COUNSELING FOR PARENTS WHOSE CHILDREN ARE HOMEBOUND

by

MARY LOUISE HINDS

B. S., University of Kansas, 1959

A MASTER'S REPORT

submitted in partial fulfillment of the

requirements for the degree

MASTER OF SCIENCE

College of Education

KANSAS STATE UNIVERSITY
Manhattan, Kansas

1968

Approved by:

Richard E. Owens
Major Professor

TABLE OF CONTENTS

I. THE PROBLEM

The purpose of this report was to bring to the attention of educators, administrators, counselors, and persons in the medical and mental health professions the importance and need for counseling of parents whose children are homebound or hospitalized. This problem has been treated as the responsibility of the visiting teacher. The necessary involvement of administrators, counselors, mental health workers, social workers, doctors, and visiting teachers in working together for the betterment of pupil - family - school relations is handled in this report.

II. DEFINITIONS OF TERMS USED

References made throughout this report to children who are homebound or hospitalized referred to those children with short-term health limitations or long-term health limitations. The short-term health limitations mean that a child may be out of school temporarily due to a physical illness, disability or handicap, or emotional disturbance. It will be assumed that he will be able to return to the school setting at the termination of his physical or emotional limitation.

The long-term health limitations have referred to those children who may or may not be expected to move into, or return to a regular class. The illness may be terminal or there may not be appropriately-designed special classes available. The

health limitations referred to in the report were concerned only with physical or emotional problems and did not deal with mental retardation.

Visiting teacher, resource teacher, itinerant teacher has referred to the school person who is responsible for instructing the homebound or hospitalized child. This person's primary responsibility is to maintain academic progress through the period of convalescence. Other objectives are to improve the morale of the child and his family, to help the child use his time constructively, and to maintain contact between the child and his school. The psychological benefits derived from the services of this school person are as important as the educational benefits. When tutoring a hospitalized child, the visiting teacher has additional objectives which are to help maintain contact between the child and his home and to help the child to adjust to being hospitalized. Later the objectives should include good emotional adjustment for returning home and eventually to school.

III. IMPORTANCE OF THE STUDY

Since the parents are directly involved in providing an atmosphere conducive to recovery and comfort for the homebound or hospitalized student, it is folly to ignore the needs of the parents for more information in their role and in better understanding of the limitations of their child. How can they create

an atmosphere that will be beneficial to the recovery of their child if they do not understand the problem?

> "In programs for exceptional children there must be close cooperation between the home and the school. The exceptional child has unusual needs, and efforts to guide his growth and development properly must be continuous. Because the home has an exceedingly important role to play in the development of the exceptional child, one of the first prerequisites of a good program is the development of close cooperation between school and home."[1]

It was the purpose of this report to cite examples and case histories, using fictitious names, to show that parents are a main part of the rehabilitation process of homebound and hospitalized students, and that parents do not always receive the help they need in playing their role effectively.

The school administrator, the school nurse, the visiting teacher, the school counselor, and the medical doctor are in a position to recognize and recommend counseling needs for the parents. It is no longer felt that treatment *of* the afflicted member in a family is all that is necessary. It has become known and recognized that all members in a family are affected by a limitation of another in the family which, in turn, may cause other problems.

Vital to exceptional children as to all children is the fulfillment of their need for emotional security. This emotional

---

[1] J. Galen Saylor and William M. Alexander, Curriculum Planning for Better Teaching and Learning, (New York: Rinehart and Company, Inc., 1954, Second Printing, July 1955).

security must start in the home. The only way for people to feel comfortable and at ease around a handicapped person is for that individual to feel at ease around them. The only way for a disabled person to feel that way is for him to be at ease with himself. Here the parents play a major role in accepting and in being realistic. Chance characteristics of children may stimulate conflicts in the mates or other members of the family.

> "The child may be ugly, physically deformed or adopted. Such a child increases parental low self-esteem, and also stimulates whatever ways the mates have of handling what is alien (different-ness). Such a child also threatens the parental need to impress the outside environment because the child may become the object of neighborhood ridicule or curiosity. The parents respond more to protect their self-esteem than to protect the child."[2]

There has not been a great deal written on the specific problem of counseling needs for parents whose children are homebound or hospitalized. More emphasis has been paid to those specialists who deal directly with the child, and their qualifications. From the writer's own personal experience and involvement with parents who fit the category of having physically or emotionally limited children, it has become apparent that their needs for counseling is an important part of the total homebound program.

It is hoped that this report will serve its purpose in making those individuals in the educational and medical worlds more aware of the needs of these special parents.

---

[2]Virginia Satir, Conjoint Family Therapy, (Palo Alto, California: Science and Behavior Books, Inc.), p. 34.

IV. PROBLEMS OF PARENTS OF HOMEBOUND CHILDREN

Parents of homebound children have noticeable problems of concern and tensions about their children. They are anxious about his disability, whether it be short-term or long-term. They are anxious about his school work. Will he be able to keep up? Will they be able to take care of him and help him with his homework as they may feel responsible to do? Will he have to repeat a grade in school?

It is necessary to the homebound child's improvement or recovery to be as free from tension and pressure as possible. Since he is confined to the home and requires extra care and extra attention, he is in closer contact with the parents than he would be normally. This closeness and added responsibility can create tensions and pressures on the parents and other members within the family.

The parents' overconcern, overprotectiveness, or lack of understanding for the child can compound the problems of the homebound student with a physical or emotional handicap.

