

# Area autistic and retarded children get help at developmental center

by Laura Scism  
Staff Writer

To a casual observer, the scene at the Orange County Developmental Center at 8:55 a.m. could take place at almost any day care center in Chapel Hill.

A little girl rides a tricycle round and round the room, sticking out her tongue at any child who blocks her path. One little boy throws a ball back and forth to a teacher. Another stands alone, and others play in small groups.

Squeals of delight and screams of anger punctuate the scene. "No hitting, Susan," a teacher says firmly to the ponytailed blonde on the tricycle.

"Throw me the ball, Billy."  
"Good playing, Jay."  
"No hitting, Susan."

Through it all, the music of a record player continues, interrupted only when a child, fascinated by the revolving record, lifts the needle.

"Leave the record player alone, Tommy."  
"Time for circle," a teacher says. Toys are put away, the record player is cut off and the children plop down on a comfortable shag rug. The day has begun.

But it is not a typical day-care-center day, because the Orange County Developmental Center is not a typical day care center. The 11 children who gather round the circle, in the large room that also functions as classroom, playroom, and lunchroom, are developmentally disabled.

Their developmental disorders range from autism to profound mental retardation. Autism, a type of childhood schizophrenia or psychosis, strikes one child out of every 2,500. Retardation affects an estimated three per cent of the U.S. population.

The autistic child, oblivious to his social environment, does not respond either socially or emotionally. Self-stimulating mannerisms, such as beating his head against a wall or rocking back and forth, characterize his behavior. Language in the autistic child is a major problem: many are mute; others mutter only meaningless sounds.

The degree of mental retardation varies, however, from educable to trainable to severe. Most of the 5.4 million retarded Americans approximately 83 per cent suffer mild retardation. They are the educable and the slow learners.

For the autistic and retarded children at the Center, holding a crayon or tying a shoelace is not easy. Even learning to walk can be a long and arduous process. Abstract concepts such as color and size are difficult, if not impossible to grasp.

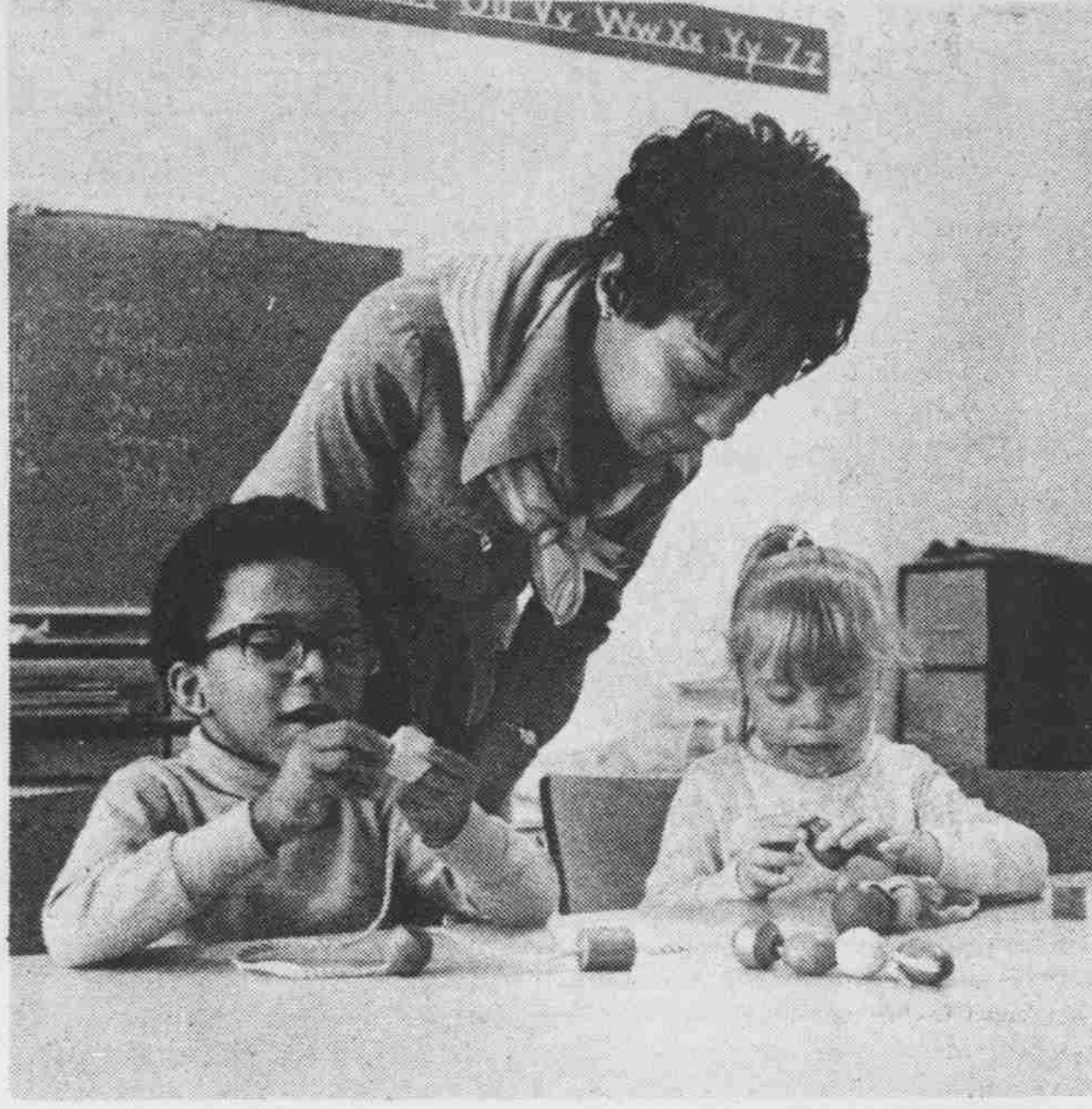
Jay, for example, had trouble with the concept of boy and girl. When the teachers worked with him on this idea, they used flash cards with pictures of boys and girls. But the pictures were too similar for the 4-year-old to differentiate. He identified the word "girl" with the card, not the picture, and for days he called every flash card a "girl."

