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Children with cleft lips and/or palates in early childhood classrooms : overcoming obstacles and misconceptions

Angel Simons
University of Northern Iowa

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Abstract

One in 750 live births results in a baby born with a cleft lip and/or palate (CLP), making it the second most common birth impairment in the United States (Speltz, Endrig, Fisher, & Mason, 1997). Being born with a cleft lip and/or palate brings on many obstacles in a child's life.

Educators can help children born with cleft lip and/or palate by knowing: are there any correlations between how a child born with a cleft is treated by teachers and parents when it comes to teacher and/or parent expectations and perceptions; do children with clefts have distinct common personality or behavioral traits that lead to their success or struggles when it comes to academic and socialization skills; and what can teachers and parents do to help a child born with a cleft to positively influence his/her social skills and overall school success? The writer of this journal article sought out the answers to those questions to help educators of children with cleft lip and/or palate.

Children with Cleft Lips and/or Palates in Early Childhood Classrooms:
Overcoming Obstacles and Misconceptions

A Graduate Journal Article

Submitted to the

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Jill M. Uhlenberg
Graduate Faculty Reader

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Charles R. May
Graduate Faculty Reader

7-16-09
Date Approved

Jill M. Uhlenberg
Head, Department of Curriculum and Instruction

Abstract

One in 750 live births results in a baby born with a cleft lip and/or palate (CLP), making it the second most common birth impairment in the United States (Speltz, Endrig, Fisher, & Mason, 1997). Being born with a cleft lip and/or palate brings on many obstacles in a child's life. Educators can help children born with cleft lip and/or palate by knowing: are there any correlations between how a child born with a cleft is treated by teachers and parents when it comes to teacher and/or parent expectations and perceptions; do children with clefts have distinct common personality or behavioral traits that lead to their success or struggles when it comes to academic and socialization skills; and what can teachers and parents do to help a child born with a cleft to positively influence his/her social skills and overall school success? The writer of this journal article sought out the answers to those questions to help educators of children with cleft lip and/or palate.

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Chapter 1: Introduction

There are many children in the world born with a facial cleft of some type. In fact, about one in 750 live births results in a baby born with a cleft lip and/or palate (CLP), making it the second most common birth impairment in the United States (Speltz, Endrig, Fisher, & Mason, 1997). A child may have a cleft lip, cleft palate, or both a cleft lip and a cleft palate. These deformities add to many new struggles a child must face growing up.

New parents of a child with CLP may experience a broad range of emotions, particularly at the moment of birth of their child. These new emotions can interfere with initial bonding with this child. Bonding with a mother and father provides a stable sense of self for the child and in turn, could affect the self-esteem of the child. This early maternal bonding is critical to a child's self-concept (Richman & Eliason, 1982). A mother and father of a child born with a cleft may struggle with these first initial bonding moments due to the extra obstacles that come with an infant born with a cleft. Families usually have varying degrees of apprehension about their child with a cleft.

Rationale

Children born with a cleft may face obstacles in their development, particularly in the areas of social and emotional development. These children may be treated differently by others, have behavioral differences, and develop socialization differences. These differences could affect their academic success and their self-esteem.

CLP children tend to need extra attention, and tend to be less socially outgoing with their peers, which in turn affects valuable interactions in the classroom. Children born with clefts also have a tendency to be shy and avoid beginning social relationships, which are hurdles they will need to clear in order to have positive peer relations (Chapman, 1998). Sometimes these types of

behaviors cause parents and teachers to treat these children differently from other children.

Parents and teachers may have different expectations for children born with a cleft lip and/or palate due to generalizing about their skills and abilities based on their physical disfigurement. Parents may also be overly sympathetic to their children because of their disfigurements and not have as high expectations for these children. Although a CLP child's IQ is usually in the normal range, a teacher generally has lower expectations (Richman & Eliason, 1982).

Teachers require a better understanding of CLP children's potential, their social and emotional development, and particularly how being born with CLP may affect their relationships with peers and may affect their social skills. Educators who are knowledgeable about these differences may avoid stereotyping children with CLP by seeing them as children first, rather than seeing them as handicapped first. Learning about children with CLP and common issues in relationships, behaviors, and social skills will help guide teachers' expectations and responses to children with CLP. Understanding the child with CLP is critical in helping him/her to become a successful and socially competent child.

