



# **SPE311**

## **Adolescents and Youth with Special Educational Needs**

Study Guide

**S R Nathan School of Human Development**



# Course Development Team

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# Course Guide

## Adolescents and Youth with Special Educational Needs

## 1. Welcome



*Presenter: Dr Eunice Tan Meng Yin*



This streaming video requires Internet connection. Access it via Wi-Fi to avoid incurring data charges on your personal mobile plan.

Click [here](#) to watch the video. <sup>i</sup>

Welcome to the course *SPE311 Adolescents and Youth with Special Educational Needs*, a 5 credit unit (CU) course.

This Study Guide will be your personal learning resource to take you through the course learning journey. The guide is divided into two main sections—the Course Guide and Study Units.

The Course Guide describes the structure for the entire course and provides you with an overview of the Study Units. It serves as a roadmap of the different learning components within the course. This Course Guide contains important information regarding the course learning outcomes, learning materials and resources, assessments and weightings, and additional course information.

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<sup>i</sup> <https://suss.ap.panopto.com/Panopto/Pages/Viewer.aspx?id=df87e60c-15ec-4744-8834-aea200750595>

## 2. Course Description and Aims

This course provides you with fundamental knowledge of the challenges and issues relating to gender that adolescents and young adults with special educational needs. It also touches strategies for using technology to engage learning for adolescents or youth with Special Educational Needs. Familial relationships that impact on the development of personal identity would also be analysed.

### Course Structure

This course is a 5-credit unit course presented over six weeks.

There are six Study Units in this course. The following provides an overview of each Study Unit.

#### **Study Unit 1 – Psychosocial and Special Educational Issues of Adolescents and Youths with Special Educational Needs**

This unit helps you understand the different challenges that boys and girls with special needs have to face and deal with during their pubertal phase. Adolescence is being progressively documented and recognised as an important critical period in the course of a person's life. It is a time when there is a rapid and precipitous development of the mind, body, and behaviours of a person. This period also opens opportunities and openings for interventions that may leave an indelible effect on the person

#### **Study Unit 2 – Gender and Identity Issues During Adolescence**

This unit will focus on puberty when many of the organs in the body and the body system mature. At the end of the puberty period, many people become sexually and reproductively developed. Rapid growth and development of the body occur during the puberty phase and it is also affected by the change in hormone levels in the body during

this period (He et al., 2017). Most human beings go through similar issues related to their gender and identity as adolescents and that also includes adolescents with special needs.

### **Study Unit 3 – Challenges and Bi-directional Impact of Family Relationship**

The aim of this unit is about the challenges that youths and adolescents have in meeting some of their educational needs. It also discusses and touches on some of the relational issues and challenges between family and youths and/or adolescents with special needs.

### **Study Unit 4 – Planning, Strategies and Interventions for Adolescents and Youth with Special Educational Needs**

This unit will cover transition planning which would include planning, strategies and different interventions. Such planning should begin during the time that the student is in secondary school. A good transition plan ought to always consider the young person's strengths, interests, goals, concerns and support needs. Transition plans must encompass areas like education, work, independent living, social life and community involvement. A team comprising the child (if that is possible), therapist, teachers, parents, and other stakeholders should be involved in this process.

### **Study Unit 5 – Social Interaction, Interventions and Strategies for Adolescents and Youth with Special Educational Needs**

This unit describes the numerous challenges that adolescents and youths with special needs face that are common to their typically developing peers. This unit gives a brief overview of some of the problems that these adolescents and youths must face especially in the area of social interactions. Some interventions and strategies for classroom use are also described.

## **Study Unit 6 – Social Inclusion of Adolescents and Youth with Special Educational Needs: In School and in the Community**

This unit introduces inclusive education promotes opportunities for the adolescent and youth to participate in activities and programs that otherwise would be unavailable to them. Teachers' attitudes and beliefs about their role can greatly enhance or diminish the success of this inclusive experience. Technology also has a pivotal role in terms of academic, social, and life skill achievements. In addition, extracurricular activities can assist in the development and advancement of peer relationships and self-identity.

## 3. Learning Outcomes

### **Knowledge & Understanding (Theory Component)**

By the end of this course, you will be able to:

- Examine the challenges and issues relating to gender that adolescents and young adults with Special Educational Needs face....
- Propose strategies for using technology to engage learning for adolescents or youth with Special Educational Needs.
- Determine the factors of familial relationships that impact on the development of personal identity of adolescents and youth with Special Educational Needs.

### **Key Skills (Practical Component)**

By the end of this course, you will be able to:

- Create a plan for supporting the transition of adolescents and young adults.
- Evaluate the effectiveness of community programmes of support for inclusion of adolescents and youth with Special Educational Needs.
- Analyse social emotional issues pertinent to the developmental phase of adolescence and early adulthood such as depression, bullying or friendships in the context of Special Educational Needs.



## 4. Learning Material

To complete the course, you will need the following learning material(s):

### **Required Textbook(s)**

Deshler, D. D., & Schumaker, J. B. (2005). *Teaching adolescents with disabilities: Accessing the general education curriculum*. Corwin Press.

## 5. Assessment Overview

The overall assessment weighting for this course is as follows:

Assessment	Description	Weight Allocation
Assignment 1	Written Assignment	20%
Assignment 2	Written Assignment	25%
Examination	Closed book exam	50%
PCQ	Pre Course Quiz	5%
<b>TOTAL</b>		<b>100%</b>

The following section provides important information regarding Assessments.

### Continuous Assessment:

There will be continuous assessment in the form of two Tutor-Marked Assignments (TMAs) and a pre-course quiz which together constitute 50 percent of the overall assessment for this course. The two assignments and PCQ are compulsory and are non-substitutable. They will test your understanding of both the fundamental and more advanced concepts and applications that underlie marketing. It is imperative that you read through your Assignment questions and submission instructions before embarking on your Assignment.

### Examination:

The final (2-hour) written exam constitutes the other 50 percent of overall student assessment and will test your ability to apply marketing-related concepts, theories, and strategies to particular situations commonly faced by marketing managers. All topics

covered in the course outline will be examinable. To prepare for the exam, you are advised to review Specimen or Past-Year Exam Papers available on the Learning Management System.

**Passing Mark:**

To successfully pass the course, you must obtain a minimum passing mark of 40 percent for each of the two TMA components, that is, your average mark for the two TMAs must be 40 percent or more. You must also obtain a minimum mark of 40 percent for the final exam. For detailed information on the course grading policy, please refer to the Student Handbook (Award of Grades section under Assessment and Examination Regulations). The Student Handbook is available on the Student Portal.

**Non-graded Learning Activities:**

Each study unit consists of activities for self-directed learning. These learning activities are meant to help you assess your own understanding and achievement of the learning outcomes. The activities can be in the form of Formative Assessments, Quizzes, Review Questions, or Application-Based Questions. You are expected to complete the suggested activities either independently or collaboratively.

## 6. Course Schedule

To pace yourself and monitor your study progress, pay special attention to your Course Schedule. It contains study-unit-related activities including Assignments, Self-Assessments, and Examinations. Please refer to the Course Timetable on the Student Portal for the most current Course Schedule.

**Note:** Always make it a point to check the Student Portal for announcements and updates.

## 7. Learning Mode

The learning approach for this course is structured along the following lines:

- a. Self-study guided by the study guide units. Independent study will require *at least 3 hours per week*.
- b. Working on assignments, either individually or in groups.
- c. Classroom Seminars (3 hours each session, 6 sessions in total).

### **iStudyGuide**

You may be viewing the interactive StudyGuide (iStudyGuide), which is the mobile-friendly version of the Study Guide. The iStudyGuide is developed to enhance your learning experience with interactive learning activities and engaging multimedia. You will be able to personalise your learning with digital bookmarking, note-taking, and highlighting of texts if your reader supports these features.

### **Interaction with Instructor and Fellow Students**

Flexible learning—learning at your own pace, space, and time—is a hallmark at SUSS, and we strongly encourage you to engage your instructor and fellow students in online discussion forums. Sharing of ideas through meaningful debates will help broaden your perspective and crystallise your thinking.

### **Academic Integrity**

As a student of SUSS, you are expected to adhere to the academic standards stipulated in the Student Handbook, which contains important information regarding academic policies, academic integrity, and course administration. It is your responsibility to read and understand the information outlined in the Student Handbook prior to embarking on the course.



**Study  
Unit**

**1**

**Psychosocial and Special  
Educational Issues of Adolescents  
and Youths with Special  
Educational Needs**

## Learning Outcomes

By the end of this unit, you should be able to:

1. Examine the challenges and issues relating to gender that adolescents and young adults with special educational needs face.
2. Understand the psychosocial development issues of adolescents and youth with special educational needs.
3. Propose strategies to assist persons with special needs as they go through the challenges experienced during puberty.



## Overview

**T**his unit describes the different challenges that boys and girls with special needs have to face and deal with during their pubertal phase. Adolescence is being progressively documented and recognised as an important critical period in the course of a person's life. It is a time when there is a rapid and precipitous development of the mind, body, and behaviours of a person. This period also opens opportunities and openings for interventions that may leave an indelible effect on the person (Butler & Beadle, 2007).

## Chapter 1: Puberty and Special Education

Persons with special needs often are delayed achieving their milestones. This delay in terms of reaching their milestones causes people to believe that puberty will also be delayed, or not reached at all, for this group of people. However, this belief is not true. Persons with special needs often experience puberty at about the same rate and age as typically developing children.

### 1.1 Girls and Puberty

Girls will have their own needs and challenges when navigating through puberty.

#### 1.1.1 Preparing for Periods

For most young women, one of the first signs of puberty would be the onset and development of breasts. The onset of periods usually occurs about two to three years after the initiation of breast development (Fei et al., 2021). Professional staff and teachers need to prepare female students with special needs for this part of their development.

Depending on the young woman with special needs, preparing her and trying to get her to understand the concept of what a period is can be a daunting matter. It is important that professional staff and teachers work on the basis of menstruation and the hygiene aspect. Start with the basic information regarding menstrual flow and the proper hygiene process. Visual supports — including picture books and social stories — are some ways to teach and explain menstruation (bleeding) and how to use a sanitary pad.

For some young women, their cognitive needs or physical needs may be too severe for them to understand an abstract concept such as menstruation. They may not have the capacity or understanding to cope with such a process. Thus for some women, it may be recommended to ask their parents and/or caregivers to seek medical help (Butler & Beadle, 2007). For example, they can ask for a referral to visit a gynaecologist and ask if their child is eligible for certain hormonal treatments (e.g., birth control pills) to reduce the

heavy period or to eliminate the periods. In Singapore and some parts of the world, if the young woman has a very low IQ and is deemed unable to take care of her physical needs, the exemption can be made whereby surgery can be performed to stop the menstruation process. However, this is a highly controversial option. Many developed countries, for example the United States, do not allow for such a treatment to take place.

It is important to inform the parents and caregivers to discuss and deliberate on the different options for their daughter with health care professionals. This would include doctors who are specialised in paediatric and adolescent gynaecology or a gynaecologist who specialises in treating persons with special needs (Butler & Beadle, 2007).

### 1.1.2 Engaging in Confidential and Private Conversations

Professional staff and teachers should speak to or have a confidential and private conversation with the student (when possible), together with some members of the school support team. If possible, it is recommended that the team be in close communication with the student, her parents and her paediatrician (Fei et al., 2021). This is to empower the student with her health as much as possible depending on her cognitive abilities. Some parents and caregivers may not agree to such an arrangement but having a confidential session with health professionals, including teachers and professional staff of the school, may be beneficial to the student. It is important that the conversation is not on a one-to-one with a school staff but to have at least two to three people in the group. It is even more important to involve a health professional when possible. This arrangement will encourage the student to have open, candid and honest communication.

### 1.1.3 Sexual Abuse and Susceptibility

It has been documented that girls with special needs are more susceptible to sexual abuse than typically developing girls. Thus it is important that schools and centres have programmes related to sexual abuse (Fei et al., 2021; Goli, Noroozi & Salehi, 2018). Students with special needs can be taught the different ways to defend themselves and

who or where to seek help when needed. Students need to understand what a comfortable touch versus an uncomfortable touch is.

For many parents, this is a worrisome issue, and thus it is paramount that a good sexuality programme is set up in order to ensure such worries are abated and to reduce such incidences.

### 1.1.4 Sexuality

All human beings (both males and females), including persons with intellectual or intellectual difficulties, have sexual desires, needs, and curiosities (Fei et al., 2021). Professional staff and teachers should discuss sexual relationships and activities. In Asia and different parts of the world, there are different viewpoints on this topic. Thus it is important to understand the family background, culture and society's views before drafting or discussing this topic. For certain more religious or conservative families or cultures, such relationships for the daughter or son with special needs will never be condoned. Discussion about pregnancies and diseases related to sexual activities should also be taught and explained within the comprehension of the young woman's cognitive abilities as well as family and societal expectations and values.

## 1.2 Boys and Puberty

Boys will also have their own needs and challenges when navigating through puberty.

### 1.2.1 Preparing for Nocturnal Emissions and Erections

It is a common phenomenon and occurrence that when boys enter puberty, they will experience nocturnal emissions. Boys at this stage in their lives will ejaculate in their sleep. This is known as nocturnal emission, or in layman's terms, it is called a "wet dream". These occurrences will usually occur between the ages of 13 and 17 years of age. For most boys, it will usually occur when they are around 14 years of age (Brix et al, 2018).

Professional staff and teachers must explain to their students the reasons why this happens. Emphasis must be made that this is a normal manifestation and is not something

that boys can control. The use of social stories or visuals may help students understand this change in their bodies.

Depending on the student's cognitive and physical abilities, professional staff and teachers can explicitly teach students about what to do when such occurrences happen. For example, this may include changing the bedsheet, putting the soiled bedsheet in the laundry basket, and washing up after themselves.

During puberty, most teenage boys, including teenagers with special needs, may experience several erections each day. Similar to nocturnal emissions, these are normal experiences and it is not something boys are able to control. The use of social stories, videos, books, and visuals may prepare students with special needs with a deeper grasp and understanding of this issue.

### 1.2.2 Engaging in Confidential and Private Conversations

Similar to the previous section when this subject was discussed, similar procedures should also be put in place for boys.

### 1.2.3 Sexual abuse and susceptibility

Although it has been documented that girls with special needs are more susceptible to sexual abuse than typically developing girls, it is also true for boys with special needs. Thus schools and centres must have programmes related to sexual abuse. Recommendations and procedures should be similar to that for the girls.

### 1.2.4 Sexuality

Similar explanation to that for sexuality in girls, which was described in the previous sections.

## Chapter 2: Psychosocial Development Issues of Adolescents and Youth with Special Educational Needs

Puberty is a period when it can be confusing for many typically developing persons but even more so for a child with special needs. Puberty will present itself with added challenges and trials that a child with special needs will need to work and contend with. Parents and caregivers of persons with special needs will also have to deal with these issues. They will need to help their child who is going through puberty navigate through the maze of uncertainties and challenges that may be associated with this phase of his or her life.

### 2.1 Preparation

For most children (typically developing children or a child with special needs), puberty will occur around the average age of 12 for girls and 14 for boys (Brix et al, 2018). It is noted in some studies that persons with special needs may start puberty earlier and some may start later than their typically developing peers. For girls, periods will usually start about two to three years after breast development whilst for boys, the enlargement of their scrotum and testes are usually one of the first signs of physical change for them (Goli, Noroozi & Salehi, 2018). Professionals, caregivers, and parents need to prepare persons with special needs around the pubertal age for these changes. Persons (teenagers) with special needs will respond and react better to these changes if they know what is to be expected.

It is important that professional staff and teachers use brief and succinct language with their students. They are to avoid using slang and to use the proper words for the different parts of the body. Using visual supports, videos and social stories are also good strategies to use to explain to persons with special needs about puberty.

Professional staff and teachers need to ensure that persons with special needs, including those with sensory, intellectual and physical challenges have accommodations or

adaptations made at their home, school, centre or work in order to allow them to maintain a certain standard of hygiene. It is paramount that these persons are always given a high level of dignity and self-respect wherever they are.

## 2.2 Communication

Professional staff and teachers must keep an open communication line with their student's parents, health care providers and/or caregivers. For the person with special needs who are verbal, encourage them to speak their thoughts. These conversations are educational and empowering for the student, and it is enlightening for adults to understand the student's mental, emotional and physical health. For persons with special needs who have more needs and who are nonverbal, alternative communication methods should also be encouraged.

