

THE MULTIPLY HANDICAPPED CHILD: AN EDUCATIONAL DILEMMA

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The combined effects of medical technology and parent's militancy regarding the education of handicapped children are presenting an important dilemma in the field of special education that will demand a reexamination of many of the policies and procedures within the discipline. Multiply handicapped children, whose existence and educational needs have recently come to light, pose complex problems and challenges with regard to the educational services society must provide for them. The demands presented by the multiply handicapped child are a recent phenomenon, the product of two modern developments: 1) the increasing number of such children and 2) the increasing demand to provide educational services for such children.

A most significant contributor to this growth in the number of multiply handicapped children has been the development of new medical technologies responsible for a higher survival rate of children born with congenital defects. For example, more premature babies in whom the occurrence of abnormalities is greater are surviving today. Improved medical care has also led to an increase in the survival rate of many children born with potentially handicapping conditions such as congenital heart disease, hydrocephalus, meningomyelocele, Down's Syndrome, and phenylketonuria.

Coupled with this increase in the number of children with multiple handicaps are the newly articulated demands for educational provisions for such children. Recent litigations clearly illustrate the public's awareness and concern with the education of handicapped persons. In the 1972 U.S. District Court decision *Pennsylvania Association for Retarded Children v. Pennsylvania*, the court ruled that the provision of free public education and training to all mentally retarded children within the state be fair and reasonable. In another decision, *Mills v. Board of Education of the District of Columbia*, the Federal District Court declared the exclusion of handicapped children

from educational opportunities to be in violation of the youngsters' rights as guaranteed by the fourteenth amendment. Many have interpreted these decisions by the courts as a "right to education." No longer is public education for the exceptional the privilege of a few, but the right of all deserving youngsters.

In a discipline that historically and philosophically has been geared toward serving the child with a single handicap, the child with two or more handicapping conditions is often a misfit in the present scheme of services. The child's needs often extend beyond those needs capable of being served within separate, discrete categories of exceptionalities. As Hewett (1967) states.

Exceptional children at present are grouped under categories or umbrellas such as deaf, hard of hearing, mentally retarded and so on. The multihandicapped approach implies the erection of slightly larger umbrellas, some to cover two existing umbrellas, some to cover three and so on. As teachers have identified exclusively with the single umbrella categories, we have the nightmarish possibility of new identities with the overlapping umbrellas, which will greatly compound our difficulties. (p. 70)

The growing trend of admitting multiply handicapped children into our public education system will demand a reexamination of many of the methods of identification, classification, and evaluation of their exceptionalities.

Problems in identifying multiply handicapped children are immense. The exact population size of multiply handicapped children in the nation is unknown, with estimates ranging from 15,000 to 36,000. To accurately determine the number of such handicapped children needing special programs would require an operational definition of "multiply handicapped" followed by extensive surveying procedures. However, a general indication of the number of multiply handicapped children and the magnitude of the problem at hand

can be obtained by a review of incidence and prevalence studies done in specific dyads of handicaps. The evidence there seems to indicate that handicaps tend to occur in multiplicity and in such proportions as to warrant serious and immediate considerations.

Kirk (1972) cites numerous studies done on the incidence of mental retardation and cerebral palsy. One study found an incidence rate of mental retardation in cerebral palsied youngsters to be 58.6 per cent as compared to an incidence rate of 5 per cent in the normal population. Another study by Hopkins, Brice, and Colton (1954) reports that the median I.Q. for a group of 992 cerebral palsied youngsters to be 70.4. Wolf (1969), in a review of studies on intelligence in cerebral palsied children concludes that "empirical studies show a greater proportion of mental retardation in cerebral palsied children than in the normal population" (p. 13).

Studies examining the relationship between mental retardation and deafness also seem to indicate a significant relationship between these two handicaps. Kodman (1958), in a summary of studies on hearing losses in the mentally retarded, reports a rate of 13 to 49 per cent. Doctor (1959) cites evidence that indicates that 40 per cent of the deaf with additional disabilities in the U.S. are mentally retarded. Further evidence of the relatively high occurrence of mental retardation and deafness is offered by Leenhouts (1969). This study found that 15 per cent of the entire group of school age deaf children were classified as mentally retarded.

