

# IV. Inter-relationships Cognition, Behaviour and Friendships

## A. Cognitive Challenges

All students with Down syndrome must be considered learners despite the cognitive impairment that occurs in a mild to severe degree in all individuals. This impairment generally affects rate of learning, information processing, visual memory, auditory memory, attention and motivation. It will limit a student's capacity for achievement but, in and of itself, does not prevent learning.

All children are born with a learning potential that's as natural as breathing. Whether this potential is fully tapped within the child's lifetime is subject to heredity, environment and education. Of the three, education is the gateway to life-long learning.

Teachers who understand the challenges students face and believe in their potential can set appropriate educational goals and implement effective teaching methods.

## Best Teaching Practices

### Rate of Learning

Cognitive deficits result in a slower rate of and diminished capacity for learning. Although this rate is approximately one-half to three-quarters the rate of peers with average intelligence, they will progress through the same stages of development in relatively the same order. But they will also plateau at one level for a longer time than the average student will.

#### Best Teaching Practices:

- Follow the same developmental progression used for other students but spend more time and repetition at each stage.
- Present activities at the student's developmental level rather than at his chronological age.

### Information Processing and Generalization

Processing difficulties limit how much and how quickly students understand, retain and retrieve information. They have difficulty assimilating verbal instructions and have trouble integrating new information with previously learned material. Skills taught in one setting do not generalize easily to working with different materials in other settings. Incidental learning, which is the ability to absorb knowledge solely through observation and indirect exposure, is limited. Most of what the student knows, someone has taught him.

#### Best Teaching Practices:

- Compensate for weaknesses in generalizing old knowledge to new settings through direct or one-to-one teaching of new concepts.
- Use concrete objects or real-life situations before introducing abstract concepts.
- Teach one skill in many different but familiar situations or by using diverse manipulatives.
- A common theme in all subject areas helps the student to integrate and generalize more information.

## Visual Memory

Although students with Down syndrome are considered to be visual learners, this does not mean the visual learning channel is completely intact. Their visual cortex processes less visual information at a slower rate than normal. The severity of cognitive impairment can affect short- and long-term visual memory skills creating some degree of difficulty processing, recalling and retaining visual information.

### Best Teaching Practices:

- Slow the rate of instruction and provide more repetition to help students learn visual symbols.
- Provide repeated modeling and allow extra processing time for comprehension.
- Use hands-on assistance or manual guidance to help students respond to visual cues and to sequence the steps in an activity.
- Limit the amount of important information in each frame of a picture cue to help the student to focus.
- Make picture cues large and uncomplicated (e.g., black and white line drawings).
- Break down sequencing tasks into easily identified steps that can be represented pictorially.

## Auditory Memory

Cognitive impairment affects both short- and long-term auditory memory skills. Students often cannot remember what they have just been told or they begin a task with good intentions but become easily distracted. In both instances, they have honestly forgotten what they were just directed to do or say. They have not fully developed an inner voice to remind themselves or reflect on their actions, thus, there is a high unintentional “forget” and “guess” rate (e.g., the inner voice says, “What did I come in here to do? Was I suppose to turn off the light?”).

### Best Teaching Practices:

- Compensate for memory deficits with visual and tactile cues to sustain the student’s attention. Pair auditory information with visual teaching aids and manipulatives.
- Break down instructions into small steps. Repeat them slowly and clearly as often as the student requires.
- Students will learn to problem solve when given extra time to “think” of a response on their own and when they are encouraged to “think aloud.”
- Teach oral problem-solving skills to compensate for a lack of an inner voice.
- Teach students how to ask for clarification and repetition of instructions.

## Attention Span

A student’s difficulties with attention span will depend on the severity of the cognitive impairment. The problem with sustaining their attention is pervasive and compounded by significant medical factors such as hypotonia, hearing or thyroid problems. Visual and auditory distractions are hard to ignore and may prevent the student from persisting with the task at hand.

### Best Teaching Practices:

- Reduce both visual and auditory environmental distractions to allow the student to stay on task for a longer duration.
- Sit the student in close proximity to the teacher to encourage better listening skills.