## 2.3 Hygiene

Many persons with special needs find it challenging to take care of themselves and to maintain good hygiene. They also have a reduced or diminished awareness of how to take care of themselves. Some of these persons will continue to need some form of adult supervision in their lives in order to help them with their personal hygiene. This would include showering, washing hands, etc. These are some important pointers (examples) that professional staff and teachers can use to help a person with special needs with puberty.

- Visual Support: schedules, checklists, picture books (for example, show an image of a human body (for both sexes) to be used as a checklist for hygiene tasks).
- Hygiene kits or boxes: Making these kits with the students can be a great teaching opportunity. You can use a plastic box or a show box and stock it with products related to hygiene. For example, a toothbrush, bottle of soap, etc.
- Oral health: Persons with special needs usually have poor oral health and they are at risk of developing oral health problems due to a myriad of reasons. One of them is that many of these persons have sensory issues and the thought of brushing their

teeth or flossing is too difficult for them. For many persons with special needs, visiting a dentist is a non-existent affair and the thought of sitting in the dental chair and getting their teeth cleaned and checked by a dentist is again too overwhelming an experience for them. It is important that professional staff and teachers find a way to reach out to their students to help them with their oral hygiene and to improve on it. Using visuals and different strategies can help a person with special needs to be less afraid of the dentist and it can also be used to teach proper oral hygiene like brushing teeth.

- Showering or baths: There are various ways to assist a person with special needs to achieve independence in showering. Some of the strategies would include visual support, a tape recorder stating the different steps of the showering sequence and physical accommodations (eg bath seats).

## 2.4 Sexuality Education

It is important that all persons with special needs receive sexuality education when they reach puberty or even before they reach puberty. In fact, sexuality education should be ongoing and ought to continue even when that person is an adult. For most persons with special needs, they will be able to continue to benefit from sexuality education regardless of their ability and cognitive functioning level. It is paramount that professional staff and teachers have a programme for their students and to help them with issues related to their sexuality.

Persons with special needs also require sexuality education that will cover age-appropriate sexual issues that may be associated with their particular disability and will explain social rules, such as telling the difference between private and public behaviours. Sexuality education should always be delivered in an instructional mode that is easily accessible and understood by persons with special needs. It is also important that the information is aligned to the person with special needs, and it is to be shared with their parents and caregivers.



Many persons with special needs may not receive adequate (or any) sexuality education. There may also be many who would have missed out on this very important element of their schooling. Thus, every school or centre must have a programme teaching their students about sexuality and teaching them strategies for being safe.



## Watch

<https://www.youtube.com/watch?v=zuGfEhLZ0n4deo>

## Case Study

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2083760/>



## Reflect 1.1

This case study is about an American girl called Ashley X, who was diagnosed with static encephalopathy. This case study is about matters concerning puberty manipulation and management that goes beyond the typical approach.



## Lesson Recording

[Psychosocial and Special Educational Issues of Adolescents and Youths with Special Educational Needs](#)

## Summary

This unit gives a general overview of persons with special needs and puberty.

## Formative Assessment

1. Puberty is a period whereby it can be \_\_\_\_\_
  - a. confusing for many typically developing persons but even more so for a child with special needs.
  - b. not confusing for many typically developing persons as well as for a child with special needs.
  - c. confusing for many typically developing persons but even more so for a child with special needs.
  - d. confusing for many typically developing persons but has very impact for a child with special needs.
  
2. For most girls, onset of puberty starts at around \_\_\_\_\_.
  - a. 11 years of age
  - b. 12 years of age
  - c. 13 years of age
  - d. 14 years of age
  
3. It is important that professional staff and teachers \_\_\_\_\_
  - a. use slang and to use the proper words for the different parts of the body.
  - b. use slang and use the proper words for only some parts of the body.
  - c. avoid using slang and to use the proper words for some parts of the body.
  - d. avoid using slang and use the proper words for the different parts of the body.
  
4. Puberty will occur around the average age of \_\_\_\_\_ for boys.
  - a. 11 years
  - b. 12 years
  - c. 13 years
  - d. 14 years

5. People with special needs also require \_\_\_\_\_ that will cover \_\_\_\_\_ sexual issues that may be associated with their particular disability and will explain social rules, such as telling the difference between \_\_\_\_\_.
- sexuality education, age-appropriate, private and public behaviours
  - academic education, not age-appropriate, private and public behaviours
  - sexuality education, not age-appropriate, secretive and public behaviours
  - sexuality education, not age-appropriate, private and promiscuous behaviours
6. For most young women, one of the first signs of puberty would be the onset and development of \_\_\_\_\_.
- leg hair
  - breasts
  - pubic hair
  - a hoarser voice
7. It is a common phenomenon and occurrence that when boys enter puberty, they will experience \_\_\_\_\_.
- nightmares
  - breasts
  - softer skin
  - nocturnal emissions
8. It is important that all persons with special needs receive \_\_\_\_\_ .
- physical education
  - home economics education
  - arts and craft education
  - sexuality education

9. The onset of periods usually occurs about \_\_\_\_\_ after the initiation of breast development.
- a. one to two years
  - b. two to three years
  - c. three to four years
  - d. four to five years
10. It has been documented that girls with special needs are \_\_\_\_\_ susceptible to sexual abuse than typically developing girls.
- a. equally
  - b. less
  - c. more
  - d. similarly

## Solutions or Suggested Answers

### Formative Assessment

1. Puberty is a period whereby it can be \_\_\_\_\_
    - a. confusing for many typically developing persons but even more so for a child with special needs.  
Incorrect. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs
    - b. not confusing for many typically developing persons as well as for a child with special needs.  
Incorrect. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs
    - c. confusing for many typically developing persons but even more so for a child with special needs.  
**Correct. It is an extremely challenging phase in the life of a person with special needs. Refer to Study Unit 1 Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs**
    - d. confusing for many typically developing persons but has very impact for a child with special needs.  
Incorrect. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs
  
  2. For most girls, onset of puberty starts at around \_\_\_\_\_.
    - a. 11 years of age  
Incorrect. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs
    - b. 12 years of age
-

**Correct. Puberty starts at around 12 years of age for girls. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs**

- c. 13 years of age

Incorrect. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs

- d. 14 years of age

Incorrect. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs

3. It is important that professional staff and teachers \_\_\_\_\_

- a. use slang and to use the proper words for the different parts of the body.

Incorrect. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs

- b. use slang and use the proper words for only some parts of the body.

Incorrect. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs

- c. avoid using slang and to use the proper words for some parts of the body.

Incorrect. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs

- d. avoid using slang and use the proper words for the different parts of the body.

**Correct. We must always use the proper words for the different parts of the body. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs**

4. Puberty will occur around the average age of \_\_\_\_\_ for boys.

- a. 11 years

Incorrect. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs

- b. 12 years

Incorrect. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs

- c. 13 years

Incorrect. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs

- d. 14 years

**Correct. The onset of puberty for a boy is around 14 years of age. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs**

5. People with special needs also require \_\_\_\_\_ that will cover \_\_\_\_\_ sexual issues that may be associated with their particular disability and will explain social rules, such as telling the difference between \_\_\_\_\_.

- a. sexuality education, age-appropriate, private and public behaviours

**Correct. Persons with special needs also require sexuality education that will cover age-appropriate sexual issues that may be associated with their particular disability and will explain social rules, such as telling the difference between private and public behaviours. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs**

- b. academic education, not age-appropriate, private and public behaviours

Incorrect. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs

- c. sexuality education, not age-appropriate, secretive and public behaviours



Incorrect. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs.

- d. sexuality education, not age-appropriate, private and promiscuous behaviours

Incorrect. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs.

6. For most young women, one of the first signs of puberty would be the onset and development of \_\_\_\_\_.

- a. leg hair

Incorrect. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs.

- b. breasts

**Correct. For most young women, one of the first signs of puberty would be the onset and development of breasts. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs.**

- c. pubic hair

Incorrect. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs.

- d. a hoarser voice

Incorrect. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs.

7. It is a common phenomenon and occurrence that when boys enter puberty, they will experience \_\_\_\_\_.

- a. nightmares

Incorrect. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs

- b. breasts

Incorrect. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs

- c. softer skin

Incorrect. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs

- d. nocturnal emissions

**Correct. It is a common phenomenon and occurrence that when boys enter puberty, they will experience nocturnal emissions. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs**

8. It is important that all persons with special needs receive \_\_\_\_\_ .

- a. physical education

Incorrect. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs

- b. home economics education

Incorrect. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs

- c. arts and craft education

Incorrect. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs

- d. sexuality education

**Correct. It is important that all persons with special needs receive sexuality education.**

9. The onset of periods usually occurs about \_\_\_\_\_ after the initiation of breast development.

a. one to two years

Incorrect. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs

b. two to three years

Incorrect. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs

c. three to four years

**Correct. The onset of periods usually occurs about two to three years after the initiation of breast development. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs**

d. four to five years

Incorrect. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs

10. It has been documented that girls with special needs are \_\_\_\_\_ susceptible to sexual abuse than typically developing girls.

a. equally

Incorrect. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs

b. less

Incorrect. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs

c. more

**Correct. It has been documented that girls with special needs are more susceptible to sexual abuse than typically developing girls. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs**

d. similarly

Incorrect. Refer to Study Unit 1. Psychosocial and Special Education Issues of Adolescents and Youths with Special Educational Needs

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# Study Unit 2

## Gender and Identity Issues During Adolescence

## Learning Outcomes

By the end of this unit, you should be able to:

1. Examine the challenges and issues relating to gender that adolescents and young adults with special educational needs face.
2. Analyse the different physical changes of an adolescent with special needs.
3. Understand the different physical and emotional issues that an adolescent with special needs may experience.
4. Demonstrate an understanding of the challenges of puberty for an adolescent with special needs.



## Overview

**P**uberty is a period when many of the organs in the body and the body system mature. At the end of the puberty period, many people become sexually and reproductively developed. Rapid growth and development of the body occur during the puberty phase and it is also affected by the change in hormone levels in the body during this period (He et al., 2017). Most human beings go through similar issues related to their gender and identity as adolescents and that also includes adolescents with special needs.

## Chapter 1: Physical Changes for Adolescents with Special Needs

There are physical and emotional issues and changes that happen for both boys and girls during puberty. For both typically developing children as well as children with special needs, puberty would occur for most of them. Hormonal changes for both boys and girls usually start in the primary school years and would continue into their secondary school years. For girls, the start of puberty would usually be around 10 years of age and for boys, it would start around 11 years of age. However, it is important to note that every child develops at a different rate and this also applies to children with special needs (Fei et al., 2021). The ages given in this paragraph are an approximate estimate. In general, most girls would start their puberty process at a younger age than boys.

It is also typical to experience emotional changes during puberty because of hormonal changes and other reasons. Thus it is important that professional staff and teachers are alert and observe any challenges or behavioural changes that their students with special needs may be displaying.

### 1.1 Girls During Puberty

Puberty is a period where there are a lot of physical changes for a girl with special needs. Below are some of the changes and descriptions.

#### 1.1.1 Body Shape

During puberty, a girl's waist would usually become smaller, and her hip size would increase and become wider (He et al., 2017). There may also be an increase in fat deposits in the legs, buttocks, and stomach. These changes are all considered normal and are typical of many girls going through puberty. A girl's body size would also increase. The size of her feet, legs, arms and hands may also grow in advance of the body (Barkhordari-Sharifabad,

Vaziri-Yazdi & Barkhordari-Sharifabad, 2020). Such growth may sometimes make the girl feel clumsy and uncoordinated.

### 1.1.2 Acne

Acne is an issue that many girls, as well as boys with special needs, grapple with during puberty. Having acne breakouts is not exclusive to typically developing children but to special needs children as well. Acne is a skin condition that can affect anyone at any age but individuals going through adolescence (puberty) seem to have this problem more so than the other age groups. This could be because of their overactive sebaceous glands. One of the main reasons why many adolescents experience acne breakouts is hormonal stimulation. During puberty, there is an increase and upsurge in hormone production, which would cause the oil glands to enlarge and produce and secrete more oil and sebum (Fei et al., 2021).

Teen acne would characteristically begin at around the age when puberty starts. Acne can start as early as nine years old for some children and may go on for a few years after the onset of puberty. Some common areas where pimples or acne would appear on are the face, neck, chest, back and shoulder. These are the areas on the body with the most number of oil glands

Having acne is not just a physical problem but it may cause psychological and emotional distress to the person as well. For some adolescents, experiencing acne may cause depression.

### 1.1.3 Breast Growth and Tenderness

Breast development, or the growth of a girl's breasts, is often one of the first signs of puberty for females. For many girls with special needs, the first sign of puberty is the development of breast 'buds'. They are the size of twenty-cent coins under the nipple. It is quite typical for one breast to start developing before the other. It is also quite common for breast buds to be feeling sore or tender (Barkhordari-Sharifabad, Vaziri-Yazdi & Barkhordari-Sharifabad, 2020). Both issues of breast growth and tenderness are typical

signs for girls going through puberty and they are nothing to be alarmed about. Uneven breast growth and tenderness would improve with time (He et al., 2017).

#### 1.1.4 Hair growth

For many girls with special needs, they would experience coarser hair growth in their genital area, under the arms and on their legs. For some girls, about 15 % of them, the appearance of pubic hair may happen before the development of breasts.

#### 1.1.5 Vaginal discharge

Vaginal discharge is another typical occurrence for girls with special needs going through puberty. For some girls, they would experience a small to moderate amount of clear or white discharge that may occur about six to twelve months before the start of their first menstrual cycle. This is because their body is responding and adjusting to the increase of the hormone estrogen in their bodies (Barkhordari-Sharifabad, Vaziri-Yazdi & Barkhordari-Sharifabad, 2020).

#### 1.1.6 Periods

For different girls, including girls with special needs, the timeline to the start of getting their periods would vary. Most girls should get their periods about 2-3 years after the development of breast buds. For most girls, the average age for them to get their periods should be around 12 years of age. Girls should be encouraged to talk about it (if they are able to) and for professional staff and teachers to help them with this development. For many of your students, some preparation work would need to be done in order for them to understand this aspect of their puberty development (Fei et al., 2021). Teaching them how to take care of themselves and different aspects of personal hygiene related to their periods is very important.

### 1.1.7 Period Irregularity

It is very typical for periods to be irregular when a girl first starts experiencing and going through her menstrual cycle. This is especially so in the first few years of puberty as the body is trying to adapt to the physiological changes (Barkhordari-Sharifabad, Vaziri-Yazdi & Barkhordari-Sharifabad, 2020). The normal cycle of periods for most women may vary from as short as 21 days to as long as 35 days.

### 1.1.8 Period Pain

Some girls may experience abdominal cramps or pain before or during their periods. This occurrence is quite common. Painkillers like ibuprofen or naproxen are sometimes prescribed by medical practitioners when dealing with period cramps or pain. When the pain gets too severe, it is advisable for their parents or caregivers to take their child to visit their doctor who in turn may recommend a visit to the gynaecologist.

## 1.2 Physical Changes for Boys During Puberty

Puberty is a period where there are a lot of physical changes for a boy. Below are some of the changes and descriptions.

### 1.2.1 Enlargement of the testicles and scrotum

One of the earliest signs that a boy (including boys with special needs) is going through puberty is the enlargement of his testicles and scrotum. There is almost a doubling in terms of the size of the testicles and the scrotal sac. This usually marks the commencement of puberty for boys (He et al., 2017).

During puberty, the testicles would continue to grow in size. The skin of the scrotum would also darken. The scrotum would also get larger and would hang down from the body and it would also be dotted with tiny bumps on it. These tiny bumps are in fact hair follicles. For most boys, one of their testicles is usually lower than the other. It usually happens on the left testicle.

### 1.2.2 Hair growth

A boy's body would be fuelled with testosterone during puberty. For all boys, they may experience lighter-coloured hair that would start to grow at the base of the penis. However, as time goes by, this hair would become darker and coarser in texture. As time progresses (a few years), this hair would cover the entire pubic area and it may also spread to the thigh region (Brix et al, 2018).

Over the next few years, this hair would cover the entire pubic region, then spread toward the thighs. For many boys, a thin line of hair from the pubic area to the naval can be seen as well. From the start of the first appearance of pubic hair, it would take about two years for hair to sprout onto the other parts of the body. This would include hair on the face, arms, legs and underarms, and for some boys, hair may also appear on the chest and back.

### 1.2.3 Changing Body Shape

Boys, including boys with special needs, would usually also go through rapid body changes during puberty. At the start of puberty, many boys may look chubby and plump. They also tend to look a bit disproportionate in that their arms and legs look long compared to their torso. This would happen just before the onset of puberty for them (He et al., 2017). They would also experience a growth spurt. The body proportion would start to change as the torso starts to lengthen. Boys would continue to fill out in terms of body mass and muscles throughout their puberty stage and by their late teens, many boys would have a body composition comprising of only about 12% fat.