Purpose of This Article

The purpose of this article was to identify common behavioral, academic, or socialization problems of children born with a cleft lip/palate. This article will also improve teachers' understanding of potential challenges these children face in early childhood classrooms and provide advice to teachers and/or parents on how to help a child born with CLP.

Importance of the Article

The intended audience for this article was early childhood educators and parents of children born with a cleft lip and/or palate. Early childhood teachers need to know the research regarding CLP children in order to avoid stereotypical expectations that may occur due

to the physical disfigurement that comes with a child born with a cleft lip and palate. In addition, the information in this article should help teachers facilitate CLP children's success in school. Answers to the following questions were sought in order to educate teachers about children born with clefts:

1. Are there any correlations between how a child born with a cleft is treated by teachers and parents, when it comes to teacher and/or parent expectations and perceptions.

2. Do children with clefts have distinct common personality or behavioral traits that lead to their success or struggles when it comes to socialization skills?

3. What can teachers and parents do to help a child born with a cleft to positively influence his/her social competence and overall school success?

Terminology

Self-concept: "Self -concept is a complex summary of the multiple perceptions individuals have about themselves. It includes general and specific judgments about one's self-worth, a personal evaluation of one's capabilities, and an internalization of others' reactions to one's self and behavior" (Kapp-Simon, 1986, p. 24).

Communication: "The capacity to perceive and understand others and to express meaning and intention to others" (Perry, Czyzewski, Lopez, Spiller, & Treadwell-Deering, 1998, p. 1).

Nurturant behaviors: These are behaviors such as touching affectionately, time spent in a face-to-face position, and responding to infant cues (Perry, Czyzewski, Lopez, Spiller, & Treadwell-Deering, 1998).

Cleft lip: a birth defect characterized by one or more clefts in the upper lip resulting from failure of the embryonic parts of the lip to unite (Merriam Webster, 2008).

Cleft palate: congenital fissure of the roof of the mouth (Merriam Webster, 2008).

Chapter 2

METHODOLOGY

While finding information to answer these important study questions about children born with a cleft lip and palate it was helpful to identify the steps for developing this article. First I looked at the method of writing and submitting the article to a reputable journal, and then I needed to find the guidelines this journal required. I received the approval from my advisor at the university. I stated below how I gathered data, put together the writing, and the method of discriminating between various articles and research found during the writing of this article.

Method of Writing/Submitting Article

I will incorporate my knowledge as a parent of a child born with a cleft lip and palate to provide the reader some typical insights regarding socialization skills and behavioral interactions experienced by children with CLP. I have an eight-year-old son who was born with a cleft lip and palate. I have had experience with teachers who have had difficulties looking past my child's CLP and who have made assumptions about my child's academic abilities based on his disfigurement. I have attended multiple craniofacial clinics where I have observed and interacted with other families who had children born with a cleft lip and/or palate. I have also watched my child interact with other children who were not born with a CLP and observed how the other children treated and reacted to my child. As a teacher I have not had a child in my classroom born with a CLP but have observed other classrooms where children with CLP were assigned. I have interacted with families and children born with CLP in school settings as well as social settings. I will incorporate my experience as a parent of a child born with a cleft lip and palate, and I will use the research in this article in order to educate other early childhood teachers about children with cleft lips and palates.

I will be submitting my article to the *Young Exceptional Children* journal, which is

published by SAGE publications four times a year. I chose this journal because it publishes articles that help support teachers and families of students who have exceptional needs. This journal includes interventions with young children in the childhood settings, preschool settings, at home with parents, and throughout a student's childhood. I think the audience who read this article will be able to take the information I provide to help their classroom, their child, or someone else's child, or classroom in which a child born with CLP resides.

I will use research I have read and my personal experience in order to make an educated decision about what information will help other educators and parents understand children born with a cleft lip and palate.

Guidelines

This journal, *Young Exceptional Children*, is designed for educators, parents, family members, and administrators who work with children in the early childhood ages of birth through 8 who have identified disabilities, are at risk of future developmental delays or school difficulties, or are gifted/talented. The articles in this journal have effective and useful strategies and information for parents and educators translated from research findings and put into a reader friendly context. *Young Exceptional Children* journal guidelines ask for typewritten, double-spaced articles, no more than 15 pages in length. The journal requires the writing to be in APA style.