There is also much evidence that indicates a high incidence rate of mental retardation and visual impairment. A comprehensive study of 8,887 multiply handicapped blind children undertaken by the American Foundation for the Blind (1967), reports that mental retardation appears as an additional handicap in 80.2 per cent of the sample. Frequency in the sample of other additional impairments were: speech defects in 38.9 per cent; brain damage in 35.1 per cent; emotional problems in 16.6 per cent; crippling or medical problems in 11.9 per cent; hearing impairment in 10.6 per cent; cosmetic defect in 6.1 per cent; orthodontic defect in 4.1 per cent; and cleft palate in 1.0 per cent.

Not only is there much support of the fact that multiply handicapped children exist in numbers large enough to require immediate attention, but also that handicaps tend to occur in multiplicity.

A study by Wolf (1969) shows that 35 per cent of the mentally retarded blind had two disabilities while 65 per cent had three or more. The study conducted by the American Foundation for the Blind (1967) also notes the high rate of multiple handicaps in their population of blind children: 37.1 per cent of the youngsters had one impairment in addition to blindness; 22.5 per cent had two additional impairments; and 40.4 per cent suffered three additional impairments.

In fact, Wolf (1969) claims, it is not practical to refer to a specific dyad as "mentally retarded blind." In reality, we are talking about a blind child with several concomitant disabilities.

Vernon (1970) in studies of deaf cerebral palsied children concludes that "there are only a few deaf cerebral palsied children who are free from additional handicaps. Furthermore, a close examination of individual cases revealed that many of these children had four or five major disabilities" (p. 78). Another study by Vernon (1967) of children affected by the 1963-65 rubella epidemic found a high occurrence of multiple handicaps. According to Doctor (1972): "Many of the rubella children with hearing disabilities have other handicaps such as visual and/or neurological problems. Unfortunately, multiple handicaps are characteristic of congenital rubella" (p. 11).

Though incidence and prevalence studies of the multiply handicapped child are, at best, tenuous estimations, oftentimes subject to inconsistent and contradictory findings, the general consensus indicates that the number of multiply handicapped children is on the increase. Dunn (1973) notes that the rise in the incidence of handicapped children shows that the proportion of children with multiple handicaps is on the increase.

In addition to very sketchy information regarding the number of multiply handicapped children and the means by which to identify such youngsters, the problem of classifying these children and their educational needs is further hindered by the traditional unitary categories of handicaps. The child with two or more handicaps does not fit into any of the established categories of special education, and thus has been labeled "multiply handicapped"—a label which includes children whose intragroup and intraindividual characteristics are so numerous and varied that such a category is of no useful purpose in determining instructional functions. Even "dyads

of handicaps" have proven to be inadequate descriptions of multiple handicaps.

Not only are the combinations of the specific exceptionalities endless, it is also questionable whether a child with two handicaps bears only the consequences of one handicap *plus* the consequences of the other handicap. Instead, there seems to be a synergetic effect. As Hart (1969) claims, "The two handicaps do not function as addends but as multipliers. When a child has the two together, we can no longer think of separate categories but of accumulative problems" (p. 318). Thus a mentally retarded blind child is not merely a retarded child plus a blind child; his problems are not added but compounded. Doctor (1972) offers this analogy:

(W)hen we mix the colors of blue and yellow, we do not have a color of variegated hues. We have an entirely new color of green. And so it is with the child who is deaf and mentally retarded, aphasic and deaf, or deaf and blind—we have an entirely new problem. . . (p. 12)

The practice of designating a particular condition as the primary or secondary handicaps is also being reexamined. For example, whether a child in whom both blindness and mental retardation have been diagnosed is to be considered primarily a mentally retarded child and educated as such, or whether blindness is to be given priority has been a debatable issue. Hart (1969) notes that in the early part of this century:

(I)t was the consensus of educators of the blind that multiply handicapped blind children should be taught by teachers of the mentally retarded because mental retardation was the primary handicap. However, all too often teachers of the mentally retarded felt that these children should be taught by teachers of the blind because they were unfamiliar with the techniques used in teaching blind children. (p. 318)

There are some who believe that primacy should be ascribed to the more serious handicap and the child placed in a school equipped to handle such a handicap. Thus Sellin (1964) proposed that schools for the deaf be expected to provide for educable deaf children and that trainable deaf children should be educated in an institution for the mentally retarded.