- In order to work independently, seat some students in a quiet area where there are few distractions.
- Teach students self-monitoring skills to stay on task (e.g., “Stop, Look, Listen”). With coaching, older students can learn to remove distractions themselves.
- Use manipulatives and other developmentally appropriate materials instead of paper and pencil tasks to sustain attention longer.
- Whenever possible, incorporate a number of senses in teaching activities to stimulate interest and motivation.
- Break down instructions into one or two steps at a time to enhance comprehension.
- An occupational therapy assessment will recommend physical adaptations (e.g., foot rest, tilted desk) to compensate for poor posture, low tone and other factors that prevent students from sitting calmly and comfortably for extended periods of time.



“Stop, Look and Listen” – 3 key words to improve attending skills

## Motivation

Students with Down syndrome are typically concrete thinkers, so learning abstract concepts requires great persistence by both teacher and student. They also have a higher “forget” rate than peers and naturally make many mistakes. Motivation is bound to decline when learning tasks are too difficult for students to work on independently and achievements are few. Successful learning experiences provide the motivation that develops persistence.

### Best Teaching Practices:

- Positively reinforce trial-and-error learning if students are to perceive themselves as successful learners.
- Give students tasks that they can complete independently.
- Modify tasks and materials to a meaningful developmentally appropriate level.
- Offer encouragement and affirmation as rewards for effort at every step in the task.
- Tangible positive reinforcement (e.g., tokens, computer time) is more meaningful than general verbal praise to concrete thinkers. As students mature, praise that specifically describes the behaviour (e.g., “I like the way you printed your name.”) is more reinforcing to the student than generalities (e.g., “Good job!”).
- Encourage students to be risk takers who know that making mistakes and trying again is what good learners do.

*“A healthy self-concept is derived from the affirmation of others.*

*A child feels loved, wanted and capable when he basks in the presence of someone who, by word and action, is telling him he is all of these.” (Yawkey, 1980)*

## B. The Relationship Between Cognition and Behaviour

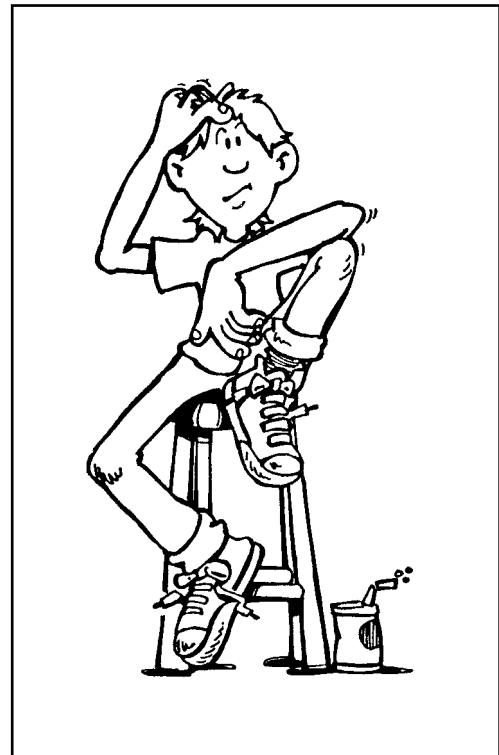
Students with Down syndrome vary in temperament and abilities as much as any other group of individuals. Each student's personality will dictate how he reacts to stress, expresses feelings and emotions, copes with change and socially interacts with peers. *Just as there is no typical Down syndrome personality, there is no set pattern of behavioural difficulties associated with Down syndrome.*

Considering that behavioural problems are not a characteristic of the syndrome, there is an unusually high incidence of behavioural concerns reported in the classroom. As a rule, the root cause is that students lack the verbal skills to tell others when something is wrong. Unable to bargain, negotiate or problem solve with peers or teachers in classroom confrontations, the only recourse some students have is to communicate through their behaviour.

School or consulting psychologists are commonly asked to visit a classroom to evaluate communication breakdowns initially identified as learning or behavioural problems. After ruling out other factors such as illness or stress, the teaching team is often surprised by the consultant's findings. Typically, the diagnosis is that the behaviour is merely the *symptom*, not the *root cause* and the consultants confirm exactly what the student has communicated with his behaviour:

- “The work is too hard for me.” ☒
- “I am tired.” ☒
- “I am bored.” ☒
- “I don't understand.” ☒

Usually, the consultant's first recommendation will be to arrange for more curriculum adaptation to individualize materials and teaching methods for the student. The second recommendation would call for the teaching team and parents to agree on consistent expectations and clear consequences for behaviour. Once consistent expectations are set, the student will have choices to make and predictable consequences to accept.