### 1.2.4 Penis Growth

Like feet sizes, the size of a penis varies for each boy. Some boys may perhaps have adult-size genitals as early as thirteen years of age or as late as eighteen years of age. At the beginning of puberty, the penis would first grow in length and then it starts to increase in width as well.

### 1.2.5 Change in Voice

Before a boy reaches puberty, his larynx would still be small, and his vocal cords would also be small and thin. However, once he starts his journey into puberty, his larynx would get larger, and his vocal cords would also lengthen and thicken. This would make his voice sound deeper. At the same time, a boy's facial bones would also begin to grow. The cavities or hollows in the nose area and the back of his throat would also get bigger, thus creating more space. This would allow the voice to resonate.

As a boy's body adjusts and tries to accommodate this change in his larynx and vocal cords, his voice may sometimes 'crack' or 'break' when he is talking. This process would occur for only a few months. Once the larynx has stopped growing and changing, the voice would stabilise and would no longer 'crack' or 'break'. It would then be replaced with a deeper voice that is typical of most adult men (Brix et al, 2018).

### 1.2.6 Wet dreams and Ejaculations

This issue was described and discussed in Unit 1 of this study guide.

## 1.3 Moodiness and Puberty

Before the routine usage of the MRI (magnetic resonance imaging), it was problematic and challenging for professionals and doctors to see and understand what was happening inside the brain of an adolescent. Previously, all that researchers could work on were the brains of children and adolescents who had passed away. Now with the advancement of MRI scans, it has been proven that during puberty, the brain grows at a rapid rate.

The part of the brain that seems to change most during puberty is the prefrontal cortex. The prefrontal cortex of the brain is where more complicated and complex behaviours are controlled and regulated. It is where more complex and difficult decision making, conveying one's disposition and personality, and guiding and managing one's social interactions happen. This particular area of the brain has a resurgence during this period of adolescence. Connections and relations amongst these brain cells happen at high frequencies again after being comparatively constant during childhood (Brix et al, 2018).

During puberty, the adolescent brain has more white matter in some parts of the brain, predominantly in the frontal lobe and parietal lobe. These parts of the brain deal with numerous diverse developments, including reasoning, deduction, judgment, discrimination and impulse control.

There have been some reports of adolescents being moody. This moodiness could probably be linked to the changes that are going on in the brain of an adolescent during this period. Hormones seem to also have a role to play in terms of moods. It is believed that sex hormones (estrogen and testosterone) can have an emotional impact on the brain of an adolescent. This could lead to issues with moodiness (Brix et al, 2018).

## 1.4 Gender Identity, Special Needs and Puberty

There are not many research studies on gender identity and special needs except for a few case studies and many of them seem to be focused on individuals with autism spectrum disorder (ASD). From the limited materials, there are not many evidence-based strategies and /methodologies to assist adolescents with special needs with issues in the area of gender identity.

In Singapore, if a professional staff or teacher suspects that their student has a gender identity issue, he or she should refer the child to a child guidance clinic for proper assessment and diagnosis.



### Watch

<http://www.socialworkerstoolbox.com/education-puberty-10-14yrs-old-busy-bodies-adolescent-development-programme/>





## **Lesson Recording**

[Gender and Identity Issues During Adolescence](#)

## Summary

This unit gives a summary of the different gender and identity issues that may occur to an adolescent with special needs. Adolescents with special needs may have a harder time grappling with the different issues regarding their gender and identity during puberty.

## Formative Assessment

1. There are \_\_\_\_\_ and \_\_\_\_\_ issues and changes that happen for both boys and girls during puberty.
  - a. physical, emotional
  - b. physical, responsive
  - c. touchable, emotional
  - d. physical, sensitive
  
2. One of the earliest signs that a boy (including boys with special needs) is going through puberty is the enlargement of his \_\_\_\_\_ and \_\_\_\_\_.
  - a. testicles, head
  - b. testicles, scrotum
  - c. hips, scrotum
  - d. testicles, hands
  
3. A boy's body would be fuelled with \_\_\_\_\_ during puberty.
  - a. medication
  - b. treatment
  - c. testosterone
  - d. viruses
  
4. In Singapore, if a professional staff or teacher suspects that their student has a gender identity issue, he or she should refer the child to a/an \_\_\_\_\_ for proper assessment and diagnosis.
  - a. occupational therapist
  - b. orthopaedic clinic
  - c. cardiologist clinic
  - d. child guidance clinic

5. It is believed that sex hormones (estrogen and testosterone) can have a/an \_\_\_\_\_ impact on the brain of an adolescent. This could lead to issues with moodiness.
- physical
  - emotional
  - mental
  - auditory
6. During puberty, a girl's \_\_\_\_\_ would usually become smaller and her \_\_\_\_\_ size would increase and become wider.
- hands, hip
  - waist, ears
  - neck, hip
  - waist, hip
7. \_\_\_\_\_ is an issue that many girls, as well as boys with special needs, grapple with during puberty.
- Headaches
  - Fainting
  - Acne
  - Dry skin
8. Some girls may experience abdominal cramps or pain before or during their \_\_\_\_\_.
- holidays
  - math class
  - periods
  - naps

9. For some girls, they would experience a small to moderate amount of clear or white discharge that may occur about 6 to 2 months before the start of their \_\_\_\_\_ menstrual cycle.
- a. first
  - b. second
  - c. third
  - d. fourth
10. Breast development, or the growth of a girl's breasts, is often one of the \_\_\_\_\_ signs of puberty for females.
- a. last
  - b. middle
  - c. first
  - d. final

## Solutions or Suggested Answers

### Formative Assessment

1. There are \_\_\_\_\_ and \_\_\_\_\_ issues and changes that happen for both boys and girls during puberty.

a. physical, emotional

**Correct. There are physical and emotional issues and changes that happen for both boys and girls during puberty. Refer to Study Unit 2 of the course guide book.**

b. physical, responsive

Incorrect. Refer to Study Unit 2 of the course guide book.

c. touchable, emotional

Incorrect. Refer to Study Unit 2 of the course guide book.

d. physical, sensitive

Incorrect. Refer to Study Unit 2 of the course guide book.

2. One of the earliest signs that a boy (including boys with special needs) is going through puberty is the enlargement of his \_\_\_\_\_ and \_\_\_\_\_.

a. testicles, head

Incorrect. Refer to Study Unit 2 of the course guide book.

b. testicles, scrotum

**Correct. One of the earliest signs that a boy (including boys with special needs) is going through puberty is the enlargement of his testicles and scrotum. Refer to Study Unit 2 of the course guide book.**

c. hips, scrotum

Incorrect. Refer to Study Unit 2 of the course guide book.

- d. testicles, hands  
Incorrect. Refer to Study Unit 2 of the course guide book.
3. A boy's body would be fuelled with \_\_\_\_\_ during puberty.
- a. medication  
Incorrect. Refer to Study Unit 2 of the course guide book
- b. treatment  
Incorrect. Refer to Study Unit 2 of the course guide book.
- c. testosterone  
**Correct. A boy's body would be fuelled with testosterone during puberty.  
Refer to Study Unit 2 of the course guide book.**
- d. viruses  
Incorrect. Refer to Study Unit 2 of the course guide book.
4. In Singapore, if a professional staff or teacher suspects that their student has a gender identity issue, he or she should refer the child to a/an \_\_\_\_\_ for proper assessment and diagnosis.
- a. occupational therapist  
Incorrect. Refer to Study Unit 2 of the course guide book.
- b. orthopaedic clinic  
Incorrect. Refer to Study Unit 2 of the course guide book.
- c. cardiologist clinic  
Incorrect. Refer to Study Unit 2 of the course guide book.
- d. child guidance clinic  
**Correct. In Singapore, if a professional staff or teacher suspects that their student has a gender identity issue, he or she should refer the child to a**
-

**child guidance clinic for proper assessment and diagnosis. Refer to Study Unit 2 of the course guide book.**

5. It is believed that sex hormones (estrogen and testosterone) can have a/an \_\_\_\_\_ impact on the brain of an adolescent. This could lead to issues with moodiness.
- a. physical  
Incorrect. Refer to Study Unit 2 of the course guide book
  - b. emotional  
**Correct. It is believed that sex hormones (estrogen and testosterone) can have an emotional impact on the brain of an adolescent. This could lead to issues with moodiness. Refer to Study Unit 2 of the course guide book.**
  - c. mental  
Incorrect. Refer to Study Unit 2 of the course guide book.
  - d. auditory  
Incorrect. Refer to Study Unit 2 of the course guide book.
6. During puberty, a girl's \_\_\_\_\_ would usually become smaller and her \_\_\_\_\_ size would increase and become wider.
- a. hands, hip  
Incorrect. Refer to Study Unit 2 of the course guide book.
  - b. waist, ears  
Incorrect. Refer to Study Unit 2 of the course guide book.
  - c. neck, hip  
Incorrect. Refer to Study Unit 2 of the course guide book.
  - d. waist, hip
-



**Correct. During puberty, a girl's waist would usually become smaller, and her hip size would increase and become wider. Refer to Study Unit 2 of the course guide book.**

7. \_\_\_\_\_ is an issue that many girls, as well as boys with special needs, grapple with during puberty.

a. Headaches

Incorrect. Refer to Study Unit 2 of the course guide book.

b. Fainting

Incorrect. Refer to Study Unit 2 of the course guide book.

c. Acne

**Correct. Acne is an issue that many girls, as well as boys with special needs, grapple with during puberty. Refer to Study Unit 2 of the course guide book.**

d. Dry skin

Incorrect. Refer to Study Unit 2 of the course guide book.

8. Some girls may experience abdominal cramps or pain before or during their \_\_\_\_\_.

a. holidays

Incorrect. Refer to Study Unit 2 of the course guide book.

b. math class

Incorrect. Refer to Study Unit 2 of the course guide book.

c. periods

**Correct. Some girls may experience abdominal cramps or pain before or during their periods. Refer to Study Unit 2 of the course guide book.**

d. naps

Incorrect. Refer to Study Unit 2 of the course guide book.

9. For some girls, they would experience a small to moderate amount of clear or white discharge that may occur about 6 to 2 months before the start of their \_\_\_\_\_ menstrual cycle.

a. first

**Correct. For some girls, they would experience a small to moderate amount of clear or white discharge that may occur about 6 to 2 months before the start of their first menstrual cycle. Refer to Study Unit 2 of the course guide book.**

b. second

Incorrect. Refer to Study Unit 2 of the course guide book.

c. third

Incorrect. Refer to Study Unit 2 of the course guide book

d. fourth

Incorrect. Refer to Study Unit 2 of the course guide book.

10. Breast development, or the growth of a girl's breasts, is often one of the \_\_\_\_\_ signs of puberty for females.

a. last

Incorrect. Refer to Study Unit 2 of the course guide book.

b. middle

Incorrect. Refer to Study Unit 2 of the course guide.

c. first

**Correct. Breast development, or the growth of a girl's breasts, is often one of the first signs of puberty for females. Refer to Study Unit 2 of the course guide book.**

d. final

Incorrect. Refer to Study Unit 2 of the course guide book.

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# Study Unit 3

**Challenges in Meeting the Special Educational Needs and the Bi-Directional Impact of Relationship Between Family and Adolescents and Youth with Special Educational Needs**

## Learning Outcomes

By the end of this unit, you should be able to:

1. Suggest strategies for using technology to engage learning for adolescents or youth with special educational needs.
2. Determine the factors of familial relationships that impact the development of the personal identity of adolescents and youth with special educational needs.
3. Comment on some needs and challenges of youths and adolescents with special needs.
4. Describe some strategies or interventions when handling an adolescent or youth with special needs.

## Overview

**T**his unit is about some of the challenges that youths and adolescents have in meeting some of their educational needs. It also discusses and touches on some of the relational issues and challenges between family and youths and/or adolescents with special needs.

## Chapter 1: Challenges in Meeting the Educational Needs of Adolescents and Youths with Special Needs

This chapter focuses on the needs and challenges of adolescents and youths regarding some of their educational needs as well as how technology can assist and help them with some of their challenges. As schools continue to include students with special needs, more planning will need to take place in order to give these students a successful and inclusive experience. Integrating technology into classrooms will support these youths with special needs by mitigating some of the issues that they may encounter when they access the curriculum.

As schools increasingly embrace modern learning environments and integrate technology into classrooms and the curriculum, they must also be mindful of potential barriers for students with special learning needs in these spaces. There are a few ways educators can use digital tools in the classroom to meet the individual needs of their students and help them through learning challenges. The following are suggestions and there are many more devices that have not yet been explored or discovered. The following are just some examples.

### 1.1 Technology for Adolescents or Youth with Special Educational Needs

Technology is an important avenue that can be harnessed to assist engagement of learning for adolescents or youth with special educational needs.

#### 1.1.1 Visual Impairment or Blindness

There are different types of assistive devices that will benefit youths with visual impairment or blindness. There are devices like Google Chromebooks that have audiovisual assistance attached to them. Take for instance Chromebooks, it has a built-in screen reader called ChromeVox. ChromeVox will read the content out aloud for users of



the Chrome browser. Chromebooks have attributes that include features that can make reading on-screen content much easier. They include screen magnifiers, high-contrast mode and select-to-speak. Teachers can also use a Bluetooth enabled Braille keyboard if their students need some form of Braille support. Certain popular and current cloud-based applications such as the G Suite for Education and Microsoft Office 365 also have added features like dictation capabilities. This will allow students to input words using their voices.

### 1.1.2 Hearing Impairment or Deafness

The FM system is a technology that is used by many youths when accessing their education and listening to verbal instructions in the classroom. The FM system basically works as a system that transmits sound directly to the student's hearing aid. This is especially useful for a deaf student in a noisy classroom environment because when a teacher uses an FM system, her words or voice goes directly into the student's ears, muffling or reducing the noise from the environment. There are also other video technology applications such as Flipgrid, which has closed-caption features. Other applications include videoconferencing tools like Microsoft Teams, which has live captioning and available subtitles.

### 1.1.3 Speech Disabilities

There are different types of technology that can be harnessed to help a student with speech challenges or difficulties. Some software have speech to text features and word prediction type tools. Such technology applications can assist a student with speech disabilities. Speech-to-text software and word prediction tools can assist students with speech disabilities when they communicate with their classmates and teachers. For example, Microsoft Office 365 applications have features like Dictate, which is an AI-enabled add-in that allows or permits students to speak into a microphone and then having their speech converted or transformed into text on the computer.

### 1.1.4 Learning Disabilities

Many students with autism benefit from virtual reality-type experiences where technology has been instrumental in this aspect of learning for many these students. In addition to creating virtual reality experiences for students with autism, devices like memory aids, audiobooks and text-to-speech systems have been particularly helpful for students who may require additional support or help with learning, attention and organisation. One specific tool that has been beneficial to students with additional learning needs is Microsoft's Immersive Reader. It is a device that is explicitly intended and designed to support students with dyslexia and dysgraphia. Through the Immersive Reader device, students have text that will be read out aloud to them and have words broken down into syllables. This device can be used for English and other languages as well.

There is another element called Microsoft's Tell Me feature, which permits students to have access to commands on the Office 365 applications. There are also downloadable fonts such as OpenDyslexic. It is an application in which special fonts are downloaded that help enhance the readability and reading agility and speed of students with dyslexia.

### 1.1.5 Mobility challenges

Technology can also assist students with mobility challenges. One method of optimising classroom spaces is having furniture that is flexible or movable. This would include standing desks, wobble stools and exercise balls which may help a student with his mobility and balance.

Another way that assistive technology may help a student with mobility challenges is the use of interactive displays or touch-screen monitors, especially if they are unable to use a keyboard or mouse because of restrictions to their mobility and movement.

## 1.2 Needs and Challenges of Youths and Adolescents with Special Needs

There are many types of needs of youths and adolescents with special needs. In the following sections, we will focus on the five more common types of special needs amongst adolescents and some rudimentary guidelines in handling these common challenges amongst these adolescents and youths.

### 1.2.1 Autism

Currently, ASD is conceptualised as a spectrum, which comprises of a diverse range of characteristics of ASD that may be exhibited. Regardless of where an individual falls on the ASD spectrum, all individuals with ASD will have a triad of core deficits that includes significant deficits that are different from those of their same-age peers. These deficits include (Jo et al., 2015; Johnson et al., 2016; Riches et al., 2017):

- i. Socialisation
- ii. Communication (verbal and non-verbal communication)
- iii. Behaviours (restricted, repetitive and stereotyped patterns of behaviours, interests and activities)

Individuals with ASD also have shortfalls in other areas of development including deficits in the development of joint attention, theory of mind and weak central coherence. Both joint attention and weak central coherence are interrelated with social development. Weak central coherence refers to deficits in cognitive skills. Common comorbidities associated with ASD are ADHD, sleep disorder, mood disorders, anxiety disorder, seizure disorders and intellectual disorders (Jo et al., 2015; Johnson et al., 2016; Riches et al., 2017).

