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*J Learn Disabil* 1995 28: 335
DOI: 10.1177/002221949502800604

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What is This?
Family Patterns of Reaction to a Child with a Learning Disability: A Mediation Perspective

Louis H. Falik

The impact of a child's learning disability on the family system is explored with regard to the general consequences for the system and to the parents' abilities to react to the problems generated for the child and family. Feuerstein's concept of mediated learning experience is proposed as a useful way of understanding the process issues, to assess parental reactions, and to guide more productive and adaptive interventions. Four prototypical patterns of family response are presented, with descriptions of the mediational restrictions and potentialities embedded within them. Implications are presented for both dysfunctional responses and the development of positive and adaptive reactions.

A child's learning disability presents pervasive and complex dilemmas for the family. Both educators and family therapists have come to recognize that effective responses to the child's learning and behavioral needs require an understanding of the effects of the child's disability on the family's system (Belsky, 1990; Green, 1989; Parker, Hill, & Goodnow, 1989; Seligman & Darling, 1989).

This article considers the impact of a child's learning disability on the family and on the ways in which the family's interaction with the child is affected. The family system concept is used to describe the ways in which members of the child's family—parents, siblings, and extended family members (grandparents, aunts and uncles, etc.)—interact with one another in regard to issues of concern (generated by the disability and associated behaviors and reactions). It is assumed, within this concept, that the interactions either are helpful, protective, and functional or, conversely, prevent adequate, adaptive, and positive responses when the child's behavior or functioning is perceived as threatening or uncomfortable for members within the system.

A second explanatory concept, that of mediated learning experience (MLE; Feuerstein, 1979; Feuerstein & Feuerstein, 1991), is suggested as a useful descriptive dynamic for understanding critical aspects of the family's interaction in response to the child's learning disability.

Taken together, the concepts of the family system and of MLE can help the parent, teacher, or therapist more clearly understand the effects of the learning disability on the child and the members of the family, and to develop interventions that will lead to stable and satisfying changes in both functioning and perceptions of the nature of the problems.

Mediated Learning Experience

Feuerstein (1979) defined the mediational process as an interpersonal interaction between an active, responding organism (in this instance, the child who is experiencing a learning disability) and another human (the parent or parents) who is experienced and intentioned and who interposes himself or herself between the child and incoming stimuli or behavioral responses. All parents have the potential to be mediational in the lives of their children—and must do so if their children are to develop fully in cognitive and social dimensions. The process that generates a mediational response is produced through the "framing, selecting, focusing, and feeding back [of] environmental experiences in such a way as to produce . . . appropriate learning sets and habits" (Feuerstein, 1979, p. 71). Under optimal conditions, children receive sufficient mediated learning experiences from their parents and other caretakers (Kozulin, 1994). When conditions are less than optimal, as in the presence of some interfering circumstance, the child experiences a lack of mediated learning experience from the parents, and this can become a recurring pattern in the parental or family interactions. For example, Kozulin cited the situation in which a child is impulsive but "suffers not so much from the primary effects of that impulsivity, but from the secondary lack of mediated learning. Parents, who would succeed as mediators if their child were not impulsive, fail because they do not adjust their mediat-
ing behavior according to the child’s special needs” (Kozulin, 1994, p. 285).

Other researchers, following Feuerstein’s theoretical and applicational development of MLE, have operationalized the mediational process as it is observed in parent-child interactions (Klein, 1992) and teacher-parent-student interactions (Greenberg, 1992). Klein described effective mediational behaviors as those predisposing children to learn from new experiences, and themediator (in her research, the mother) as the person who understands the child’s needs, capacities, and interests, and takes an active role in facilitating the child’s responding to the environment in a way consistent with the child’s potential. Klein summarized the basic elements as focusing (which she relates to Feuerstein’s MLE criteria of intentionality and reciprocity)—activities directed toward “achieving a change in the child’s perception or response”; affecting (mediation of meaning)—behaviors that “express appreciation or effect in relation to concept and values”; expanding (transcendence)—behavior directed toward “broadening the child’s cognitive awareness beyond what is necessary to satisfy an immediate need which triggered the interaction”; and rewarding (mediated feelings of competence)—behavior that “expresses satisfaction with a child’s behavior or identifies specific components . . . which the adult considers successful” (Klein, 1992, pp. 108–109).