1. Overconcern, overprotectiveness on the part of the parents can work to the detriment of the child.

2. Lack of understanding can compound a homebound child's problem, especially if he is emotionally disturbed.

3. It is paramount that the parents understand the limitations of the child during his homebound period, and that they understand their role in helping him.

Who is available to the parents to help ease their concern about their child or who realizes that they must be considered in the total program of recovery and rehabilitation?

Usually the medical doctor, if the homebound student has a physical illness or disability centers his attention on the child and his immediate problem. The school administration is concerned with the attendance record and supplying a visiting teacher to tutor the child in his lessons. If the child is in Junior or Senior High School, the school counselor may only be a coordinating person in securing lesson plans from the regular classroom teachers for the visiting teacher; the main emphasis being on the academic achievement and lesson completion. Thus the individual having the most contact with the parents is the itinerant teacher.

Little is written or taught to prepare the new itinerant teacher in easing parent - teacher - student relations; yet, this person is placed in a situation that requires educational skill as well as tact and diplomacy in handling some of the problems that arise between home and school and between the parents and the child.

V. ROLE OF THE ITINERANT TEACHER

What can be done by the resource teacher to create a workable atmosphere for the child, family members and school personnel?

1. The teacher should exert good judgment at all times. She should make sure the lines of communication are open between school personnel and home so that all involved know exactly what is planned for the child and why.

2. The teacher can keep the child in touch with the school through various methods such as home to school telephones, letters from classmates and special visits to school for an assembly or program if he is able.

3. Establish rapport with the parents so they will feel a genuine interest is present on the part of the school and homebound teacher in providing instruction and help for their child. This may alleviate some of their anxieties and release some of the burden they feel by knowing there is someone else who is going to help.

4. If the child has a long-term illness, it is often the teacher's role to help the child and his family accept the child's personal and vocational limitations, and to guide the child toward objectives he can reasonably expect to achieve.

VI. TEACHER REQUIREMENTS AND RECOMMENDATIONS

Recommendations and requirements are stipulated by the State Departments of Special Education for resource teachers.

The special education articles of Kansas School law provide that school districts may serve exceptional children in schools, in homes, in hospitals, or in whatever setting the children may be placed. Educational programs for homebound and hospitalized children require careful planning. Programs must equal or exceed approval requirements and satisfy the needs of the children served, enabling them to move into regular classes whenever they are able.

Every teacher of homebound or hospitalized children in the state of Kansas must hold a valid Kansas teaching certificate. Personal characteristics of the teacher are also important:

> "An understanding attitude, resourcefulness, and superior ability to motivate children to learn are important characteristics for a teacher of homebound or hospitalized children. A homebound teacher must provide his students a well-rounded program of education within a limited time allotment. He must also try to bring to these children, the social advantages of identifying with peer groups."[3]

A full-time itinerant teacher must meet the following requirements to be certified in the state of Kansas.

1. Certificate. A valid Kansas teaching certificate, preferably elementary. If not an elementary certificate, at least one course in child development and one in language arts.

2. Experience. A minimum of 36 weeks of successful service in a full time paid professional position.

3. Basic Requirements. To be acquired through 8 - 12 semester hours of course work prescribed by the recommending teacher education institution. Any one course may be used or counted in acquiring more than one proficiency.

   a) An understanding of exceptional children and of the field of special education.

   b) An understanding of the home, school, and community relations of exceptional children.

   c) Knowledge and skill in the techniques of counseling and interviewing, with special application to working with parents of exceptional children.

---

[3] Homebound and Hospitalized Children in Kansas, An Administration Guide, (State Department of Public Instruction, 1963), p. 11.

d) An understanding of the role of the special education teacher in the total program of educational, medical, psychological, and welfare services in the community and sufficient background to receive and to use confidential information from these sources.

"Additional professional requirements include at least 10 semester hours of credit in courses in the following fields:

Arts and crafts for the physically handicapped.
Audio-visual aids.
Medical and psychological aspects of physically handicapped children.
Supervised teacher in home or hospital setting. (Two years of teaching homebound or hospitalized children may be substituted for this supervised teaching.)"[4]

Another recommendation the itinerate teacher must recognize is that care should be taken not to overstimulate the physically or emotionally limited child. This is a problem area involving parents who are over-anxious about their child's progress in his school work and may exert undue pressure on him.

It would appear that the homebound teacher has the closest contact with the parents and that she is placed in a counseling role even though her professional qualifications have not prepared her to assume this role. This gives greater responsibility to the homebound instructor in realizing how much is involved and what a multi-role she plays; one of the biggest being a supportive person for the parents.

---

[4] Ibid., p. 12.

VII. SCHOOL AND ANCILLARY AGENCIES

The cooperation of many services is involved in planning instruction for a homebound child and in providing support for the parents. The homebound teacher usually has the responsibility of coordinating these services.

Personal contact by the homebound teacher is made with: (1) parents, (2) homebound students, (3) school personnel - psychologist, speech therapist, administrators, school nurse, (4) medical world - doctors, physical therapists, nurses, (5) child psychologist - mental health clinic, (6) law officials - judge, probation officer, and (7) social welfare agency.

School and Medical Profession

"Diagnostic evaluation is an important prerequisite for all exceptional children."[5] Whether a child has a short or long-term disability, a medical report which includes a statement of his inability to attend school and his ability to receive instruction must be obtained. Since the child with a long-term disability has a predictable need for continued special teaching, educational and psychological studies must be made. Speech evaluation must also be obtained if the child's speech shows any deviation.

