

МИНИСТЕРСТВО ОБРАЗОВАНИЯ И НАУКИ
РОССИЙСКОЙ ФЕДЕРАЦИИ
КУРГАНСКИЙ ГОСУДАРСТВЕННЫЙ УНИВЕРСИТЕТ
КАФЕДРА ИНОСТРАННЫХ ЯЗЫКОВ
ЕСТЕСТВЕННОНАУЧНЫХ СПЕЦИАЛЬНОСТЕЙ

АНГЛИЙСКИЙ ЯЗЫК
МЕТОДИЧЕСКИЕ УКАЗАНИЯ
ПО РАЗВИТИЮ НАВЫКОВ ЧТЕНИЯ,
ПЕРЕВОДА И РЕФЕРИРОВАНИЯ
ТЕКСТОВ ДЛЯ СТУДЕНТОВ
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«Олигофренопедагогика» факультета психологии, валеологии и
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Пояснительная записка

Методические указания предназначены для студентов специальности «Олигофренопедагогика» и направлены на развитие навыков чтения, перевода и реферирования текстов по специальности.

Данные указания рассчитаны на тех, кто уже имеет базовую начальную подготовку по английскому языку, знает филологическую систему, знаком с основными грамматическими категориями, владеет определенным объемом лексических единиц.

Основной целью методических указаний является развитие навыков работы со специальной научной литературой в области олигофренопедагогики и речевой деятельности в профессиональной сфере общения.

Методические указания содержат тексты аутентичного характера, взятые из современных научных источников, изданных за рубежом. В методических указаниях 7 уроков, каждый из которых, в свою очередь, включает текст, поурочный словарь и систему упражнений, способствующую активному усвоению лексики. Речевые модели, языковые средства дают возможность овладеть способами реализации таких интенций, как обоснование, доказательство, аргументация, выражение собственного мнения, описание.

UNIT I

THE NATURE OF MENTAL RETARDATION

Warming up

1. Are the mentally retarded one of the least minority groups in the United States?
2. Why are there so many opinions and misconceptions about them?
3. Many were confused about its relationship to physical and mental disorders, weren't they?
4. What can have deleterious effects in vocational efforts?

Text 1.

Read the text. Tell about the nature of mental retardation.

MENTAL RETARDATION

The mentally retarded are perhaps one of the least understood and least appreciated minority groups in the United States. There are so many diverse opinions and misconceptions about the condition that it is a wonder so many mentally retarded grow into adulthood to lead relatively satisfactory lives. A survey in a midwestern state (Bradley, 1964) found only one person in ten who had any specialized information about mental retardation. Many were confused about its relationship to physical and mental disorders and most commonly associated the condition to mental ineffectiveness and irresponsibility. Little do most adults realize that they have one chance in thirty of having a mentally retarded child.

Misconceptions about the nature of mental retardation can have deleterious effects in vocational efforts and make the job of vocational preparation and placement of the retarded even more difficult. Therefore, it is very important for those involved in teaching, counseling, vocational evaluation, job placement, and related efforts to clearly understand the essential nature of the condition so that effective client services and public education programs can be conducted.

Vocabulary

opinion – мнение;

to appreciate – оценивать;

misconception – ошибочное мнение (идея);
a wonder – чудо;
mentally retarded – умственно отсталый;
relatively – относительно;
grow into – входить;
mental retardation – умственное отставание;
a survey – исследование;
physical and mental disorder(s) – физическое и умственное нарушение развития;
deleterious – вредный;
clearly – ясно.

I. Translate into Russian:

The mentally retarded, least appreciated minority groups, many diverse opinions, grow into adulthood, relatively satisfactory lives, one person in ten, mental ineffectiveness and irresponsibility, one chance in thirty, public education programs.

II. Make up sentences of your own using the following words and word combinations:

To grow into, to lead relatively satisfactory lives, to find, to have any specialized information, to be confused about, to realize, to make the job of vocational preparation even more difficult for those involved in teaching.

III. Complete the sentences:

1. The mentally retarded are perhaps one of the least understood and least appreciated minority groups...

a) in nature b) in the world c) in the United States

2. Little do most adults realize that they have one chance in thirty of having...

a) a gifted child b) a mentally retarded child

3. A survey in Midwestern state (Bradley, 1964) found only one person in ten who had any special information about...

a) wonders of the world b) curious things c) mental retardation

4. Misconceptions about the nature of mental retardation can have...

a) deleterious effects in vocational efforts

- b) amazing impressions on people
- c) serious material damage

IV. Choose the right words and word - combinations:

1. It is a wonder so many mentally retarded grow into ... to read relatively satisfactory lives.

- a) importance
- b) adulthood
- c) manhood

2. There are so many ... opinions and misconceptions about the condition.

- a) clear
- b) vivid
- c) diverse

3. Many ... about its relationship to physical and mental disorders.

- a) were asked
- b) were involved
- c) were confused

4. Therefore, it is very important for those involved in teaching, counseling, vocational education, job placement, and related efforts to clearly understand ... of the condition.

- a) the essential nature
- b) misconception about
- c) mental retardation

V. Choose the right preposition from the text:

One ... the least understood; ... the United States; to grow adulthood; misconceptions ... the condition; one chance... thirty; it is very important ... those involved ... teaching.

VI. Give the English equivalents:

Умственно отсталые дети, наименее понимаемые, вступать во взрослую жизнь, относительно удовлетворительную жизнь, осознавать, один человек из десяти, физическое и умственное расстройство, один шанс из тридцати, природа умственного расстройства, вредное воздействие, даже еще труднее, профессиональные усилия (подготовка), занятые преподавательской деятельностью.

VII. Write a summary of the text.

UNIT II
DEFINITION OF MENTAL RETARDATION

Warming up

1. Are there many definitions of mental retardation?
2. What is often considerable confusion for the professional worker?
3. What does AAMD mean?
4. What kind of definition is the most appropriate according to AAMD?
5. Increased emphasis is placed upon evidence of adaptive behavior, isn't it?
6. What is important to understand under the AAMD definition of mental retardation?