Greenberg (1992) has developed a program for adults (parents and teachers) called COGNET wherein she identifies “tools for independent learning,” which are qualities nurtured in children through MLE. They include “inner meaning, self regulation, feeling of competence, goal directed behavior, self development, sharing behavior, feeling of challenge, and awareness of self change” (Coulter, cited in Sharron, 1994, p. 361).

Although these aspects of MLE are developed as adaptations and elaborations of Feuerstein’s theoretical concepts, Feuerstein has expressed concerns that they have the effect of reducing rather than magnifying the structural richness and meaning of the concepts. He warned against the tendency to turn MLE criteria into “a set of simple behavioristic recipes” by departing “significantly from the original theoretical base, and instead of elaborating theory lead to its reduction” (Feuerstein, cited in Sharron, 1994, pp. 9–10). Those criteria are presented here, with cognizance of Feuerstein’s cautions, to convey how individuals working with parents and children have formulated some of the mediational dimensions. In this way, the criteria provide tools that, while not fully explicative of the theoretical parameters of the concepts, enable various applications and interventions.

**Impact on the Family System**

A child’s learning disability is a triadic experience, involving interactions among the child who experiences the dysfunction, the family who is affected by the disability, and the external environment where the disability is manifested (Faerstein, 1981; Green, 1989). Each member of the triad reacts to and makes demands upon the other; thus, each member experiences steady states of crisis, tension, and adjustment. The child’s learning disability may take a variety of forms and be understood and accepted by the family, who accommodates the problem and responds in an adaptive and efficient manner. Alternatively, the experience of the child’s disability may serve to stress an already rigid, inflexible, and dysfunctional system. Whichever the reaction, the nature of learning disabilities and their inevitable manifestation “outside” the family system may cause the family to feel as though their child has been identified by someone else as having a problem. This can be perceived as new information or as a confirmation of known and understood conditions.

When the child’s learning disability is identified, the family system makes adjustments to contain or deal with the variety of responses experienced by the identified child, the parents, or other members of the family. The family either mobilizes into effective action, flexibly adapting, or freezes in varying degrees of rigid, ineffective reactions. When the family system reacts unadaptively, one possible reaction relates to the “externalization” of the experience. The perspective “within” the family is that the child is being identified as unable to function at acceptable levels by someone outside their system (e.g., a teacher), and the family may feel judged by an expert who has concluded that their child (and, by implication, they themselves) is failing or is inadequate. In addition, potential unresolved parental issues stemming from parents’ own school experiences or feelings about parenting skills are unearthed to public view. Moreover, the identification of the problem usually requires that the family “do something” on a time schedule that is not within the family’s control, and/or take specific actions that may be unfamiliar, costly, or stressful in terms of the family’s perception of their available resources.

**Mediation Within the Family System**

The child’s learning disability, like any other significant condition affecting a family member, presents the system with a stressor that will be reacted to, either adaptively or resistively. The effects on the system are reciprocally related to potential changes in the availability of mediation within the family. From the perspective of family therapy, the phenomenon of children becoming aligned in coalitions with one parent against another, or becoming “triangulated” between parents to contain conflict, has been well described (Haley, 1976, 1980; Minuchin,
1974). In this view, Madanes (1984) has suggested that the learning disability can act as a maintainer of the family system, keeping it predictable, generally manageable, and functional. She has described how “the child is seen not as a passive participant in conflicts between parents but as an active initiator of protective sequences of interaction” (Madanes, 1981, p. 65). This suggests that how family members interact with the child and with each other is a response to the stresses that the disability presents, and determines some of the ways in which the disability is incorporated into the family’s structure (expectations, rules, behavioral adaptations). The family response patterns described below are presented as paradigmatic illustrations of these phenomena.