### Expectations, Consistency and Transitions

Students with Down syndrome are not well equipped to cope with change. They lack the intuition and abstract reasoning skills needed to appreciate the rationale for why their world must change for better or for worse. Consistency – in daily routines, in rules and in expectations – and preparing students for transitions are two keys for helping them cope.

Consistency is comforting for all students. For students who have difficulty integrating and generalizing information, it's also essential for learning appropriate behaviour. “Same time, same place, same expectation” is a mantra for success. For example, predictable daily routines – such as greetings and farewells – are opportunities for repeated practice of skills and establishing consistent expectations for appropriate language and behaviour. Raising or lowering those expectations without an explanation can result in confusion and behavioural problems.

Confusion also occurs when students encounter a change in the rules between teachers or when teachers don't correct the disparities in rules from one day or class to another. As an example, one teacher may not permit hugging while another may initiate it. Similarly, one teacher may correct the student for fingernail chewing on one day but ignore it the next. Given the spontaneity of the classroom and the number of interactions that take place with the student during the day, the teaching team cannot guarantee that all expectations will be consistent. However, regular open communication with everyone involved in the student's program will ensure that discrepancies in expectations do not result in significant behavioural concerns.

Eventual changes in routine are inevitable. Ensure that students understand when and where they are supposed to be and what they are expected to do; they can't be counted on to just follow the crowd. Precede changes in routine that are due to special events or circumstances (e.g., an assembly or a substitute teacher) with fair warning and an explanation.

After major changes, like graduating to a new grade, students may take weeks or months to open up to a new teacher or education assistant or to settle into a new class. Explaining the change in advance and offering extra support and comfort will help students experiencing a new environment adjust to the transition.

## **Self-Stimulation: What Is It? And Why Do They Do It?**

Self-stimulation is a neurological response to a bodily need for physical stimulation. For instance, because prolonged sitting provides no physical stimulation, the student's body is impelled to seek some form of movement. Students without disabilities are more likely to use socially appropriate activities (e.g., rubbing fingers together, twirling hair) to find physical stimulation. But students with developmental delays are not as discreet in their self-stimulation patterns. Stereotypical movements can include hand flapping, twirling of objects, rocking, grinding of teeth and tongue clicking.

Self-stimulation is usually harmless but can become a concern if the frequency and/or intensity of the movement interferes with learning and social interactions. The pressures of overwhelming expectations or the monotony of under-stimulating activities can either precipitate self-stimulation or increase the frequency or intensity of it. Any significant increase in stereotypical movements should be a red flag to teachers and parents to adjust expectations.

The goal then is to substitute an appropriate movement that still meets the body's need to move one of its parts. So, for example, redirect students who click their tongues repeatedly to chew gum or suck on a lozenge. Encourage others who flap their arms repetitively to massage their hands or rub worry beads.

What *can be* harmful to the student are misguided efforts to extinguish the behaviour. Improper handling will only serve to increase the frequency of the activity and may directly cause bizarre substitute movements that are even more socially inappropriate.

Professional psychological consultation is needed if self-stimulation interferes with learning, if redirection has been unsuccessful or if movements are resulting in physical injuries to the student (e.g., knuckle rapping or picking at the skin until there is an open sore). While self-stimulation is more common in individuals with intellectual challenges, it's not synonymous with Down syndrome.

## Choices and Consequences

Positive, proactive teaching strategies can successfully modify a student's behaviour by putting the onus on the student to make proper choices. The key words to use are *choice* and *consequence*. Assisting the student to make thoughtful choices and accept the consequences of his choices – good or bad – helps him to attain the goal of developing self-control. Acknowledge the choice made by the student and reinforce the key words (e.g., say, “You are making the **choice** to listen and the **consequence** is that you will know what to do when you go back to your desk. Good show!”).

Inappropriate choices will naturally occur as students learn to become decision-makers. Just like classmates, they may not always accept the consequences amicably. Remain committed to following through with the consequence even when students protest loudly. The *choice* and *consequence* approach to reinforcing positive behaviour can only be effective in the presence of clear, consistent rules. Students with cognitive challenges can learn the self-control to make better choices but they'll need time and repetition to learn the meaning of these two new vocabulary words *and* to make the connection between their choice – appropriate or inappropriate – and the resulting consequence.

Below is an outline of the steps involved in helping the student to make good choices and take responsibility for their behaviour.