Text 2. Read the text. Tell about the definition of mental retardation.

CONCEPT OF MENTAL RETARDATION DEFINITION OF MENTAL RETARDATION

A multitude of definitions of mental retardation have been posed through the years, and for the professional worker there is often considerable confusion as to which is the most appropriate. No attempt will be made here to present an array of definitions but rather to suggest the adoption and frame of reference of the American Association on Mental Deficiency's (AAMD) definition as the most appropriate. In their most recently released *Manual on Terminology and Classification in Mental Retardation* (Grossman, 1973 revision, p. 5), the AAMD issued the following definition:

Mental retardation refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior, and manifested during the developmental period.

The new AAMD definition departs from their earlier one (Heber, 1959, 1961) in that *significantly subaverage* refers to performance on psychological tests of intelligence of more than two standard deviations below the population mean (instead of more than one standard deviation as previously), *developmental* period is raised from sixteen to eighteen years, and *deficits in adaptive behavior* result when the individual is unable to meet the standards of personal independence and social responsibility expected of his age *and* cultural group. Increased emphasis is placed upon evidence of adaptive behavior.

It is important to understand that under the AAMD definition, mental retardation is present only if an individual is deficient in both

measured intelligence *and* in adaptive behavior. The AAMD is quite specific in stating deficiencies in both are necessary before a judgment of mental retardation can be applied. It is also important to note that under this definition, the diagnosis of mental retardation reflects *current status*, meaning that an individual diagnosed as retarded previously may not be classified as such later if there have been improvements in his intellectual functioning, adaptive behaviors, expectations of society, and in other areas.

Vocabulary

mental retardation – задержка (отставание) умственного развития;
considerable confusion – значительное замешательство;
most appropriate – наиболее приемлемый (подходящий);
to make an attempt – сделать попытку;
an array – масса, ряд;
definition – определение;
deficit – дефицит;
behavior – поведение;
refer to – иметь отношение к чему – либо;
psychological tests of intelligence – психологические тесты на определение умственных способностей (интеллекта);
developmental period – период развития;
adaptive behavior – адаптивное поведение;
personal independence – личная независимость;
social responsibility – социальная ответственность;
deficiency – (pl –ies) – недостаток, нехватка, дефицит;
to diagnose – ставить диагноз.

I. Read the following words and word-combinations:

Concept, multitude, pose through the years, for the professional worker, as to which, no attempt will be made, to present an array of definitions, to suggest the adoption and frame, the American Association on Mental Deficiency's, refers to, depart from, significantly subaverage, concurrently, expectations of society, is quite specific, before judgment, may not be classified.

II. Make up sentences of your own using the following words and word combinations:

As to which, depart from, it is important to note, in other areas, in both, is quite specific, is placed upon, in that, instead of more than one standard, refer to.

III. Translate into Russian:

The most appropriate, in their most recently released, general intellectual functioning existing concurrently, deficits in adaptive behavior, during the developmental period, social responsibility expected of his age and cultural group, evidence of adaptive behavior, meaning that, may not be classified, two standard deviations, to meet the standards in other areas, to present an array, a multitude of definitions, mental retardation.

IV. Say true or false:

1. A multitude of mental retardation have been posed through the years.
2. It is easy for the professional worker to choose the most appropriate form of mental retardation.
3. AAMD means American Association on Mental Deficiency.
4. Mental retardation refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior, and manifested during the developmental period.
5. Increased emphasis is placed upon evidence of social groups.
6. It is important to understand that mental retardation is present only if an individual is deficient in both measured intelligence and in adaptive behavior.

V. Choose the right preposition:

1. to pose: a) in b) at c) through
2. ... the professional worker: a) to b) for c) under
3. to refer: a) during b) over c) to
4. to depart ... : a) from b) above c) with
5. ... the AAMD definition: a) at b) upon c) under
6. ... other areas: a) in b) into c) at
7. is placed ... : a) over b) under c) upon

8. manifested ... the developmental period: a) upon b) during
 c) with
9. is quite specific ... : a) to b) into c) in
10. expectations ... society: a) upon b) at c) of
11. two standard deviations ... the population: a) over b)
 below c) within

VI. Analyze different forms of modality in the text.

VII. Analyze –ing-forms in the text.

VIII. Write a summary of the text.

UNIT III
 PART I
 CLASSIFICATION OF MENTAL RETARDATION

Warming up

1. How many levels of mental retardation are mentioned in the text?
2. What are they?
3. The profoundly retarded are almost always immediately recognizable at birth or shortly thereafter, aren't they?
4. Are they able to benefit from any meaningful education?
5. Can the severely retarded learn some speech or other means of communication?

Text 3. Part 1. Read the text. Tell about four levels of mental retardation.

CLASSIFICATION OF MENTAL RETARDATION

There are four levels of mental retardation under the new AAMD definition - mild, moderate, severe, and profound. Translated into IQ scores, the ranges for each of these levels on the two most appropriate intelligence tests are as follows (Grossman, 1973, p. 18):

LEVELS OF

RETARDATION	Stanford-Binet IQ	Wechsler IQ
Mild	68-52	69-55
Moderate	51-36	54-40
Severe	35-20	39-25 (Extrapolated)
Profound	19 and below	24 and below (Extrapolated)

The *profoundly retarded* are generally in the IQ range 0-24. The causes of mental retardation for this group are definitely medical ones which have resulted in extreme physical and mental deficiencies. The profoundly retarded are almost always immediately recognizable as retarded at birth or shortly thereafter and are frequently institutionalized because of their extremely demanding development needs. These individuals have the potential to develop some social and communication skills but, for the most part, are quite dependent on others for their activities of daily living, e.g., eating, dressing, toileting, and so forth. They are unable to benefit from any meaningful education and are often quite physically handicapped.

The *severely retarded* range in IQ from 25-39. Medical causes are most prevalent with this group, too, and they generally have very poor motor development. They can learn some speech or other means of communication and can be trained in elemental health habits but will not be able to learn much, if any, functional academic skills. When they grow into adulthood, most will be able to participate in and benefit from day care programs with supervision although many eventually become institutionalized. They have the potential to develop some self-protection skills to a minimum useful level in a controlled environment.