Considering the parents to be mediators for their children enables the therapist (family counselor, learning disabilities specialist, etc.) to focus on important dimensions of what is occurring within the interactional pattern of the family. Parental responses to the child are critical and carry implications that go well beyond their immediate behavioral manifestation. For example, as the child struggles to maintain equilibrium in a demanding academic milieu, parental reactions can either reinforce the dysfunction (e.g., “Here you are again, wasting time when you could be finishing your homework”) or help to overcome barriers and create adaptive shifts (“You seem to understand some important parts of the assignment, let’s see if we can find ways of making the rest of it understandable so you can complete it successfully”). In the former instance, if the message is that child is lazy, unmotivated, incapable, or any number of similarly closed and pessimistic descriptions, the family’s reaction freezes around a lack of movement and engenders mass resistance among all members of the family.

Acting-out behavior on the part of children (and occasionally their parents), withdrawal from task involvement or social engagement, or a variety of other forms of negative reactions may stem from a belief (or fear) that the child’s cognitive functions are not amenable to change, that the conditions are permanent, and that little or nothing can be done to improve the situation. Any member of the family system can adopt this pessimistic belief and become immobilized by it. Parents who carry this attitude restrict their mediation or convey negative or dysfunctional messages in their interactions.

The parent who faces these experiences with his or her child and within the family can be helped to see the mediational potential of interactions and act from an optimistic, facilitative posture. Enabling parents to expand their repertoires of mediational responses helps them modify the family system so that it will be adaptive and able to cope with the stress the child’s disability presents. This is a potential focus for parent counseling and working with teachers and other professionals engaged in the field of learning disabilities (see Feuerstein, Rand, & Rynders, 1988).

Interventions must accommodate how the family is organized around the stress presented by the child’s learning disability and the extent to which family members are reacting in a consistent and predictable manner. Some families are able to successfully integrate this experience. They gain strengths and make accommodations and adaptations in the way they mediate their reactions to their children, working productively with other interactive systems (classroom teachers, family therapists, specific therapeutic consultants, etc.). Other families are unable to respond successfully and experience increasing stress; they limit or restrict their mediational interactions with their children and evidence resistance to change and a variety of disturbed or defensive reactions. When those attempting to intervene (e.g., consultants, diagnosticians, therapists) experience such barriers, they must develop responsive postures that reflect the dynamics observed.

Patterns of Family Response

Systemic and observable patterns of adaptive and unadaptive family responses to the stress of a child’s learning disability have been identified in the research literature (Parker, Hill, & Miller, 1987; Perosa & Perosa, 1982; Waggoner & Wilgos, 1990). It is this author’s suggestion that there is a relationship between these patterns (which represent systemic “adaptations”) and internal qualities of the family’s interaction (defined above as qualities of the parents’ mediation). Some of these patterns and relationships illustrate both the restricted range of reactions and mediational processes, as well as implications for interventions that have the potential to enhance more adaptive reactions. They are presented not as stable or invariant reactions, but as general descriptions of process reactions that guide and flavor the potential range of systemic responses, subject to the variances of age of onset of the disability, chronicity, birth order, history of prior interventions, and the like.

The Adversarial Family Stance

In this pattern, the child’s learning difficulty serves to camouflage other issues in the family. Although the family recognizes that a problem exists, outside agents are permitted only limited entry into the system and their options are restricted. The family members are not available for any interventions that imply action outside the narrow boundaries of the child’s learning problem. Frequently, this pattern is activated when someone outside the system initiates the action, and the family adopts the posture of reacting against those who make the contact. Such reactions may be actively resistant or passive-aggressive.

The position taken by the family is conveyed in the message that “everything is fine but his learning, thank you, so just deal with that and leave us alone.” Within the family, there will be well-defined and consistent pat-
terns of interaction. The family defends itself by such maneuvers as blaming someone else (the teacher, the curriculum) for the child’s difficulty. The system of the family is largely closed, and when an intervention begins to come close to the defended borders, the family pulls away or generates new resistance.

An example of the restricted mediation available in this pattern is observed in parents who give children subtle or inadvertent support for the “competencies” that maintain their disability by focusing on how inadequate the educational system is, or by excusing or accepting the child’s disabling reactions (an example here is a parent who earnestly asserted that their child’s easy boredom and thus withdrawal from tasks requiring cognitive effort was because the classroom was uninteresting and the teachers not sufficiently stimulating). This reaction causes the parents to fail to mediate to the child ways in which effective contacts can be made in a world in which he or she must live and relate. Children who receive such mediation quickly show their interest and sense of competence with tasks previously reacted to without interest, much to the surprise and confusion of their parents.