<p style="text-align: center;"><b>1.</b></p> <p><b>Reframe</b> the rule to the student in words that are meaningful to him.</p>	<p style="text-align: center;"><b>2.</b></p> <p><b>State</b> the choice the student is making and the negative consequence <i>and</i> compare this to the appropriate choice and the positive consequence.</p>	<p style="text-align: center;"><b>3.</b></p> <p><b>Reward</b> spontaneous appropriate behaviour by “catching” the student being good.</p>
<p><b>Example 1:</b> The student is talking during circle time.</p> <p><b>Reframe:</b> “<i>The rule in our class is to listen when the teacher is talking.</i>”</p>	<p><i>“If you to choose to talk, the consequence is that you will sit on the chair alone. If you choose to listen quietly, the consequence is that you can sit on the carpet with your friends.”</i></p>	<p><i>“You chose to listen quietly for <b>three</b> circle times in a row. The consequence is that now you get <b>ten</b> minutes of free time!”</i></p>
<p><b>Example 2:</b> The student is hugging you from behind.</p> <p><b>Reframe:</b> “<i>I am a person you say ‘hi’ to; your mom or dad is someone you would hug.</i>”</p>	<p><i>“If you choose to hug me from behind, the consequence is you will make me feel uncomfortable. If you choose to shake hands with me, the consequence is that you will get a happy face on your greeting chart.”</i></p>	<p><i>“You shook hands with me so well, the consequence is that you get to demonstrate to the class how to say ‘hi’ nicely.”</i></p>

If the inappropriate behaviour persists, there may be hidden reasons that warrant further detective work. It's possible that, in other environments, the behaviour may be reinforced or not consequenceed appropriately. Likewise, students might be imitating unacceptable behaviours unintentionally. When caught, they may not fully appreciate why they are in trouble. For example, the teacher may not notice other classmates whispering during circle. When the student with Down syndrome is caught emulating their behaviour – but in a loud voice – he alone bears the consequence for talking aloud. Sometimes repeated infractions require an outside observer to detect the facts.

## “Reframing” a Personal Perspective

Many teachers and assistants voice their frustration and hurt when they feel a student is “out to get me” or has great skill in “pushing my buttons.” Yet, developmental psychology reminds educators that most students don't have the cognitive capabilities to possess the insight or intention attributed to them. Although the student's behaviour may appear to be personally directed, avoid applying an adult interpretation to it. Few students choose to “be bad” or deliberately try to “get you.” It's more likely that the behaviour was unintentional but was being negatively reinforced unwittingly in the classroom. The job of the teaching team is to “reframe” the behaviour into a question or hypothesis about what the student is trying to communicate through the behaviour. The following queries will assist in reframing a personal viewpoint to see the behaviour in the proper perspective.

### How healthy is the student?

Behavioural problems often indirectly result from health problems such as colds or ear infections. When behaviour suddenly changes, investigate health issues first. The student may be emotionally volatile because he is in pain or not eating and sleeping well. Medications that produce side effects such as insomnia, irritability or depression are sometimes the underlying reason for unexplained changes in behaviour.

### Are the expectations appropriate?

When compliance or cooperation problems arise in class, one possible cause could be an oversight of the basics: consistent routines, teaching at the correct level of intellectual ability, clear instruction, catching the student being good and giving positive messages often. Clear, consistent expectations and consequences help the student learn to make good choices about how he will act in class.



### Is the student confused by inconsistency?

If there is more than one adult involved in an activity, determine who will be the primary disciplinarian. It's essential to be consistent; rewarding and disciplining behaviours the same way from one day to the next. All adults – including parent helpers – should be aware of behavioural expectations and agree to follow through with the same invariable, meaningful consequences.

### **Can the student anticipate what is going to happen in his day?**

Transitions in the classroom often precipitate behaviour problems when the students are not given ample warning time. Routines are very important to them. When others change plans spontaneously, the student may be overwhelmed and not know how to behave. Visual signals or schedules help him learn what time activities occur and what he is going to do next. Assigning a specific task or responsibility to the student during transition times keeps him engaged while staff set up for the next activity. Discussing fieldtrips, assemblies or other special events well ahead of time prepares him to cope with changes in the schedule. Review with him “who,” “what,” “where” and “why” questions to allay his concerns and increase his comfort level. By providing adult assistance and supervision, transitions are safer and smoother.