As far as Wolf (1965) can determine, there seems to be no adequate rationale for the assignment of priority of one disability over another. Furthermore, the practice tends to overlook the needs of the total child in its attempt to pigeonhole the very complex and

multidimensional needs of a multiply handicapped child into the present framework of singular handicaps. Hart (1969) warns that, "The results of these attitudes are well known. The child is passed back and forth until he passes the age of formal education" (p. 318).

It is difficult to avoid errors in assessing children. With the presence of exceptionalities in a child, the process of evaluation is even more difficult. Psychological examiners attempt to be cognizant of the many factors that may affect a child's functioning; the handicapped child presents even more possible intervening elements.

As Bateman (1965) states:

The assessment of cognitive processes and products is a challenging task under the best of conditions. Many of our instruments and judgments are simultaneously relatively insensitive to variables we wish to tap and too sensitive to extraneous variables. Now when we add not just one, but two or three variables . . . our job seems almost overwhelming. (p. 193-4)

In the testing of cerebral palsied youngsters who often are multiply handicapped, Haeusserman (1952) enumerates the many problems which may affect the results of such testing. Included are: 1) immaturity; 2) infantilization; 3) negativism; 4) extreme deprivation of experiences; 5) extreme concretization; 6) retardation; 7) visual difficulties, such as visual-motor, reduced visual acuity, peripheral vision, ataxic visual difficulty, involvement of eye muscles; 8) inaccessibility to human speech; 9) delayed responses; 10) behavior deviations, such as perseveration, flight of ideas, and extreme distractability. Many of these problems would also apply to other supposedly singular dimensioned handicaps such as learning disabilities; imagine the seemingly impossible task of testing those with multiple handicaps.

Not only is the mere testing of multiply handicapped children extremely difficult, but the traditional measurement instruments may prove to be unsuitable. Francis-Williams (1965) observes that there are several test items in the Stanford-Binet Scale to which the severely handicapped child cannot respond. There is, also, much controversy regarding justification for making modifications in the testing and scoring procedures. Francis-Williams also notes the limitations of the Wechsler Intelligence Scale for Children, finding the Performance Scale with so many timed tests a problem for children with motor handicaps and/or poor motor coordination.

Guess (1967) states that : "Of the psychological tests available, only one, the Hayes-Binet for the Blind, has been standardized on blind children" (p. 472). However, notes Guess, "the highly verbal nature of Hayes-Binet seriously limits its use with many blind retarded children since they are often nonverbal or only partly verbal" (p. 472).

Henderson (1960) observes that there is no instrument available that has been designed and standardized for the measurement of the intelligence of children with multiple handicaps such as blind-retarded or deaf-retarded.

Though our means of identifying multiply handicapped youngsters are almost non-existent, incidence and prevalence studies, as well as public pressure, suggest that children with multiple handicaps will be enrolling into our public education systems in greater numbers. Present classification procedures are inadequate: the possible combinations are endless and oftentimes present misleading or grossly inaccurate descriptions of the total problem. To Tretakoff (1968), it appears that "educators have been creating labels without considering the complexity of the variables involved in the educational process" (p. 79). There is also a lack of reliable and valid testing instruments and procedures which interferes with our ability to identify such children and to accurately pinpoint the child's educational needs. Inconsistencies in the data of various reports as to the number of multiply handicapped children may well be the result of the inability to accurately assess a child's functioning level.

The admission of the multiply handicapped in increasing numbers into the regular education system will cause many repercussions throughout the discipline. While the mere existence of children with multiple handicaps mocks the theoretical framework of singular handicaps to which special education is almost exclusively committed, the challenges set forth by these children may well be the catalyst for implementing changes long desired by those in the categorical disciplines of special education. As Schwartz (1967) states:

A thoughtful and well planned approach to the special education of the multihandicapped may not only appropriately respond to their individual needs, but may well mark the end of additional categories and usher in a new era for all exceptional children and youth. The alternative to our continued piecemeal approach is the maturation of our discipline into a concerted and unified assault which provides the basis for future patterns of services. . . . (p. 65)

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