The advisability of homebound instruction is not always easily determined. When it is not, pupil selection must be by

---

[5] Ibid., p. 5.

a screening committee composed of school administrator, physician, teacher, and other professional persons such as the director of the special education program, psychologist and nurse.

The teacher and the school utilize evaluative information in planning the educational program for each child. It is the teacher's responsibility to understand the educational implications of the medical data concerning the child. If diagnostic information is lacking, it is the responsibility of the school to arrange physical and mental diagnostic evaluation. Re-evaluation should be routine where indicated. A change in diagnosis or a change in prognosis may indicate a need for a change in placement or programming.

Thus, it is clear that the teacher and school must be in close relationship and harmony, and in understanding with those in the medical profession to carry out an effective homebound program. It is necessary for the teacher to make the doctor, or others in the profession aware of any counseling help the parents may need in coping with the child's illness. The teacher will be the most frequent visitor to the home. Through an establishment of rapport with the parents she may be more conscious of problems or anxieties that are not noticeable through brief telephone conversations or brief visits to the doctor's office. If she has also established rapport with the doctor it is easier to communicate with him when a parent problem does

exist and solicit his help in the matter. Parents are sometimes hestitant to seek extra consultation with the doctor or to admit they find their added responsibility unmanageable.

School and Social Welfare

A child may be receiving homebound instruction who is in a family receiving aid from the social welfare department. If the school and welfare office work together a check can be kept on cleanliness of the home, responsibilities of the parents in meeting the needs of the child while he is at home and added help given to the parents in understanding their role in helping the child during his convalescent period.

School and Mental Health Clinic

It can be advantageous to school personnel as well as to all members of a family if the school has a close working relationship with a mental health clinic. If not directly involved with a family in question, the mental health clinic can act as a resource of help and information for the school and the teacher in helping parents. Also, if it is felt that parents need additional help, the teacher or school through the medical doctor can recommend the parents be referred to a counselor at the clinic. In such a case, the mental health clinic personnel would have consultations with the teacher as well as the parents in providing help. It is in the best interests of community welfare that the school and mental health clinic work hand in

hand. The mental health clinics have trained personnel who can broaden the scope of help given by the school in a homebound program, especially for emotionally disturbed children.

School and Probate Court

The Probate Court handles cases of truancy. Through these cases the school, probate court judge and probation officer must work together if help is given to a child. A truancy case may be one caused by emotional problems, unrecognized as such, delinquent parents or irresponsible behavior. A homebound teacher may be assigned to such a case for a limited amount of time and would be expected to work closely with the law officials. There would be a desired opportunity for working with the parents on such a problem. If the probation officer, judge, school officials and teacher were to meet with the parents regularly, as well as with the child, it appears that more could be accomplished in resolving the problem than if a homebound teacher were assigned for a specified time to work only with the child.

School and Service Clubs

There are service clubs whose projects are to help children and families in need. A resource teacher should be familiar with these groups, know what aid they offer and be in contact with representatives from the clubs. Immediate help, such as eye examinations and purchase of eyeglasses, might be

forthcoming to a child who needs them desparately but the parents are unable to supply them or did not know where to go for assistance.

In recognizing family and child needs, a resource teacher is better able to perform her duties as a helping person if she and the school are aware of the importance and benefits to be derived from establishing a good rapport and working relationship with other professions who can offer assistance to the total homebound program. By involving the parents and other institutions, value can be realized through such a program and home, school and community all benefit.

> "General community awareness of the children's activities, the homebound program's objectives and the extent of participation will foster acceptance and understanding. Thus, local citizen's groups may take pride in their school's efforts to help a child function at grade level or to prepare a high school student to become economically self-sufficient although unable to leave his home or some other sheltered environment."[6]

VIII. CASE HISTORIES OF HOMEBOUND AND HOSPITALIZED CHILDREN

This section is devoted to actual case histories of children who have been on a homebound or hospitalized program. Four cases are concerned with emotional disturbance problems and four cases deal with children who have permanent or temporary physical disabilities. Their immediate problems are

---

[6] Frances P. Connor, Education of Homebound or Hospitalized Children, (New York: Bureau of Publications, Teachers College, Columbia University, 1964), p. 44.

evident. In describing these children, the problems the parents face in helping their children to adjust are brought out.

Some cases show an extreme need on the part of the parents for counseling to help them adequately understand and fulfill their role in helping their child. Some of them are receptive to counseling help and others are not so agreeable in realizing and accepting the importance of their role.

Emotional Problems

Case 1. Dick White came to the attention of the school authorities through the social welfare office and probate court. He was twelve years of age, was not attending school and had not attended since the first week of the third grade. His family moved frequently. By the time school officials realized there was a boy in the school district who was truant, the family moved again to another county or state making it impossible to enforce the school attendance requirement law. Dick was caught with his 17 year old uncle stealing a car. He was in probate court charged with theft and thus it became known he was not attending any school and was idling his time at home. The family was receiving social welfare aid and it was the social welfare worker who contacted the school to inquire about special classes for Dick.

After his arrest, Dick was sent to a children's home for testing. Reports from the resident psychologist, psychiatrist and social worker were puzzling as he was unable to do cursive

writing, to spell or to read well. This lack of ability at the age of twelve was deemed due to some organic brain damage reasoned the members of the team testing Dick.