### **Are cognitive demands tiring the student?**

Set limits on the amount of time spent on any specific task that requires thinking, problem solving or coordinating body and mind. Base the limits upon what the student can handle. In contrast to peers the same age, the amount of energy needed for him to perform mental and physical activities is much greater and he will tire more quickly. Plan for regular exercise, snack or rest breaks to rejuvenate his mental and physical energy.

### **Is the environment too overwhelming?**

Students with Down syndrome are easily overwhelmed with competing sights and sounds. Is the noise level too high? Are there too many choices to make? Are there excess visual distractions? One possible solution is to create a quiet, clutter-free corner in the classroom where distractions are minimized. This “quiet zone” can be accessed by all classmates to work independently and more productively.

### **Does the student have the time and freedom to move about?**

Students with motor delays need more time to maneuver in tight quarters such as crowded assemblies or hallways. Planning for this extra time ensures the student is not rushed or off-schedule. It is very disconcerting for a student to try his best but then arrive to find that class has started without him. Giving him a few minutes head start at transition times allows him to be first for a change.

### **Is the student the instigator or the victim?**

It’s important to observe recurring situations before passing judgement. Other classmates may be “setting up” the student as a joke. In his desire to win over or impress classmates, he becomes their unwitting victim. Unfortunately, students with Down syndrome often end up taking the blame for their classmates’ pranks.

### **Does the student have the words to solve everyday conflicts?**

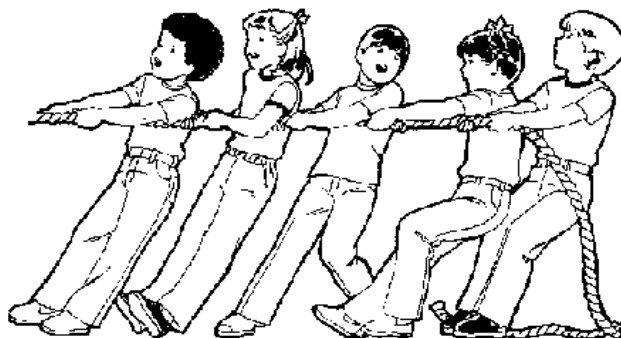
Deficits in communication skills often create concerns about behaviour. When the student doesn’t have the vocabulary to respond to a peer’s teasing or an adult’s prodding, it’s easier to resort to nonverbal communication such as ignoring, grabbing or pushing. The student needs to learn to tell others to “stop” or “wait” and to say, “I need help!” Once he is taught the words to express his feelings in appropriate ways, conflicts can be resolved or avoided altogether. Students who cannot speak clearly may benefit from a visual communication system that uses picture symbols to identify emotions.

## Setting Behavioural Goals in the IPP

Since society places great emphasis on appropriate social behaviour, no educational plan is complete without addressing behavioural goals that can be reinforced at home and at school. Achieving success is more likely when parental input and cooperation is welcome. At all times, it's important to respect the family's culture, traditions, child rearing practices and values when setting behavioural goals.

When meeting with parents, these sample questions will assist in gathering information to help set appropriate goals for social and behavioural development.

Classroom Goals	Questions to Parents
1. To identify effective reinforcers.	P What activities attract or motivate your child at home?
2. To respond to directions.	P What type of directions does your child respond to independently? Give examples.
3. Request help or assistance.	P How does your child ask you for help?
4. Use an appropriate voice tone and loudness level.	P How do you encourage your child to use a quiet or loud voice?
5. Work independently for 15 minutes.	P What activities entertain your child on his own for more than fifteen minutes?
6. Share materials with peers.	P What toys or activities is your child willing to share with siblings?
7. Express anger or frustration in an appropriate way.	P What are acceptable ways to express anger in your home?
8. Sit quietly in a large group.	P Does your child have experience in large group activities?
9. Listen quietly when the teacher or peers speak in class.	P Does your child have the skills to listen quietly without interrupting?
10. Engage in cooperative learning with peers.	P What kinds of activities or games does your child enjoy playing with siblings or friends?



