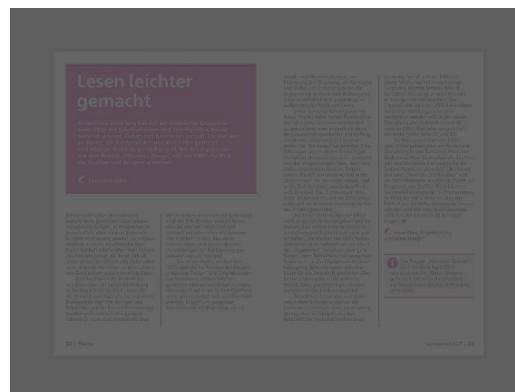
Diabetic retinopathy

is a retinal disease of the eye that affects diabetics. Diabetes damages the blood vessels of the retina and can alter or even destroy the vessel walls.



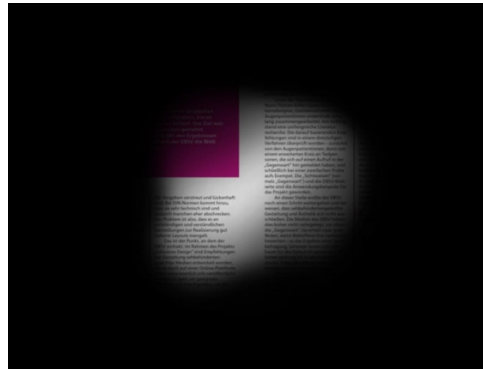
Cataract

refers to a group of eye diseases that cause clouding of the lens. In rare cases, the cataract is congenital, more often it is an aging process. Treatment is currently achieving very good results - those affected are operated on an outpatient basis under local anesthesia.



Retinopathia pigmentosa

is part of several hereditary retinal diseases (the person can pass them on to the offspring), in which the retinal cells gradually die off. This slowly leads to a limitation of the visual field. First of all, seeing in the twilight is affected, later also the color vision. In the course (the disease develops very long) the visual field of the patient narrows. First, he loses the peripheral vision, gradually a "tunnel vision" unfolds. Those affected have the impression of seeing through a pipe. The disease leads to complete blindness.



Retinal detachment

in this disease, the retina loses contact with the choroid. This causes the death of light cells within a short time. Symptoms include sudden flashes of lightning in the eye, even when closed. Sometimes only a black shadow from above or below pushes in front of the eye. However, a quick surgery can help most patients. If the medical help does not come in time, the patient is threatened with blindness.

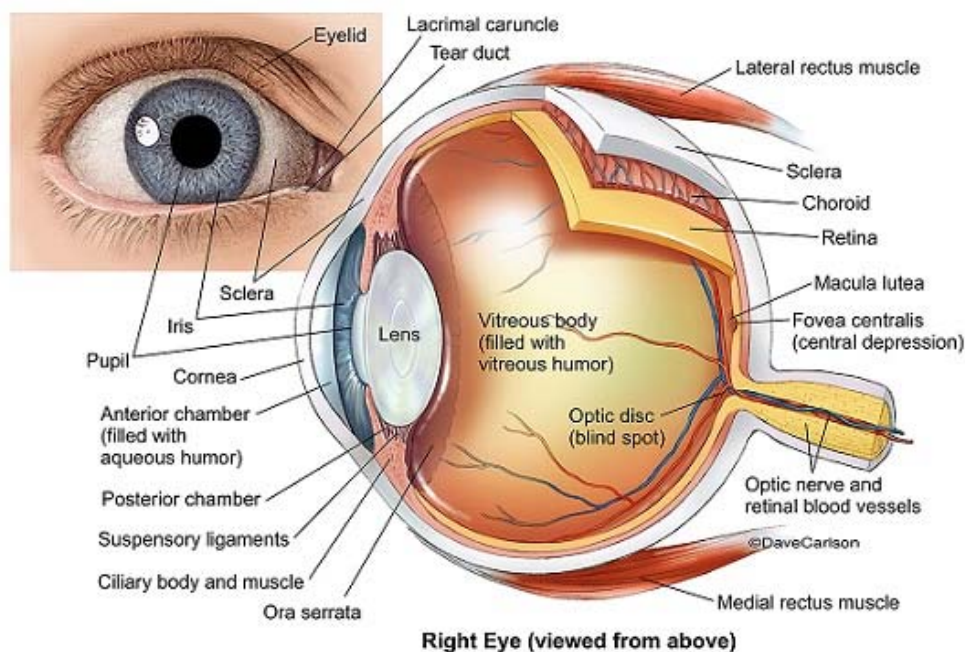




PRO ZÁJEMCE / FOR THOSE INTERESTED

To better understand the function of the eye, you can learn its parts:

EYE STRUCTURE



<https://shopbabyworld.com/treatment-of-myopia/>

8.3 Aids for the visually impaired

Visually-impaired and blind people need the help of people in their environment. Everyday situations which present no difficulty to a sighted person often impose insurmountable limitations on a visually impaired person.