ASD is part of a spectrum of different levels of abilities, skills and symptoms. According to the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM 5) from the American Psychiatric Association, individuals with ASD may possess the following symptoms:

- i. Constant challenges with social communication and interaction with other individuals
- ii. Multiple manifestations of narrow and restricted interests, repetitive type behaviours or activities
- iii. Symptoms, as stated in i and ii above, that are usually recognised in the early years of a child's life
- iv. Symptoms that restrict an individual's capability to function within social settings, at work, in school and other areas of the person's life.

Historically, Asperger's syndrome and autistic disorder were considered as two related conditions and recorded as subcategories within the diagnosis of 'pervasive developmental disorders'. DSM 5 no longer emphasises these subcategories but instead groups an array of characteristics and severities within a single category. Individuals previously identified as having Asperger's syndrome or autistic disorder are now included under the larger grouping of ASD. Autism is known as a developmental disability that is a developmental disorder of uneven and variable severity. It is characterised by symptoms like difficulty in social interaction and communication and also by restricted or repetitive patterns of thought and behaviour.

### 1.2.1.1 Strategies or Interventions in Handling an Adolescent or Youth with Autism Spectrum Disorder (ASD)

The following sections are descriptions of how to manage an adolescent or youth with autism.

#### 1.2.1.1.1 Applied Behaviour Analysis (ABA)

ABA is defined as the process of adding on or putting on behavioural principles to modify or change explicit behaviours and at the same time to evaluate and assess the effectiveness of the intervention. Applied behavioural analysis (ABA) is a well-known therapy that has been marketed as a type of therapy that is able to improve social, communication, interactional relationships and skills acquisition using positive reinforcement.

Many expert authorities in the field of autism believe that ABA is the gold-standard for management or treatment of individuals with autism spectrum disorder (ASD) or other types of developmental conditions. ABA underscores and stresses equally the prevention and remediation aspect of the problem behaviour. Significant and substantial considerations are given to the social and physical aspects of the environment. This will include the antecedent conditions or environments and consequences that may elicit and sustain a particular behaviour.

Many experimental studies have documented and acknowledged the effectiveness and efficacy of ABA for many individuals with ASD. These interventions ought to be under the supervision of a trained or qualified behavioural psychologist or behaviour therapist.

Many research studies have suggested that the best results usually transpire when ABA is initiated and introduced in the early part of a child's development. This would usually be before the age of five years old. However, there are many older children, adolescents and youths who are still undergoing ABA and are still reaping the benefits of this intervention.

#### 1.2.1.1.2 Social Skills Training

Social interaction is a core issue and problem for many individuals with ASD. There are some indications and evidence that specific interventions to train social skills can be effective and helpful as well as increase prosocial type behaviours. The use of social narratives/stories is another tool that can be harnessed for social skills training. The usage of peer-mediated interventions or strategies to construct social skills is well recognised as well. There is some evidence that explicit aspects or features of social interaction (e.g., eye contact, joint attention, verbal greetings, etc.) can also be learned and taught using focused training.

#### 1.2.1.1.3 Cognitive-Behavioural Therapy

The scientific pieces of evidence for the use of cognitive behavioural therapy (CBT) for adolescents, youths and adults having mood or adjustment difficulties is extensive, wide-ranging and diverse. CBT is considered one of the most extensively used non-pharmacological treatments and management for many individuals with mental and emotional disorders, for example, depression. Its use for individuals with autism spectrum disorders is also growing.

CBT focuses on replacing or substituting negative or ineffective displays of thought and behaviour and replaces it with structured and organised strategies that are effective in improving and correcting mood and adaptive functioning. In many autism research studies, the scientific evidence suggests that for the effectiveness of "self-management," a form of CBT, it is actually self-management interventions that help individuals with autism learn to independently control and normalise their individual behaviours. This will help them regulate and to try to act appropriately in a variety of settings, be it at the home, school, or the community.

With these interventions and strategies, individuals with ASD are shown the different ways to discriminate between appropriate and inappropriate behaviours, to correctly observe and document their own behaviours, including rewarding themselves for behaving in an appropriate manner.

#### 1.2.1.1.4 Medication

The use of medication as treatment for the different symptoms of ASD has always been controversial. In some countries like the United States, medication is recommended for many individuals with autism. It has been documented that numerous psychiatric disorders in children have been successfully treated by medications, and many of these psychiatric disorders comprise of symptoms that coincide with the same symptoms seen in individuals with ASD. They would include hyperactivity, inattention, tics, obsessive-compulsive behaviours, aggression, depression, anxiety and sleep problems. As of now,

there are no known medication that can directly treat the social and language impairments and challenges found in individuals with ASD.

## 1.2.2 Attention Deficit Hyperactivity

Attention deficit hyperactivity disorder (ADHD) is a mental health disorder or condition that manifests itself in high levels of hyperactivity, which can include displays of impulsive type behaviours. Individuals with ADHD may also find it challenging to focus their attention on a single task or assignment. They may fidget and appear restless when asked to sit for long periods. Both adults and children can have ADHD. ADHD can be treated with a combination of medication, therapy and coaching. Some well-known individuals with ADHD include Justin Timberlake, Jamie Oliver, and Michael Phelps.

### 1.2.2.1 Strategies or Interventions in Handling an Adolescent or Youth with ADHD

The following sections are descriptions of how to manage an adolescent or youth with ADHD.

#### 1.2.2.1.1 Behaviour Therapy

Having symptoms of ADHD not only affects an individual's capability to pay attention or concentrate, but it can also adversely affect relationships with family members and other siblings within the family unit. Children with ADHD often display behaviours that can be seen as very disruptive, aggressive and unsettling to others. Behaviour therapy is one treatment option that may alleviate or reduce these behaviours. The objectives of behaviour therapies are to acquire and strengthen positive type behaviours and to eradicate unwanted or problematic behaviours.

### 1.2.2.1.2 Medication

Different types of medication have proven effective for individuals to manage their ADHD symptoms, thus helping them reduce or curb the severity of the behaviours that can cause stress to their family members, friends and teachers at school.

There are quite a number of different kinds of medications that are Food and Drug Administration (FDA) approved to treat ADHD in individuals. They include:

- Stimulants are the best-known and for the most part, one of the most extensively used ADHD medications. Between 70-80% of children with ADHD have fewer ADHD symptoms when taking these fast-acting medications.
- Non-stimulants were approved and accepted for the treatment and management of ADHD in 2003. They may not work as quickly as stimulants in terms of effectiveness but their efficacy can last up to 24 hours in an individual's body.

Medication can influence and impact different individuals in diverse ways and many individuals suffer from side effects such as diminished appetite or sleep issues.

## 1.2.3 Down Syndrome

Down syndrome (sometimes called Down's syndrome) is a condition in which a person is born with an additional copy of their 21st chromosome. Thus it is sometimes referred to as Trisomy 21. This condition causes a person to have physical and mental (intellectual) developmental delays and challenges (Nelson-Goff et al., 2013).

### 1.2.3.1 Strategies or Interventions in Handling an Adolescent or Youth with Down Syndrome

While there is no known cure for Down syndrome, there are different therapies, interventions, treatments, and educational support that are available to help improve the quality of life of those who have this syndrome. The precise course of treatment will be contingent on the individual himself or herself. One must also take into account the person's age, overall health, environment, and personal strengths and limitations. Every



adolescent or youth with Down syndrome is different. There are no two individuals that are alike. The following sections are descriptions of how to manage an adolescent or youth with Down syndrome.

#### 1.2.3.1.1 Speech-language Therapy

Speech-language therapy looks into the communication and language skills of that individual by focusing on articulation, communication, cognitive skills, and strengthening and supporting the oral muscles (tongue, lips). Speech-language therapy can start at any age and it can still be beneficial even for adolescents and youths with Down syndrome. The main and overall objective is to improve the person's ability to communicate and connect. One common health issue for individuals with Down syndrome is hearing loss. Owing to anatomical variances in individuals with Down syndrome, many of them are susceptible to fluid retention behind their eardrums, which can cause hearing loss. Even though this fluid can be drained and removed, it can sometimes cause difficulties to the individual because the adolescent or youth's learning can be disrupted, which can result in life-long difficulties in speech and understanding.

#### 1.2.3.1.2 Physical Therapy

Physical therapy is about improving how an individual moves. Almost all adolescents and youths with Down syndrome have poor muscle tone. Physical therapy can help improve muscle tone. A typical physical therapy regimen for adolescents and youths with Down syndrome would comprise of strengthening and toning of the muscles, improving the overall coordination and balance of the body, and correcting the posture.

#### 1.2.3.1.3 Occupational Therapy

Occupational therapy is intended to improve the skills necessary for living a healthy life and to successfully and effectively navigate society. Unlike physical therapists, occupational therapists emphasise improving the fine motor skills of an individual. This would include the performance of daily tasks like getting changed, brushing one's teeth,

drinking and eating. For many adolescents and youths with Down syndrome, it may also include skills like learning to read and write, taking public transport, work or employment type skills and using a computer.

#### 1.2.3.1.4 Assistive Technology

Assistive technology is used to refer to devices that can assist a person with a disability to function better. Some examples of such devices include hearing aids, pencil/pen grips, seat cushions and walking aids to large-button mobile phones and large-letter keyboards. Touchscreen tablets and computers are especially beneficial for adolescents and youths with Down syndrome who have trouble performing fine motor type movements. Educational software that harnesses learning through interaction and implementation of sight, sound, and touch can also make lessons more accessible, interesting and appealing.

#### 1.2.4 Cerebral Palsy

Cerebral palsy is a neurological disorder that occurs when an individual has a brain injury or suffers from abnormal (atypical) brain development. The symptoms of cerebral palsy can appear before, during or immediately after birth. The usual symptoms of cerebral palsy would include a loss of or injury to body movement, muscle control and coordination, as well as basic motor skills (Kriger, 2006).

Where the brain damage is permanent and long-lasting, the side effects of cerebral palsy can be treated by different combinations of medications, therapies, interventions and assistive technology. Depending on the extent of the disorder, some adolescents and youths with cerebral palsy may lead fairly independent lives, while others may be more adversely affected by this ailment and are bedridden and would require constant care (Kriger, 2006).

### 1.2.4.1 Strategies or Interventions in Handling an Adolescent or Youth with Cerebral Palsy

The following sections are descriptions of how to manage an adolescent or youth with cerebral palsy.

#### 1.2.4.2 Medication

Medication can help to reduce muscle tension and this may help to improve and develop other functional abilities, including treating pain and managing complications and difficulties that are related to spasticity or other cerebral palsy type symptoms. Muscle or nerve injection and oral muscle relaxants may also alleviate some of the symptoms of cerebral palsy in adolescents and youths.

#### 1.2.4.3 Therapies

There are different therapies that may help improve the condition of an adolescent or youth with cerebral palsy.

- **Physical therapy.** This therapy will help to train the muscles and increase the strength, flexibility, balance, motor development and mobility of an individual.
- **Occupational therapy.** Occupational therapists aim to help individuals gain independence in their daily activities and routines in their homes, schools and the community. Some examples of adaptive equipment or apparatus would include walkers, quadrupedal canes, seating systems and/or electric wheelchairs.
- **Speech and language therapy.** Speech therapy may help an adolescent or youth to speak in a clearer voice or to learn to communicate using sign language. These therapists are also able to teach the use of communication devices, such as a computer and voice synthesiser, if communication is difficult for the individual. Some speech therapists are also able to treat and address eating and swallowing issues encountered by some adolescents and youths with cerebral palsy. Speech therapists can also address difficulties with eating and swallowing.

- **Recreational therapy.** Some adolescents and youths with cerebral palsy may also benefit from the usual or adaptive recreational or competitive type sports activities, such as therapeutic horseback riding or skiing. These types of therapies may help improve the individual's motor skills, speech, communication and emotional well-being and happiness.

#### 1.2.4.4 Surgical Procedures

Sometimes surgery may be required to reduce muscle tightness or to correct or modify bone abnormalities caused by spasticity. Some of these treatments would include:

- **Orthopaedic surgery.** Adolescents or youths with severe or serious contractures or deformities might require surgery on bones or joints to place their arms, hips or legs in their correct positions.

Surgical processes can correspondingly lengthen muscles and tendons that may be shortened or reduced because of contractures. These corrections can help to reduce pain and improve the mobility of the individual. These procedures can also have a positive effect on the individual by making it easier for them to use a walker, braces or crutches.

- **Cutting nerve fibres (selective dorsal rhizotomy).** In some more severe or acute cases, when other treatments have not helped the individual, surgeons might cut the nerves serving the spastic muscles in a procedure or technique called selective dorsal rhizotomy. This procedure will help to relax the muscle and reduce pain for the individual. However this procedure also has its disadvantages as it may cause numbness to the area.

#### 1.2.5 Epilepsy

Epilepsy is a (neurological) disorder of the central nervous system in which brain activity becomes abnormal, causing seizures or periods of unusual behaviour, sensations, and sometimes loss of awareness.

### 1.2.5.1 Strategies or Interventions in Handling an Adolescent or Youth with Epilepsy

Treatment or management of epilepsy with medication and sometimes surgery have shown to control and regulate seizures for the majority of individuals with epilepsy. Some adolescents and youth may require or need permanent or life-long treatment to help them control or regulate their seizures, whilst for others, these seizures eventually go away once they have passed the phase of adolescence.



#### Watch

<https://www.epilepsy.com/living-epilepsy/epilepsy-and/parents-and-caregivers/about-teens-epilepsy>

[https://www.physio-pedia.com/Benefits\\_of\\_Physical\\_Activity\\_of\\_Children\\_With\\_Cerebral\\_Palsy\\_in\\_Mainstream\\_Schools](https://www.physio-pedia.com/Benefits_of_Physical_Activity_of_Children_With_Cerebral_Palsy_in_Mainstream_Schools)

#### Case Study

My name is Lucas and when I was born I was diagnosed with autism and ADD and I couldn't speak until I was five years old because I was a slow learner. Now that I'm older I pick up things faster and therefore I learn faster.

At home, I usually use the computer, an Xbox, a TV and most of all, phones and iPads. I use them to watch interesting shows or films, maybe to play against other players in any type of games, to find out some information on a building or a famous person who has been on the news, or to call or text someone to know that everything is fine for a date on the weekend or a show, and to listen to music and hang out with friends.

At University, I use the iPads, Windows Surface tablets and boring slow computers. I've been learning how to work the tablets. We can use the computers to mostly lookup history and other important stuff from the past.

It has proven to me that I can help other people to know how to work and use a Windows Surface tablet. It's been a good thing to help other people and not to just help myself because I love helping people and I love to see smiley faces on people when I help them out



### **Reflect 3.1**

How has technology helped someone like Lucas navigate life?

## Chapter 2: Impact of Relationship Between Family and Adolescents and Youth with Special Educational Needs

This section focuses on the effect of adolescents and youth with special needs on a family and its relationship. There is limited research on the topic of adolescents and youth and how their family unit is affected in regard to stress levels, care of the child, and relationships within the family.

### 2.1 Stress

The impact of parenting adolescents or youth with special needs can be nerve-wracking, stressful and worrying. However, this impact is not as severe or as challenging as one may often be made to believe (Staats et al., 2015). Families that comprise of adolescents or youth with special needs can often face added stressors on top of the regular factors that may occur.

#### 2.1.1 Emotions, Sentiments and/or Feelings

The first few months after the birth of a child can often be an emotional, stressful and chaotic period for many parents. Some parents have reported having feelings of isolation and vulnerability (Kerr & McIntosh, 2000). The families who have reported having more positive coping strategies seem better at adapting to the stressors involved when raising their child and understanding special needs issues. "The experience of receiving a prenatal diagnosis often varies among parents, but many report encountering an array of emotions, including stress, disbelief, sadness, anger, and confusion" (Staats et al, 2015, p. 84).

Hope is a positive mindset that some parents seem to have. Parents very often describe their lives as being filled with empathy, compassion, love and hope as they raise their child (adolescents and youth) with special needs. They often praise and use their child with special needs as a reason for their personal happiness and gain (Staats et al., 2015).

Siblings also experience and undergo an assortment of emotions and feelings when a child with special needs is added to the family unit. There are many studies that showed how siblings actually became more kind, thoughtful and compassionate towards their sibling with special needs, including people around them (Dyke et al., 2009).