Vocabulary

- level – уровень;
- range – ряд, линия;
- profoundly retarded – глубокая степень умственной отсталости;
- severely retarded – (ярко – выраженная) острая форма умственной отсталости;
- extreme physical and mental deficiencies – крайне тяжелые физические и умственные недостатки;
- communication skills – навыки общения;
- quite dependant on – совершенно зависимые от;

physically handicapped – физические затруднения, помехи;
are most prevalent – наиболее преобладающие;
adulthood – взрослая жизнь;
means of communications – средства общения;
participate in – участвовать в;
benefit from – извлекать выгоду.

I. Dictation exercise:

Four levels, IQ scores translated into, intelligence tests, the causes of mental retardation, immediately recognizable, development needs, social and communication skills, meaningful education, elemental health habits, grow into adulthood, useful level.

II. Make up sentences of your own using the following words and word combinations:

Intelligence tests, resulted in extreme physical and mental deficiencies, at birth, shortly thereafter, frequently, for the most part, grow into, with supervision, self-protection skills, under the new definition, for each of these.

III. Give the English equivalents:

Качество интеллекта, уровень умственной отсталости, причины умственной отсталости, при рождении, активность в обычной жизни, могут быть научены, начать взрослую жизнь, слабая моторика, физический недостаток, под руководством, забота.

IV. Find in the text and complete the following sentences:

1. There are four levels of mental retardation ...
2. The causes of mental retardation for this group are ...
3. They are unable to benefit from ...
4. Medical causes are most prevalent with this group
5. They can learn some speech ...
6. They have the potential to develop ...
7. Translated into IQ scores ...
8. When they grow into adulthood ...

V. Choose the right form of the verb:

1. The causes of mental retardation for this groups are definitely medical ones which ... extreme physical and mental deficiencies.
 - a) are resulted
 - b) results
 - c) have resulted
 - d) are being resulted
2. The can learn some speech or other means of communication and can ... in elemental health habits.
 - a) be trained
 - b) trains
 - c) are trained
 - d) have trained
3. The profoundly retarded ... frequently ... because of their extremely demanding development needs.
 - a) are being institutionalized
 - b) have institutionalized
 - c) institutionalize
 - d) are institutionalized
4. They ... any meaningful education and are often quite physically handicapped.
 - a) were unable to benefit from
 - b) being unable to benefit from
 - c) are unable to benefit from
 - d) have been unable to benefit from

VI. Choose the right preposition.

1. Translated
 - a) till
 - b) into
 - c) at
 - d) from
2. The cause of mental retardation ... this group
 - a) within
 - b) into
 - c) for
3. Which have resulted
 - a) at
 - b) on
 - c) in
4. ... the most part
 - a) above
 - b) for
 - c) at
5. Grow ... adulthood
 - a) into
 - b) for
 - c) about
6. Four levels ... mental retardation
 - a) in
 - b) during
 - c) of
7. Benefit ... day care
 - a) into
 - b) from
 - c) at
8. ... their activities ... daily living, eating
 - a) for
 - b) into
 - c) at
 - a) during
 - b) into
 - c) of

VII. Write a brief summary of the text.

UNIT IV
PART II
CLASSIFICATION OF MENTAL RETARDATION

Warming up

1. What are the 3rd and the 4th levels of mental retardation?
2. These individuals can learn and communicate, aren't they?
3. Will most attend trainable classes in the public schools or in institutions?
4. Where do they have potential to work?
5. What is IQ of the mildly retarded?
6. Do most of them have the potential for rehabilitation?

Text 4. Part 2. Read the text. Tell about all levels of mental retardation.

CLASSIFICATION OF MENTAL RETARDATION

The *moderately retarded* range in IQ from 40-54. Medical reasons for the retardation are a major cause for most although the cultural-familial aspect is a contributing factor with many. These individuals can learn to talk and communicate although they generally have problems in the social awareness area. Their motor development is fair, and they can learn some functional academic skills if given professional attention. Most will attend trainable classes in the public schools or in institutions. Many have the potential to work in a semi-independent manner under controlled conditions, and some will actually attain independence and competitive employment.

The *mildly retarded* range in IQ from 55-69 and comprise about 89 percent of the retarded population. Although many are retarded because of minimal brain damage and other medical reasons (where the damage is not severe), many others demonstrate no medical pathology and are classified as cultural-familial. These individuals do not have as many physical problems as a group and, therefore, are not as distinguishably retarded as the previous three groups. They are generally able to develop fairly adequate social and communication skills and a fourth to sixth grade academic level if they receive good educational services. Most of them have the potential for rehabilitation and eventual social and

vocational adjustment in society. However, most still need special education and training in order to realize their eventual potentials.

The new AAMD definition reflects the deletion of the former classification of "borderline retardation" (those with IQ scores between one and two standard deviations below the mean) and suggests more appropriately that the term *borderline intelligence* be used for this group of people. This deletion is a positive improvement over the previous definition which had resulted in a much greater proportion of the population being classified as retarded. Professional workers and parents concerned about labeling the borderline individual as retarded (IQ range 70-84) have been extremely pleased with this change. One disadvantage, however, is that borderline individuals may no longer be considered eligible for services from certain agencies, such as the state vocational rehabilitation agency, unless they use another disability category.

Vocabulary

moderately retarded – средняя форма умственной отсталости;

mildly retarded – легкая форма умственной отсталости;

communicate – общаться;

trainable classes – подготовительные классы;

semi-independent – полу-зависимый;

attain independence – достигать (получать)

самостоятельность;

employment – занятость;

comprise – включать;

adequate – адекватный (соответствующий);

potential – возможность;

adjustment – приспособление, применение.

I. Read the text again and find out if the following statements are true or false.

1. The moderately retarded range in IQ from 40 – 54.
2. Medical reasons for the retardation are a major cause for most.
3. These individuals are disable to learn to talk and communicate.
4. They generally have problems in the social awareness area.
5. The moderately retarded can learn some functional academic skills.
6. Many can work independently.