Interventions in this pattern require assessment of what types of interactions occur in the family and how these interactions direct or restrict mediation. Often, one can find clues that parents drop as to underlying issues that are influencing their reactions and how the family accommodates them. In the context of a counseling relationship, pointing those issues out or suggesting positively framed alternatives may stimulate new mediational behaviors in the parents and open the family system up to addressing potentially underlying or interfering issues.

Interventions with this type of family pattern should be directed toward helping the family shift the focus from external limitations to their child’s development and success. Mediation can stimulate parents to fulfill their desire that their child: (a) act competently both within and outside the family, and (b) plan, seek, and achieve productive new goals. It can also help them develop optimism regarding the capacity for change in their children and themselves (Feuerstein & Feuerstein, 1991). Accomplishing these kinds of changes within the family system creates a sense of direction and purpose for the family, helps them go beyond the immediate stressful situation, and invests their actions with positive meaning. It also assists them in accepting challenges for their child’s capacities. Important aspects of parent/child interactions are focused on the child’s capacity to change and a sense of optimistic alternatives—all of which tend to be submerged when the family is organized adversarially against an outside threat.

“I Know Something Is Wrong”

In this family scenario, one parent (often the mother) identifies the child’s problem and is highly mobilized and active in seeking assistance. The concerned parent usually feels that he or she must convince unbelieving authorities (and sometimes the other parent) of the validity of the concern. This heightens the energy and sense of mission on the concerned parent’s part. The second parent in such a family may be uninvolved and either actively or passively resistant. The activated parent works overly hard to convince others that the child’s problem is real and serious (as it often is), and goes from one expert to another in search of support and validation, bringing a reluctant or passive family along. What occurs is a certain overinvolvement in the child’s life—the parent seems to need to have a problem child to be concerned about. The active parent’s behavior may also conceal or convey an avoidance or denial of other significant issues in the family system.

In understanding this pattern of family response, one must recognize that the child often does have a functional difficulty. Given limited school resources, the possibility that experts will minimize the importance of problems when they are subtly manifested, and the frequency of inadequate or incorrect diagnoses or consultative advice, parents often believe that they are not taken seriously, and children often do not get early or effective assistance. Indeed, the parent may have to fight so hard, over so long a time, that these issues become incorporated into the parent’s needs and reactions and thus enmeshed into the dynamics of the family.

The family organizes around the child’s problem and efforts to get it recognized, while at the same time experiencing some internal resistance—to the active parent and what is demanded from the other, less mobilized family members. This may become a stabilizing and maintaining mechanism. For this reason, when initial treatment interventions occur and threaten to change the system dynamics, the child often “ups the ante” by getting worse, causing the activated parent to increase his or her level of involvement, and keeping a kind of stability in the family system.

Implications for intervention in this pattern rest on a careful (i.e., sensitive and accurate) assessment of the child’s difficulties and the parental history of prior interventions. Realistic, logical reactions to prior efforts must be sorted out from current and projected reactions, and their effect on both individual and family interactions must be clarified. If other family dynamics have been created as a consequence of past inequities or inappropriate reactions, they must be identified and dealt with in a positive manner. An example of this kind of intervention is teaching parents how to mediate positive experiences with some aspect of the child’s disabled function, for example, choosing a family pet by involving all members of the family in visiting a pet store, reading about animals, and making the choice, or linking actual pet care in the family to researching aspects of animal behavior with the child and making...
sharing decisions about caretaking responsibilities. Another mediational strategy particularly appropriate to this pattern of parental reaction is teaching the uninvolved parent to take on a responsibility with the child, with the involved parent acting as a coach or consultant.

Mediatational efforts with the activated parent can be directed toward building readiness to adopt expectations of optimistic alternatives, possibilities of change, and a belief that the child can be helped. Children in this family pattern are often overprotected and may not be pushed to try new or seemingly difficult tasks. They may receive less effective regulation and control of behavior because of their presumed inability to master behavioral or functional tasks, and less mediation for competence, whereby they are given fewer responsibilities and less recognition and reinforcement for their abilities.