The visually impaired require different senses than seeing - the sense of hearing and touch. They depend on them and these senses fulfill a compensation role. The claim that the hearing of visually impaired people is better than that of healthy people, however, is unfounded. Some positive changes in their hearing sensitivity are only results of active use of the hearing organ.

The braille

It is a writing which is "read" with the sense of touch of the fingers. However, the Braille script is especially common and widespread. This writing system was developed by Frenchman Louise Braille in 1825. Braille himself was blind and aware of the criteria the script should fulfill in order to benefit the visually impaired.

These are points which are easy to feel and that protrude from different surfaces. At present, this type of writing is well known and can be found in many public places (banisters, timetables, lifts, signs, etc.). Every medicine carton is already supplied with Braille. These aids, which facilitate everyday life, are also available in personal life. Available are e.g. wall and pocket calendars in Braille.

Very helpful are also small adhesive dots, the blind or visually impaired people stick in their environment (e.g. on washing machines, light switches, remote controls). All of this helps them to find their way around.

The information from the Internet can also be reached for them. There are computer keyboards with attached Braille line. Writing texts or e-mails is easily possible for the blind.

Braille English alphabet, numbers and punctuation

A	B	C	D	E	F	G	1	2	3	4	5
H	I	J	K	L	M	N	6	7	8	9	0
O	P	Q	R	S	T	U	.	,	?	!	'
V	W	X	Y	Z	;	:	«	»	-		



The English Braille script

how blind people use computers

The white cane

For a visually impaired person, obstacles such as curbs, potholes, bars, stones and stairs are a commonplace problem. Sighted people simply walk around them. For a blind person this is possible with a white cane, which is considered the most important aid for the movement of blind people.

At the bottom there is a rotatable tip, with which possible obstacles are better felt. The white cane must always be adjusted to the size and stride length of the owner.

The language

Since hearing works well with blind people, language is an important tool for them to find their way in everyday life. If a visually impaired child has at least average

Special education for the visually impaired

language skills and lives in a stimulating family, there is no delay in verbal and cognitive abilities.

The blind people accentuate the language very much, because it conveys the world to them. This often leads to the so-called verbalism of the visually impaired - to the word use without corresponding background of experience. Children also learn words and terms whose contents they do not understand.

The memory is very well developed among the visually impaired. It serves as a "pantry" of information.

There are many everyday things that are equipped with a voice output, e.g. clocks, cell phones and phones, kitchen, passenger cars, thermometres, blood pressure devices etc.

In order for the blind and partially sighted people to read books, there are lecture speakers. They also use so-called screen reader, which reads the contents of the screen and outputs it as language.

Guide dog

A blind dog provides the blind person with regained mobility. It reduces stress and loneliness of the person concerned. Unknown or new situations are less threatening and navigation with the dog increases safety of the owner. Also, daily exercise in the fresh air has a positive effect, as the dog has to get out in any kind of weather. By the way, the health of his owner is also improved.

A guide dog is not a tool, but a living thing. The guidance of a blind man means for the dog work, for which he was prepared for a long time. In addition, he also needs play and rest time, walks. A blind person can offer all this to the dog. The help is therefore mutual, the guide dog is much more than a mobility aid, it is an important asset to life.



KORESPONDENČNÍ ÚKOL / CORRESPONDENCE TASK

Visit the website:

https://www.youtube.com/watch?v=Fpt0A_s0Ds0

Listen to this short video about how guide dogs are trained. Then describe in ten English sentences what you remember.

Also, answer this question:

Why should you never pat a guide dog helping someone in the street?

OTÁZKY / QUESTIONS



Answer the following questions which relate to the aids for the visually impaired:

1. Which writing system do the visually impaired use? Where can you find it?
2. What is so-called verbalism of the visually impaired?
3. How does a guide dog enrich a visually impaired person?
4. How do small glue dots serve the visually impaired in their everyday life?
5. What is the "screen reader"?

Practise pronunciation

- blind /blaɪnd/
<https://dictionary.cambridge.org/dictionary/english/blind?q=blind+>
- blindness /'blaɪnd.nəs/
<https://dictionary.cambridge.org/dictionary/english/blindness>
- Braille /breɪl/
<https://dictionary.cambridge.org/dictionary/english/braille>
- cane /keɪn/
<https://dictionary.cambridge.org/dictionary/english/cane>
- cataract /'kæt.ə.rækt/
<https://dictionary.cambridge.org/dictionary/english/ataract>
- cornea /kɔ:'ni.ə/
<https://dictionary.cambridge.org/dictionary/english/cornea>
- detachment /dɪ'tætʃ.mənt/
<https://dictionary.cambridge.org/dictionary/english/detachment>