The social worker contacted the director of special education in the school system who decided to assign a homebound teacher to Dick to instruct him and try to help him catch up to a level of school work that would enable him to be placed in a regular classroom. It was also recommended that Dick be retested. Psychological tests were administered by the local mental health clinic to determine if he did show any signs of brain damage. The results of the tests were that there was no evidence of brain damage, he was of average intelligence and his lack of educational skills was due probably to his inattendance in grades three, four, five and six. Here was a third grade drop out!

Dick was the oldest in a family of four children. His mother did not marry Dick's father until Dick was seven years old. They were later divorced after having another child and Mrs. White returned to live with her parents who were also in poor financial straits. There were times when Dick and his brother did not have enough to eat. Mrs. White married again and had another child. This marriage also ended in divorce and again she returned to her parent's home, this time with three children. She did not work as her parents lived quite a distance from town and it would have taken all she could make to

pay a baby sitter and for transportation. When Dick was ten years old, his mother met and married another man who was of meek, submissive nature. They had one child. The step-father had been very submissive and had let his wife take all the responsibility for the children, a responsibility which she really did not meet.

At the time of Dick's involvement in probate court, his mother had lived with her present husband about three years. They had always rented small houses and taken very poor care of the facilities which had not been adequate for their needs. They had never made particularly good use of community resources, although they had been referred many times for help of various kinds. They appeared to have misused help that was tendered to them. They did not seem to feel that they were able to manage Dick, and Dick did not get along with his brother and sisters by various marriages. The social worker, teacher, and mental health clinic personnel visited with the mother. It appeared that Dick seemed to lack any love or guidance from his home environment and that his mother seemed to want to be rid of him, jumping at the chance whenever this had been mentioned by people working with the family.

The homebound teacher met with Dick every day for one hour in an elementary school since his home did not produce a conducive atmosphere for promoting education. During a four month period Dick began to take an interest in his school work

as well as in improving his personal appearance and began to express a desire to work harder so he could go to school full time. Visits were made to the home by the teacher and social worker in an attempt to inform the parents of Dick's achievement and to suggest ways they could encourage and help Dick to overcome his loss. The mother always expressed her helplessness and really did not seem to feel she had any influence in the matter. This placed Dick in a bad position. At the end of four months the team, judge, social worker, school authorities and teacher met to outline a broader program for Dick's education on a full time basis. It was decided that he would be placed in an elementary school with graduated classes according to his ability level. He would still meet one hour each day with the resource teacher to maintain the relationship that had given him some stability. The teacher met with the parents and discussed the new program plan with them emphasing their part in making sure Dick was out of bed every morning and encouraging him to attend each day. The plan was unsuccessful. Dick missed days of school, complaining he was ill or had a headache or didn't feel like going. The mother continued to berate him and the judge of probate court made the final decision that the boy's welfare was best served if he were removed from his present home environment. Dick was placed in a foster home many miles away from his mother and step-father. It was a great adjustment for him but the last report, after he had spent one and a half years

in his new home and had attended school on a full-time basis, was that he was making progress and was using some of the potential within him.

Dick's parents were in urgent need of counseling. This appears to have been a case in which counseling was recommended, it was available, but it was not received or used. Whether the parents were unable to understand their role properly in helping Dick or whether they did not want to is a question that has no answers for the people who worked with Dick.

Case 2. James Allan was disrupting his classes at the junior high school with his sudden outbursts of screaming. For no apparent reason he would start to scream and stop as suddenly as he started. He was removed from his classrooms when this happened and sent to study alone in a quiet setting such as the library, but this did not stop his screaming. As time progressed and the screaming increased, the school principal had no choice except to remove James from school and suggest a home teacher be assigned to him.

The school psychologist and resource teacher met with James and his parents to set up a homebound program. It was apparent that there were open hostilities between the mother and James. She did not hesitate to voice her opinion about how silly she thought James was acting, how ridiculous his screaming was, and how he was going to have to be sent somewhere as she couldn't stand it much longer.

James was the oldest child in a family of four. He had one brother and two smaller sisters. During the visit to the home, the little sisters would pop in and out of the living room mocking and imitating James' screaming. The father appeared to be the only one who manifested any understanding or concern for James and his problem. He seemed to let his wife rule the household and did not cross her. They were a middle-class family, both parents worked and their home was very comfortable. The children seemed to have all the material things they wanted.

A homebound program was started for James with the understanding that he would be given psychological tests at the mental health clinic. The parents were called in to discuss the problem that existed in their family with the results that the mother exhibited a strong dislike for her older son, and that she repeatedly failed to keep her appointments with the counselor.

James' physical appearance was noticeably deteriorating. The homebound teacher suggested another physical examination be given the boy. The parents took him to their family doctor and he recommended a specialist in a near large city. The report from the specialist stated that James was suffering not only from emotional disturbance but also had muscular dystrophy. The child had a compound problem of emotional as well as a physical handicap. It was recommended that he be kept as active as possible for as long as possible and that he be returned to

his junior high school classes on a part-time basis. During the interim of homebound instruction, James had not screamed one time.

This case was one in which a great deal of need was shown for counseling on the part of the parents in order to help their child make a more satisfactory adjustment to his handicaps. It was recommended, it was offered, but perhaps more teamwork was needed among the medical, the school and psychological professions in pushing the counseling of the parents in helping them to realize the importance of their role.