"If Only ____ , There Would Be Nothing Wrong with My Child"

The family in this pattern usually presents as cooperative and involved but carries internalized, covert resistances. They show few of the overt adversarial or confrontive postures of the other patterns. Their attitude, however, is that there is little seriously wrong—other than the child’s learning difficulty, which is viewed as a minor irritant that can be easily corrected. They are frequently viewed by outsiders to the system (teachers, counselors, etc.) as difficult to mobilize into action, or, in some cases, even to contact for consultation. They reveal their resistance by not being open to hearing that anything is wrong, as they work to downplay the significance of the identified problem. What is observed in families such as these are efforts—lightly masked—to reduce or contain the possibly more serious implications of the assessment or diagnosis.

In these families there may be the fear that other dynamics will be uncovered when the child’s problem is scrutinized. Their response is to try to limit the extent of the problem and make it easier on the family—more socially acceptable, more internally manageable, presenting less threat of exposing other issues that the family is unwilling or feels unready to deal with. A frequently encountered example is the family who is actively mobilized to seek help for the child with the learning disability, extending themselves to engage tutors and consultants, seek program modifications, and so forth. When the family system itself becomes subject to attention, or the child’s disability is ameliorated, the family members may either resist the child’s changes or find someone else in the system to be the problem’s focus. One family with this reaction found itself experiencing a severe parental-relationship crisis, which first became manifest in the mother’s radical change in involvement in the family (she sought a job outside the family after being committed solely to the homemaking role) and then in marital separation and divorce.

For such a family, the child’s difficulty and its concomitant stresses become “someone else’s problem.” The parents distance themselves from direct involvement. If the problem is limited to the child’s learning disability, emotional problems are avoided and risk is limited. This type of reaction makes it difficult to draw the family into treatment. The initial passivity and compliance can shift easily into more active resistance if the issues come to be reframed in the direction of the family’s other issues.

Mediatational reactions in this pattern are likely to be reflective of the parents’ denial system—restricted levels of clear communication and planning, little recognition of and support for the child’s unique or idiosyncratic behaviors, and internalized attitudes that blind parents to optimistic alternatives and ideas for positive change. As the system relaxes and parents become more accepting of their child (and his or her disability), they can be helped to learn how to interact in more mediational ways on these dimensions, which changes the internal and external interaction patterns dramatically. The challenges for the family counselor working with these identified dynamics are clear: to identify and address the parents’ denial system and help them reframe their reactions to open communication, to value their child’s accomplishments and uniqueness, and to acquire an optimistic perspective. Family therapists and other professionals who adopt this approach are often surprised at how ready parents are to make these shifts, and subsequent work comes to be directed toward consolidating and reinforcing the systems changes that are introduced.

“You’re the Expert: You Know Better Than I”

The dynamics in this pattern reflect a passive–aggressive response. The family acts emotionally oblivious to the “problem.” Someone external to the family system identifies the problem, suggests the need for intervention, and perhaps even initiates a treatment plan. The parents act with overt obedience and compliance, accepting the expert’s definitions and suggestions for action. They will, however, be inconsistent with regard to following through on the plans or will move with unaccountable frequency from one set of experts to another, seeking new diagnoses, suggestions for treatment, and the like while never overtly rejecting the previous interventions. For these families, when the treatment plan is initiated, their pattern becomes one of dependency and compliance followed by mild (and usually well-masked) resistance. If the initial plan does not immediately ameliorate the problem, or some adjustments are needed, the resistance escalates and may become more overt. This shows itself in reactions to scheduling, financial arrangements, and so on.

Working with this pattern requires encouraging the parents to take active
responsibility for framing the problem (from their perspective) and facilitating their move from a passive to an active posture. Intervention seeks to develop an "internalization" of the issues (an objective opposite to what is suggested with several of the patterns described above). Parents manifesting this pattern need to be elevated to "expert" status and activated in the implementation of the treatment plan.

