

articles by the leading facilitated communication practitioners. They also discovered where the various training centers were located and called them to find out how to be fully trained as a facilitator. As they searched the library, each noted that the critics of facilitated communication far outweighed the proponents, at least within the published books and articles by professionals. This caused the mother-teacher duo to move ahead with great caution but move ahead nonetheless.

QUESTIONS

1. Keeping in mind that individualized education programs (IEPs) should involve input from students, parents, and family members, write one annual goal and three short-term objectives that might be appropriate in the area of social skills. Focus on helping Takia become more able to emotionally handle changes in her school environment and routine.
2. What can be done to reduce Takia's self-hitting behavior at home?
3. In this case, the teacher is supporting the mother's interest in facilitated communication. Should she do this or should teachers only support the use of teaching methods that have been scientifically demonstrated to be effective?
4. What are the possible benefits and detriments to students and teachers of having a highly regimented classroom routine?
5. If the facilitated communication intervention is successful, what impact might this have on Takia's relationships at school and at home?
6. *Activity:* Organize a classroom debate on the topic of facilitated communication. One side supports the use of facilitated communication and one side doesn't. Access the current educational literature on the topic in the library to build your arguments.



53. EUGENE

Issues: Educational goals/objectives

Mr. Grossman is puzzled by recent changes in his 12-year-old son Eugene's academic performance. He soon discovers that his son suffered a head injury but had never told his father. Father and son seek medical and educational support.

Mr. Grossman paced between the dining room and living room with the portable telephone at his ear. His face wore a look of concern as he listened to his 12-year-old son's English teacher describe the boy's recent poor performance in her class. Mr. Grossman was worried as perhaps only a single father of an only son can worry.

"Eugene has been a strong English student all year," Mrs. Wong, the teacher, explained, "but in the past three weeks or so he's seemed like a different kid. His writing is awkward, full of grammatical errors that he hasn't made all year. During class discussions, he is usually a leader who offers tremendous insights into characters and themes. Lately he doesn't even seem to understand the short stories we're reading."

"Why would his work suddenly drop off like that?" Mr. Grossman asked. "I mean, since his mom died last year, I'm all he's got, and I work a lot. I probably could help him more with school. But he's never needed help. You know?"

"I can understand why he's never needed help, Mr. Grossman. Eugene's an excellent student. But something has changed. Is there some personal problem or stress that Eugene is struggling with right now?"

Mr. Grossman paused for a moment. "No. Well, I don't think so. He has quite a crush on this one girl in school. Maybe he's preoccupied."

"I think it must be something more than that," Mrs. Wong observed. "I've seen my share of adolescent love. I sense that something much bigger is wrong. Will you talk to Eugene about this, Mr. Grossman?"

"OK, I'll sit him down tonight and talk with you tomorrow."

That night after dinner, Eugene and his Dad talked while they watched a college basketball game on television. As they talked, Mr. Grossman noticed for the first time that his son seemed to hesitate and struggle to explain himself, as if the words didn't flow easily. Also it seemed as if Eugene did not hear or process some of what Mr. Grossman explained. It was the strangest conversation Mr. Grossman had ever had. He felt guilty for not noticing earlier that his son was experiencing some form of difficulty with thinking and communicating.

Eugene then admitted that he had fallen while rock climbing during a weekend Boy Scout trip earlier in the month. He had avoided telling his father out of fear that his father would not let him go on the next rock climbing outing. Though Eugene was wearing a helmet when he fell, the blow to the head had knocked him out momentarily. He awoke with a strong pain in the back and left side of his head. Only one other boy witnessed the fall. By the time the boy had arrived at Eugene's side, Eugene was conscious and able to pretend he was unhurt. As a result of the fall, Eugene felt a temporary sense of confusion and light-headedness for the rest of the weekend.

In the weeks since the injury to his head, Eugene had experienced occasional headaches. He felt fine while walking but clumsy and unbalanced if he ran. He had skipped every gym class because he was unable to play basketball without falling down. The scariest part to Eugene was the way many of his usual abilities in using the English language (reading, writing, talking, listening) had been interrupted or sidetracked. As Eugene described it, "If I've got something to say, I don't remember the words. Or maybe the words come out jumbled. And sometimes when I read, I suddenly feel like I'm an alien trying to read the words, you know, another planet's words. It's like I'm not me."