> "Although psychotic behavior may serve a function in a family system, a risk is also involved. The patient may need to be separated from the family by hospitalization and so break up the system, or he may enter therapy and change and so leave the system. Typically, the parents seem to welcome hospitalization only if the patient is still accessible to them, and they welcome therapy for the patient up to the point when he begins to change and infringe the rules of the family."[7]

Case 3. Susan Jones was an attractive junior high school girl with school phobia. She and her mother were both receiving psychiatric treatment. A homebound teacher was assigned to Susan because a school administrator was insisting there was nothing wrong with her, she should be back in school and he was going to take the family to court to force them to keep her in school. The medical doctor, the child psychologist, the direc-

---

[7]Virginia Satir, Conjoint Family Therapy, (Palo Alto, California: Science and Behavior Books, Inc., Revised Edition, 1967, Original, 1964), p. 41.

tor of special education and the homebound teacher met with the school administrator to work out a plan whereby Susan could do her work at home until she could return to a normal school day and her classes, and to point out that a real, not just an imaginary problem existed. By working together, tensions were eased both at school and in Susan's home with the parents.

The attitude taken by the school administrator had been felt in the home with great hostility being built up between family and school with Susan being right in the middle. The suggestion of a homebound program alleviated some of the concern felt on both sides. As a result of the definite action taken to provide home instruction, Susan's position was also improved.

With the help of all concerned, it was possible after six months time for Susan to return to her classes and actively participate in a school setting again. If the counseling needs of the parents had not been met in this case, or the team of helpers had not worked together, it is doubtful that Susan would have made the satisfactory gains in the length of time that she did.

Case 4. The emotional problems of adjustment for Betty Brown, a fifth grader, points out the importance of counseling needs for parents as well as help for the child.

Betty was having problems in her studies in the fifth grade, particularly in reading. She had a poor academic record

in school and seemed to be getting worse instead of better. It reached the point of Betty's refusal to attend school. She used every play she could think of to keep from going until her parents had to take her bodily, screaming and kicking to the school door. It was evident from this type of behavior that Betty was in serious trouble. The school psychologist tested her and referred her to a child psychologist to help her work out her emotional upset. A homebound teacher was assigned to Betty to help her with her school work and she was removed from the school setting.

The parents were very upset as their other six children had done so well in school. What was wrong with this child? Why couldn't she go to school and learn as the others had? How were they going to cope with her at home all the time? What would their friends and neighbors say? They would surely think she was retarded or crazy. All of these feelings were very real to the parents and very upsetting. They expressed them verbally and in front of Betty.

The teacher worked with Betty each day for a specified time period. They worked together on her academic weaknesses and highlighted her real interests in art and creative story telling, as well as some work in music. The teacher spent much time listening to the mother's problems of adjusting to such a new and different program for her daughter. She was in a supportive role and helped the mother accept the program as

only a temporary involvement and a stepping stone in helping Betty make a better adjustment in school. A daily schedule was worked out between the teacher and Betty to help her make efficient use of her time at home.

Betty and both her parents had regular meetings with the child psychologists as did the teacher. In this way, all were working together toward a common goal. It was a difficult task for the parents to accept scholastic failure on the part of their child, especially when she tested forty points above the average intelligence quotient.

The biggest task for the itinerant teacher was to make the parents realize Betty must be responsible for her own learning. She could not be forced into it or they could not do it for her. At the same time, the teacher had to ease the parents' tensions about a child who in their eyes was not living up to their expectations, but definitely needed their support.

The teacher worked with Betty for an eight-month period. Achievement tests were given to her at the end of this time and Betty was able to see that she had made improvement. This encouraged her and she expressed a willingness to do better and study harder so she could return to school the following year and be with her classmates again.

Sessions with the child psychologist continued. At the beginning of the next school year, Betty was able to face her

normal school routine with the aid of a tutor in reading. Her parents were able to accept reality and to temper their tone of disapproval to that of encouragement to aid Betty in her adjustment. Without the concerted efforts and willingness on the parts of the psychologist and teacher in working with the parents as well as the child, it is questionable whether the results of this kind of an emotional disturbance would have been as positive as they were.

Problems of Physically Handicapped Children

Case 1. It is not easy for parents to hear a doctor tell them their teen-age child has a terminal disease, and that their only job now is to keep the child happy and as comfortable as possible. This is what happened to the Cole family. Barbara was unable to return to a school life after extensive surgery. She was still an alert child and feeling well enough to work lessons at home. A homebound teacher was assigned to her to help her do as much as she was capable of achieving.

There were days when the teacher was scheduled to visit but Barbara was not feeling well enough to receive her. On more than one of those occasions the mother expressed a desire for the teacher to come anyway as she wanted to talk to her. It was on days such as these that the teacher listened to the problems of the mother or father in their efforts of trying to accept the illness of their child and at the same time present a pleasant, happy mood to Barbara.

As time passed and Barbara had to be confined to the hospital during the last stages of her illness, the parents needed more support than ever. The teacher continued to visit Barbara to give her a morale boost as much as anything. The teacher's presence also seemed to lighten some of the burden felt by the parents at this time in that there was someone else who cared about their particular problem and with whom they could talk.

These parents held a strong religious faith that gave them some courage and strength in meeting their problem. They had a definite need for help in making their daughter happy for as long as it was possible and it was this need that was met for this family through the services and care of the homebound program and teacher. The parents expressed this need and was receptive to it.

Case 2. This case illustrates one of a permanent physical disability. It is through solving problems that an individual attains insight. Therefore, it is necessary that a cerebral palsied should encounter some frustrations. The feeling of frustration can lead to desirable results as well as undesirable results.