7. The mildly retarded have minimal brain damage and other medical reasons.
8. The mildly retarded range in IQ from 10-24 and comprises 50 percent of the retarded population.

II. Complete the sentences.

1. Medical reasons for the retardation are...
 - a) a major cause for most
 - b) a brain damage
 - c) the potential for rehabilitation
2. These individuals can learn to talk and communicate ...
 - a) without any problems
 - b) independently
 - c) although having problems in the social awareness area
3. Their motor development is ...
 - a) fair
 - b) dull
 - c) curious
4. Some will actually attain ...
 - a) independence and competitive employment
 - b) part-time employment
 - c) unemployment
5. The mildly retarded range in IQ from
 - a) 10-24
 - b) 55-69
 - c) 70-89

III. Choose the right preposition

1. Range ... IQ ... 40 – 54
 - a) in
 - b) from
 - c) into
 - d) out of
 - e) by
 - f) till
2. Have problems ... the social awareness area
 - a) at
 - b) out
 - c) in
3. Medical reasons ... the retardation
 - a) of
 - b) in
 - c) for
4. Because ... minimal brain damage
 - a) of
 - b) for
 - c) out
5. Have the potential ... rehabilitation
 - a) of
 - b) in
 - c) for
6. Comprise ... 89 percent
 - a) of
 - b) about
 - c) out

IV. Make up sentences with the following expressions:

1. To be a contributing factor with.
2. To have the potential to work.
3. To attend trainable classes in.
4. To comprise about.

5. To realize somebody's eventual potentials.
6. To be classified as.

V. Give the English equivalents.

Научиться говорить и общаться, охватывать определенную часть населения, подготовительные классы, получить независимость, повреждение мозга и другие причины, под контролем, возможность восстановления, адекватные социальные и коммуникативные навыки.

VI. Translate into Russian.

Vocational adjustment in society; academic level; motor development; semi-independent manner; competitive employment; cultural – familial; special education and training; fairly adequate; generally able; skills.

VII. Compare the 3rd and the 4th levels of mental retardation. Speak about them in pairs.

VIII. Write a summary of the text

UNIT V ADAPTIVE BEHAVIOR

Warming up

1. What way is adaptive behavior defined by Grossman?
2. Will deficits in adaptive behavior vary at different ages?
3. What are the main criteria during the school years?
4. The AAMD classifies adaptive behavior into four levels of functioning, doesn't it?

I. Read the text. Tell about adaptive behavior.

ADAPTIVE BEHAVIOR

Adaptive Behavior. Adaptive behavior is defined in the AAMD manual (Grossman, 1973) as "the effectiveness or degree with which an individual meets the standards of personal independence and social responsibility expected of his age and cultural groups". Deficits in adaptive behavior will vary at different ages. For infants and very young

children the main criteria are sensory-motor, communication, self-help, and socialization skills. During the school years, the main criteria are academic, reasoning, judgment, and social skills. For adolescents and adults, vocational and social abilities are the main criteria of adaptive behavior.

For those individuals who score an IQ below 70 on an accepted intelligence test but who are not found to be deficient in adaptive behavior, mental retardation cannot be proclaimed. Another interesting aspect of the determination of mental retardation, according to Robinson and Robinson (1965), is that in certain areas, such as New York City, even an IQ of 90 or 95 may be handicapping because of New York's highly complex structure while in the back country of another state an IQ of 65 may not be handicapping.

The AAMD classifies adaptive behavior into four levels of functioning, ranging from mild negative deviation (Level I) to profound lack of adaptation (Level IV). Unfortunately, precise instruments are not available for measuring adaptive behavior and much of this deficiency determination depends on the clinical judgment of the diagnostician. Currently available social maturity measures include the AAMD *Adaptive Behavior Scale*, the *Vine/and Social Maturity Scale*, and other scales which purport to measure behavioral adaptation. Changes in adaptive behavior level can occur with training and environmental manipulation or improvement. Thus, frequent reassessment of individuals diagnosed mentally retarded is desirable.

Vocabulary

adaptive behavior – адаптивное поведение;
infant – младенец, ребенок;
adolescent – подросток;
adults – взрослые люди;
proclaim – объявлять, провозглашать;
classify – классифицировать;
scale – шкала;
available – пригодный, полезный, доступный;
purport – свидетельствовать, означать, подразумевать;
occur – происходить;
(re) assessment – обложение, оценка (переоценка);
desirable – желательный, желанный.

II. Dictation exercise:

Social, maturity, determination, adaptive, currently, include, environmental, occur with, desirable, scales, purport, effectiveness, responsibility, sensory-motor, communication, complex structure, handicapping, deviation.

III. Make up sentences of your own using the following words and word combinations:

To be defined as, at different ages, during the school years, to be deficient in, according to, while in the back country of another state, ranging from, unfortunately, depend on, this can occur with, currently available, for infants, for adults.

IV. Translate into Russian:

Meet the standards, the main criteria, reasoning, judgment, social skills cannot be proclaimed, highly complex structure, from mild negative deviation to profound lack of adaptation, precise instruments, to measure, other scales, frequent reassessment.

V. Give the English equivalents:

Отклонение, еще один интересный аспект, в то время как, случаться, недостаток, навыки адаптации в обществе, подростки и взрослые, зависеть от, определение, провозглашать, личная независимость, изменяться.

VI. Give the derivatives of:

Behave, effective, independent, responsible, culture, adapt, communicate, reason, judge, determine, retard, handicap, function, range, avail, train, assess, desire.

VII. What is the difference between:

- 1) score, scale, measure;
- 2) to determine, classify;
- 3) mental, intelligent;
- 4) handicapping, deviation, deficiency;
- 5) vary, change.

VIII. Write a brief summary of the text.

UNIT VI

PREVALENCE OF MENTAL RETARDATION

Warming up

1. What is the prevalence of mental retardation in the general population?
2. Who falls in to the mildly retarded classification?
3. A diagnosis of retardation is often dependent upon one's particular ability to perform certain expectancies, isn't it?
4. Does mental retardation vary from age to age?
5. What is an important aspect of the AAMD definition?

