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THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL AT DALLAS

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DALLAS--At first glance, they look like a thousand other elementary classrooms.

Patient, smiling teachers preside over small knots of effervescent youngsters amid the predictable props of grade-schooling. Construction-paper cutouts brighten the plain rooms.

But the traditional setting is deceptive.

Far from ordinary, these five classrooms tucked away upstairs in Dallas' former Booker T. Washington High School are at the fore of an educational frontier. They are the "laboratories" of a unique cooperative attack on a puzzling language "short-circuit"--a defect that interferes with the learning process in thousands of children.

The classes are part of the Research and Evaluation Center for Learning, a pioneering research venture by the Dallas Independent School District, the Department of Pediatrics at The University of Texas Southwestern Medical School and several area universities. The institutions have joined forces in a three-pronged attack on the unexplained disability which can cause frustration and failure at a crucial point in the education timetable.

The center's director, Dr. Raleigh J. Huizinga, says the disability, which was not even recognized until recent years, poses an educational and medical puzzle.

"These children have a basic developmental disability in the acquisition of language skills," he said. "But often they are labeled slow, unmotivated or underachieving. In reality, they range in intelligence from average to extremely bright."

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The affected youngsters--variously estimated at making up 5 to 20 per cent of the school-age population--are not mentally retarded, Dr. Huizinga stressed, nor do they have an identifiable physical handicap, such as impairment of vision or hearing. Neither can the disability be traced to cultural disadvantage or emotional disturbance.

"What they have is a discrepancy between what they should do, with the abilities they have, and what they do do, in terms of academic skills," he explained.

"We feel that this is because they are not able to make efficient use of the data that comes in to them through their senses," he continued.

"Messages come in all right to the 'central switchboard' but they get fouled up, like crossed wires or a short-circuit, at that point."

Some language-disabled children do show what Dr. Huizinga terms "soft signs" of central nervous system dysfunction. To educators, these signals include hyperactivity, distractibility and the inability to maintain sequencing, as letters within a word or words within a sentence.

But these signs are basically "behavioral rather than clinical" and are usually not demonstrable by brain-wave tests or other medical procedures, he said.

Whether the defect is caused by some unfound physical flaw is yet not known. Comments Dr. Doman K. Keele, associate professor of pediatrics at Southwestern and RECL pediatrician:

"We're a long way from understanding the physiology of these children.

"There is generally no medical evidence of brain damage, although some do have minor neurological signs of questionable significance," he said.

Medical terms such as "dyslexia" (inability to read properly) and "dysgraphia" (difficulty in writing) are often used to describe specific learning problems, but are not appropriate in describing this group, Dr. Keele said, because "they do not sufficiently describe all the various academic problems we see in the language-disabled child."

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In the center--known as "RECL"--teams of experts from the participating institutions are at work on three aspects of the disability puzzle: appraisal, performed by the medical school; experimental instruction, by the school district; and teacher training, by RECL's staff with the aid of consultants.

First step in helping each child is appraisal. In a sense, Dr. Keele observes, this is a negative function--to rule out the presence of more serious conditions such as retardation, hearing or vision difficulties and other medical problems--so that educators may safely proceed with remedial schooling.

Dr. Keele estimates there are 9,000 such children in the Dallas Independent School District.

Each child identified as language-disabled is given a painstaking week-long evaluation, during which he or she is seen by nearly a dozen specialists including a psychologist, a pediatrician, speech and hearing therapists and others--plus the teacher who will try to help the youngster overcome the problem.

From this intensive study emerges a precise educational "prescription" for a corrective program tailored to fit the individual's pattern of disability, Dr. Huizinga explains.

"If a particular child needs emphasis on perceptual development, for example, this is what he gets. Or if he needs twice as much reading as math, then this becomes part of his study program."

RECL's carefully chosen teachers "bombard" the child's faulty sensory responses, using this special mix of educational techniques, which can include phonetics, word-family association, the "look-see" method (learning words by viewing them repeatedly) and others.

Some 50 children, ranging in age from 7 to 11, are getting this specially prepared instruction currently in the five classes at RECL, 2501 Flora in Dallas.

"These classes are individualized at whatever the level of the child's functioning--be that second, third, fourth or fifth grade, said Dr. Huizinga, who also is assistant professor of pediatrics at Southwestern.

Dr. Huizinga says a majority of referrals come at about the third or fourth grade, the time when teachers and parents most often begin scratching their heads about these children. The language disability is so subtle, he says, that it usually is not detected until the point at which schooling shifts "rather dramatically" from acquiring basic skills to the applying of those skills.

"Reading becomes reading for content, and we begin to realize that earlier assumptions about those basic skills are in error."

Ideally, the troubled children should be located sooner--possibly even pre-school--so that corrective steps can be taken before the emotional scarring of failure occurs. Treatment is easier earlier, he said, "and we'd save the child several years of grief."

The discovery of language disability in an otherwise normal youngster often brings sharp discrepancies in parents' expectations.

"Parents have trouble adjusting," RECL's director noted, "when they are told their child has an IQ of 125 and is reading a grade and a half below level."

Dr. Huizinga sees a successful corrective program as a temporary one--probably of about a year's duration--that would boost the child through the difficult learning period, using academic means to overcome the problem and "get back into the regular educational stream."

Three RECL pupils have already progressed to the point of being able to return to their regular schools, he said.

Founded three years ago by Southwestern's pediatrics chairman Dr. Heinz Eichenwald and Dallas School Supt. Dr. Nolan Estes, RECL is housed in space donated by the school district. The medical school's participation is supported by a grant from the Jonsson Foundation of Dallas.

During the current school year, the research center has given intensive appraisal to more than 75 children and has screened some 1,800 others in cooperation with the DISD.

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The screening was part of RECL's participation in a separate state-financed language disability study, "Project CHILD" (Children Having Individual Language Disabilities). In this effort three educational methods are being tested in classrooms in Dallas and Irving for their effectiveness in correcting language problems.

Southwestern is performing diagnostic screening of Dallas pupils in the project, with a goal of developing a simple but valid test which might be used statewide by the Texas Education Agency for the medical evaluation of language-disabled children.

RECL also has given special training to a wide array of specialists including about 100 Dallas teachers, pediatrics residents and clinical psychology students at Southwestern, graduate students in social work from UT Arlington and graduate students in special education from East Texas State University. And the center's increasing store of data on learning disabilities is being utilized in continuing research.

Interaction among scholars in RECL's unusual consortium, Dr. Huizinga feels, has created a fertile intellectual climate for the study and treatment of learning disabilities--one in which each specialized participant gains broader understanding of the many-faceted problem.

The ideal ultimate result of this collaborative effort, he said, would be the elimination of these language difficulties entirely.

"Prevention is the door to learning disability," he said, "and early detection is the key."

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