Kent Graybill, Spokane, Washington, is a perfect example of how a handicapped person can meet with frustrations and succeed. Kent stated in an article:

> "I guess I'm about the luckiest guy I know, though some people wouldn't think so. I've had cerebral palsy ever since I was born 31 years ago and I have a fairly severe

> case. Doctors would call me a quadriplegic athetoid which means very little except that the doctor's can't speak very good English. To me it means that my arms don't work at all, and I can't walk. I do have limited use of my legs; enough to shove my wheel chair around, operate my radio equipment and recorder and dial a telephone.....I can talk fairly well and can use a telephone with an operator's headset clamped over my ears. I can also put a stick between my teeth and with it turn pages or type on an electric typewriter."[8]

Kent Graybill had the same emotional adjustments to make upon entering adulthood as a normal individual would have. He wanted to make friends. He wanted people to like him for what he was. He experienced the same frustrations in boy - girl relationships as any other normal boy. He asked himself the same questions many boys do in thinking about asking a girl for a date. "Will she like me?" "Will she accept my invitation?" "What will I do if she says no?" But then he stopped to ask himself one question many boys do not have to ask - "Who would want to go out with me, I'm crippled?"

Kent was fortunate in meeting a girl who was also a cerebral palsied. Betty was able to function practically as well as a normal person. She used to stay with Kent while his mother ran errands and through this acquaintance a lasting friendship was established which resulted in marriage for two people who never dared dream they could reach this fulfillment in life.

---

[8]Kent Graybill, "I'm a Lucky Guy," The Crippled Child, (June, 1958), 19.

Kent has written several books and contributed articles to periodicals to support himself and his wife. They lead a rich life that is rewarding and satisfying because they have found someone to love and someone with whom they can share their hopes and dreams.

Betty was taking Kent for a walk in his wheelchair one day when some small children came up to him and said, "What happened to you?"[9] Kent wryly replied, "I just got married."[10] As he stated later, "that stopped them!"[11]

There are persons with physical disabilities who do not adjust as well to their lives as Kent Graybill. A handicapped individual may try to avoid identification as a disabled person. He may try to avoid social situations where he will be regarded as different. He may try to make up for his handicap by attempting to out-do himself in maintaining normal standards and actions of the so-called "normal" person.

The parents role in accepting a realistic attitude plays a big part in the physically handicapped individual's acceptance of his own disability. In the case of Kent Graybill, an accepting role was no doubt evident on the part of his parents.

Case 3. Broken legs seem to be a part of football practice. Guy Smith was no exception and he ended his football career in junior high school this year by being carried off the

---

[9] Ibid., p. 20. [10] Ibid. [11] Ibid.

field with a bad fracture. When he was able to receive instruction, he was placed on the roll of homebound students and assigned a teacher.

Guy was an honor student and had no difficulty in maintaining his scholastic standing. He also seemed to be well-adjusted to his present "homebound" life. Even more so than his mother. She was very much aware that Guy was an honor student. She insisted that he study night and day. She cornered the homebound teacher each visit and proceeded to inform her that Guy could do much more than he was doing. She wanted to know what was the matter with the school, why couldn't they send more lessons? She believed Guy would get behind in his work and lose his high academic rating when he went back to school. She would take a good part of the teacher's planned time with Guy to reiterate her point that her son was a brillant student and that she was concerned about his lessons. No amount of reassurance from the teacher that Guy was doing as much as was necessary and expected had any effect in calming her anxieties. Guy was embarrassed by his mother's attacks on the school system and indirectly on the homebound teacher. Several times he told her, "Oh, go on Mom, I'm doing my work." The mother was never really satisfied until Guy was back in school on a full time basis again.

This is an example of a problem faced by a parent who cannot quite accept her responsibility in providing a peaceful,

calm atmosphere for her child as he recuperates from an accident that disables him. She not only worries herself but worries the child. This parent could have used some counseling help or some added assurance from other school personnel. If the school counselor or the school administrator had only taken thirty minutes of their time to stop by to make a home visit and to inform the mother they were pleased with the progress Guy was able to make at home, I'm sure she would have felt better and many or her imaginary fears and tensions would have been allayed.

Case 4. Jane Banks, a fifth grade student, was the victim of a fractured leg. She spent many weeks in the hospital. The visiting teacher came three times a week to help her with her school work, and Jane had no difficulty in keeping up with her class at school. When Jane was ready to return to a normal day at school, her parents were so apprehensive that they allowed her to go only one hour each day. They did not want her to be seen in a wheelchair or on crutches. The father had numerous talks with the school principal and insisted that Jane repeat the fifth grade next year as she had missed so many days of school because of her broken leg. The principal, classroom teacher and homebound teacher tried to explain to the father that Jane was a very bright little girl, that she had kept her school work up to date and that it would be a severe disadvantage to her if she had to repeat a grade. The fact that she had a loss in days attended did not necessarily mean an academic

loss. It took many visits and many hours to convince these parents that their adopted daughter was capable of not only completing the requirements for her fifth year, but of going on to the next grade with her classmates.

Here is a case of over-anxiousness and over-concern on the parts of the parents for their child to succeed in spite of a disability even though it was temporary. In order for her not to fail they felt secure in thinking she should repeat her grade. It was not necessary for her to do so, but it took much effort on the part of school personnel to convince them of this fact. This parent problem shows an extreme case. Usually parents want their child to be promoted and the concern is in this direction, not in the opposite, of wanting the child to repeat such as this case indicated.

IX. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

One of the important factors in working successfully with a homebound child is in working successfully with the parents. They need to understand the physical or emotional handicap of their child, to be able to discuss with the teacher their role in helping him and to understand the availability of counseling services if they need additional help. In some areas there are no available Guidance Centers so the counseling role falls to the homebound teacher.