I. Read the text. Tell about Prevalence of Mental Retardation

PREVALENCE OF MENTAL RETARDATION

The prevalence of mental retardation in the general population is approximately 3 percent. The great majority of these individuals fall into the mildly retarded classification (89 percent). The other levels have the following approximations: moderately retarded (6 percent), severely retarded (3.5 percent), and the profoundly retarded (1.5 percent). The total number of individuals with this condition exceeds seven million and is increased by many millions more if individuals with IQs in the borderline classification (70-84) are so labeled by professional workers.

An important aspect of the AAMD definition is its focus on the current status of the individual, whereas, at another point in time, he may not be classified as retarded at all. Thus, the condition is not considered irreversible. For example, more individuals are diagnosed retarded at the ten to fourteen age range because of the extreme verbal and abstract demands upon students during these school years which correlate highly with traditional intelligence tests. However, after many of these individuals leave the school setting and are not required to learn primarily abstract material, they often lose this identity, particularly if they achieve a satisfactory vocational and community adjustment. Thus, a diagnosis of retardation is often dependent upon one's particular ability to perform certain expectancies which differ from the various life stages.

Besides varying from age to age, mental retardation varies from region to region. For example, in Madison, Wisconsin, the prevalence of mental retardation is only about 1 percent while in Milwaukee the rate

may be 4 or 5 percent or higher primarily because of its more impoverished inner core areas.

Vocabulary

prevalence – распространение, преобладание;
approximately – примерно, приблизительно;
to exceed – превышать, превосходить;
irreversible – необратимый;
identity – идентичность;
to require – требовать, нуждаться;
to label – относить к какой-либо категории;
demands – требования;
to lose – терять;
to achieve – достигать;
impoverish – истощать, обеднять;
to correlate with – приводить в соответствие;
primarily – первично, изначально.

II. Dictation exercise:

Prevalence, approximately, classification, great majority, percent, exceed, total number, important aspect, individuals, thus, correlate highly with, varying from, traditional intelligence tests.

III. Make up sentences of your own using the following words and word combinations:

Is approximately, the great majority, the other levels, the total number, an important aspect of, at another point, in time, at all, thus, however, besides varying from, the rate may be.

IV. What adverbs can be used with the following adjectives and participles:

Abstract, vocational, higher, impoverished, retarded.

V. Translate into Russian:

A diagnosis of retardation, certain expectancies, often depend upon, to perform, differ from, achieve satisfactory vocational and community adjustment, various life stages, inner core areas, borderline classification, to be labeled by.

VI. Explain the meaning and use of the following words:

General population, the great majority, is approximately, the other levels, the total number, its focus on the current status, AAMD, at another point of time, correlate highly.

VII. What is the difference between:

- 1) vary, differ, change;
- 2) to require, to demand;
- 3) fall into classification, to classify;
- 4) exceed, to increase;
- 5) achieve, get;
- 6) general, total;
- 7) approximately, primarily.

VIII. Give the derivatives of:

Require, expect, approximate, prevail, profound, label, high, identity, set, particular, vocation, adjust, depend, vary, tradition.

IX. Choose the right preposition:

1. Retardation ... the general population
a) at b) in c) for
2. Its focus ... the current status
a) about b) into c) for
3. Retarded ... the ten ... fourteen age range
a) at ... to b) from...out c) at ... till
4. ... these school years
a) during b) from ... out c) due to
5. However, ... many of these individuals
a) before b) after c) till
6. Which differ ... the various life stages
a) out b) from c) because

X. Write a brief summary of the text.

UNIT VII

Read, understand and write a brief summary of the texts

CAUSES OF MENTAL RETARDATION

The causes of mental retardation can be categorized as bio-medical, cultural-familial, and psychological. The AAMD manual outlines a medical classification besides the behavioral classification of intelligence and adaptive behavior. This classification is divided into ten basic categories: seven bio-medical, one psychiatric (psychological), one environmental, and one for other biological conditions.

BIO-MEDICAL CAUSES

There are over 200 identified pathologies presumed to be directly responsible for causing mental retardation. Estimates range that from 10 to 25 percent of persons classified mentally retarded have a significant pathology in the structure or function of the central nervous system. The AAMD groups mental retardation into the ten following medical categories (Grossman, 1973, pp. 36-37):

1. *Following infection and intoxication, e.g., congenital rubella, congenital syphilis, congenital toxoplasmosis, encephalopathy associated with other prenatal infections*

2. *Following trauma or physical agent, e.g., encephalopathy due to prenatal injury or mechanical injury at birth or postnatal injury*

3. *Associated with disorders of metabolism or nutrition, carbohydrate disorders, galactosemia, amino acid disorders, phenylketonuria, nutritional disorders*

4. *Associated with gross brain disease (postnatal), e.g., neurofibromatosis (Von Reck-linghausen's disease), tuberous sclerosis (epiloia, Bourneville's disease)*

5. *Associated with diseases and conditions due to unknown prenatal influence, e.g., cerebral malformation, microcephaly, hydrocephalus*

6. *Associated with chromosomal abnormality, e.g., Down's syndrome (mongolism), Klinefelter's syndrome*

7. *Associated with gestational disorders, e.g., prematurity. A child born prematurely is ten times more likely to be retarded than one who was full term.*

8. *Following psychiatric disorder, e.g., psychosis, neurosis, character, psychophysiology.*

9. *Associated with environmental influences, e.g., severe deficit of special senses (vision, hearing), sensory deprivation, severe stimulus deprivation (severely neglected child).*

10. *Associated with other conditions*, e.g., other unspecified biological conditions, other specific biological conditions.

