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Education for the Cerebral Palsied: a review of two contemporary approaches

J.M. BROWN

The field of special education is as varied as it is changing, a situation which lends itself well to the development of new and ever more productive innovations, yet one which can also overwhelm and confuse the practitioner. It is my intention in this paper to clarify the current status of two contrasting approaches to the education of the cerebral palsied, and to examine the relative strengths and limitations of each. These approaches are Conductive Education and Objectives Based Curriculum Development. While both of these approaches are 'contemporary', in as much as they are currently receiving substantial attention from both researches and practitioners, both have historical backgrounds rooted very much earlier in this century. In this regard 'then, they are not 'new' developments, but that they have persisted and continued to develop suggest that both have much to commend them.

In order to meet the goals of this paper it is necessary to begin with a brief examination of two facets of special education, namely, the historical development and current status of special education, and current thinking on definitions central to the field.

The Historical Context of Special Education

Attitudes to the handicapped have not always been positive. In many societies and cultures people with intellectual, sensory and physical handicaps have been treated in the most barbaric ways. Even today some societies have progressed little. Among those societies in which special education could be said to be highly progressive there are some common features which may be of

significance. Typically, there are societies which have achieved economic stability, have sophisticated communication systems and highly structured mainstream education facilities (Hallahan & Kaufman 1994). These factors are of some interest in comparing Conductive and Objectives Based approaches to the education of the cerebral palsied.

Of additional significance are contemporary attitudes to cerebral palsied individuals. Tringo (1970) found that the cerebral palsied tend to be seen rather less favourably by non-handicapped individuals than were individuals with sensory handicaps or physical impairments not associated with brain impairment. Additionally different communities vary in their perception of cerebral palsy; Sauna (1970) found more prejudice in less industrialized countries.

Definitions

As with other facets of special education the use of and content of definitions varies alarmingly. It was in response to problems arising from this, together with the need for legislative procedures in the USA, that the World Health Organisation, (1980), endeavoured to establish some common definitions. The World Health Organisation's definitions have not only provided a consistent framework for legal purposes but a framework which has proven useful in the development and analysis of differing educational approaches. They are as follows:

Impairment

The Physical, neurological or psychological disorder which the individual experiences.

Disability

The impact of the impairment upon the performance of activities commonly accepted as part of everyday living.

Handicap

This is a term which has come to represent the more profound effects of impairments and disabilities which implicate the whole person. Environmental and social factors often determine the severity of the handicap.

Conductive Education

Conductive Education was developed during the 1920's in Hungary by the late Professor Andras Peto after whom the current Peto Institute is named. It was developed to meet the needs of cerebral palsied children and adults as well as other physically handicapped individuals where the impairments were associated with neurological damage either inherent or acquired. The approach is based upon the premise that the difficulties faced are of an educational nature rather than a medical one. In this respect, with regard to the World Health Organization's definition, the impairment is seen to be neurological in much the same way as many now perceive specific learning difficulties such as Dyslexia; hence the assumption that an educative approach, however modified, rather than medical treatment, is more appropriate.

Conductive Education is very much a group activity where the children gain from and encourage one another. The emphasis is upon the child establishing appropriate function using rhythmic intention. Music figures highly across the curriculum, and physical activities are carried out with the staff and children singing the movements.

The child's day spans 15 hours, groups being led by 'Conductors' (not teachers) working on a rota system. Conductors are accepted after a four year training period. Conductor qualities include high academic attainment, personality, physical health, musical ability and the ability to relate well to children. Training takes place within the institute. The conductors are solely responsible for all aspects of the child's education including feeding and toileting! There are no additional care staff.

Additionally, Conductive Education sees human development in a global fashion where the child must learn integrated functions in order to adapt himself to the many demands of society. The multi-disciplinary approach of attempting to remediate medical, language, and educational aspects is seen to be fragmented and consequently does not lead to co-ordinated development.

Conductive Education tries to follow the normal process of development, co-ordinating all of the child's needs into an everyday programme.

The essential components of Conductive Education are as follows:

1. The conductor
2. Observation
3. Setting goals and tasks for the adult
4. Daily schedule
5. Task series
6. Motivation
7. Rhythmic intention

However because the very nature of the approach requires unity, none of these components can be used separately.

Objectives Based Curriculum Development

In contrast to the Conductive Education approach, Objectives Based Curriculum Development does not focus upon the child's development in such a holistic fashion, but attempts to resolve the child's handicaps via an academically based intervention strategy.

A number of assumptions are made, namely;

- behaviour is learned.
- only behaviour which can be observed is of concern to the educator. No attempt to interpret the child's behaviour is made.
- for learning to occur there must be a change in pupil behavior.
- there is no teaching without learning.
- behaviour is governed by the setting in which it occurs and the consequences which follow it.
- the classroom environment is organised within the sequence;
setting events ——— behaviour ——— consequences.
- the educator can only address factors over which control can be exerted.

In this instance the key figures are clearly identified according to their role in meeting the child's collective needs, and the concept of team work is central. While the child's global development is still seen as central, the Objectives approach assumes that the collective action of the various professionals can be co-ordinated through the setting of long term functional goals. Such long term goals are task-analyzed into a series of steps or short term objectives. The virtue seen in this approach is the potential for the key worker, usually the teacher, to recognize when objectives have been achieved and progress made.

While the key impairment is seen to be relatively permanent, the disabilities that the Objectives Based approach focuses upon are those which are relatively fluid and determine the quality of life. Thus, whilst attending to academic skills the psycho-social needs of the individual remain the longer term 'functional goals'.

Conclusion

The approaches described here are strikingly dissimilar in as much as Conductive Education can be seen to be global and Objectives Based Curriculum Development to be fractured. There are however similarities that transcend the diverse origins of these approaches and unify them. The long term functional goals together with the focus upon environmental mastery are common to both approaches. That both should be able to achieve such aims in differing settings suggests that our longer term outlook should move away from defining the special needs of the cerebral palsied in terms of impairment, and towards a review of how the cerebral palsied are handicapped.

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