Approval from Advisor

Initial approval of my paper option and topic was given in July 2008 by Jill Uhlenberg at the University of Northern Iowa. My advisor at the University and one other reader from the early childhood faculty at the University gave final approval of this manuscript to be submitted for publication.

Gathering Data

When gathering data for this article I used electronic databases including ERIC, Google, and JSTAR. I used the search terms *cleft lip and palate, socialization skills, cleft children, social skills and children born with craniofacial deformities*, and *cleft and schooling*. After gathering information on these various resources I accessed the Rod Library's Interlibrary Loan program for distance learners. The library was able to send me articles electronically. A large majority of the articles I found came from journals that were publishing research on cleft lip and palate children only, these same journals accepted only peer-reviewed articles. The same authors conducted much of the research, resulting in few variations in the subjects or variables in their research studies. As my research continued I utilized many reference lists from articles that relate to the topic I have chosen.

Writing Process

I began the writing process by reviewing resources to find what actual research has been done in the area of cleft lip and palate, socialization skills and behaviors, especially in regards to early childhood education. Once I acquired sufficient information I decided to focus on what information would be applicable to teachers in the early childhood setting. I incorporated information I had received from research and also information I gained by being a parent of a child with a cleft lip and palate. I kept my focus for the article on the positive differences a teacher can make by knowing the information I am sharing and reinforcing this information in their classrooms.

Method to Discriminate Articles

The research I acquired was written within the last 15 years. I also tried to find research articles that focused on children in the birth-8 age range. In addition, I looked for research articles, which were peer reviewed.

Chapter 3

The Article

Educators are surrounded every day with children who are unique in many ways. They are challenged to teach each individual child and help him/her reach his/her fullest potential. One unique child who may enter the classroom is a child who was born with a cleft lip and/or palate (CLP). In the United States, one in every 750 live births result in a baby born with a cleft lip, cleft palate, or both a cleft lip and a cleft palate, making it the second most common birth impairment in this country (Speltz, Endrig, Fisher, & Mason, 1997). It is likely that educators will encounter a child with a CLP during their teaching careers. A child born with CLP will have extra obstacles associated with CLP to overcome when he/she enters the classroom. Some of these obstacles include self-esteem problems caused by initial bonding issues with parents, socialization difficulties, and poor treatment and expectations from others. There are also many misconceptions regarding children with CLP. Parents and teachers have varying expectations and sometimes even treat children differently based on their deformations alone. Educators have a role in the lives of children born with CLP. Educators should learn about the obstacles these children face, as well as common teacher and parent misconceptions that can lead to behavioral, academic, and socialization problems. Teachers can gain valuable information that can be applied within the classroom to help these children become competent, knowledgeable, happy, and successful in school.

Obstacles Associated with CLP

Parental Bonding

Initial bonding with a parent is very important in the overall health and self-concept of a child. Children born with CLP and their parents may struggle with this initial bonding. Some of these struggles come from the challenge of feeding because of the physical disfigurement of the

lip and/or palate, and the feelings parents may have about raising a child with a CLP. Hospitals are not always equipped to send families' home with information that is adequate in supporting or raising a child with CLP (Kalland, 1995). New parents of a child with CLP may experience a broad range of emotions that can interfere with initial bonding, particularly at the moment of the birth of their child. Bonding with a mother and father provides a stable sense of self for the child and in turn, affects the self-esteem of the child. A mother and father of a child born with a cleft may struggle with these first initial bonding moments. "Families usually feel varying degrees of apprehension about having a child with a cleft, which often leads to less physical contact and less expressive interaction with their child (Kish & Lansdown, 2000, p. 498)". Children need these interactions to establish facial expressions, which become a very important social communication instrument (Perry, Czyzewski, Lopez, Spiller, & Treadwell-Deering, 1998). Although each family is different and their reactions to the news of their child born with a CLP may vary, educators must be aware of and take into consideration this potential obstacle that a child born with CLP may have faced early in his or her life.

