

Dr. Beattie – Normality - Transcript

The slide says normal reflects the time and circumstance of the behavior. It is to a significant degree determined by the time and the circumstance of whatever the behavior is. There are certain things that everybody does. So, as a consequence because everybody does this behavior it is by definition considered normal. However, because the time and circumstance has such a dramatic impact on what happens to kids, that normal behavior may not seem so depending on where and when we are somewhere. There has been a lot of research done on human nature and the learning process that exist among humans. As human beings we tend to remember things better if it is funny, extreme, or perverse. If it is different enough to call our attention to it we will remember better than other things. That is my rationale for what we are about to talk about, because what we are about to talk about is just a little bit off color. Here is my example, we are talking about a behavior and we are talking about it being normal according to the time and circumstance. Here is the behavior, how many people in here have never ever farted? For those of you who are offended by that word, passed gas. Anyone who has not done that thing? Is that a normal behavior? You bet, it absolutely is. However, here we are 20 minutes to 12 in Burson. Here is Joey and he had chili last night and his stomach is going crazy. He is raising up one of those cheeks and here it comes. Because he is in the front row it makes it not normal because of the place he is in. This is what special ed kids sometimes don't understand. What they do in so many circumstances is not different from what all of us do, but we figured out where and when to perform the behavior. When you get angry what do you do? Yell, swear, and break stuff. We have figured out the appropriate time and place to express our anger in these ways. We have figured out how to camouflage our normal behavior in an abnormal circumstance. Kids with disabilities, kids that are exceptional have not made that connection in many circumstances. I can not bring my language from the golf course into this classroom. A kid with a disability figures if they can say "you suck" out on the golf course then I can say it in here, but you can't. They are not that different from most of us, they just have not figured out the rules. Here is another one that I want you to see if you see this. When you are in your car, do not turn, but out of the corner of your eye look at the person next to you. What do they do? Pick their nose. They think they are in another vehicle so no one can see what they are doing, but you can. But is it the right circumstance for it? In a school situation, somebody evaluates that behavior in an effort to determine if it is different from a group norm. There is a test to determine academic skills or a variety of things, or we do an observation of kids and take that observation and the test results and say where does that fit in the group we are talking about. How much above or below the norm does that behavior fall. When we look at these behaviors we try as much as we possibly can we try to be objective in relationship to that normality issue, so in our efforts to do that we look at normality in three ways:

1. statistical
2. medical
3. social

What is subjective? It is your opinion that is not necessarily based in fact, that maybe effected by your experience with the individual student or whatever population you are dealing with. You are making more of a gut decision than one based on fact. Emotion interferes with objectivity. Refer to the board for the bell curve. If we look at standardized test scores. A score of 100 is in the middle, the average range runs from 85 to 115. Essentially 68% of the population will fall between 85 and 115. So if you look at normality if you fall outside of these scores you are not

normal according to statistics. To be medically normal there is nothing wrong with you medically. So, if my hearing does not meet the criteria that exist as normal hearing then I do not meet the medical normality that exists. The last way we look at normality is through a social perspective. This gets really difficult because of what is appropriate in one social situation may not be appropriate in another. The changes in behavior can be slight from one situation to another. Kids with disabilities have a really hard time with that. So the social setting and the social group that you are involved with to a certain degree dictates what is ok and what is not ok.

Operational definition for Normality

In this special ed profession, the goal is to identify an operational definition for normality. So that when we look at kids we see who falls within the normal limits and who falls outside of those limits. (Refer to slide) Seems like an easy thing to do, but it's not. There are typically more than one or two different things involved in identifying a kid as exceptional, but that is what the goal is to have an operational definition.

Exceptional Children

So, as we have come up with an operational definition, be it good or bad. All of those individuals that do not fall within the limits of the definition are not normal. Those people who are not in the average range do not meet the normality criteria

When we come back to the population that we refer to as exceptional children, those are the kids that fall outside of the normal range either positively or negatively. What would a population with an IQ of 120 or greater be called? AIG- academically and intellectually gifted (AG, TD). These are kids who are above average according to their intelligence. What about the kids with an IQ small than normal? MD- mental disabilities this is an IQ of 70 or below. Kids with learning disabilities essentially by definition have average or above intelligence with academic areas of difficulty. We also have a bunch of kids in different categories whose disabilities fall in no reference to the bell curve. We have BD/BLED behavior disorders or in the state of NC they are referred to as behavioral and emotional disorders. We have kids with hearing and visual impairments and ADHD. What is different about kids with behavior disorders? Their behavior. Kids with hearing impairments do not hear as well as the normal. That is what makes each of these categories exceptional.