Mr. Grossman took Eugene to their family doctor for an examination. The family doctor referred them to a neurologist who specialized in working

with children with brain injuries. The neurologist described Eugene's injury as a closed head injury, a severe blow to the head that did not open the skull but caused internal trauma by bouncing the brain against the inside of the skull. Eugene probably suffered a concussion at the time of the fall. His difficulties with language skills, memory, balance, and gross motor coordination were the result of the trauma suffered by the brain. The language problems were due to injury of the left temporal lobe, the lower left hemisphere of the brain that controls many language functions. The balance and coordination difficulties were caused by damage to the cerebellum, the lower rear portion of the brain that regulates many physical agility functions.

Mr. Grossman and Eugene were worried about whether Eugene's normal abilities would return with time or if the damage was permanent. The neurologist was unable to say what would happen. He predicted that some of the symptoms of the brain trauma would go away gradually as the healing process progressed. He also predicted that Eugene would probably have to work hard to achieve the same level of language ability that he had before the accident. Eugene could become a high-achieving reader and writer once again, but it would take extra effort on his part to reteach himself many skills.

Mr. Grossman relayed this information to Mrs. Wong. She informed Mr. Grossman that extra help in rehabilitating Eugene's academic skills might be available through special education. Eugene might qualify under the category of traumatic brain injury. She agreed to make the referral so that Eugene could be tested for admission to this school program.

One week after the examination by the neurologist, Eugene dropped his lunch tray in the school cafeteria and dropped down on the floor. His arms squeezed tight against his chest and his feet pulled up behind his back. He quivered and shook on the floor while his friends called out for someone to help. After the longest two minutes, Eugene's body relaxed and became still on the floor. He had suffered a tonic-clonic seizure, a brief episode of abnormal neurological functioning in which he lost control of his body, lost consciousness, and experienced a convulsion across his entire body. An ambulance took Eugene to the hospital. His neurologist ran a series of tests and placed him on Dilantin, a medication to control seizures. He diagnosed Eugene as having a seizure disorder brought on by the blow to the head.

The school's diagnostic evaluation did confirm that Eugene qualified for special education services. He was placed in two special classes each day, a language arts class where Eugene could work to rebuild his lost language skills and a study skills class where he could receive assistance in handling the heavy reading and writing requirements of his many content area subjects. Additionally, Eugene was placed in a biweekly adaptive physical education class designed to help him address physical coordination and balance problems. Within weeks, these motor problems went away and Eugene happily returned to his regular physical education class. The language problems will not be so easy to solve. Eugene continues to work hard with his teachers to improve his reading comprehension and written expression skills.

QUESTIONS

1. This vignette does not tell how a boy like Eugene might respond emotionally to the loss of abilities and the changes in his academic program. How do you think he would be affected?
2. That Mr. Grossman didn't know that his son was injured on a rock climbing trip raises the question about how much information educators might not know about their students. How much of what has occurred or currently occurs in a student's life do teachers typically know about? What do teachers need to know to provide a quality education for a child?
3. Describe the quality and nature of the relationships in Eugene's family system. What is unique about a family consisting of only a father and son? How can this family either help or limit Eugene's educational progress?
4. Keeping in mind that individualized education programs (IEPs) should involve input from students, parents, and family members, write one annual goal and three short-term objectives that might be appropriate for Eugene, a seventh grade student, in the area of study skills.
5. Imagine you are Eugene stepping off the school bus and walking inside the school for his first day of class after the day he fell to the cafeteria floor with a tonic-clonic seizure. How do you (Eugene) feel? How might the other students view you and treat you after such a seizure?
6. *Activity:* Research the topic of seizure disorders. Learn the different types of seizures and what you should do if a student has each type of seizure in your class.



54. ANGELA

Issues: Collaboration/consultation

Angela is a second grade student who suffered a brain injury in a bicycle accident. Her mother, her teacher, and her neurologist meet to discuss how the injury will affect Angela and her education as she prepares to return to school.

Miss Wooden had been a special educator for nineteen years, but she knew little about the dramatic affect a severe blow to the head could have on a child. She entered the doors of the rehabilitation hospital ready for her meeting with the neurologist and other specialists working with Angela during the child's recovery. Soon Angela would be discharged and would return