Psychological Issues

It seems logical to assume that children born with CLP might have some general psychological problems due to factors such as frequent hospitalizations, separation from family and friends, and issues with speech and self-perception (Edmondson & Reinbartsen, 1998). Lansdown (1990) spoke to that assumption by pointing out "...common sense tells us that anyone with a severe or indeed a mild facial deformity, should have some kind of psychological hang-up and added to that a speech defect, then they are well on the way towards emotional disturbance from birth" (p. 448). Research tells us there are some common social characteristics a child born with CLP develops, which will be discussed in the following section, but most children in the early childhood range of birth to eight do not show the major psychological

problems that one might expect. In fact in the study conducted by Tobiasen and Hiebert (1984), where 41 children ages 2-12 with CLP in an experimental group and 41 children ages 2-12 without CLP in the control group showed similar behaviors that were not indicative of children with major psychological problems.

Social Issues

Although most research showed no major psychological problems in children born with CLP, Chapman (1998), Slifer, Amari, Diver, Hilley, Beck, and Kane (2004), and Endriga and Kapp-Simons (1999) suggested these children have common differences in social competence. Chapman (1998) studied the conversational skills of preschool and school-age children with cleft lip and palate and found that, "...children with cleft lip and palate may show a less assertive style of conversational participation" (p. 504). This means that a child born with CLP may be less likely to begin or continue a conversation with another child. Children born with CLP have a tendency toward isolating themselves and "...responding less often to specific questions from peers" (Slifer et al., 2004, p. 181). Children with CLP go into a *self-protective* pattern of shyness to minimize peer rejection. This shyness seems to be due to their speech difficulties, and there is even some suggestion that this shyness stems from the parental treatment in the early years of childhood (Endriga & Kapp-Simon, 1999). Shyness seems to be the most common challenge that children with CLP tend to have. Obviously, some children with CLP may have other behavioral difficulties, as each child is unique to his or her environment and genetic makeup.

Misconceptions Regarding Children with CLP

Parents' Misconceptions

There are some common misconceptions families of children born with CLP may have about their children that may influence their children's schooling and social skills. "The attitudes, expectations, and degree of support shown by parents are likely to have an enormous influence

on a child's perception of their cleft impairment" (Turner, Rumsey, & Sandy, 1998, p. 407). A family who deals positively with the issues that accompany CLP may have a child who does not realize they are different from other children and may not have a negative sense of self that has led to problems with self-esteem (Krueckeberg, Kapp-Simons, & Ribordy, 1993). On the contrary if a child's family focused more on the negative aspects of the child's cleft and negatively focused on all the obstacles that their child must face, that family may have a child who views him/herself as very different from other children in a negative way. This negative view can, in turn, lead to a negative sense of self and poor self-esteem.

A large majority of parents with children born with CLP were very protective of their children. Some of this overprotection stemmed from misconceptions the parent has about his or her own child. Warschausky, Kay, Buchman, Halberg, and Berger (2002) explained, "Parents of children with CLP may believe that their children are especially fragile or vulnerable which leads to anxiety in parents" (p. 413). Slifer et al. (2004) found that "...children with oral clefts on average were rated by their parents to be significantly less socially competent" (p. 182). Parents were also found to see their children with CLP as aggressive and emotionally upset (Endriga & Kapp-Simons, 1999). All of these perceptions were solely based on the parents' opinions. In contrast, when interviewed, a majority of children in the early childhood age range felt they were similar to their peers in regards to liking themselves, working hard, being leaders, and having friends (Endriga & Kapp-Simons, 1999).

Parents also tended to tolerate misbehavior more often from children born with CLP. This tolerance could be based on the family's vision of this child being more fragile and on the family feeling sympathy for the child (Turner, Rumsey, & Sandy, 1998). If children experience different expectations at home than at school or in a social setting, they can become confused as they are trying to learn social skills. As children with CLP grow and mature they may be influenced most

by the expectations and ideas their parents have about them.