The discussion that will evolve from these questions will help parents and teachers identify mutual concerns and set joint goals. Helping the parents to choose complementary activities for their child to rehearse at home ensures practice of established behavioural objectives at home and at school. These objectives are as important as academic goals because they are often the key to collaborative learning with peers. For example:

School Goals	Home Support
1. Sit quietly at story time.	– Rehearse story time at home with siblings. Sign up at the public library for story time.
2. Hold up hand to request help.	– Play school at home and practice “hand up” if wanting to talk.
3. Sit at a desk to do written work.	– Do all “school work” at the table, away from distractions such as TV.
4. Use Kleenex independently.	– Practice on a doll. Practice blowing. Make putting a Kleenex in a pocket a daily routine.
5. Pull pants down and up without adult assistance.	– Send to school in pants with an elastic waist. Practice at home.



*Goals that have the consent and cooperation of the parents have the best chance for success.*

## C. The Relationship Between Cognition and Forming Friendships

### Social Development

For the student with Down syndrome, learning how to interact socially with peers and adults is as important as academic success. In the inclusive classroom, both academics and relationships are promoted through collaborative learning groups. Relationships lead to friendships when students work and play together. Learning becomes more meaningful when shared with friends. The ability to tell time matters when there’s a schoolmate to meet at noon. A story is richer when told to a buddy.

Although teaching techniques will vary according to the personalities of the teachers and the students, the following recommendations can assist the teaching team in nurturing the growth of meaningful relationships in the inclusive classroom.

**Have an orientation with classmates** at the beginning of the school term to explain what having Down syndrome means and to discuss ways to welcome their new classmate. Ask parents for permission to have this discussion and find out if they would like to attend or participate in any way.

**Answer questions about Down syndrome** as they arise. Reply in a matter-of-fact tone using words that the class can understand. Some classes are very inquisitive and enjoy listening to story-books about children who have Down syndrome. Other students will have specific questions about noticeable differences. Addressing all questions openly will alleviate the concerns of curious students.

**Treat the student as an equal and contributing member** of the classroom community. Include the student in classroom rituals such as student-of-the-week, teacher’s assistant and attendance monitor.

**Expect all students to seek information and support from each other** before asking the teacher or education assistant. Teach students to ask their “elbow partners” first or practice rules such as “three before me,” in which the student must ask three different people before coming to the teacher.

**Use the classroom assistant in a “friendly” way.** Relationships will not form naturally between students if an adult is always hovering. By recognizing when to stay or go, adults can create peer-teaching situations. One reason students enjoy peer tutoring is because classmates are generous with praise and not so quick to critique work in progress.

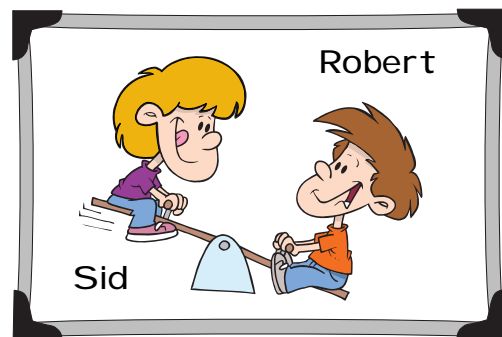
**Model good listening skills** and the patience needed to encourage speech. Stopping students to, “Tell me again, I didn’t understand you” encourages them to make a conscious effort to communicate more clearly.

**Set up centres and activities that facilitate relationship building.** In younger grades, house-keeping, block, game and craft centres allow for peer interaction and conversation. In older grades, use groupings for science experiments, research projects and buddy reading.

**Teach the names of all classmates** to the student with Down syndrome. Some teachers begin the year by collecting pictures of each classmate for the bulletin board or a small photo album. Send the pictures home with the student to practice so that he can greet or call classmates by name.

**Practice group games in the schoolyard** so students will feel comfortable interacting with all of their classmates.

**Celebrate the contrasts between classmates** and the value of being unique and different. School communities that welcome diversity enrich every student’s education. Highlighting values like personal respect and tolerance of differences is an important year-round goal.



## Friendships

Establishing relationships at school and in the community sows the seeds of friendship. Students possess an innate drive for belonging that is characterized by mutuality (i.e., the attraction of an individual to similar people). They establish relationships on common ground, being attracted to peers who are part of the same group, such as class placements in the fall. Some of these friendships are further cemented if classmates ride the bus together or have the same interests or abilities ... social, athletic, linguistic or artistic. While friendships risk dissolving when the class breaks up at the end of the year, especially if the friends are placed in different classes the following year, they can also flourish and withstand separation through common interests.

Opposites may attract, but true friends typically have more similarities than differences. For students with Down syndrome, what is often overlooked is the opportunity to have a friend with a shared disability. It's comforting to have a friend that looks like you and has gone through similar experiences. It becomes a "let your hair down and be yourself" kind of friendship that evolves naturally over the years, if given the chance.