The psychological benefits for the whole family are as great as the educational benefits provided by an effective program of homebound or hospital instruction. This gives greater responsibility to the homebound instructor in realizing how much is involved and what a multi-role she plays, one of the biggest being a supportive person for the parents.

In the cases of homebound or hospitalized students in Section VIII, all parents expressed some kind of real concern, anxiety or tension about the problem and the role they were to play.

Some of the parents wanted to help their children too much while others wanted to be rid of their responsibility of doing anything at all. Dick White and James Allan both had mothers who could not or would not accept their responsibilities in helping their children, yet they demonstrated feelings of quilt when they realized their child might have to be removed from the home environment.

Why is the total family important in a homebound program? It is believed that as a child loves or resents his parents, so will he later love or resent God, his nation, his world. As he is accorded the status of being a treasured, unique, contributing person with his parents, his brothers, his sisters, so will he expect the same right in ever-widening circles as he grows older; and, having it for himself he can accord it in large measure to others in the same degree that he received it himself.

There are different problems that confront parents from time to time. Emotional problems, physical disabilities problems, temporary or permanent, have been discussed in the preceding sections. Whatever type problem it is, it is real and must be coped with.

The emotional problems are difficult for parents to understand as well as to know how to best handle them. In most cases of emotional disturbance on the part of the child, the parents also need help and this need should not be ignored.

Physical disabilities, especially a permanent handicap are also difficult for parents to understand and accept. It is of paramount importance for the parents of a physically handicapped child to accept him and love him as he is rather than as they wish he were, or to set up circumstances in which he feels he has to function as a "normal" child. In order for a child to accept himself, he must first be accepted by his parents. By failing to accept himself as he is, for example, a cerebral palsied cannot feel, in his own self-concept, the security of being a complete and satisfied person.

> "The inner strength and self-respect which we wish to build in the client (student) in a relationship in which the disabled person feels that he has an important role in planning his life and that what he says and what he feels is respected... Even a disabled child needs to have a feeling that he knows what is happening to him and why, that he has a choice in the decisions. How much more

> true this is of the person who has reached adulthood with all the independence of judgment and self-determination that this implies.[12]

In working with handicapped persons, either emotional or physical, the focus has been on the child, but the problem does not begin or end only with the child. It involves the whole family unit. It is important to recognize the needs of all involved. Parents need to be aware of counseling agencies, of rehabilitation centers and rehabilitation counseling. They need to know there are places and people available to help them. The homebound teacher can play the role of a resource person in assisting parents in finding the appropriate help they need.

In fulfilling the role of homebound or resource person, it is important for the teacher to work in close relationship with other professions and agencies. The doctor and teacher have some means in common although there are distinctions between the two fields. The main distinction is:

> "The doctor tries to undo the consequences of pathological development, to free the patient's potentialities for better functioning; the teacher sets up positive goals of accomplishments and provides the pupil with the means of attaining them."[13]

The teacher's philosophy of life is an important ingredient in helping families who have disability problems. The

---

[12]Beatrice A. Wright, Physical Disability - A Psychological Approach. (New York: Harper and Brothers, 1960), p. 346.

[13]Martha Wolfenstein, Ph.D., "Some Observations of Atypical Children in School," Journal of the American Academy of Child Psychiatry, II (October, 1963), p. 693.

teacher's views on the purposes for personal and educational striving in work with handicapped children will influence his ability to help children attack their problems and achieve worthwhile goals. Inherent in the teacher's view is the primary objective relative to the value of the child and his degree of self-realization, and secondarily his contribution or return to society.

The teacher must work with and be aware of services offered by the medical profession, as mentioned, the social welfare agency, the Mental Health Clinic, the law officials and probate court, and service clubs and organizations.

Conclusions

Problems of educating and providing for the needs of exceptional children do exist. These problems create added responsibilities for parents as well as for the school system involved. Some children have only a short-term illness while others have a long-term illness. Some have disabilities of a physical nature while others have emotional disturbances. Whatever the nature of the disability that dictates a child's removal from the normal school environment, a need is present for both child and parents that must be met. Usually it has been the child's needs that have been considered; however, the parents needs are as important.

The parents must have an understanding of the disability. They must have an understanding of the added responsibilities

in caring for their child. Without adequate information or knowledge to guide them, their role in helping the child may be confused and add to the frustrations already felt by the child. It is for this reason that parents of homebound or hospitalized children need counseling and support. This need can be met by the homebound teacher, the school counselor and school administrator, as well as the medical doctor involved and other members of the medical field.

The parents play an important part in the life of a handicapped child; their needs cannot be ignored.

Recommendations

It can be established that parents who face problems of having a handicapped or disabled child, emotionally or physically, have needs for counseling in helping them to understand and accept the responsibilities that are theirs. There is a need for more assistance and involvement on the part of school counselors and school administrators in meeting the needs of all the children under their jurisdiction. A minimum of their time could be spent in making home visits periodically to parents whose children are homebound. They can give reassurance to the parents, can observe needs in parents for additional counseling help, and can supervise the visiting teacher's program which will lend some semblance of security in all involved. The director of special education or the superintendent could assume the responsibility of delegating this additional help

and support to the homebound program through suggestions and special assignments to the counselors and principals of the schools directly involved.