Family resilience is another emotion that siblings show. Having been placed in a situation such as having another family member with special needs, these siblings are able to acclimatise to the change and dynamic of the family unit, thus being able to cope better with the additional stress of having a special needs adolescent or youth in the family.

However, from a negative feeling viewpoint, there are some parents who have reported that their typically developing children felt a sense of embarrassment when they were with their peers because of their special needs sibling's behaviour. Some parents also noticed and reported their typically developing children also felt an increased burden, obligation and responsibility to help in the care of their special needs sibling (Dyke et al., 2009). These negative feelings may be less when a child with special needs is born into a larger family because there will be more individuals to help and share in the caregiving.

### 2.1.2 Relationship Strain

The different emotional aspects of a family will be affected when a child with special needs is included in the family unit. This may include the different family members like the grandparents, parents, siblings, and friends. Family relationships will be impacted in both a negative and positive manner. Some of the positive outcomes will include increased inner strength, resilience, and a better sense of community connection. Researchers also noted that there are also some negative effects on a family. These will include factors such as strained marital relationships, financial pressures, sibling adjustment, and decreased parental efficiency (Lindo et al., 2016).

It is quite common for parents of the special needs child (adolescents and youth) to experience stress and strain on their relationships. It was reported that some parents have commented that they had less for their partners once their child was born. "Family members who are tired, depressed, or in need of health care often must sacrifice their own



health and well-being to meet the extraordinary care needs of their child when support is lacking" (Slavik Cowen & Reed, 2002, p. 273). It was also noted by a parent that after they had a child with special needs, recreational trips and family outings were less frequent. "Financial restraints limited family holiday opportunities, educational opportunities and material goods" (Dyke et al., 2009). These financial circumstances may adversely affect the quality of family time spent with the other children, which can then degenerate into negative effects for the other children.

It has been reported in some studies that not only are parents affected by the addition of a child with special needs but siblings as well. Siblings of children with a developmental disability frequently go through an adjustment period after the diagnosis. According to Biasi et al. (2016), some siblings may experience higher levels of depression and may also face a greater risk of internalising and externalising problems. In addition, the typically developing siblings may also have social and behavioural change problems, as well as distressing and stressful emotions such as guilt (Green, 2013).

Having a child with special needs also requires more time needed to be spent on that child, thus many parents are not able to spend as much time with their friends and other family members outside of their own nuclear family. Research studies have shown that parents of older children (adolescents and youths) with a developmental disorder have a higher score of satisfaction with regard to their friendships. Thus having developed deep and fulfilling friendships, parents reported feeling less stress (Lindo et al., 2016).



## Lesson Recording

[Challenges and Bi-directional Impact of Family Relationships](#)

## Summary

This unit briefly describes the challenges that adolescents and youths with special needs face as well the relationship dynamics within the family.

## Formative Assessment

1. The FM system is a technology that is used by many youths in the classroom when accessing their education and listening to \_\_\_\_\_ in the classroom.
  - a. visual instructions
  - b. verbal instructions
  - c. tactile instructions
  - d. tactile and visual instructions
  
2. Microsoft's Immersive Reader is a device that was explicitly intended and designed to support students with \_\_\_\_\_.
  - a. visual and hearing impairments
  - b. Down syndrome
  - c. dyslexia and dysgraphia
  - d. cerebral palsy
  
3. ABA stands for \_\_\_\_\_.
  - a. applied balance analysis
  - b. applied beatific analysis
  - c. applied befriending analysis
  - d. applied behaviour analysis
  
4. Many research studies have suggested that the best results usually transpire when ABA is initiated and introduced \_\_\_\_\_.
  - a. before the age of 5 years old
  - b. after the age of 5 years old
  - c. before the age of 12 years old
  - d. after the age of 12 years old

5. \_\_\_\_\_ is a mental health disorder or condition that can manifest itself in high levels of hyperactivity, which can include displays of impulsive type behaviours.
- Attention deficit hyperactivity disorder
  - Hearing impairment
  - Down syndrome
  - Epilepsy
6. \_\_\_\_\_ is a neurological disorder that occurs when an individual has a brain injury or suffers from abnormal (atypical) brain development. The usual symptoms of cerebral palsy would include a loss of, or injury to body movement, muscle control and coordination, as well as basic motor skills.
- Autism
  - Down syndrome
  - Visual impairment
  - Cerebral palsy
7. It is quite common for parents of the child (adolescents and youth) with special needs to experience \_\_\_\_\_ on their relationships.
- accidents and pressure
  - relaxation and peace
  - stress and strain
  - recreation and reconciliation
8. Stimulants are the best-known and for the most part, one of the most extensively used \_\_\_\_\_ medications.
- intellectual disability
  - depression
  - ADHD
  - hearing impairment

9. Down syndrome (sometimes called Down's syndrome) is a condition in which a person is born with an additional copy of their \_\_\_\_\_ chromosome.
- a. 20<sup>th</sup>
  - b. 21<sup>st</sup>
  - c. 22<sup>nd</sup>
  - d. 23<sup>rd</sup>
10. \_\_\_\_\_ is a (neurological) disorder of the central nervous system in which brain activity becomes abnormal, causing seizures or periods of unusual behaviour, sensations, and sometimes loss of awareness.
- a. Autism
  - b. Intellectual disability
  - c. Epilepsy
  - d. Cerebral palsy

## Solutions or Suggested Answers

### Formative Assessment

1. The FM system is a technology that is used by many youths in the classroom when accessing their education and listening to \_\_\_\_\_ in the classroom.
    - a. visual instructions  
Incorrect. Please refer to Unit 3 of the Study Guide.
    - b. verbal instructions  
**Correct. The FM system is a technology that is used by many youths in the classroom when accessing their education and listening to verbal instructions in the classroom. Please refer to Unit 3 of the Study Guide.**
    - c. tactile instructions  
Incorrect. Please refer to Unit 3 of the Study Guide.
    - d. tactile and visual instructions  
Incorrect. Please refer to Unit 3 of the Study Guide.
  
  2. Microsoft's Immersive Reader is a device that was explicitly intended and designed to support students with \_\_\_\_\_.
    - a. visual and hearing impairments  
Incorrect. Please refer to Unit 3 of the Study Guide.
    - b. Down syndrome  
Incorrect. Please refer to Unit 3 of the Study Guide.
    - c. dyslexia and dysgraphia  
**Correct. Microsoft's Immersive Reader is a device that was explicitly intended and designed to support students with dyslexia and dysgraphia. Please refer to Unit 3 of the Study Guide.**
-

- d. cerebral palsy  
Incorrect. Please refer to Unit 3 of the Study Guide.
3. ABA stands for \_\_\_\_\_
- a. applied balance analysis  
Incorrect. Please refer to Unit 3 of the Study Guide.
- b. applied beatific analysis  
Incorrect. Please refer to Unit 3 of the Study Guide.
- c. applied befriending analysis  
Incorrect. Please refer to Unit 3 of the Study Guide.
- d. applied behaviour analysis  
**Correct. ABA stands for applied behaviour analysis. Please refer to Unit 3 of the Study Guide.**
4. Many research studies have suggested that the best results usually transpire when ABA is initiated and introduced \_\_\_\_\_ .
- a. before the age of 5 years old  
**Correct. Many research studies have suggested that the best results usually transpire when ABA is initiated and introduced before the age of 5 years old. Please refer to Unit 3 of the Study Guide.**
- b. after the age of 5 years old  
Incorrect. Please refer to Unit 3 of the Study Guide.
- c. before the age of 12 years old  
Incorrect. Please refer to Unit 3 of the Study Guide.
- d. after the age of 12 years old  
Incorrect. Please refer to Unit 3 of the Study Guide.
-

5. \_\_\_\_\_ is a mental health disorder or condition that can manifest itself in high levels of hyperactivity, which can include displays of impulsive type behaviours.
- a. Attention deficit hyperactivity disorder  
**Correct. Attention deficit hyperactivity disorder (ADHD) is a mental health disorder or condition that can manifest itself in high levels of hyperactivity, which can include displays of impulsive type behaviours. Please refer to Unit 3 of the Study Guide.**
  - b. Hearing impairment  
Incorrect. Please refer to Unit 3 of the Study Guide.
  - c. Down syndrome  
Incorrect. Please refer to Unit 3 of the Study Guide.
  - d. Epilepsy  
Incorrect. Please refer to Unit 3 of the Study Guide.
6. \_\_\_\_\_ is a neurological disorder that occurs when an individual has a brain injury or suffers from abnormal (atypical) brain development. The usual symptoms of cerebral palsy would include a loss of, or injury to body movement, muscle control and coordination, as well as basic motor skills.
- a. Autism  
Incorrect. Please refer to Unit 3 of the Study Guide.
  - b. Down syndrome  
Incorrect. Please refer to Unit 3 of the Study Guide.
  - c. Visual impairment  
Incorrect. Please refer to Unit 3 of the Study Guide.
  - d. Cerebral palsy  
**Correct. Cerebral palsy is a neurological disorder that occurs when an individual has a brain injury or suffers from abnormal (atypical) brain**
-



**development. The usual symptoms of cerebral palsy would include a loss of, or injury to body movement, muscle control and coordination, as well as basic motor skills. Please refer to Unit 3 of the Study Guide**

7. It is quite common for parents of the child (adolescents and youth) with special needs to experience \_\_\_\_\_ on their relationships.
- a. accidents and pressure  
Incorrect. Please refer to Unit 3 of the Study Guide.
  - b. relaxation and peace  
Incorrect. Please refer to Unit 3 of the Study Guide.
  - c. stress and strain  
**Correct. It is quite common for parents of the child (adolescents and youth) with special needs to experience stress and strain on their relationships. Please refer to Unit 3 of the Study Guide.**
  - d. recreation and reconciliation  
Incorrect. Please refer to Unit 3 of the Study Guide.
8. Stimulants are the best-known and for the most part, one of the most extensively used \_\_\_\_\_ medications.
- a. intellectual disability  
Incorrect. Please refer to Unit 3 of the Study Guide.
  - b. depression  
Incorrect. Please refer to Unit 3 of the Study Guide.
  - c. ADHD  
**Correct. Stimulants are the best-known and for the most part, one of the most extensively used ADHD medications. Please refer to Unit 3 of the Study Guide.**
-

- d. hearing impairment

Incorrect. Please refer to Unit 3 of the Study Guide.

9. Down syndrome (sometimes called Down's syndrome) is a condition in which a person is born with an additional copy of their \_\_\_\_\_ chromosome.

- a. 20<sup>th</sup>

Incorrect. Please refer to Unit 3 of the Study Guide.

- b. 21<sup>st</sup>

**Correct. Down syndrome (sometimes called Down's syndrome) is a condition in which a person is born with an additional copy of their 21st chromosome. Please refer to Unit 3 of the Study Guide.**

- c. 22<sup>nd</sup>

Incorrect. Please refer to Unit 3 of the Study Guide.

- d. 23<sup>rd</sup>

Incorrect. Please refer to Unit 3 of the Study Guide.

10. \_\_\_\_\_ is a (neurological) disorder of the central nervous system in which brain activity becomes abnormal, causing seizures or periods of unusual behaviour, sensations, and sometimes loss of awareness.

- a. Autism

Incorrect. Please refer to Unit 3 of the Study Guide.

- b. Intellectual disability

Incorrect. Please refer to Unit 3 of the Study Guide.

- c. Epilepsy

**Correct. Epilepsy is a (neurological) disorder of the central nervous system in which brain activity becomes abnormal, causing seizures or periods of**

**unusual behaviour, sensations, and sometimes loss of awareness. Please refer to Unit 3 of the Study Guide.**

d. Cerebral palsy

Incorrect. Please refer to Unit 3 of the Study Guide.

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**Study  
Unit**

**4**

**Planning, Strategies and  
Interventions for Adolescents and  
Youth with Special Educational  
Needs**

## Learning Outcomes

By the end of this unit, you should be able to:

1. Create a plan for supporting the transition of adolescents and young adults.
2. Understand what a transition plan is.
3. Identify the different areas in a transition plan.
4. Determine the importance of a transition plan.



## Overview

Careful planning can assist adolescents and youths with special educational needs in transiting successfully into adulthood. Transition planning (including planning, strategies and different interventions) should begin during the time that the student is in secondary school. A good transition plan ought to always consider the young person's strengths, interests, goals, concerns and support needs. Transition plans must encompass areas like education, work, independent living, social life and community involvement (Pfohl, 2018). A team comprising the child (if that is possible), therapist, teachers, parents, and other stakeholders should be involved in this process.

## Chapter 1: Planning for Adolescents and Youth with Special Educational Needs

Leaving the safe and secure community of a school environment and becoming adults are big changes that everyone has to go through. However, for adolescents and youths with special educational needs, it may be an ominous task. Thus, it is advisable that careful and meticulous planning be done for many special needs students going through this phase.

### 1.1 Transition Plan

A transition plan is a segment of the individualised education plan (IEP) that outlines and drafts the transition goals and services for the student. The transition plan is founded on a secondary school student's requirements, strengths, skills, and interests (Pfohl, 2018). Transition planning is utilised to identify, classify and develop goals that may be required to be accomplished and achieved during the current school year to assist the student in meeting his post-secondary school goals.

#### 1.1.1 When Should Transition Planning Begin?

Transition planning usually starts when the student is around 15 to 16 years of age. A student's annual IEP must comprise of a discussion or dialogue about transition service requirements. A statement of those needs, based upon the student's transition assessment and future goals, must then be written into his IEP. Usually by the age of 15 or 16 years, the annual IEP meeting would focus and concentrate on more detailed planning and goal setting for the necessary and required transition services process (Yeager et al., 2021). Factors to be incorporated include academic preparation, community experience and involvement, development of vocational and independent living skills, and, if applicable or appropriate, a functional vocational evaluation. The agreed-upon plans should then be documented and recorded in the student's IEP. It is also highly encouraged that a statement of the student's transition goals and services be included in the transition plan.

Special schools should inform parents of the child's progress concerning meeting his transition goals (Yeager et al., 2021).

### 1.1.2 Importance of a Transition Plan

Adolescents and youths with special educational needs require guidance to transition successfully and fruitfully from secondary school to the ensuing phase of young adulthood. Thus, concrete and tangible action steps must be taken to guide, direct and prepare them for ITE, polytechnics and /or universities, or to a day activity centre. Without this form of guidance, students with special needs may experience a higher risk of not doing well or failing.

Transition services that are delivered by knowledgeable and well-informed educators and community personnel can be tailored to a student's goals, interests and strengths. This will provide the student with options and plans for his future. Transition services offer students with special needs hope for the future (Glover, 2019).

### 1.1.3 Constructing a Transition Plan for Adolescents and Youth with Special Educational Needs

Creating a transition plan is a good way to prepare adolescents and youth with special educational needs for adulthood. The following are some points to think about when planning for a transition plan, including the strategies and interventions that may be needed for that student (Yeager et al., 2021):

- i. Weighing short-term and long-term goals that may be needed for adolescents and youth in terms of planning for the future.
- ii. Reviewing the strengths, abilities, skills and interests of the adolescents and youth; and
- iii. Studying the different avenues to develop and support these abilities and interests.

To create a well-rounded and thorough transition plan, it is advisable to involve a team. This is to garner information and evidence about the student in order to make well-informed decisions concerning transition planning. Personnel that may be part of this team would include teachers, support staff, therapists, psychologists, counsellors, siblings, and caregivers (parents). Parents are key players in the transition planning process. They know their child better than anyone else and can share plans and ideas concerning his/her future. Every adolescent and youth will be different because every individual is different, with different needs and concerns. However, it is important to note that all transition plans should cover the following areas. They are:

- i. education
- ii. work
- iii. independent living
- iv. social interaction and community involvement

It is important to note that changes for most people are stressful moments especially for adolescents and youth with special educational needs. Discussion with family members and parents, including ex-teachers or the support team that worked with the student, regarding the student's coping strategies relating to stress would be useful. Change can be even more stressful and nerve-wracking for some teenagers with additional needs. It is important to think of all the different strategies and interventions that had worked for this student in the past (in terms of transitions) and to use and practise them again. For example, some students may find it useful to speak about and discuss their fears and insecurities regarding the transition plans whilst for others, visual aids may be used to help the student understand the different aspects of the transition plan.

#### 1.1.4 Educational Aspects in a Transition Plan

For some adolescents and youths with special educational needs, they may have the cognitive ability to access the mainstream curriculum at a higher level. For example, taking the N-Level exams, O-Level exams, etc. For others who may not be as academically inclined, they may need to pass certain rudimentary work certification courses and thus

teachers and staff must be prepared to assist these students to attain this goal. Strategies and interventions must be made during this period to help the student cope with tests and exams.