Teachers' Misconceptions

Not only did parents have some misconceptions about children with CLP, but teachers also tended to have misconceptions about these children. Because of the physical and social characteristics associated with CLP, some teachers revealed that they had different expectations and attitudes towards children born with CLP than those born without. One misconception teachers had is that they tended to "…underestimate the IQ of bright children with clefts" (Lansdown, 1990, p. 449). Pillemer, Francine, and Cook (1989) found that "…teachers perceived 40.9 percent of children with CLP performed below their ability level" (p. 125). This misconception is likely based on the tendency for a child born with CLP to be shy because "…shyness is associated with more asocial behavior, frequent need for additional teacher attention, and lower perceived competence" (Coplan & Armer, 2005, p. 29). A teacher may perceive the continuous need for additional teacher assistance to be because of the child's lack of knowledge when it is more likely due to the child's need for frequent positive feedback and encouragement. In regards to intelligence, children born with CLP have not been found to have lower IQs than their peers (Coplan & Armer, 2005). Educators can play a big role in helping children born with cleft lip and palate to be successful. The following paragraph will help outline what educators can do.

Educators' Role

Children born with CLP have the obstacles to overcome, including potential affects of poor initial bonding, misconceptions of teachers and parents, and their tendency to be very shy. With these obstacles in mind, the question becomes: what can educators do in the classroom to encourage these students' academic and social development?

Guidelines for Teachers

Supporting Families

Teachers can begin with supporting families. Teachers should be aware of the potential for parents' anxiety about their child's school performance. Teachers must also keep in mind the misconceptions the parents may have about their child and offer examples, and resources, if possible, to help disprove these misconceptions. When meeting with parents of children born with CLP, teachers should refer to the child's ability to be independent and successful in the classroom. This may help the family feel less anxiety and remind the family of the child's need for success with independence.

Teachers should emphasize to parents there will be consistency of consequences for behaviors in the classroom. This will help parents understand that even though their responses to the behaviors of their child with CLP may be lenient, consequences for poor behavior will be the same for each and every child in the classroom.

Teachers must be accepting of the child's current physical appearance and should not constantly refer to future surgeries to correct the child's deformities. These kinds of comments can make parents feel as if a teacher is not accepting of their child the way he/she is. Richman (1983) stated that if children are constantly looking forward to the change that will occur from a future facial surgery, they will be creating a sense of dissatisfaction with themselves.

Avoiding Misconceptions and Mistreatment

According to the research of Lansdown (1990), Pillemer, and Cook (1989), and Coplan and Armer, (2005), there are misconceptions commonly associated with CLP that teachers can avoid such as inaccurate assumption of the child's abilities based solely on characteristics such as shyness and their need for frequent teacher assistance. They should avoid judging the child based solely on his/her facial disfigurement. They should have the same behavior and academic expectations they would have of a child born without CLP.

Teachers should promote self-efficacy in all children especially those born with CLP, so the child isn't constantly feeling as if he or she needs help and/or reassurance in everything he/she does. I have found in my teaching experience, if a child feels confident about his or her sense of self he/she may be able to try new learning experiences without the need for constant help and affirmation from the teacher.

Teachers should have no tolerance towards peers who are teasing a child with a cleft. Terms like, *birth defect* and *hare lip*, are not to be tolerated in the classroom as they are seen as derogatory terms and are a form of teasing (Collett & Speltz, 2006). All children will benefit if the child or parents of the child born with CLP were to educate other students about the child's CLP. The teacher can then help children accept and celebrate diversity by explaining how everyone is unique.

Helping with Shyness

Educators can also help a child with CLP in the classroom by assisting him/her in overcoming shyness. Ways teachers can do this include: (a) giving a child a job in the classroom, (b) pairing him/her up with a buddy who will encourage him/her to be more outgoing, and (c) encouraging the child to share during show and tell in a classroom setting where sharing is always set up to be a positive and safe experience emotionally. Encouraging the child in positive ways, such as reminding the child of the areas in which he/she excels, why he/she is a special child worthy of friends, and that teachers care for him/her at school also help to promote his/her self-esteem (Coplan & Armer, 2005).

Conclusion

Understanding a child with CLP is critical in helping this child be successful both academically and socially. It is important for teachers to facilitate positive and supportive traits in the classroom in the early childhood years. A child with CLP will achieve optimal outcomes if

educators take the time to understand and help children overcome common obstacles and misconceptions associated with CLP. "It is possible that cleft-related conditions alone are less of a negative factor than the combined effect of having a cleft and environmental variables" (Richman & Millard, 1997, p. 493), such as teacher misconceptions and parental misconceptions. Teachers can be role models for students, showing how all children are treated in regards to equality- no matter what their appearance may be. This world is made with everyone having unique characteristics; teachers must help students embrace these differences and enable each and every child to reach the awesome potential he/or she was meant to attain.