The six teachers at the center, who range

in age from their early twenties to mid-forties, hold a variety of degrees in psychology, anthropology, elementary education, and speech pathology. One teacher, who did not attend college, has had several courses in caring for the mentally retarded. Only Director Shari Stracner and Assistant Director Britt Parker hold degrees in special education.

The teachers take full advantage of their facilities at the Olin T. Binkley Baptist Church at 1712 Willow Dr. The large room where the day begins is the focal point of the Center's activities, but the teachers also use smaller rooms across and down the hall for individual or small-group activities.

Teacher and student alike sit in child-sized



Staff photo by Bruce Clarke

Orange County Developmental Center teacher Marcia Maes helps developmentally disabled children improve their motor skills.

chairs at small semi-circular tables in these rooms and concentrate on the task at hand, be it learning a new word or drawing a straight line. Examples of the children's art work decorate the halls. Equipment for physical therapy, such as balls and a set of steps, lines the walls.

The teachers, through their educational training, trial-and-error experience and a lot of love and patience, help the disabled students accomplish goals which would not have been set for them otherwise.

Jacky, a short-haired blonde with long dark eyelashes, is a perfect example of how

the Center's programs can bring unexpected results. She was born with spina bifida—open spine—and also suffered brain damage. Only 4 years old, she has had 17 operations and now wears a brace from the waist down.

Doctors said Jacky would never walk because she lacked the necessary trunk control. Thanks to physical therapy she has received at the Center, Jacky now moves around with a walker.

Jacky has also improved her cognitive and social abilities. When she first came to the Center a year and a half ago, she cried every day for two months. She feared everything.

Today, Jacky smiles frequently, responds to all the teachers, and has a beautiful

reach them in the usual way. "You can't even tell how retarded they are because you can't reach them."

Teacher Dottie Harper voices another frustration—looking ahead to the day when the children will no longer have the support of the Center's facilities and teachers.

"Right now, the kids are fun to work with," Harper says. "But you don't know what will happen when they get away from you."

In the past two years of the Center's five-year history, five children have advanced to special education programs in the public schools. Students may enroll at the Center until they reach age 16.

Children who participate in the Center's programs come from as far away as Durham and Roxboro. The Orange-Person-Chatham Mental Health Center funds the Center, which costs approximately \$70,000 per year to operate. The money comes from area funds and matching state and federal grants.

Tuition fees at the Center are based on a sliding scale, with \$150 per month the maximum. Some parents pay as little as \$10 a month.

The children now enrolled range in age from 2 to 10 years. But chronological age is not that important.