There's a myth that true friendships don't form with a person with a disability. Parents may not believe that students without a disability would even consider going to a movie or swimming with their child. Yet, unexpected friendships are made in unexpected places when students have the time and opportunity to see beyond first impressions and really get to know others on a deeper level. No one can ignore the differences between students with special needs and their peers. To do so is to deny their individuality. Appearance *will* affect the first impression someone has of a child with a visible handicap. That's OK! Even young children are very aware of visible handicaps; they just don't view the handicap as a detriment or a barrier. Therefore, devaluing people with disabilities *has to be* a learned response. The truth is that people who've been raised in inclusive settings naturally form meaningful friendships with people with disabilities.

Relationships also need the "give and take" of time alone together without adult supervision. When students with special needs are constantly supervised, dependence becomes a huge obstacle to developing a connection with peers and finding true friends. While it's difficult to trust that a student can "fend on his own," they *all* deserve this opportunity. Give them a chance to develop their own friendships in the school lunchroom, during recess and in group learning projects. Even going to the bathroom without an adult can open the door to meeting peers on an equal footing.

The stability and predictability of relationships that are formed in ECS and continue with a core group of students until grade six are very beneficial for a student with special needs. Through patience and understanding, judging when to intervene and when to step back, these friendships survive the ups and downs of childhood and can endure for years. "Old" friends are more accepting and tolerant of those they know and understand well.

As students with Down syndrome enter junior high, they become subject to all the trials and tribulations of adolescence and will need help understanding the ever-changing and often stressful dynamics of friendship. Role-playing and much practice will help them to learn "cool" social skills.

Because of the difficult transition from the free-flowing groups of division one years to the closed cliques of older grades, friends with mutual after-school interests such as music or sports provide stability. It takes more effort to facilitate friendships outside of school, but the rewards for the student are worth the exertion.



Given the chance,  
children with special needs  
can make good friends  
that are true friends.

## Reducing “Hug” Confusion

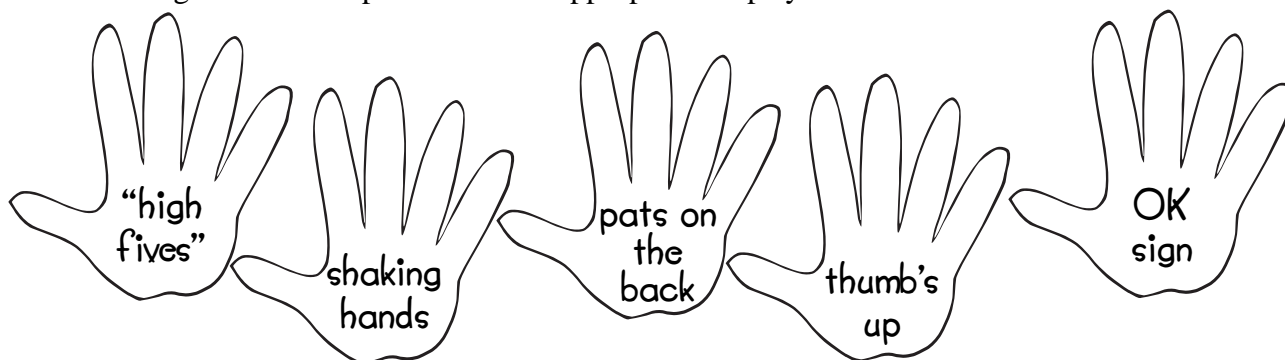
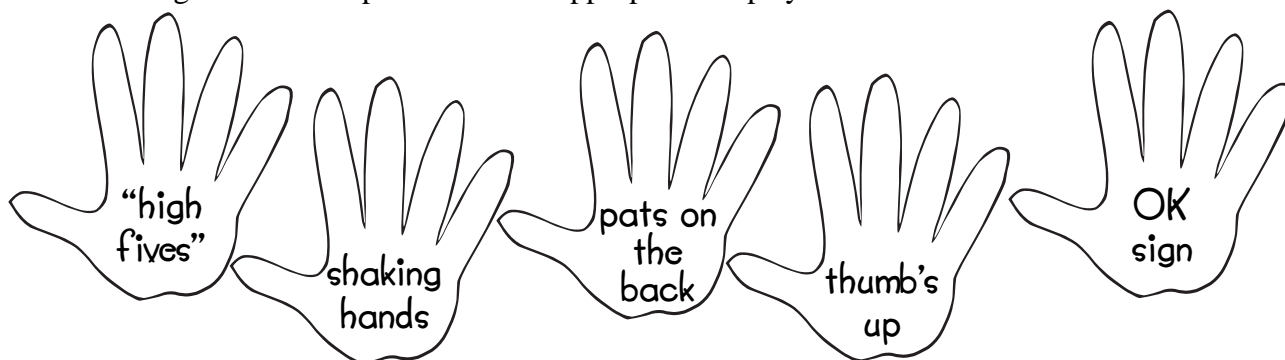
Educators who work closely with a student with special needs often develop a mentor role in the student’s life. The affection that naturally ensues can lead to demonstrative behaviour by both parties – hugging! Although hugging another person is an appropriate act of affection, students with Down syndrome need extra help and more practice to learn the social rules about when hugging is appropriate and whom it is okay to hug.