For students who are able to attend higher learning institutions like the ITEs, polytechnics and universities, accommodations to their specific learning and emotional needs must be made in order to ensure a smooth transition for these students. The aim for such students is to experience as seamless a transition as possible so that their stint at these institutions will be successful and meaningful.

### 1.1.5 Work Aspects in a Transition Plan

For many adolescents and youths with special educational needs, training them for work is an option that may be valuable (Yeager et al., 2021). This could happen in different settings like open employment, supported employment, and sheltered workshops. These are just a few of the options that one needs to think about when planning for jobs or job training. For a certain group of adolescents and youths with special educational needs who may not have the cognitive or physical ability to work, day activity centres may be an option for them.

For those who may have the aptitude for working, teachers and support staff will need to consider what sort of jobs might suit their student's interests and abilities and how the student could use their strengths in the workforce. For example, if the student loves animals and is good with them, he or she might be able to get a job as a veterinary assistant or dog walker.

Volunteering and paid work during adolescence or in the teenage years can help the adolescent and youth decide on whether their interests can be turned into longer-term employment goals. Many local special schools work in partnership with different companies and organisations to give their students different work experiences, traineeships or apprenticeships.

### 1.1.6 Independent Living Aspect in a Transition Plan

In Western countries like the United States or the United Kingdom, children at the age of 18 (after they have graduated from high school) are strongly encouraged to move out of their family home and to live independently or in a group home in the community. However, for many adolescents and youths with special educational needs in Singapore, these young adults will continue to stay with their families until their parents or caregivers are too old or frail to take care of them. Thus, in the Western countries, a big emphasis on their transition planning is to prepare the students for independent living in the community. This could be in the form of total independence or assisted living houses, apartments or buildings.

### 1.1.7 Social Interaction and Community Involvement in a Transition Plan

A transition plan for adolescents and youths with special educational needs should include ideas and information regarding maintaining friendships, meeting new people and being part of the community as well as taking part in social activities. Social activities could include group outings by the community members to the zoo or other places of interest. These sorts of activities can help young adults feel connected to their local communities (Pfohl, 2018).

For many students, they may be keen to carry on with social, recreational or community activities that they enjoyed at school.

As part of your planning, it's a good idea to look into services for adults with additional needs in your area. There might be services that help with routine activities, like grocery shopping, or groups that organise social outings, like going to see a movie with other adults. This will help make the situation easier for these adolescents and youths.



## Watch

<https://www.navigatelifetexas.org/en/transition-to-adulthood/transition-planning-for-youth-young-adults-with-disabilities>



## Activity 4.1

Think about and create a transition plan for a child with mild needs who is verbal and is able to read and write. What would be included in the transition plans and who are the personnel that will be involved in such a plan?



## Lesson Recording

[Planning, Strategies and Interventions for Adolescents and Youths with Special Educational Needs](#)

## Summary

The transition from secondary to young adulthood is a critical stage for all adolescents and youths with special needs. This stage involves additional planning and goal setting. Factors and/or elements to consider include post-secondary education, the development of career and vocational skills, as well as the ability to live independently. The initial step in planning for an effective and successful transition is developing the student's transition plan. A transition plan is essential for students enrolled in special education who have an individualised education plan (IEP).



## Formative Assessment

1. Transition planning should begin during the time that the student is in \_\_\_\_\_.
    - a. preschool
    - b. primary school
    - c. secondary school
    - d. polytechnic
  
  2. A transition plan is a segment of the individualised education plan (IEP) that outlines and drafts the transition \_\_\_\_\_ for the student.
    - a. ambitions and services
    - b. goals and rituals
    - c. purposes and services
    - d. goals and services
  
  3. Transition planning usually starts around \_\_\_\_\_.
    - a. 15 to 16 years of age
    - b. 17 to 18 years of age
    - c. 19 to 20 years of age
    - d. 21 to 22 years of age
  
  4. A transition plan should include the following areas: \_\_\_\_\_.
    - a. training, work, independent living, social interaction and community involvement
    - b. education, design, independent living, social interaction and community involvement
    - c. education, work, independent living, social interaction and community involvement
-

- d. invention, work, independent living, social interaction and community involvement
5. For some adolescents and youths with special educational needs, they may have the \_\_\_\_\_ to access the mainstream curriculum at a higher level.
- play ability
  - sports ability
  - cognitive ability
  - performance ability
6. The transition plan for adolescents and youths with special educational needs should include ideas and information regarding \_\_\_\_\_.
- being isolated
  - being part of the community
  - being quarantined
  - being secluded
7. The following is not true. Training for work in different work settings for adults with special needs are:
- open employment
  - supported employment
  - sheltered workshops
  - imprisonment
8. A good transition plan ought to always consider the young person's \_\_\_\_\_.
- strengths, securities , goals, concerns and weakening needs.
  - weaknesses, interests, goals, concerns and support needs.
  - powers, interests, goals, uneasiness and support needs.
  - strengths, interests, goals, concerns and support needs.
-

9. When creating a transition plan, one of the strategies include weighing \_\_\_\_\_ that may be needed for adolescents and youth in terms of planning for the future.
- a. only short-term goals
  - b. only long-term goals
  - c. only mid-term goals
  - d. short-term and long-term goals
10. A \_\_\_\_\_ plan is a segment of the individualised education plan (IEP).
- a. modification
  - b. alteration
  - c. transition
  - d. conversion

## Solutions or Suggested Answers

### Formative Assessment

1. Transition planning should begin during the time that the student is in \_\_\_\_\_.
  - a. preschool  
Incorrect. Refer to Study Unit 4.
  - b. primary school  
Incorrect. Refer to Study Unit 4.
  - c. secondary school  
**Correct. Transition planning (including planning, strategies and different interventions) should begin during the time that the student is in secondary school. Refer to Study Unit 4.**
  - d. polytechnic  
Incorrect. Refer to Study Unit 4.
  
2. A transition plan is a segment of the individualised education plan (IEP) that outlines and drafts the transition \_\_\_\_\_ for the student.
  - a. ambitions and services  
Incorrect. Refer to Study Unit 4.
  - b. goals and rituals  
Incorrect. Refer to Study Unit 4.
  - c. purposes and services  
Incorrect. Refer to Study Unit 4.
  - d. goals and services

**Correct. A transition plan is a segment of the individualised education plan (IEP) that outlines and drafts the transition goals and services for the student. Refer to Study Unit 4.**

3. Transition planning usually starts around \_\_\_\_\_.

a. 15 to 16 years of age

**Correct. Transition planning usually starts when the student is around 15 to 16 years of age. Refer to Study Unit 4.**

b. 17 to 18 years of age

Incorrect. Refer to Study Unit 4.

c. 19 to 20 years of age

Incorrect. Refer to Study Unit 4.

d. 21 to 22 years of age

Incorrect. Refer to Study Unit 4.

4. A transition plan should include the following areas: \_\_\_\_\_.

a. training, work, independent living, social interaction and community involvement

Incorrect. Refer to Study Unit 4.

b. education, design, independent living, social interaction and community involvement

Incorrect. Refer to Study Unit 4.

c. education, work, independent living, social interaction and community involvement

**Correct. A transition plan should include the following areas: education, work, independent living, social interaction and community involvement. Refer to Study Unit 4**

- d. invention, work, independent living, social interaction and community involvement

Incorrect. Refer to Study Unit 4.

5. For some adolescents and youths with special educational needs, they may have the \_\_\_\_\_ to access the mainstream curriculum at a higher level.

- a. play ability

Incorrect. Refer to Study Unit 4.

- b. sports ability

Incorrect. Refer to Study Unit 4.

- c. cognitive ability

**Correct. For some adolescents and youths with special educational needs, they may have the cognitive ability to access the mainstream curriculum at a higher level. Refer to Study Unit 4.**

- d. performance ability

Incorrect. Refer to Study Unit 4.

6. The transition plan for adolescents and youths with special educational needs should include ideas and information regarding \_\_\_\_\_.

- a. being isolated

Incorrect. Refer to Study Unit 4.

- b. being part of the community

**Correct. A transition plan for adolescents and youths with special educational needs should include ideas and information regarding being part of the community. Refer to Study Unit 4.**

- c. being quarantined

Incorrect. Refer to Study Unit 4.

- d. being secluded  
Incorrect. Refer to Study Unit 4.
7. The following is not true. Training for work in different work settings for adults with special needs are:
- a. open employment  
Incorrect. Refer to Study Unit 4.
  - b. supported employment  
Incorrect. Refer to Study Unit 4.
  - c. sheltered workshops  
Incorrect. Refer to Study Unit 4.
  - d. imprisonment  
**Correct. The following is not true. Training for work in different work settings for adults with special needs are: open employment, supported employment, and sheltered workshops.**
8. A good transition plan ought to always consider the young person's \_\_\_\_\_.
- a. strengths, securities , goals, concerns and weakening needs.  
Incorrect. Refer to Study Unit 4.
  - b. weaknesses, interests, goals, concerns and support needs.  
Incorrect. Refer to Study Unit 4.
  - c. powers, interests, goals, uneasiness and support needs.  
Incorrect. Refer to Study Unit 4.
  - d. strengths, interests, goals, concerns and support needs.
-

**Correct. A good transition plan ought to always consider the young person's strengths, interests, goals, concerns and support needs. Refer to Study Unit 4.**

9. When creating a transition plan, one of the strategies include weighing \_\_\_\_\_ that may be needed for adolescents and youth in terms of planning for the future.

a. only short-term goals

Incorrect. Refer to Study Unit 4.

b. only long-term goals

Incorrect. Refer to Study Unit 4.

c. only mid-term goals

Incorrect. Refer to Study Unit 4.

d. short-term and long-term goals

**Correct. When creating a transition plan, one of the strategies include weighing short-term and long-term goals that may be needed for adolescents and youth in terms of planning for the future. Refer to Study Unit 4**

10. A \_\_\_\_\_ plan is a segment of the individualised education plan (IEP).

a. modification

Incorrect. Refer to Study Unit 4.

b. alteration

Incorrect. Refer to Study Unit 4.

c. transition

**Correct. A transition plan is a segment of the individualized education plan (IEP). Refer to Study Unit 4.**



d. conversion

Incorrect. Refer to Study Unit 4.

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# Study Unit 5

## **Social Interaction, Interventions and Strategies for Adolescents and Youth with Special Educational Needs**

## Learning Outcomes

By the end of this unit, you should be able to:

1. Recognise some of the challenges that adolescents and youth with special needs face in terms of social interaction with their typically developing peers.
2. Analyse some classroom strategies and interventions for adolescents and youth with special needs.

## Overview

**A**dolescents and youths with special needs are faced with numerous challenges that are common to their typically developing peers. This unit gives a brief overview of some of the problems that these adolescents and youths must face especially in the area of social interactions. Some interventions and strategies for classroom use are also described.

## Chapter 1: Social Interaction

Adolescence is a period filled with many changes, in terms of noticeable biological alterations, cognitive changes, and social transitions. It is true that not all adolescents and youths experience and undergo these transformations in the same manner. However, it seems like disproportionately more young people with special needs are more susceptible to these challenges than their typically developing peers. Justifiably, most special needs adolescents and youths wish and aspire to have developmental experiences, involvements and social opportunities that are similar to their typically developing peers. Nonetheless, the struggles associated with their needs and challenges make it more problematic, or sometimes impossible, for them to partake in social activities at the same rate and level as their peers. In many cases and situations, negative psychosocial outcomes like stress and loneliness could result (Asher & Paquette, 2003; Locke et al., 2010; Whitehouse et al., 2009).

### 1.1 Integration and Inclusion

In this current climate, there seems to be more emphasis on educational opportunities for adolescents and youths with special needs to have an integrated and inclusive setting. Many developed countries, including the US, UK and Australia, try to ensure that all students with special needs obtain an education in the least restrictive environment possible notwithstanding their intellectual, physical, or emotional exceptionality. Inclusion happens at numerous levels and in diverse and varied contexts throughout the school day, centred on the individual's needs and challenges and the availability and accessibility of school resources.

Some of the positive attributes of inclusion are that it allows students with special needs to attend the same schools as their siblings and neighbours and interact and mingle in general education classrooms with chronologically same-aged classmates. They can also experience individualised and relevant learning objectives (IEPs), and also receive the necessary support that is needed for learning (e.g., special education and related services).

Integration ought to occur regularly for as much of the school day as possible (Billingsley et al., 2014).

## 1.2 Acceptability and Opportunities

Many of the current social policies also focus on providing and offering adolescents and youth with special needs more opportunities and prospects to interact with their peers. Educators (e.g., teachers and professional staff) are also urged to integrate their special needs students in both academic and non-academic settings, in order to make the most of the interactive experiences with all their peers (Ryndak et al., 2000).

As a result, there would be greater acceptability, tolerability and involvement of persons with special needs across numerous activities, including partaking in physical activities (Murphy & Carbone, 2008). This would not only increase the general health of persons with special needs but will also allow for increased interactions to happen between adolescents and youths with special needs and their typically developing peers outside of academic settings.

## 1.3 Friends and Peers

Many young people (adolescents and youths) with special needs might either not see the differences between themselves and their typically developing peers, or they might choose to look beyond their special needs and challenges and try to seek some form of normalcy. Many special needs adolescents and youths do not perceive themselves as being different from their peers. Nevertheless, their peers often perceive and treat them differently.

Similar to their typically developing peers, adolescents and youths with special needs value and treasure the importance of friendship. Unfortunately, due to their lower levels of social skills, which are in a way interconnected with their needs and challenges, many adolescents and youths with special needs struggle to try to establish meaningful connections with their typically developing peers, hindering and impeding the development and occurrence of meaningful friendships. For many adolescents and youths (typically developing or not), it is a period whereby they become increasingly

aware of individual differences, which could lead to rejection, rebuff, and stigmatisation of persons with special needs.

Paradoxically, the actual disability has little effect or weightage on how persons with special needs conceptualise themselves, but it is a determining and influential feature for how others might conceptualise them. Skär (2003) interviewed twelve adolescents with special needs multiple times at the participant's home, hoping to seek to better understand just how adolescents and youths with special needs perceived and recognised social roles and their relationships with peers and adults.

It was noted that adolescents and youths with special needs described themselves as regular members of the adolescent group, even though they were fully cognisant and mindful of their own needs and challenges with regards to their disability. At the same time, however, these adolescents and youths sensed that others, both their typically developing peers and adults, looked at them as significantly distinctive because of their special needs. The relationships to friends of the same age were moreover markedly defective or non-existent, while relationships to adults were often characterised as ambivalent, unreliable or asymmetric. This belief could be the result of these beliefs held by the adolescent and youths with special needs (Skär, 2003). Diamond et al. (2007) also suggested a different possible reason for challenges in establishing, sustaining and maintaining friendships for adolescents and youths with special needs. They report that these adolescents and youths often feel defenseless and alienated, more so than their typically developing peers (Brown et al., 2003).

Some of the common concerns of parents and other adults for adolescents and youths with special needs are that they have a smaller number of friends, fewer opportunities for friendships, and lower or decreased participation rates in social and recreational activities. All these factors might possibly result in feelings of loneliness during their teenage years (Solish et al., 2010). Fewer occasions to join in or take part in activities might also contribute to the lower rates of quality friendships (Orsmond et al., 2004). All these reasons could lead to less access to protective functions associated with friendship, which include confidence, self-reliance, self-esteem and a sense of belonging. This is exacerbated and aggravated in



many of the social lives of adolescents and youths with more severe challenges and needs, and thus researchers have concluded that peer interactions and durable friendships are rare or often absent for this particular group of people (Petrina et al., 2014; Webster & Carter, 2007).

Bossaert et al. (2011) highlighted that there are several characteristics that make it more likely to enhance positive viewpoints other adolescents might have of their peers with special needs. These characteristics include being female, having a close family member or a good friend with a disability, and having regular contacts with a person that has special needs (Bossaert et al., 2011).

## Chapter 2: Interventions and Strategies for Adolescents and Youth with Special Educational Needs

The following are some strategies that can be used in a classroom to optimise learning and teaching for adolescents and youths with special needs. These strategies can be used in both an inclusive setting as well as a specialised special education setting.

### 2.1 Creating Smaller Workgroups

Establishing smaller groups, whereby the students are grouped according to their ability levels, has been proven to be useful for many practitioners. These groups usually consist of about two if not three students. These small groups are recommended for youths and adolescents with special needs because they will be less intimidated and will be more willing to participate and share their ideas with their group mates. These small groups could also be working on different topics at different levels. For example, in math, the weaker student should be in a group where the students are working on the basic principles and rudiments related to a certain math concept whilst the higher ability students could be working on algebra or higher level fractions. Students with special needs should be grouped according to their ability level in terms of that particular subject area or topic.