Mediation in this pattern must focus on the parents’ lack of direction and goals with regard to their child’s difficulty, its meaning in the family system, and their reluctance to seek positive experiences for their child or themselves. A frequent concomitant is a lack of meaningful interactions with those outside experts who are involved. This should become the object of focused adaptive interventions, whereby the helping professional works overtly to establish a collaborative working relationship with the parents, actively addressing parent concerns and engaging the parents in reciprocal decision making in establishing or monitoring the treatment plan.

**Bridging Mediation and Family Pattern Reactions**

By identifying and working with the family’s mediational patterns that are a response to the stress that accompanies the child’s learning disability, professionals can help the family system reorganize and work more efficiently. Identifying the child’s difficulty can be reframed as a welcomed opportunity to intervene, giving the family something overt and concrete to work on. A critical aspect of the mediational approach is finding optimistic alternatives and stimulating satisfying and effective responses.

The family reaction patterns described in this article convey common elements that might be observed. There are, no doubt, other patterns and variations within them that could be similarly identified. Those elements that are common to a pattern are manifested in the family system and influence not only the family’s internal reactions, but also the repertoire and range of MLEs that are available in their interactions.

However, several types of resistance can potentially interfere with interventions. One form of resistance often encountered is a resistance to the diagnosis itself. Although to many families the diagnosis confirms after much suspicion on at least one parent’s part, that something is wrong, many parents overreact (either overtly or covertly) to the label of "learning disabled." The reasons for this are typically rooted in the family system’s self-esteem needs, achievement needs, a sense of helplessness, overidentification with the child, or a defiant reaction to authority (e.g., “Who are they to call my child disabled!”). Each of these can have substantial effects on the parents’ mediational activities.

Even if the family readily accepts the diagnosis, it may resist the treatment. Some parents want to maintain the child’s learning difficulties to continue to feel needed; furthermore, the problem sustains the system (the child’s disability serving to maintain a triangulation). A secondary gain is the deflection of possible marital tension or a lessening of psychic stress in one or both parents. Overprotectiveness of a child may result when a family deems the outside world of experts as dangerous in some way. This type of resistance may be due to ignorance of the situation, a negative experience with a professional helper in the past, or a feeling that the child is too fragile to receive the sudden onslaught of helpful ministrations being provided where for too long a time none had been available.

Another form of resistance is over-involvement: The family accepts the diagnosis and treatment but works so hard at helping that interference results. The family’s reaction may even serve to unrealistically increase expectations, so that the child and parents are left feeling frustrated and confused.

Finally, systematically oriented interventions must recognize the potential for splitting, a form of resistance that pits one professional against another. The potential for this occurring is high, the danger being that the various individuals involved (parents, teachers, etc.) will react to each other as adversaries and work against one another. The side that is seen as all bad risks being pulled into the system and losing objectivity (and degrees of freedom to effect change). The side seen as all bad risks becoming defensive, also loses objectivity, and either overtly or covertly joins the resistance.

**Summary and Conclusions**

When the family system is negatively affected by a child’s learning difficulty, the effects are both external (in relation to how the family orient and protects itself from the outer world) and internal (how the interactions within the family are changed or restricted). The foregoing discussion examines these impacts from the perspectives of family systems theory and mediational learning experience. It was proposed that an integration of these perspectives is useful in understanding dynamics and planning interventions. The mediational approach is suggested as offering process cues for observing and working with parents in the family to modify limiting responses and increase potentially positive reactions to their child.

When interventions are undertaken, the family system inevitably starts to shift. Modifying family patterns by integrating the systemic and MLE perspectives offers some potentially unique and needed outcomes:

1. Behavioral interventions based on MLE criteria create opportunities for positive reframing of both child behavior and parental responses, leading to optimistic alternatives, empowerment, and adaptive coping.
2. Entering the family system with a mediational approach creates more generic system shifts, modifies reaction patterns, and, thus, creates a potential for addressing underlying or corollary issues in the family’s system;

3. Successful interventions of the kinds elaborated on above free up the child (and the disability) from the embedded systemic issues, and allow a disengaged and potentially more flexible focus on the symptoms. Ultimately, a necessary de-triangulation occurs.

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