Chapter 4

Conclusions

Research has led me to many conclusions about children with cleft lip and palate (CLP) and their social and school struggles. Through the research of Kalland (1995), Collett and Speltz (2006), Tobiasen and Hieber (1984), Pillemer and Cook (1989), and Lansdown (1990), I found that children with CLP have some common obstacles such as struggles with initial bonding, and shyness. Shyness is the most common obstacle that challenges children with CLP when it comes to socialization and school. The article by Pillemer, Francine, and Cook (1989), showed the presence of some common teacher and parent misconceptions about the performance of children born with CLP. All of these challenges affect a child born with CLP and their social and school struggles.

Insights about Topic and Writing

Research revealed that the only common behavior among children born with cleft lip and palate is their tendency to be shy. Some children born with CLP may be shy because of their struggles with speech and/or their lack of early socialization opportunities as a young child due to their parents isolating them. "Shyness is associated with greater social withdrawal, lower self-perceptions and increased teacher attention" (Coplan & Armer, 2005, p.34). Shyness can affect their socialization skills and academics, but this was not shown to be any different than for children born without CLP who have the tendency to be shy. These children were not typically the initiators of interactions and conversations. They were not typically overzealous about answering questions and sharing in class. The research about this topic of children born with CLP and their shyness suggested that teachers and families deal with the shyness of the child born with CLP in the same ways recommended for dealing with any other child who has the tendency to be shy.

One interesting notion that surfaced during my review of research about children born with CLP was that in the beginning early childhood years, boys seemed to be more aggressive in their behaviors than girls; then in the later early childhood years, girls seemed to have more problems with their self esteem because of their appearance (Richman & Millard, 1997). These findings are something that could bear more research to learn whether these behaviors correlate with having CLP, or if these are common behavioral differences we see in every girl and boy. Much more research on these issues must be completed before one can make any generalizations about children born with CLP.

The main insight I gained about this topic was that children born with CLP do not have a large number of common social skills problems. Like all children, children born with CLP vary in their social skills. Being born with CLP does not mean that a child will have a predetermined way of behaving or succeeding in school settings because of CLP. This was demonstrated in many different research studies, but unfortunately the perceptions of parents and teachers were not informed by the research. Parents assume their child will have problems with socialization so they tend to actually hold their child back by talking for them, isolating them, and being overprotective. Teachers are also shown to have misconceptions about children born with CLP when it comes to their IQs and the reasoning behind the child's extra need for assistance. Pillemer, Francine, and Cook (1989) suggested that teachers assume these children are less capable than they actually are. Students born with CLP were not challenged as often and yet were testing higher than the teachers believed they were capable of doing. The negative perceptions teachers have about their abilities can be devastating to the school progress of a child born with CLPs.

Recommendations

Based on the research conducted, it seems teachers and parents need to become aware of

their own misconceptions and ensure they have facts directing their decisions for children born

with CLP instead of assumptions. Rather than assuming that children with CLP cannot achieve at

the same levels as other children, teachers should assume children with CLP are just as capable

as students born without CLP. If shyness seems to lead to social struggles for a child born with

CLP in their classroom, a teacher should help the child the same way he or she would help all

other shy children. It seems teachers should also be understanding of the families of children

born with CLP and their struggles in dealing with initial bonding problems, surgeries,

misconceptions of their own, and their fear of their child being treated differently. It may help if

teachers make an effort to get to know these common family struggles and work with parents and

their children in order to help families believe that school will be a positive experience. As with

every child, children born with CLP will have their own issues. A teacher must not let

herself/himself have preconceptions about a child born with CLP before getting to know the

child and his or her family.

As an early childhood teacher I have learned the importance of the early childhood years.