Jay, for example, is four. Developmentally, however, he is only eighteen months. He sucks his thumb almost constantly and seems indifferent to the efforts of teacher Marie Farrar. But even Jay has made progress.

"It takes a long time," Center Director Stracner says. "You don't just say, 'Here's a block. Stack it.'"

"People who don't work with these kids say, 'So you learned to hold a pencil. Big deal.' But that's a real accomplishment."

For Jay, learning to string beads was such an accomplishment. In the beginning, Farrar strung the beads herself. Jay refused to pay attention. Gradually, she got him to pull the string through the beads. Finally, the child strung the beads by himself.

But in cognitive areas such as vocabulary, Jay continues to lag. He has not been evaluated yet to determine his exact cognitive age, and Farrar is pessimistic about results of those tests, which Jay will take later this month.

The tests rely heavily on recognition of objects in pictures, but when Farrar asks Jay to identify objects on flash cards, he just stares into space.

"What is this, Jay?" Farrar asks, holding a 5-by-7 flash card containing a picture of a ball, an object all 11 students have been concentrating on for the past week.

"Say 'ball,' Jay. Say 'ball,' Jay. Say 'ball,' Jay."

Finally he responds to her coaxing. "Good talking, Jay. Good talking." But Jay cannot identify pictures of a sandwich, a chicken, a swing set — his favorite piece of equipment on the playground — or a half-dozen other familiar items.

"What you have to do is keep throwing it at him," Farrar explains. "Right now I feel like I'm talking to a stone wall. But I know it will pay off in the end, so I keep doing it."

Repetition and reinforcement are vital ingredients in the learning process at the developmental center. If a child claps at the appropriate time in a pantomime song, the immediate and enthusiastic response of the teachers is "Good clapping, Susan," or "Good clapping, Tommy."

If a child runs across the room, the teachers exclaim, "Good running, William. Good running." If a child obeys a command, it's "Good listening, Susan. Good listening."

The teachers consider success itself a reinforcer. Incorrect answers are to be avoided at all costs. If a teacher asks a student a question and then realizes that the child does not know the answer, she will provide the correct response and then reward him with "Good talking, Jay" or "Good pointing, Susan."

Discipline and order are important. When a child first comes to the Center, he is not used to sitting still for long. His attention span is short. The teachers must concentrate on making him pay attention.

Each child receives at least 40 minutes of individual instruction a day. The teachers plan activities in 15-and-20-minute segments because of the children's short attention spans.

The teachers also schedule outdoor play periods. Time for a snack, lunch and a nap provide other breaks in what is a long, tiring day for most of the children. No learning activities are planned for the afternoon.

Morning activities range from practicing motor skills—walking up steps, stacking blocks or holding a crayon, for example, to improve cognitive abilities—recognizing pictures, identifying objects or using complete sentences.

If a child is unresponsive to a teacher, she prods him. "What is this, Jay? Show me the pumpkin. Is this a pumpkin. Good talking, Jay."

But if a child refuses to respond or is disruptive and refuses to settle down, the teacher stops immediately. The child is sent outside the room to sit by himself. Always, he must apologize for hitting a classmate, and say "please" and "thank you" at the lunch table.

"We are firm, but never mean," teacher Claire Edwardson says. "We don't baby our kids at all."

"If they run away from us down the hall, they'll run away from their mothers in a parking lot, so firmness is imperative."

In addition to verbal approval of the children's responses, the teachers use physical contact. Because the student-teacher ratio is slightly less than two to one, the teachers feel close to all the children. For a few hours each day, they become substitute

mothers or big sisters, and enthusiastic bear hugs often accompany statements such as "Good walking" or "Good eating." Food and drink are used as reinforcements also.

The teachers' methods are working. The children are learning and growing in both physical and cognitive skills. The teachers say they have seen each child progress.

But it is a long, slow, process. Each child presents special problems. "So much of it is trial and error," says Lynn Ezzell, the speech therapist. "You try one thing. If that's not what works with one child, you try something else."

"You just try to see what will get their interest up. It can get frustrating sometimes. Sometimes you think 'My God. I've spent three months working on one thing.' But when they finally get it, you realize it's all worthwhile."

Ezzell recalls working with one child on the "th" sound for four months. When he mastered the sound, she says, "he got just as excited as I did, because he knew he finally got it."

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