Mental retardation can occur during the prenatal period (before birth), prenatal period (at birth), or postnatal period (after birth). Prenatal precipitators directly related to mental retardation include: German measles during the first three months of pregnancy, insufficient supply of oxygen to the infant, poisons transmitted to the infant from the ill mother, other infections of the mother, etc. Prenatal causes include: prematurity, not enough oxygen, and mechanical injuries during time of delivery. Postnatal causes include: infections such as encephalitis and meningitis, head injuries from falls, blows, etc. Robinson and Robinson (1965) and other such professional texts contain more detailed information on medical conditions associated with mental retardation.

According to Heber (1964), persons with pronounced central nervous system pathology often score below 55 on intelligence tests and tend to function as trainable or less in school, profoundly or severely impaired in adaptive behavior, and usually have accompanying physical problems. Thus, many persons presenting obvious gross pathology of the central nervous system will be quite limited in their vocational potential although there are a considerable number for whom vocational preparation will be sought and who are deserving of habilitation efforts. Some will be capable of eventually achieving a sheltered or unskilled competitive employment level.

CULTURAL-FAMILIAL CAUSES

A large number of persons labeled *mentally retarded* are so because of cultural-familial causes. These people hold the greatest promise for habilitation. The cultural-familial designation applies to those for whom no evidence of biological factors or organic conditions accounts for the intellectual defect. It also requires that at least one parent or sibling function subnormally, although in actual practice this latter criterion is often not considered. One definition of *cultural-familial retardation* is "an undefined admixture of genetic and environmental variables, including poor nutrition and poor physical health of mother and child, economic poverty, membership in an ethnic minority and a social class culture at variance with the dominant majority class, and IQ scores and educational attainments at the lower end of the normal distribution of intelligence as measured psychometrically" (Milgram, 1972, p. 30). Thus, in the absence of a

plausible organic explanation for the retardation, those with IQ scores from about 50-69 are usually designated as cultural-familial retarded. Most of those previously classified as "borderline retarded" also were of the cultural-familial designation.

The cultural-familial retarded are often similar in appearance to the general population and frequently not identified as retarded until exhibiting learning deficiencies in school. Many come from the poorer segments of society and simply find it difficult to perform middle-class education requirements. Hurley (1969) feels the cultural-familial retarded should be referred to as "environmentally deprived" because many probably have the same range of intellectual ability as persons not classified as mentally retarded. Hurley feels the term *mental retardation* should only be used to designate those for whom identifiable hereditary, organic, or injury-based defects impair intellectual functioning. This argument is well-founded and probably would do much to alleviate the negative effects of current labeling.

The cultural-familial group are retarded in many aspects of functioning because of early environmental conditions. A publication by the President's Committee on Mental Retardation (1968, p. 19) reveals several disturbing statistics:

1. The isolated and impoverished urban slums contain three-fourths of the retarded population.
2. In inner city neighborhoods the incidence of retardation is at least 7 percent.
3. A low income rural or urban family is fifteen times more likely to have a retarded child than a higher income family.
4. Forty-five percent of all women who have babies in public hospitals have received no prenatal care.
5. Incidence of premature births (among whom neurological and physical disorders are 75 percent more frequent than in full-term babies) is almost three times greater among low income women.
6. Low income mothers lose twice as many infants.
7. The children of low income families lack the experience and skills necessary for systematic learning, e.g., language, abstract thinking, reading, writing, counting.
8. About three times as many low income children as high income children fail in school.

The importance of one's environment was dramatically illustrated by two related studies by Skeels and Dye (1939) and Skeels and Skodak

(1966). In the original study, Skeels and Dye studied thirteen infants who were assessed mentally retarded and then moved from a minimally stimulating environment of an orphanage nursery to an institution for the mentally retarded where they were given a great deal of stimulation, attention, and affection by adult female retardates. The children were compared with twelve control group children assessed originally as normal in intelligence but who stayed in the orphanage. The experimental group gained an average of 27.5 IQ points after nineteen months; the control group lost an average of 27.2 IQ points after twenty-one months. However, the orphanage where the control group remained was overcrowded and understaffed; it was essentially a nonstimulating environment.

Skeels and Skodak followed up on both groups and found all of the thirteen who were originally diagnosed retarded to be self-supporting as young adults. Eleven were married and nine had children. They were engaged in several occupations: social service caseworker, sales manager, noncommissioned officer in the Armed Forces, domestic worker, licensed practical nurse, sales shop manager, elementary teacher, registered nurse, beauty operator, dining room hostess, clerical worker, and nurse's aide.

However, all except one of the group originally diagnosed normal were now fitting the classical stereotype of the mental retardate, i.e., a minimally skilled, unemployed or minimally employable individual who would be readily recognized as a defective, dependent person. One died in adolescence following continued residence in a state institution for the mentally retarded; four were still wards of institutions; and only two married (one became divorced). Educationally, the median grade completed by the experimental group was twelfth; the control group, third.

In 1967, Skeels and Skodak were recognized for their important work at the Joseph P. Kennedy awards in Chicago. Presenting the award was a recent Master's degree graduate, one of the children originally diagnosed as mentally retarded.

Kirk (1958) studied children who were living in community and institutional settings. Experimental groups were given special preschool experience from one to three years before they entered first grade; whereas, controls were given no special preschool experience. The preschool experience turned out to be very positive for the community and institutional mentally handicapped experimental groups: 70 percent

gained an average of ten points on intelligence tests and social maturity measures and maintained these gains at follow-up periods. In the case of the two control (or contrast) groups, the community group, which showed no acceleration in intellectual and social performance prior to beginning school, did so shortly after beginning school so that at the end of the study they were not significantly different from the experimental groups. The community children from inadequate homes and those from institutions tended to progress the least. Kirk concluded that family adequacy was a crucial factor in the child's school adjustment and performance.

A recent and ongoing study by Heber and his associates at the University of Wisconsin has also demonstrated the importance of a child's environment in intellectual development. Utilizing an interdisciplinary approach, a human development team is studying the effects of early stimulation and education on children in the most disadvantaged area of Milwaukee. Working with newborn babies of mothers with IQs below 70, a staff member visits the home daily for several hours until the child is three or four years old. The staff member holds, talks to, and fondles him, enriching his sensory perception. In addition, the child goes to an Infant Education Center at age four months for a slightly more structured but flexible and individualized program. The results to date have been extremely impressive: by forty-three months the children in the enriched environment scored an average of thirty-three IQ points higher than a control group, and the enriched group is building an impressive vocabulary by twenty-five months; whereas, the control group has virtually no vocabulary at that age (*MR 71, Entering the Era of Human Ecology*).