Parents of children born with CLP need to remember that children's early childhood years are

very crucial to development. Experience in an early childhood setting has helped me know that

parents need to try to provide a normal environment for these children and should do their best to

treat their child as normal as possible. As with all children providing social opportunities for

children born with CLP is crucial for their development of self and how to work along with

others. Parents need to learn about early childhood development and work hard not to make

assumptions that their child will be any different than other children without CLP. If parents

assume their child can be the same as all other children they may be a little less protective and

provide the social opportunities all children need. Parents also need to remember there is help

available in attaining this perspective. They can research local schools and see what assistance

their child can receive with speech and/or any other problem the parent has noticed about their child's social or academic skills. There are support groups and support websites that these families can turn to that will help them deal with the issues that are common among families of children with CLP. All of these avenues of help I, as a parent of a child with CLP, have researched and used to help me in the process of rearing my son.

Future Writing/Research

Additional research is needed about children born with CLP and their common socialization skills and academic struggles. Research studies I reviewed are outdated; additional research that addresses issues and problems of our current society could prove helpful to teachers and parents. There has been a massive positive growth in the knowledge of plastic surgeons who repair cleft lip and palate. Even children born with CLP 10 years ago will look different after surgery than children born with CLP today. Medical advances have reduced scarring and have produced better results for children born with CLP. There are also many educational programs provided for children with learning challenges, such as speech. Parents have access, as early as the day of a child's birth, to resources that can support families of children born with CLP.

Current research would also be helpful because society as a whole has changed in regard to dealing with differences of others. The transition to more inclusive practices has led to children becoming more accepting of differences; classmates may not even notice a child who has scarring from having surgeries to repair CLP. There also seems to be an increase of students coming into preschool with speech difficulties, which would affect the research because children with CLP would not stand out with their speech issues as much as in the past.

Teachers are also better educated to provide an overall equitable education to all students in their classrooms. Hopefully, the misconceptions about students with differences are not as prevalent as they were in the past. Current research may reflect this difference among teachers.

Educational Practices of Self and Others

After doing this research I have learned many things from what I have read. I have learned to be careful of the misconceptions I may have when a child born with CLP enters my classroom. I have a new understanding about the struggles of families of children born with CLP and how to deal with these struggles. Overall I am happy to report that research does not suggest that children born with CLP have as many problems with socialization and academics as I thought they would have. This is positive information I can take to my school district and classroom in order to help other teachers and families to understand students with CLP better.

Teachers can use this information to be better teachers of children born with differences. Teachers should not make assumptions that children born with differences, such as CLP, will be any different than their other students. If teachers have the same expectations of students born with CLP as they do other students, they may see these children as successful as other children in their classroom. Teachers are also role models for their students; teachers can demonstrate how to treat children with CLP the same as all other children. In this way, teachers are showing students that differences are not negative and should not hold any child back in either academics or socialization.

Parents of children born with CLP can use this information to help alleviate their worries that their child will never be normal. In fact, research has shown that their child can be just as successful in academics and socialization skills as any other child. Parents can help teachers in understanding there are some misconceptions teachers can have about children with CLP and that they should expect the same behaviors and achievement from their child as all other children. Many parents experience extensive sadness and feelings of loss when learning their child has CLP. After learning their children are likely to be *normal* in regard to academics and socialization skills, they can realize that they have, like all other parents, a beautiful gift of a

child that came in a unique box.

References

Chapman, K. (1998). Conversational skills of preschool and school age children with

    cleft lip and palate. *The Cleft Palate-Craniofacial Journal, 35*(6), 503-516.

Collett, B., & Speltz, M. (2006). Social-emotional development of infants and young

    children with oralfacial clefts. *Infants and Young Children, 19*(4), 262-291.

Coplan, R., & Armer, M. (2005). Talking yourself out of being shy: Shyness, expressive

    vocabulary, and socioemotional adjustment in preschool. *Merrill-Palmer Quarterly, 51*(1),

    20-41.

Edmondson, R., & Reinbartsen, D. (1998). The young child with cleft lip and palate:

    Intervention needs in the first three years. *Infant and Young Children, 11*(2), 12-20.

Endriga, M., & Kapp-Simons, K. (1999). Psychological issues in craniofacial care: State of the

    art. *Cleft Palate-Craniofacial Journal, 36*(1), 3-11.

Kalland, M. (1995). Psychosocial aspects of cleft lip and palate: Implications for parental

    education. Unpublished doctoral dissertation, University of Helsinki, Finland.