### 2.2 Establishing Different Centres in the Class

Another effective method of engaging and working with adolescents and youths with special needs in a classroom is to create different centres within the classroom. These centres could be of different topics, areas or activities. For example, if the class is on the topic of the solar system, the centres will consist of different activities involving that topic. For example, one centre could be using worksheets. Another station will have a video to watch and questions to answer regarding the video, and another centre would be a puzzle for art and craft activities based on the theme of a solar system. Each centre would specialise in one area or level. The students will be self-guided in that they will know what

to do at each centre. For some classes, teaching assistants or volunteers will be engaged to manage these centres, thus giving the teacher more time to work with other students who may need additional help.

## 2.3 Rotate Lessons

Lessons that are taught to the students could be within the different groups or centres and they could be rotated so that on any specified day of the week, the teacher could introduce new and different learning material to one group and only having to check-in and monitor on the other students who are attempting more independent type activities.

## 2.4 Thematic Instruction

Thematic instruction is where a single or particular theme is tied or linked to multiple (different) subject areas. This method of teaching is very effective in special education classrooms as well as in mainstream classrooms. A “theme” could be from a current or present-day event, a historical event, places of interest or animals. For example, a historical event could be tied into all other subjects. The theme must always be age-appropriate and interesting to the students, be it for the student with special needs or the typically developing student.

## 2.5 Different Levels of Books and Materials

In any classroom, be it in a specialised special education class or an inclusive class, there would always be a variety of proficiency levels amongst the students. Since there will be a variety of proficiency levels in the classroom, teachers must ensure that there are different levels of textbooks, resource books, reading materials and other teaching materials available for each subject. Having a range of levels in terms of learning materials for the students would ensure that each student can learn and acquire knowledge at their own appropriate level. This would minimise frustration and disappointment and maximise confidence in the students. Regardless of the severity of their needs and

challenges, classes can be structured and organised in a way that would cater to each individual level of functioning and skill-set.



## **Lesson Recording**

[Social Interaction, Interventions and Strategies for Adolescents and Youths with Special Educational Needs](#)

## Summary

This unit described the social interaction aspect for adolescents and youth with special needs as well as describing some strategies and interventions that could be harnessed in the classroom.

## Formative Assessment

1. Some of the positive attributes of inclusion are that it allows students with special needs to attend the \_\_\_\_\_ as their siblings and neighbours.
  - a. different schools
  - b. same schools
  - c. same psychiatrist
  - d. different psychiatrist
  
2. Some of the common concerns of parents and other adults for adolescents and youths with special needs are that they have \_\_\_\_\_.
  - a. a larger number of friends
  - b. a smaller number of enemies
  - c. a larger number of enemies
  - d. a smaller number of friends
  
3. In any classroom, be it in a specialised special education class or an inclusive class, there would always be a variety of \_\_\_\_\_ amongst the students.
  - a. incompetence levels
  - b. ineffectiveness levels
  - c. uselessness levels
  - d. proficiency levels
  
4. \_\_\_\_\_ is where a single or particular theme is tied or linked to multiple (different) subject areas.
  - a. Thematic instruction
  - b. Pragmatic instruction
  - c. Pedagogical instruction
  - d. Tutorial instruction

5. Adolescence is a period filled with many changes, in terms of noticeable \_\_\_\_\_.
    - a. organic alterations, cognitive changes, and social transitions
    - b. biological alterations, reasoning changes, and social transitions
    - c. biological alterations, cognitive changes, and group transitions
    - d. biological alterations, cognitive changes, and social transitions
  
  6. In this current climate, there seems to be more emphasis on educational opportunities for adolescents with special needs to have a / an \_\_\_\_\_.
    - a. separate and inclusive setting.
    - b. integrated and inclusive setting.
    - c. integrated and exclusive setting.
    - d. isolated and inclusive setting.
  
  7. There are several characteristics that make it more likely to enhance positive viewpoints that other adolescents might have of their peers with special needs. These characteristics include \_\_\_\_\_.
    - a. being male, having a close family member or a good friend with a disability, and having regular contacts with a person that has special needs
    - b. being female, having a distant family member or an acquaintance with a disability, and having regular contacts with a person that has special needs
    - c. being female, having a close family member or a good friend with a disability, and having irregular contacts with a person that has special needs
    - d. being female, having a close family member or a good friend with a disability, and having regular contacts with a person that has special needs
  
  8. Similar to their typically developing peers, adolescents and youths with special needs value and treasure the importance of \_\_\_\_\_.
    - a. sleep
    - b. financial stability
-

c. academics

d. friendship

9. Many adolescents with disabilities do not perceive themselves as being \_\_\_\_\_ from their peers.

a. similar

b. comparable

c. different

d. equivalent

10. Adolescents and youths with special needs often feel \_\_\_\_\_ more so than their typically developing peers

a. powerful and alienated

b. defenseless and alienated

c. authoritative and alienated

d. defenseless and involved



## Solutions or Suggested Answers

### Formative Assessment

1. Some of the positive attributes of inclusion are that it allows students with special needs to attend the \_\_\_\_\_ as their siblings and neighbours.
  - a. different schools  
Incorrect. Refer to Study Unit 5.
  - b. same schools  
**Correct. Some of the positive attributes of inclusion are that it allows students with special needs to attend the same schools as their siblings and neighbours. Refer to Study Unit 5.**
  - c. same psychiatrist  
Incorrect. Refer to Study Unit 5.
  - d. different psychiatrist  
Incorrect. Refer to Study Unit 5.
  
2. Some of the common concerns of parents and other adults for adolescents and youths with special needs are that they have \_\_\_\_\_.
  - a. a larger number of friends  
Incorrect. Refer to Study Unit 5.
  - b. a smaller number of enemies  
Incorrect. Refer to Study Unit 5.
  - c. a larger number of enemies  
Incorrect. Refer to Study Unit 5.
  - d. a smaller number of friends

**Correct. Some of the common concerns of parents and other adults for adolescents and youths with special needs are that they have a smaller number of friends. Refer to Study Unit 5.**

3. In any classroom, be it in a specialised special education class or an inclusive class, there would always be a variety of \_\_\_\_\_ amongst the students.

a. incompetence levels

Incorrect. Refer to Study Unit 5.

b. ineffectiveness levels

Incorrect. Refer to Study Unit 5.

c. uselessness levels

Incorrect. Refer to Study Unit 5.

d. proficiency levels

**Correct. In any classroom, be it in a specialised special education class or an inclusive class, there would always be a variety of proficiency levels amongst the students. Refer to Study Unit 5.**

4. \_\_\_\_\_ is where a single or particular theme is tied or linked to multiple (different) subject areas.

a. Thematic instruction

**Correct. Thematic instruction is where a single or particular theme is tied or linked to multiple (different) subject areas. Refer to Study Unit 5.**

b. Pragmatic instruction

Incorrect. Refer to Study Unit 5.

c. Pedagogical instruction

Incorrect. Refer to Study Unit 5.

d. Tutorial instruction

Incorrect. Refer to Study Unit 5.

5. Adolescence is a period filled with many changes, in terms of noticeable \_\_\_\_\_.

a. organic alterations, cognitive changes, and social transitions

Incorrect. Refer to Study Unit 5.

b. biological alterations, reasoning changes, and social transitions

Incorrect. Refer to Study Unit 5.

c. biological alterations, cognitive changes, and group transitions

**Correct. Adolescence is a period filled with many changes, in terms of noticeable biological alterations, cognitive changes, and social transitions.**

d. biological alterations, cognitive changes, and social transitions

Incorrect. Refer to Study Unit 5.

6. In this current climate, there seems to be more emphasis on educational opportunities for adolescents with special needs to have a / an \_\_\_\_\_.

a. separate and inclusive setting.

Incorrect. Refer to Study Unit 5.

b. integrated and inclusive setting.

**Correct. In this current climate, there seems to be more emphasis on educational opportunities for adolescents with special needs to have an integrated and inclusive setting. Refer to Study Unit 5.**

c. integrated and exclusive setting.

Incorrect. Refer to Study Unit 5.

d. isolated and inclusive setting.

Incorrect. Refer to Study Unit 5.

7. There are several characteristics that make it more likely to enhance positive viewpoints that other adolescents might have of their peers with special needs. These characteristics include \_\_\_\_\_.
- a. being male, having a close family member or a good friend with a disability, and having regular contacts with a person that has special needs  
Incorrect. Refer to Study Unit 5.
  - b. being female, having a distant family member or an acquaintance with a disability, and having regular contacts with a person that has special needs  
Incorrect. Refer to Study Unit 5.
  - c. being female, having a close family member or a good friend with a disability, and having irregular contacts with a person that has special needs  
Incorrect. Refer to Study Unit 5.
  - d. being female, having a close family member or a good friend with a disability, and having regular contacts with a person that has special needs  
**Correct. There are several characteristics that make it more likely to enhance positive viewpoints that other adolescents might have of their peers with special needs. These characteristics include being female, having a close family member or a good friend with a disability, and having regular contacts with a person that has special needs. Refer to Study Unit 5.**
8. Similar to their typically developing peers, adolescents and youths with special needs value and treasure the importance of \_\_\_\_\_.
- a. sleep  
Incorrect. Refer to Study Unit 5.
  - b. financial stability  
Incorrect. Refer to Study Unit 5.
  - c. academics
-

Incorrect. Refer to Study Unit 5.

- d. friendship

**Correct. Similar to their typically developing peers, adolescents and youths with special needs value and treasure the importance of friendship. Refer to Study Unit 5.**

9. Many adolescents with disabilities do not perceive themselves as being \_\_\_\_\_ from their peers.

- a. similar

Incorrect. Refer to Study Unit 5.

- b. comparable

Incorrect. Refer to Study Unit 5.

- c. different

**Correct. Many adolescents with disabilities do not perceive themselves as being different from their peers. Refer to Study Unit 5.**

- d. equivalent

Incorrect. Refer to Study Unit 5.

10. Adolescents and youths with special needs often feel \_\_\_\_\_ more so than their typically developing peers

- a. powerful and alienated

Incorrect. Refer to Study Unit 5.

- b. defenseless and alienated

**Correct. Adolescents and youths with special needs often feel defenseless and alienated, more so than their typically developing. Refer to Study Unit 5.**

- c. authoritative and alienated

Incorrect. Refer to Study Unit 5.

- d. defenseless and involved

Incorrect. Refer to Study Unit 5.

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# Study Unit 6

## **Social Inclusion of Adolescents and Youth with Special Educational Needs: In School and in the Community**

## Learning Outcomes

By the end of this unit, you should be able to:

1. Evaluate the effectiveness of community programmes of support for the inclusion of adolescents and youth with special educational needs.
2. Analyse social-emotional issues pertinent to the developmental phase of adolescence and early adulthood such as depression, bullying or friendships in the context of special educational needs.
3. Examine crisis intervention for adolescents and youth with special educational needs.
4. Understand the benefits of social inclusion.

## Overview

**I**nclusive education promotes opportunities for the adolescent and youth to participate in activities and programs that otherwise would be unavailable to them. Teachers' attitudes and beliefs about their role can greatly enhance or diminish the success of this inclusive experience. Technology also has a pivotal role in terms of academic, social, and life skill achievements. In addition, extracurricular activities can assist in the development and advancement of peer relationships and self-identity.

## **Chapter 1: Social Inclusion of Adolescents and Youth with Special Educational Needs: In School and the Community**

In this section, there will be an analysis and description of the different aspects of social inclusion that may occur for adolescents and youth with special needs in both the school and the community setting. Social-emotional issues pertinent and relevant to the developmental phase of adolescence and early adulthood such as depression, bullying or friendships in the context of special educational needs will also be deliberated. Both special education and school play a pivotal role in how adolescents and youths with special needs are acknowledged and also their success in terms of their experiences. Inclusive education promotes opportunities for the adolescent to participate in activities and programmes that otherwise would be unavailable to them. Teachers' attitudes and beliefs about their role can greatly enhance or diminish the success of the adolescent. Technology plays an important role in academic, social, and life skill achievements. Extracurricular activities can assist in the development of peer relationships and identity, but understanding the role that these activities play in the life of adolescents with disabilities outside of the sports realm is limited.

### **1.1 School, Technology, and Extracurricular Activities**

The curriculum, teaching practices and the ethos of the secondary school all play an important role in that it affects the ability of adolescents and youths with special needs to succeed in different aspects of life. This would include feelings like that of a typical teenager by participating in different activities and developing positive relationships with others.

The Singapore government encourages the practice of inclusion in most secondary schools, which reflects a philosophy and viewpoint that students with special needs should be educated (if possible) in general education classrooms. This would enhance the development of social and life skills for adolescents and youths with special needs both

inside and outside of the schoolroom. Technology also provides added opportunities and prospects for adolescents and youths with special needs to safely explore their identity, personality and independence.

Extracurricular activities are another aspect that might also provide opportunities for adolescents and youths with special needs to develop and cultivate friendships and to establish an identity beyond the needs and challenges of their disability.

Jamieson et al. (2009) wanted to understand the notion of friendships with adolescents and youths with special needs when they attended inclusive high schools. He found that opportunities to interact and mingle with their typically developing peers at school through inclusion allowed for more occasions for adolescents and youths with special needs to develop friendships and to partake in activities that may not otherwise be made available to them.

Many students with special needs, because of academic difficulties and underachievement, receive different types of support from the school. It was also noted that inclusive education has been associated with improved academic outcomes for many students with special needs (Dessemontet et al., 2012; Kurth & Mastergeorge, 2010). In fact, Westling and Fox (2009) noticed that students with special needs who were taught in general education classes usually performed better in different subject areas like reading and mathematics, compared to students who were taught in specialised special education classes or schools.

For a successful inclusion to take place, adaptations need to be made for students with special needs. It is also more difficult to integrate adolescents and youths with severe and profound needs and disabilities into general education courses. This is especially true since there is limited involvement of adolescents and youths with severe disabilities in general education classes and extracurricular activities. This may reflect, in part, the perception and viewpoint that many students with severe needs and disabilities might not have the social and behavioural skills that might be needed to participate in inclusive activities with their peers (Lyons et al., 2016).

Teachers' view and belief regarding their responsibility towards student learning is another significant factor in deciding on the success of the inclusion. Jordan et al. (2009) found that teachers who took ownership with regards to the learning of their special needs students were usually more effective at teaching all students. Additionally, they discovered that the difference between effective and ineffective inclusion may lie in teachers' beliefs about who has primary or main responsibility for students with special educational needs.

Although technology is often utilised in the classroom in order to enhance and improve the educational environment (Kennedy et al., 2013), it has been shown as well that positive outcomes also exist outside the classroom. Researchers have revealed that individuals with special needs are able to successfully use technology to enhance their quality of life, which in turn also helps them to establish independence and to strengthen their identity and self-esteem (Muncert et al., 2011; Charnock & Standen, 2013).

Technology could assist individuals with diverse and varied communication needs to combat the lack of social participation in their lives (Shattuck et al., 2011). Take, for example, social media. Social media provide a platform for individuals with communication needs, in particular those living in rural areas, to utilise and harness mainstream technology to help overcome their lack of proximity to building social connections and relationships and/or strengthen social networks. Furthermore, technology can be used to teach adolescents and youths with special needs the different aspects of daily living skills. Researchers highlighted the various positive effects of teaching individuals with special needs about the different technologies to independently self-prompt their daily living tasks (Cullen & Alber-Morgan, 2015). Self-prompting is about presenting and giving antecedent cues such as textual prompts, picture prompts, or video prompts so as to guide oneself accurately and competently through a task (Ayres & Cihak, 2010; Van Laarhoven et al., 2010).

Sport participation is one of the most commonly studied extracurricular activities for adolescents and youths with special needs. Extracurricular disability sport participation allows athletes with an opportunity to interact with a best friend who would provide

them with different types of important self-enhancing benefits. Disability sport delivers an important avenue for endorsing positive peer relations between adolescents and youths with special needs and their typically developing peers. Most individuals with special needs enjoy their sports experience. Individuals with special needs often use sports as an avenue to improve their quality of life and to form their own unique identity (Hutzler et al., 2013).

## 1.2 Bullying

Adolescents and youths with special needs may be likelier targets and victims of bullying. Many times, the individual with special needs is not aware that he or she is being bullied. For many adolescents and youths with special needs, bullying is frequently the result of factors related to the disability itself. Some of these factors would include attributes common to those with disabilities. For example, a lower level of social skills increased problem behaviours, and a more naïve and trusting attitude. Unfortunately, these same behaviours, together with a desire and yearning for friends, often contribute to them being bullied. The impact of bullying can be more emotionally difficult and damaging for those with special needs.