Each of the previously mentioned studies has received its share of criticism for research inadequacies. Despite the wide publicity and influence, the Milwaukee project appears to be having over national policy. Page (1972) has severely criticized it for its "biased selection of treatment groups, contamination of criterion tests, and failure to specify the treatments" (p. 16). The same criticisms have generally been levied against the other studies and, from a rigorous research standpoint, are certainly valid concerns. Research of this nature is difficult to conduct and perhaps impossible to conclusively validate because of the myriad of confounding variables influencing outcome. No doubt better research can be conducted but these studies are noteworthy and commendable (although nonconclusive) contributions to the field that signal the need

to take a closer look at environmental influences on one's development and ultimate functioning.

PSYCHOLOGICAL CAUSES

A certain number of persons scoring below two standard deviations from the mean and deficient in adaptive behavior may be temporarily classified as retarded because of psychological reasons. It is important for treatment and training reasons that the professional worker differentiate between these pseudo-mental defectives with emotional disorders and mentally retarded persons with emotional disturbances. Cutts (1957) recommends the following techniques in differentiating these persons:

1. By observing behavior, e.g., depth or intensity of the reactions, unusual hobbies or broad interests, unusual knowledge or unusual orientation including such things as ready and meaningful knowledge of dates, mature use of language and good vocabulary

2. From objective test results, e.g., one or two subtests at the average or above level, marked discrepancy between verbal and performance IQ scores, gaining unexpected success after several failures on tests such as arithmetic, unusual or inappropriate answers, blocking

3. From drawing tests, e.g., figure drawings may be one medium of expression on which the individual is able to function at his optimum level

4. From projective personality tests, e.g., the retarded give brief concrete responses without much elaboration and well-organized whole responses are atypical

5. By case histories, e.g., home, health, and school background

A number of individuals labeled *mentally retarded* are primarily profoundly emotionally disturbed with retardation a result of such disturbances (Beier, 1964). Thus, the AAMD classification system includes a category for retardation following psychosis or other psychiatric disorders when there is no evidence of cerebral pathology and it is not a concomitant manifestation.

Professional workers involved in vocational habilitation should identify the specific abilities of each individual who has been diagnosed retarded and be careful not to underestimate these potentials. Persons temporarily retarded because of emotional disorders should not be treated as permanently intellectually limited; otherwise, there may result considerable underemployment, job dissatisfaction, and ultimate failure for these individuals.

PSYCHOLOGICAL AND LEARNING ASPECTS *PERSONALITY CHARACTERISTICS*

Being retarded in intelligence doesn't mean the person is also retarded in psychological characteristics. As Philips (1966) has pointed out, individuals are products of all the experiences that occur in their lives. The retarded can develop personality disorders not only because of limited constitutional endowment but through an overwhelming interpersonal environment. If this occurs, they may become victimized by their emotional reactions and prefer to live in solitude, despair, self-depreciation, inhibition, and withdrawal - or they may react in retaliation with explosive, aggressive behavior that demands control and custody. Philips warns not to make the following errors about the maladaptive behavior of some retarded persons: (1) that it is a function of the retardation rather than interpersonal relationships, (2) that the emotional disorder is different than normal individuals, and (3) that organic brain damage produces these symptoms.

Despite many studies to the contrary, misconceptions about the personality characteristics of the retarded continue to be displayed by the general public and by many professional workers. As pointed out by Beier (1964), the retarded continue to be characterized as having a poor frustration tolerance, anxious, egocentric, impulsive, guilt ridden, intolerant, unrealistic, rigid, disturbed, psychotic, aggressive, withdrawn, delinquent, untrustworthy, dangerous, peculiar, etc. Beier maintains that the available research fails to substantiate or refute these attributes although there is a higher incidence of behavioral disturbances among the retarded than the general population.

Because the retarded person often has more deficiencies and inadequacies than most individuals, it is understandable that a higher incidence of emotional disorders results from the greater number of stresses, frustrations, and conflicts they continually encounter. They often enter novel task situations with relatively low general expectancies of success, thus depressing initial performance; but this is also true of many other nonretarded people. Unfortunately, too much concern has been expended in the past on affixing labels and categories to the retarded and other people. As this discussion has indicated and as Robinson and Robinson (1965) have concluded, it is difficult to characterize the retarded as a group by any special personality patterns.

Professional workers must be aware and sensitive to the problems that result from being retarded and how they have affected the

individual's functioning so that experiences leading to more desirable and positive behavioral changes can be provided. Each individual's unique characteristics and their relationship to certain environmental factors should be the concern when working with this group of individuals. The retarded are a very heterogeneous group of people, and generalizations are really not appropriate when talking about them. Moreover, their deficient behaviors should not be regarded as necessarily attributable to their intellectual defect.

LEARNING CHARACTERISTICS

Closely related to understanding the personality dynamics of the retarded are their learning characteristics. Knowledge of primary learning patterns is prerequisite for effective vocational evaluation, teaching, counseling, training, and placement efforts.

Learning consists of many factors, e.g., self-confidence, past experiences, motivation, organizational ability, practice, etc.

Unfortunately, some professional workers who rely too much on the IQ score may believe the mentally retarded have a very limited capacity to learn. However, the retarded's learning potential often is not consistently inferior to "normal" individuals, and learning ability cannot be directly correlated with intellectual ability. Gladwin (1959) found that many children who fail in school actually end up leading pretty successful lives, indicating a need for professional workers to better describe and define what mental abilities are really needed to function in this society so that we better understand what a learning deficit really means.

