



Reading Horizons: A Journal of Literacy and Language Arts

Volume 24
Issue 3 April 1984

Article 2

4-1-1984

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William S. O'Bruba
Bloomsburg State College

Donald A. Camplese
Bloomsburg State College

Mary D. Sanford
Bloomsburg State College

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Recommended Citation

O'Bruba, W. S., Camplese, D. A., & Sanford, M. D. (1984). The Use of Teletherapy in the Mainstreaming Era. *Reading Horizons: A Journal of Literacy and Language Arts*, 24 (3). Retrieved from https://scholarworks.wmich.edu/reading_horizons/vol24/iss3/2

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THE USE OF TELETHERAPY IN THE MAINSTREAMING ERA

William S. O'Bruba

EARLY CHILDHOOD EDUCATION

BLOOMSBURG STATE COLLEGE, BLOOMSBURG, PENNSYLVANIA

Donald A. Complesse

DEPARTMENT OF PSYCHOLOGY

BLOOMSBURG STATE COLLEGE, BLOOMSBURG, PENNSYLVANIA

Mary D. Sanford

TEACHING THE LEARNING DISABLED

BLOOMSBURG STATE COLLEGE, BLOOMSBURG, PENNSYLVANIA

Once there was a little boy who was different from any of his classmates. This boy did many strange things which made other children laugh at him and call him names. The little boy was always upset when this happened. After all, he couldn't help being clumsy and slow at games. He was handicapped—why couldn't they understand?

A modern day fairy-tale? you ask; perhaps, although the story and especially the little boy's plight are all too common in our public schools today. Since the enactment of Public Law 94-142, the mainstreaming of handicapped and non-handicapped children in the same educational setting has become a widespread practice. Despite adherence to this mandate, many handicapped students still struggle to gain understanding and acceptance among their non-handicapped peers. Peer acceptance of a handicapped child, particularly for elementary level students, is especially difficult. Name-calling, ridicule, or segregation by one's peers is a frequent occurrence. Inasmuch as the handicapped child is already burdened, his problems will in fact be compounded by peer rejection.

Results of research appears to indicate that peer acceptance is vital to a successful mainstreaming process. Peer acceptance involves teaching students both the cognitive and affective aspects of understanding a handicapping condition. If understanding is to be fostered in children, teachers must provide class members with opportunities for building acceptance. One highly effective and inexpensive method of building empathy and increasing the probability of peer acceptance is the use of Teletherapy. As a preventive approach, Teletherapy is a technique in which a teacher attempts to solve a child's problem by bringing the class a similar experience vicariously through stories retold from appropriate books. These stories provide children with vicarious emotional experiences through character identification. In this instance, retelling stories dealing with handicapping conditions that enable children to empathize with the handicapped child, thus increasing the probability of peer acceptance.

As an educational strategy, Teletherapy is not new to the

classroom; for decades classroom teachers have been retelling stories to students. What is unique about Teletherapy, however, is its effectiveness in building students' empathy for one another (Camplese & O'Bruba, 1979).

The first step in utilizing Teletherapy is to select a story which best meets the emotional needs of pupils. If the mainstreamed youngster has a speech impediment, for example, a story which focuses on a child with a similar problem might benefit all students. While the non-handicapped child relates to the problems of the central character—thus learning empathy, the handicapped child benefits from the knowledge that he is not alone with his problems.

As with any methodology, careful planning and story selection are vital to success. However, unlike Bibliotherapy, Teletherapy allows the teacher to select books or stories beyond the vocabulary and comprehension levels of students. For example, the teacher can retell the story keeping in mind both the vocabulary and comprehension levels of the class. An additional advantage of Teletherapy would allow the teacher to restructure or recreate different cultural backgrounds, settings or experiences. For example, it is doubtful that children from rural areas could understand and relate to the special problems of a physically handicapped individual coping with mobility problems in New York City. In addition, utilizing Teletherapy allows the teacher to change the setting and the sex of the individual to meet special classroom needs and increase the probability of building empathy through character identification.

After selecting an appropriate story, the second step in the Teletherapy approach is to retell the story to fit the emotional needs of students. Storytelling can be done in a variety of ways; the teacher may retell the story from memory to suit the comprehension levels of students or, she may read the story aloud. After retelling the story, the teacher can lead a class discussion focusing on the feelings and problems of the central character. Questions such as, "How would you feel if your classmates laughed at you?" or "How do you feel when you have trouble doing something?" can help focus student thinking on the feelings of the handicapped person.

While retelling a story is easily adaptable to most classrooms, Teletherapy can be implemented in other ways. One may use creative dramatics, a method especially successful when working with the older elementary level child. After selecting and retelling a story to the class, the teacher can assign students to role-play story characters. Student selection should be done with caution to avoid creating further behavior problems during the role-play. For example, while intending to build better understanding and acceptance in the Class Tease, the teacher may assign him to the role of the handicapped character. While the student's empathy may increase from this experience, characteristics of the experience may reinforce his craving for attention and increase his negative behaviors. In a situation such as this, the teacher must be willing to adopt an assertive no nonsense posture concerning any possible negative characterizations.

When utilizing the creative dramatics approach, the teacher can present the story in two ways. If the children lack reading skills, the teacher can briefly explain the story and roles to the children and have them role play their parts. In addition, the story can be cast into a script format with one child or the teacher serving as narrator and others "acting" their roles. Many primary age children enthusiastically respond to creative dramatics. While actively involving students in the story-telling process, creative dramatics allows students an experience in seeing characters "come alive". Later, class discussions can focus on the feelings and perceptions of the students' roles.

Another approach incorporating Teletherapy is the use of finger plays, which are commonly used in preschool and kindergarten classes for presenting rhymes and mini stories to children. In the early primary grades, finger plays can be used, as the teacher first selects a story involving a handicapped child, and then tells it to the class using individual finger puppets as story characters. Students can also be encouraged to combine finger puppet usage with role-playing. As children actively engage in the story, understanding and positive peer acceptance are both likely to increase.

Teletherapy as a preventive approach is highly adaptable to a wide variety and level of classrooms. Its focus is threefold: awareness, understanding, and finally acceptance. Students enjoyably learn that being handicapped is not so awful. They become more aware of the similarities with themselves—and not of the differences. While students grow in their understanding of their handicapped peers, the teacher will grow as well. As in learning, the spark of understanding is the beginning of growth. Utilization of these techniques not only increases the probability of peer acceptance, but will also communicate to the class a proactive positive teacher attitude toward the mainstreaming process. This positive teacher attitude is the KEY to a successful mainstreaming process.