Kapp-Simons, PH.D, K. (1986). Self-concept of primary-school age children with clef lip,

    cleft palate, or both. *Cleft Palate Journal, 23*, 24-27.

Kish, V. & Lansdown, R. (2000). Meeting the psychosocial impact of facial disfigurement:

    Developing a clinical service for children and families. *Clinical Child Psychology and*

    Psychiatry, 5(4), 497-511.

Krueckeberg, S., Kapp-Simon, K., & Ribordy, S. (1993). Social skills of preschoolers with and

    without craniofacial anomalies. *Cleft Palate-Craniofacial Journal, 30*(5), 475-481.

Lansdown, R. (1990). Psychological problems of patients with cleft lip and palate:

    Discussion paper. *Journal of the Royal Society of Medicine, 83*, 448-450.

Merriam-Webster Online Dictionary. (n.d.). Retrieved April 14, 2008, from

    http://www.merriam-webster.com/dictionary/cleft+lip

Merriam-Webster Online Dictionary. (n.d.). Retrieved April 14, 2008, from

    http:/www.merriam-webster.com/dictionary/cleft+palate

Perry, B., Czyzewski, D. I., Lopez, M., Spiller, L.C., & Treadwell-Deering, D. (1998).

    Neuropsychological impact of facial deformities-neurodevelopmental role of the face in

    communication and bonding. *Clinics in Plastic Surgery, 25,*587-597.

Pillemer, F. G., & Cook, K. V. (1989). The psychosocial adjustment of pediatric craniofacial

    patients after surgery. *Cleft Palate Journal, 26*(3), 124-131.

Richman, L. C. (1983). Self-reported social, speech, and facial concerns and personality

    adjustment of adolescents with cleft lip and palate. *Cleft Palate Journal,* 20, 108-112.

Richman, L. C., & Eliason, M. (1982). Psychological characteristics of children with cleft

    lip and palate: Intellectual, achievement, behavioral and personality variables. *Cleft Palate*

    Journal, 19, 249-257.

Richman, L., & Millard, T. (1997). Cleft lip and palate: Longitudinal behavior and

    relationships of cleft conditions to behavior and achievement. *Journal of Pediatric*

    Psychology, 44(4), 487-494.

Slifer, K., Amari, A., Diver, T., Hilley, L., Beck, M., Kane, A., et al. (2004). Social

    interaction patterns of children and adolescents with and without oral clefts during a

    videotaped analogue social encounter. *Cleft Palate-Craniofacial Journal, 41*(2), 175-184.

Speltz, M. L., Endriga, M. C., Frisher, P. A., & Mason, C. A. (1997). Early predictors

    of attachment in infants with cleft lip and/or palate. *Child Development, 68,* 12-25.

Tobiasen, J. M., & Hieber, J. M. (1984). Parents' tolerance for the conduct problems of the

    child with cleft lip and palate. *Cleft Palate Journal, 21,* 82-85.

Turner, S. R., Rumsey, N., & Sandy, J. R. (1998). Psychological aspects of cleft lip and palate.

European Journal of Orthodontics, 20, 407-415.

Warschausky, S., Kay, J., Buchman, S., Halberg, A., & Berger, M. (2002). Health-related

quality of life in children with craniofacial anomalies. *Children with Craniofacial*

Anomalies, 110(2), 409-414.

Appendix A

Young Exceptional Children Journal Submission Requirements

Manuscript Submission Guidelines:

Manuscripts should be submitted electronically to Carla Peterson, Dept. of Human Development & Family Studies, Iowa State University, 51A LeBaron Hall, Ames, IA 50011; e-mail: carlapet@iastate.edu. Manuscripts must be prepared in accordance with the American Psychological Association (APA) guidelines and must not exceed 15 typewritten, double-spaced pages (12-point font.). The manuscript should include a cover page with the authors' full names, professions degrees, addresses, phone numbers, and e-mail addresses. Authors submitting manuscripts to the journal should not simultaneously submit them to another journal, nor should manuscripts have been published elsewhere in substantially similar form or with substantially similar content. Authors in doubt about what constitutes prior publication should consult the editor. Subject Areas: Education | Special Education/Special Needs | Psychology