Adolescents and youths with special needs are more likely to inform others that they had been bullied rather than students without disabilities. The risk of being bullied increases exponentially when students reported having both a disability and a restriction or constraint in school participation (Rose et al., 2015). Drawing on data from 12,048 adolescents, Sentenac et al. (2011) studied bullying victimisation among adolescents and youths with either a disability or a chronic illness across individual, society, and family factors. They found that there was a correlation between bully victimisation and weaker social support, as well as difficulties in communicating with their fathers. These associations were even stronger among students with special needs (Sentenac et al., 2011). Moreover, many adolescents and youth with special needs experience social challenges and low levels of social competency. It was also noted that when compared with their typically developing classmates, students with special needs were more likely to be disliked and to have peer acceptance issues (Symes & Humphrey, 2010). Thus, it was noted

that while students with special needs may be at risk of involvement in peer victimisation, the existence of the disability itself may not be the most significant risk factor. Aspects or factors that are commonly associated with the disability, such as issues with social skills, communication challenges, and / or internalising and externalising behaviours, may compromise their social status and further intensify their risk of involvement as a victim or perpetrator (Blake et al., 2012; Christensen et al., 2012).

### 1.3 Psycho-social Development

Adolescents and youths with special needs are often lagging behind their typically developing peers psychosocially. Adolescents and youths with special needs may want the same developmental milestones as their typically developing peers, which include areas such as forming friendships and developing a self-identity. The limited research on the psychosocial development of adolescents and youths with special needs has been mainly on self-concept, positive parent and peer relationships, and optimism and depression (Humphrey et al., 2013; Mueller & Prout, 2009).

#### 1.3.1 Identity

The identity development concept was the main idea of the famous Erikson's model of human development. During adolescence, most individuals will seek to establish a personal identity, one who will be independent of their parents and peers, whilst also ensuring that they are meeting societal norms (Erikson, 1963). There has been extensive research literature that explored the development of identity in typically developing adolescents and youths. On the other hand, there has been limited research with regards to this topic for individuals with special needs (Wilkinson et al., 2015; Swango-Wilson, 2010).

As adolescents and youth with special needs discover their self-journey to explore their own identity, they would start to realise that every person is different, thus redefining how they perceive and identify themselves. Lingam et al. (2013) used qualitative interviews to gain an in-depth understanding of the experiences and aspirations of a group of young



people with disabilities. They found that, for these adolescents and youths, the formation of identity is a marriage between their personal life experiences and the way they perceived their needs and challenges. In addition, it was also noted that the adolescents' and youth's perception of themselves was influenced by their insight and observation of how friendship groups perceive them in school and their view of their family's attitude towards them at home.

### 1.3.2 Attachment

Attachment relationships are of great importance to young people with special needs due to their reduced coping resources. Nonetheless, establishing these attachment relationships may prove to be more difficult for individuals with special needs because the way that they communicate and their expression of behaviour may make it more challenging for caregivers to understand them (Clasien de Schipper et al., 2006). This would in turn cause a decrease in the level of caregivers' sensitivity and responsiveness to the child.

Parental factors, which may include factors like increased stress that could be associated with taking care of a child with special needs and having to accept the diagnosis of the disability, may compound the problem related to attachment towards the child (Janssen et al., 2002).

### 1.3.3 Autonomy

Autonomy is described as not primarily a function of behaviours one can do independently, but of accepting responsibility, and therefore making decisions for oneself within a context of social relationships (Crittenden, 1990). Self-determination is basically about a person's aptitude to be able to independently make meaningful life choices and to also incorporate activities such as problem-solving, decision making, goal setting and self-observation. All this would acquire an internal locus of control, developing an accurate and positive self-image as well as self-awareness (Clark et al., 2004).

To develop a sense of autonomy marks an important goal for most individuals with special needs. This is particularly so for individuals, predominantly in the transition from childhood to adolescence and adolescence to adulthood. Autonomy, for adolescents with special needs, encompasses taking accountability for their behaviour, making wise decisions regarding their lives, and maintaining and establishing supportive social relationships (Crittenden, 1990).

### 1.3.4 Self-Esteem

There is some evidence in some research studies that for individuals with special needs, stigmatisation could have a negative or harmful impact on their psychological state of well-being. This is because it lowers their self-esteem and negatively affects their mood (Abraham et al., 2002; Dagnan & Waring, 2004; Szivos-Bach, 1993). Those who were most aware of being stigmatised had the lowest self-esteem scores (Szivos, 1991). Challenges and needs stemming from a disability may be associated with a lower sense of self-worth and greater anxiety (Shields et al., 2007).

Research studies that involve people with special needs have shown that negative social comparisons are usually associated with lower self-esteem scores and higher levels of depression. Dagnan and Sandhu (1999) investigated the relationship between social comparison, depression and self-esteem in individuals with special needs. They found that all three areas were interconnected (Dagnan & Sandhu, 1999).

## 1.4 Community

Adolescents and youth, regardless of abilities, ought to have opportunities to maximise their potential and capabilities. Different integration support programmes in the community are important for the growth and development of adolescents and youths with special needs.

For a complete list of services and resources, please visit [www.sensible.sg](http://www.sensible.sg)

### 1.4.1 Developmental Programmes

The following are community programmes that create opportunities for adolescents and youths to maximise their potential.

**EQUAL Youth Programme** – EQUAL-ARK Singapore Limited is a programme that builds character in secondary school students and helps them develop positive behaviour. This is conducted through a socio-emotional curriculum delivered over 16 sessions through equine-facilitated psychotherapy.

**Youth COP** – SHINE children and youth services work together with Youth COP, social service agencies, schools and neighbourhood police centres to help at-risk students to better understand laws and consequences of their offenses, building life skills and positive behaviours towards achieving their potential and lastly to improve their socio-emotional resilience and relationships with others.

**Youth United Programme** – Beyond Social Services is a programme that reaches out to adolescents and youths that are residing in rental housing neighbourhoods and involves them in community activities. The desired outcomes include youths developing a more positive mindset towards education and employment, and caregivers also feeling more supported and therefore better equipped to resolve problems and make positive decisions for their families.

### 1.4.2 Socio-Legal Support

Singapore Children's Society provides an independent and trained adult to accompany and escort a young suspect under 16 years old to different law enforcement interviews. The appropriate adult is of a neutral party who would offer emotional support to the young suspect and facilitates (assists) with communication where necessary.

### 1.4.3 Vocation or Skill-based Programmes

**Vocational and Soft Skills Programme:** YMCA Project Bridge reaches out to the youths at risk and out-of-school youths (aged 15-21) to help them integrate back into society

using education or employment. The programme helps adolescents and youth to develop appropriate work attitudes, such as responsibility and skills for future employment via vocational and apprenticeship schemes.

**Child Protection Specialist Centres (CPSCs):** CPSC's main role is to provide support, care and assistance to cases involving child abuse, neglect and welfare matters that no longer require statutory intervention. They offer community-based resources and help to families while safeguarding the well-being of the child whilst they remain with their families.

## 1.5 Crisis Intervention for Adolescents and Youth with Special Educational Needs

Many professionals separate crisis intervention into three different levels. They are the:

1. Primary prevention intervention
2. Secondary prevention intervention
3. Tertiary prevention intervention

### 1.5.1 Primary Prevention Intervention

Primary prevention intervention has been described as a process in which the intervention will promote health by empowering individuals with the necessary resources to deal with complex and stressful life situations and to enable them to lead fulfilling and satisfying lives.

This intervention includes different types of activities that would help adolescents and youths with special needs develop and cultivate a positive self-image of themselves, including better-coping skill sets. Many primary prevention intervention programmes endorse behavioural changes to adolescents and youths with special needs to decrease their risk-taking behaviours.

A major component of this intervention is having active student participation through the peer helper program. These students are specially selected and trained in specific skills to impart a positive influence on their fellow peers.

### 1.5.2 Secondary Prevention Intervention

Secondary prevention intervention involves identifying and recognising adolescents and youths with special needs who display initial signs of depression or display involvement in undesirable and adverse behaviours. These behaviours would warrant prompt diagnosis and effective treatment in order to avoid more serious and severe involvement. Thus it is the action or course taken following the recognition and detection of the problem.

### 1.5.3 Tertiary Prevention Intervention

Tertiary prevention intervention consists of treating the special needs adolescent or youth who was very involved in alcohol and drug abuse, and rampant and promiscuous sexual activities.



#### **Lesson Recording**

[Social Inclusion of Adolescents and Youths with Special Educational Needs: In School and in the Community](#)

## Summary

Adolescents and youths with special needs usually experience difficulties in performing various activities of daily living. Some of them have trouble communicating with and understanding others. Therefore, they participate less in school and community-type activities. Like typically developing adolescents and youths, they too face many challenges related to the adolescent years. If these challenges are not properly attended to, mental health issues can arise.

## Formative Assessment

1. Many students with special needs, because of \_\_\_\_\_, receive different types of support from the school.
  - a. academic success and underachievement
  - b. academic difficulties and overachievement
  - c. academic triumphs and underachievement
  - d. academic difficulties and underachievement
  
2. Many professionals separate crisis prevention intervention into three different levels. One of the following is not a crisis prevention intervention.
  - a. Primary prevention intervention
  - b. Secondary prevention intervention
  - c. Polytechnic prevention intervention
  - d. Tertiary prevention intervention
  
3. \_\_\_\_\_ is described as not primarily a function of behaviours one can do independently, but of accepting responsibility, and therefore making decisions for oneself within a context of social relationships.
  - a. Dependency
  - b. Autonomy
  - c. Reliance
  - d. Addiction
  
4. \_\_\_\_\_ participation is one of the most commonly studied extracurricular activity for adolescents and youths with special needs.
  - a. Sport
  - b. Sleeping
  - c. Studying

## d. Singing

5. There is some evidence in some research studies that for individuals with special needs, \_\_\_\_\_ could have a negative or harmful impact on their psychological state of well-being.
    - a. compassion
    - b. empathy
    - c. benevolence
    - d. stigmatisation
  
  6. Adolescents and youths with special needs are often \_\_\_\_\_ their typically developing peers psychosocially.
    - a. steering ahead
    - b. escorting behind
    - c. lagging behind
    - d. leading ahead
  
  7. EQUAL-ARK Singapore Limited is a programme that builds character in secondary school students and helps them develop positive behaviour. These sessions are through \_\_\_\_\_.
    - a. dog psychotherapy
    - b. horse psychotherapy
    - c. cat psychotherapy
    - d. rabbit psychotherapy
  
  8. Research studies that involve people with special needs have shown that negative social comparisons are usually associated with \_\_\_\_\_.
    - a. lower self-esteem scores and higher levels of depression
    - b. higher self-esteem scores and higher levels of depression
    - c. lower self-esteem scores and lower levels of depression
-



- d. higher self-esteem scores and lower levels of depression
9. Many adolescents and youth with special needs experience \_\_\_\_\_.
- a. social challenges and high levels of social competency
  - b. social success and low levels of social competency
  - c. social challenges and low levels of social inability
  - d. social challenges and low levels of social competency
10. It is more difficult to integrate adolescents and youths with \_\_\_\_\_ into general education courses.
- a. minor disabilities
  - b. slight disabilities
  - c. severe disabilities
  - d. mild disabilities

## Solutions or Suggested Answers

### Formative Assessment

1. Many students with special needs, because of \_\_\_\_\_, receive different types of support from the school.
  - a. academic success and underachievement  
Incorrect. Refer to Study Unit 6.
  - b. academic difficulties and overachievement  
Incorrect. Refer to Study Unit 6.
  - c. academic triumphs and underachievement  
Incorrect. Refer to Study Unit 6.
  - d. academic difficulties and underachievement  
**Correct. Many students with special needs, because of academic difficulties and underachievement, receive different types of support from the school. Refer to Study Unit 6.**
  
2. Many professionals separate crisis prevention intervention into three different levels. One of the following is not a crisis prevention intervention.
  - a. Primary prevention intervention  
Incorrect. Refer to Study Unit 6.
  - b. Secondary prevention intervention  
Incorrect. Refer to Study Unit 6.
  - c. Polytechnic prevention intervention  
**Correct. The three different levels of crisis prevention interventions are primary prevention intervention, secondary prevention intervention and tertiary prevention intervention. Refer to Study Unit 6.**

- d. Tertiary prevention intervention  
Incorrect. Refer to Study Unit 6.
3. \_\_\_\_\_ is described as not primarily a function of behaviours one can do independently, but of accepting responsibility, and therefore making decisions for oneself within a context of social relationships.
- a. Dependency  
Incorrect. Refer to Study Unit 6.
- b. Autonomy  
**Correct. Autonomy is described as not primarily a function of behaviours one can do independently, but of accepting responsibility, and therefore making decisions for oneself within a context of social relationships. Refer to Study Unit 6.**
- c. Reliance  
Incorrect. Refer to Study Unit 6.
- d. Addiction  
Incorrect. Refer to Study Unit 6.
4. \_\_\_\_\_ participation is one of the most commonly studied extracurricular activity for adolescents and youths with special needs.
- a. Sport  
**Correct. Sport participation is one of the most commonly studied extracurricular activities for adolescents and youths with special needs. Refer to Study Unit 6.**
- b. Sleeping  
Incorrect. Refer to Study Unit 6.
- c. Studying
-

Incorrect. Refer to Study Unit 6.

d. Singing

Incorrect. Refer to Study Unit 6.

5. There is some evidence in some research studies that for individuals with special needs, \_\_\_\_\_ could have a negative or harmful impact on their psychological state of well-being.

a. compassion

Incorrect. Refer to Study Unit 6.

b. empathy

Incorrect. Refer to Study Unit 6.

c. benevolence

Incorrect. Refer to Study Unit 6.

d. stigmatisation

**Correct. There is some evidence in some research studies that for individuals with special needs, stigmatisation could have a negative or harmful impact on their psychological state of well-being. Refer to Study Unit 6.**

6. Adolescents and youths with special needs are often \_\_\_\_\_ their typically developing peers psychosocially.

a. steering ahead

Incorrect. Refer to Study Unit 6.

b. escorting behind

Incorrect. Refer to Study Unit 6.

c. lagging behind

**Correct. Adolescents and youths with special needs are often lagging behind their typically developing peers psychosocially.**

- d. leading ahead  
Incorrect. Refer to Study Unit 6.
7. EQUAL-ARK Singapore Limited is a programme that builds character in secondary school students and helps them develop positive behaviour. These sessions are through \_\_\_\_\_.
- a. dog psychotherapy  
Incorrect. Refer to Study Unit 6.
- b. horse psychotherapy  
**Correct. EQUAL-ARK Singapore Limited is a programme that builds character in secondary school students and helps them develop positive behaviour. These sessions are through equine-facilitated psychotherapy.**
- c. cat psychotherapy  
Incorrect. Refer to Study Unit 6.
- d. rabbit psychotherapy  
Incorrect. Refer to Study Unit 6.
8. Research studies that involve people with special needs have shown that negative social comparisons are usually associated with \_\_\_\_\_.
- a. lower self-esteem scores and higher levels of depression  
**Correct. Research studies that involve people with special needs have shown that negative social comparisons are usually associated with lower self-esteem scores and higher levels of depression. Refer to Study Unit 6.**
- b. higher self-esteem scores and higher levels of depression  
Incorrect. Refer to Study Unit 6.
-

- c. lower self-esteem scores and lower levels of depression  
Incorrect. Refer to Study Unit 6.
- d. higher self-esteem scores and lower levels of depression  
Incorrect. Refer to Study Unit 6.

9. Many adolescents and youth with special needs experience \_\_\_\_\_.

- a. social challenges and high levels of social competency  
Incorrect. Refer to Study Unit 6.
- b. social success and low levels of social competency  
Incorrect. Refer to Study Unit 6.
- c. social challenges and low levels of social inability  
Incorrect. Refer to Study Unit 6.
- d. social challenges and low levels of social competency

**Correct. Many adolescents and youth with special needs experience social challenges and low levels of social competency. Refer to Study Unit 6.**

10. It is more difficult to integrate adolescents and youths with \_\_\_\_\_ into general education courses.

- a. minor disabilities  
Incorrect. Refer to Study Unit 6.
- b. slight disabilities  
Incorrect. Refer to Study Unit 6.

c. severe disabilities

**Correct. It is more difficult to integrate adolescents and youths with severe disabilities into general education courses. Refer to Study Unit 6.**

d. mild disabilities

Incorrect. Refer to Study Unit 6.

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