Students without cognitive challenges pick up on the subtle rules of hugging naturally. They’re more aware of personal boundaries and are less demonstrative with their feelings. At certain ages, hugging is definitely not a comfortable means of communicating affection with others. For example, grade one boys are well known to disapprove of mom’s public displays of affection in the school yard.

Parents of a student with special needs find that, due to their child’s disability, there are more infractions of social boundaries by others at school and in the community. In particular, well-meaning adults often greet or praise the student with a hug. Over time, hugging becomes a learned behaviour that is ingrained and often indiscriminate. Hugging and touching by strangers, acquaintances or professionals **is not safe**. If left unsupervised, the child can become a potential victim for sexual harassment or assault. Students with cognitive challenges need to be taught to respect the personal boundaries of others and to say “No” to the intrusion of their own boundaries.

Students learn “safe” behaviour when educators work together to remove the hug confusion that often exists for the student with Down syndrome and his classmates. Clear boundaries for students, staff and volunteers need to be discussed and reinforced by the teaching team. Inconsistencies on even one staff member’s part can create confusion in the student’s mind.

Then enforce the principle that hugging is a sign of a close relationship and a special gift to be reserved for family and dear friends. It’s not an appropriate greeting or form of praise in the classroom, hallways or playground. When the student is with other classmates or with staff, teach him to substitute hugs with verbal praise or other appropriate displays of affection such as:



The staff’s cooperation and consistency in this ensures that the student will develop healthy relationships in his social circle and in the school community.

Parents also need to apply these codes of conduct to siblings, relatives, friends and acquaintances and explain why hugging is inappropriate for the child in certain situations. It's hard for parents to ask people not to hug their child. Handled tactfully, others won't mistake the message as a rejection of their affection, but understand that showing respect for the child's personal space is how to teach the child to respect others' personal boundaries.

Physical affection is a human need that takes many forms. Teaching students the boundaries of meaningful relationships will reduce the "hug" confusion and ensure that hugs are a gift and not a greeting.

## Emerging Sexuality

Students with Down syndrome are not immune to the healthy stages of sexual maturation. Hormones trigger a sexual awakening evidenced by the same physical changes that all teens experience. For example, unless there are mitigating health factors, females menstruate at the same relative age as their girlfriends do. Unfortunately, students are often denied their sexuality when others cannot bring themselves to accept that this is one aspect of their development that is not "challenged."

Although many students lack the reasoning skills or insights to understand how relationships that lead to dating develop, they still crave companionship. Their interest is reinforced by what they see in magazines, on television and in the schoolyard. Yet, the angst of the teen years is intensified when they can't comprehend the subtle nuances of social relationships. Overt behaviours (e.g., inappropriate kissing or hugging, and stalking) may invite ridicule or mistreatment. Parents and teachers must care enough about their safety and self esteem to be their source of reliable information; teaching them about intimate relationships, honouring personal boundaries and discerning the difference between private and public behaviour. They also need to give them permission to rebuff inappropriate sexual language or behaviour and go for help.

Students profit greatly from individual and group teaching on dating and sexuality when the information is simplified and repeated many times. Furthermore, role-playing helps the student practice the social rules (i.e., how to act and what to say in social situations). Long-term benefits include the rewards of appropriate behaviour, preservation of their personal dignity, freedom from abuse and the opportunity to develop healthy relationships with the opposite sex.

