PSYCHOPATHOLOGY
and EDUCATION of
the BRAIN-INJURED
CHILD
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GRUNE & STRATTON
NEW YORK . . . . 1948
To

THE WAYNE COUNTY TRAINING SCHOOL

AND ITS

MEDICAL SUPERINTENDENT

ROBERT H. HASKELL
ACKNOWLEDGMENT

The emphasis which we have placed upon the particular mental makeup of brain-injured children and the resulting need for special educational techniques is the original idea of one of us. The research work which has been undertaken has been made possible through the efforts of many friends and collaborators, all of whom we are unable to enumerate. Among those who have contributed to the material presented in this book we wish to mention in particular Dr. Heinz Werner, Brooklyn College, Brooklyn, New York. Dr. Newell C. Kephart, Purdue University, Lafayette, Indiana, and Dr. Betty Martinson-Horne, Denver, Colorado deserve our thanks for their assistance.

The McGregor Fund, Detroit, Michigan supported the research projects for many years in the most generous way, and directly made possible the writing of the book. The Michigan Society for Crippled Children and Adults gave financial aid for lecture courses at Wayne University, Detroit, Michigan, which provided us with much stimulation and critical evaluation. Mr. John Tenny, Wayne University, Detroit, Michigan, offered us the first opportunity to establish a special class for cerebral palsied children in a public school. This book is dedicated to the Wayne County Training School, Northville, Michigan, where we were able for the last ten years to find in Dr. Robert H. Haskell a keen supporter and friend for our work and in all the personnel most helpful co-workers.

In the preparation of the book we wish to mention the assistance of Mrs. Cherry Jerry, Wustum Museum, Racine, Wisconsin, for the drawings, and Mr. J. C. Field, Dearborn, Michigan for the photographs. In typing the manuscript Miss Hazel Pankow was of invaluable help.

Some of the research studies have been previously published in various professional journals. To the editors and publishers who gave permission to reproduce parts of the material belong our sincerest thanks.

We also wish to acknowledge the most friendly attitude of authors and publishers whom we have asked for permission to quote from the originals—from publications which have important bearing upon our own work. We are indebted to them all.

It is with real modesty that we mention our feeling for the imperfections which remain in the completed book. We are also aware that the contribution we have made is minimal compared to the work which lies ahead.

October 1947
The Cove Schools
Racine, Wisconsin

ALFRED A. STRAUSS
LAURA E. LEHTINEN
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The behavioral response of the children in the special classroom is immediate and can be taken to substantiate the adequacy of our therapeutic approach. Loud talking, running in the room, attacks on other children diminish and often disappear in a matter of days; the formerly unmanageable child becomes quite tractable. A first grade pupil whom the teacher finally refused to keep in her class ran about the room, sang, laughed out loud, removed shoes and stockings, and completely disrupted any organized group activity. After a week behind the screen in the special class, this behavior disappeared so completely that the screen was no longer necessary; the behavior described has recurred only in moods of exaltation or in situations of relatively unusual excitement. The children often recognize the transformation in themselves and verbalize their reactions to the change.

Fig. 23. Reduction of stimuli from outside.
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We must strongly emphasize that these arrangements do not produce withdrawal or autism or encourage mannerisms, since the brain-injured child, like any normal child, needs social contacts, enjoys group living, and
Fig. 24. Reduction of stimuli within the classroom.