The people of the medical profession can be more alert and more aware to parent problems that arise and realize the problems involve more than the child and his disability. Time to adequately explain the disorder would seem to do much toward helping alleviate tension and further understanding and acceptance on the part of the parents.

> "All excellent things are as difficult as they are rare. It takes a long time to bring excellence to maturity. Each one of us has a responsibility; each one a role. As we carefully consider special education's needs, this role must become clearer."[14]

---

[14] Frances P. Connor, "Excellence in Special Education," Exceptional Children, Official Journal of the Council for Exceptional Children, XXX (January, 1964).

BIBLIOGRAPHY

A. BOOKS

Bower, Eli Michael. Emotional Problems of Children. Springfield, Illinois: Thomas, 1960.

California Bureau of Special Education. Teaching the Cerebral Palsied - Handbook for Teachers. Sacramento, California: California State Department of Education, 1954.

Children with Physical Limitations. Kansas: State Department of Public Instruction, 1963.

Connor, Frances P. Education of Homebound and Hospitalized Children. New York: Bureau of Publications, Teachers College, Columbia University, 1964.

Cruickshank, William M., Ph.D., and Johnson, G. Orville, Ed.D. Education of Exceptional Children and Youth. Englewood Cliffs, New Jersey: Prentice - Hall, Inc., 1958.

Dunn, Lloyd M., Ed. Exceptional Children in the Schools. Chicago, Illinois: Holt, Rinehart and Winston, Inc., 1964.

Gowan, John Curtis, and Demos, George D. The Guidance of Exceptional Children. New York: David McKay Company Inc., 1965.

Haring, Norris G., Stern, George G., and Cruickshank, William M. Attitudes of Educators Toward Exceptional Children. Syracuse, New York: Syracuse University Press, 1958.

Haring, Norris G. Emotional Problems of Children. New York: McGraw-Hill, 1962.

Homebound and Hospitalized Children in Kansas. An Administrative Guide. State Department of Public Instruction, 1963.

Ilg, Frances Lillian. Child Behavior. New York: Harper, 1955

Liebman, Samuel. Emotional Forces in the Family. Philadelphia, Pa.: Lippincott, 1959.

Liebman, Samuel. Emotional Problems of Children. Philadelphia, Pa.: Lippincott, 1960.

Satir, Virginia. Conjoint Family Therapy. Palo Alto, California: Science and Behavior Books, Inc., 1967.

Saylor, J. Galen, and Alexander, William M. Curriculum Planning for Better Teaching and Learning. New York: Rinehart and Company, Inc., 1954. Second Printing, July, 1955.

Special Education Guide for Emotionally Disturbed and Socially Maladjusted. State Department of Public Instruction, Division of Special Education. Topeka, Kansas, 1965.

Wright, Beatrice A. Physical Disability - A Psychological Approach. New York: Harper and Brothers, 1960.

B. PERIODICALS

Connor, Frances P. "Excellence in Special Education," Exceptional Children, Official Journal of the Council for Exceptional Children NEA. Washington D. C., XXX (January, 1964).

Graybill, Kent. "I'm a Lucky Guy," The Crippled Child, XXXVI (June, 1958).

Strother, Charles R., Ph.D. "Realistic Educational Goals for the Cerebral Palsied Child," The Crippled Child, XXX (April, 1953).

Wolfenstein, Martha, Ph.D. "Some Observations of Atypical Children in School," Journal of the American Academy of Child Psychiatry, II (October 1963).

COUNSELING FOR PARENTS WHOSE CHILDREN ARE HOMEBOUND

by

MARY LOUISE HINDS

B. S., University of Kansas, 1959

AN ABSTRACT OF A REPORT

submitted in partial fulfillment of the

requirements for the degree

MASTER OF SCIENCE

Department of Education

KANSAS STATE UNIVERSITY
Manhattan, Kansas

1968

ABSTRACT

The major purpose of this report was to point out the counseling needs of parents whose children are homebound or hospitalized. In working with children who are physically handicapped or emotionally disturbed and cannot function in a regular classroom setting it is important to recognize the needs of parents of these children.

These children with short-term health limitations due to a physical illness, disability or handicap or emotional disturbance may be expected to return to the school setting at the termination of the physical or emotional limitation. Those children with long-term health limitations may or may not be expected to move into or return to a regular class. Parents of these children need special consideration in planning for the total program of recovery and education offered to meet the needs of these children. The parents play an important role in the life of a handicapped child. It is for this reason that parents be as free from tension and concern as possible to provide an atmosphere conducive to recuperation and comfort.

Eight case studies are presented to point out the different needs of parents in helping their handicapped children. Four cases involve physical disabilities and four cases deal with problems of emotional disturbances. All the parents expressed some kind of real concern, tension or anxiety about the problem and the role they were to play.

Parents need to be aware of counseling agencies, of rehabilitation centers and rehabilitation counseling. They need to know there are places and people available to help them. The homebound teacher can play the role of a resource person in assisting parents in finding the appropriate help they need. The teacher must work with and be aware of services offered by the medical profession, the social welfare agency, the Mental Health Clinic, the law officials and probate court, and service clubs and organizations. Cooperation among these professions can aid and assist in the guidance and understanding of parents needs in coping with the real problems their homebound or hospitalized children present.

In working with handicapped persons, either emotional or physical, the focus has been on the child, but the problem does not begin or end only with the child. It involves the whole family unit. It is important to recognize the needs of all involved. It is important for educators, administrators, counselors, and persons in the medical and mental health professions to recognize their responsibilities in providing support and guidance to parents of children in a homebound or hospitalized program.