Learning research has provided some extremely valuable information which can be utilized in the vocational preparation of the mentally retarded. Baumeister (1967) identifies the following as important learning characteristics of the mentally retarded:

1. The learning deficiencies of mildly and moderately retarded persons are task specific or related to only certain aspects of the learning situation.
2. Under certain conditions their learning and retention are quite adequate and comparable to normals.
3. **Rote** memory is often difficult to achieve.
4. Meaningfulness of the material to be learned is important.
5. Learning is facilitated if required to name the stimulus before responding.

6. When verbal learning material is familiar and concrete, the retarded do as well as normals.

7. Overlearning material apparently benefits the retention.

8. Discrimination learning tasks are difficult compared to normal persons.

9. Previous experience in discrimination learning situations is an important factor related to rate of learning.

10. Prolonged failure experience affects ability to solve problems formerly possible.

11. They have a "generalized expectancy to fail" which is associated with an unnecessarily low initial level of performance.

12. Motor learning is most appropriate, and with proper training methods the moderately retarded individual can learn many complex and intricate motor skills.

Other research (Denny, 1964) indicates:

1. As long as rote learning materials are nonverbal and familiar, there is insufficient evidence of a learning deficit with the mildly retarded.

2. Direction following is a frequent problem requiring instructions to be repeated frequently for learning to occur.

3. There may be an initial deficit on motor learning tasks, but with practice they improve more rapidly than normals and sometimes catch up with them.

4. As the difficulty of the task increases, the importance of intelligence increases and, despite faster improvement, they are unable to make up the difference.

In vocational evaluation and training of the mentally retarded, these findings hold important implications. The research indicates that the retarded are capable of learning more than we often think and that success is contingent upon a multitude of variables which must be taken into consideration: motivational procedures, training to attend to stimuli, building in what they failed to learn incidentally in the early years, and using spaced rather than massed learning techniques, i.e., teaching by distributing material over a period of time rather than trying to cram it all in. Meaningful materials, enough practice, and positive support and reinforcement are all necessary prerequisites to effective work with retarded persons. For the more seriously retarded, Clarke (1958) lists the following training principles:

1. Provide suitable incentives and goals.

2. The task should be broken down into its components, with each component learned separately but in sequence.

3. Correct movements should be required before going on to the next stage in the sequence.

4. Practice should be distributed rather than massed.

5. The response should be thoroughly practiced until it is overlearned.

6. The learner should be encouraged to verbalize his behavior while he is in the process of making the response.

7. In the initial stages, accuracy rather than speed should be stressed.

8. The material to be learned should be well organized.

Each mentally retarded individual's unique personality characteristics must be considered in the learning situation. The retarded blame themselves for failures more so than normals blame themselves. Thus, the professional worker must establish the proper rapport and appropriate conditions for learning when dealing with retarded persons who have a particularly long history of failure. Once this has been accomplished, a step-by-step procedure which minimizes failure and is designed according to the individual's speed and style of learning can result in success beyond that which is typically thought possible with most of the mentally retarded.

SUMMARY

This chapter attempts to give the professional worker involved in the vocational preparation of mentally retarded individuals a brief overview of important facts about the nature of mental retardation. It attempts to illustrate that, as a group, they are very diverse individuals and must be considered individually rather than assuming any gross generalizations about their characteristics and potentials.

The chapter points out the gross misconceptions the general public and some professional workers have about the characteristics of mental retardation, e.g., about causes, personality, and learning characteristics. Causes are divided into three general categories: bio-medical, cultural-familial, and psychological. It is noted there are over 200 identifiable medical causes of mental retardation but that these can be attributed to only 15-25 percent of persons classified as retarded. The largest group of retarded individuals can be classified as cultural-familial which is caused by "an undefined admixture of genetic and environmental

variables" and which can often be prevented if given favorable environmental circumstances. (Approximately 80-85 percent of the people labeled mentally retarded come from the lower socioeconomic segments of society where their cultural and psychological backgrounds prevent them from learning and performing adequately in middle class society.) Psychological causation can be attributed to a small percentage of persons diagnosed as retarded. It is very important to distinguish this group as treatment techniques will be approached differently with these individuals.

Four levels of retardation as classified by the AAMD's most recent publication are presented and recommended for adoption by professional vocational workers: mild, moderate, severe, and profound mental retardation. The mildly retarded are those who educational systems generally classify as *educable* and for whom good social and vocational adjustment is possible; the moderately retarded are those generally classified as *trainable* by educational programs and for whom a fair degree of social and vocational adjustment is possible; the severely retarded are generally dependent on their parents or institutional personnel in most areas of living; and the profoundly retarded are generally institutionalized and totally dependent.

A concentrated effort to wipe out mental retardation is currently going on throughout this country. Hopefully, medical and behavioral research efforts will be fruitful, but most likely, despite the discoveries that have already been made and will be made in the future, there will always be a large number of our citizenry who will have this condition and need professional assistance, at least in the next few decades. Thus, it is strongly urged that professional workers give a great deal of attention to the causes, personality, and learning characteristics of the retarded individual before engaging in evaluation, education, counseling, training, placement, and other activities intended to prepare the retarded person for entrance into the mainstream of society.

In the next chapter, a methodology by which professional workers can better understand the development of a retarded individual's work personality will be presented.

Review Questions

1. How should the concept of *mental retardation* be defined?
2. Explain the vocational implications for those who are included in each of the four levels of mental retardation.

3. How is adaptive behavior evaluated?
4. What are the major causes of mental retardation?
5. Explain how mental retardation can be averted.
6. What do we mean by cultural-familial mental retardation?
7. How can we distinguish between pseudo-mentally retarded persons with emotional disturbances and those who are retarded and have emotional disorders?
8. Explain how personality disturbances develop with the mentally retarded.
9. What are the most common misconceptions the general public has about mental retardation?
10. What are some of the significant findings from learning research which have implications for vocational programming?

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АНГЛИЙСКИЙ ЯЗЫК

МЕТОДИЧЕСКИЕ УКАЗАНИЯ
ПО РАЗВИТИЮ НАВЫКОВ ЧТЕНИЯ,
ПЕРЕВОДА И РЕФЕРИРОВАНИЯ
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