Special education for the visually impaired

- eye /aɪ/
<https://dictionary.cambridge.org/dictionary/english/eye>
 - glaucoma /glau'kəʊ.mə/
<https://dictionary.cambridge.org/dictionary/english/glaucoma>
 - guide dog /'gaɪd ,dɒg/
<https://dictionary.cambridge.org/dictionary/english/guide-dog>
 - macular degeneration / ,mæk.jə.lə dɪ.dʒen.ə'reɪ.ʃən/
<https://dictionary.cambridge.org/dictionary/english/macular-degeneration>
 - myopia /mɑɪ'əʊ.pi.ə/
<https://dictionary.cambridge.org/dictionary/english/myopia>
 - ophthalmology / ,ɒf.θəl'mɒl.ə.dʒi/
<https://dictionary.cambridge.org/dictionary/english/ophthalmology>
 - pupil /'pju:.pəl/
<https://dictionary.cambridge.org/dictionary/english/pupil>
 - retina /'ret.ɪ.nə/
<https://dictionary.cambridge.org/dictionary/english/retina>
 - retinopathy / ,ret.ɪn'ɒp.ə.θi/
<https://dictionary.cambridge.org/dictionary/english/retinopathy>
 - shortsightedness / ,nɪə'saɪ.tɪd.nəs/
<https://dictionary.cambridge.org/dictionary/english/nearsightedness?q=shortsightedness>
 - vision /'vɪʒ.ən/
<https://dictionary.cambridge.org/dictionary/english/vision>
 - visual /'vɪʒ.u.əl/
<https://dictionary.cambridge.org/dictionary/english/visual>
-

SHRnutí KAPITOLY / CHAPTER SUMMARY



In the chapter on special education of people with visual impairment you have learned the most important terms of this problem - you should now differentiate and explain the terms visual damage, ametropia and visual impairment. It was also explained what the normal visual acuity is and the loss of vision in percentual gradation. You can name some of the symptoms of visual impairment, explain terms of congenital and acquired visual impairment and consider life situation of the affected people. It should be clear to you what blindness can cause and what symptoms accompany common eye diseases.

An essential part of the life of a visually impaired person are the aids - the Braille, the white stick, peculiarities of their language and last but not least the guide dog.

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<http://www.brailnet.cz>

https://www.youtube.com/watch?v=Fpt0A_s0Ds0

<https://www.independentliving.com/category/braille>

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SHRNUTÍ STUDIJNÍ OPORY

Studijní text Odborný anglický jazyk pro speciální pedagogy, určený studentům oboru speciální pedagogika, je rozčleněn do osmi samostatných kapitol. Současná terminologie a informace, které studenti získají v předmětech psychopedie, somatopedie, surdopedie, logopedie, oftalmopedie a poruchy autistického spektra, jsou v něm převedeny do anglického jazyka. Smyslem celé studijní opory je podnítit studenty k hlubšímu zájmu o studovaný obor a zároveň motivovat k zlepšení jazykových kompetencí.















Text podporuje nejen učení izolovaných termínů, nýbrž i celkovou orientaci ve speciálně pedagogické problematice a porozumění anglickým textům. Distanční prvky přidané k studijnímu textu podněcují k podrobnější práci s terminologií daných oborů, upozorňují na anglická synonyma, odkazují na další možné internetové adresy, prostřednictvím kterých studenti dále plní zadané úkoly. Distanční prvky se snaží o variabilitu a činí tak text pro studenty přitažlivým.

První dvě kapitoly představují základní terminologii, zabývají se pojmy primární a sekundární postižení, integrace, inkluze a segregace. Dále vysvětlují základní obsah zmiňovaných speciálně pedagogických oborů. Ve druhé kapitole je zařazena i zmínka o kombinovaných vadách, dále však text vzhledem ke komplikovanosti a obšírnosti tuto problematiku nerozvádí.

Další kapitoly vždy v úvodu pracují se základní terminologií. Zvláštní zřetel je kladen na anglické názvosloví jednotlivých speciálně pedagogických disciplin, neboť angličtina se zažitými českými názvy surdopedie, somatopedie, oftalmopedie a psychopedie nepracuje. Úvod těchto kapitol rovněž podrobně probírá klasifikaci, symptomy a etiologii probíraných vad, někdy i z různých hledisek. Pravidelně se také vyskytují informace o pomůckách a edukativních přístupech vzhledem k jednotlivým typům postižení.

Po stránce jazykové je použitý britský úzus v gramatice i výslovnosti.

PŘEHLED DOSTUPNÝCH IKON

	Čas potřebný ke studiu		Cíle kapitoly
	Klíčová slova		Nezapomeňte na odpočinek
	Průvodce studiem		Průvodce textem
	Rychlý náhled		Shrnutí
	Tutoriály		Definice
	K zapamatování		Případová studie
	Řešená úloha		Věta
	Kontrolní otázka		Korespondenční úkol
	Odpovědi		Otázky
	Samostatný úkol		Další zdroje
	Pro zájemce		Úkol k zamyšlení

Název: **Odborný anglický jazyk pro speciální pedagogy**
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Fakulta veřejných politik v Opavě
Určeno: studentům SU FVP Opava
Počet stran: 13330

Tato publikace neprošla jazykovou úpravou.