



# Including Children with Mental Retardation in the Religious Community

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- **Children in a Sunday School class are busy packing food into boxes to distribute to low-income families.**
- **Young adults in a Hebrew class visit a homeless shelter to help out in various activities.**
- **Teenagers find joy in a handbell choir, performing at many community concerts and churches at holiday time.**



Activities like these can be meaningful for *all* children and adults—but particularly for people involved in inclusive religious education programs. Although intentions may be good, the religious community sometimes engages in practices that result in segregation, such as having separate classes for persons with disabilities, furnishing modes of transportation not used by people without disabilities, or setting aside a special seating section of the worship service for people with disabilities.

This article describes some practical strategies and engaging activities community members can use to promote inclusion in religious programs (see box, “What Does the Literature Say”).

## **A Conference on Inclusion**

In an effort to educate religious communities in more inclusive practices, groups of interested people across the United States have been conducting local ecumenical conferences through the guidance of an organization centered in Washington, D.C., called “That All May Worship” (TAMW). This organization provides materials and guidelines (e.g., Davie & Thornburgh, 1997; Rife & Thornburgh, 1996) to those who are interested in conducting such a conference. The guidelines require that each conference be a grass-roots effort

that involves people with disabilities across the community’s religious groups in planning, local fund raising, and implementation.

Table 1, page 54, presents an example of a TAMW conference that was held in Lexington, Kentucky, in April 1999. As part of this conference, a group of four parents and educators presented a session entitled “Including Children with Disabilities in Religious Education.” Each of the speakers had expertise in one of the following areas: (a) moderate/severe retardation, (b) sensory impairments, (c) seizure disorders, and (d) learning and behavior disabilities. The purpose of the presentation was to provide guidelines for including students with disabilities in religious education programs (e.g.,

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## What Does the Literature Say About Inclusion— Outside the School Setting?

Inclusion of students with disabilities is considered “best practice” in special education (Sailor, Gee, & Karasoff, 2000). Here are some benefits of inclusion:

- ◆ Inclusion allows students to learn and practice skills in the settings where those skills are needed, thus increasing generalization.
- ◆ It allows students with disabilities to have access to same-age peers as role models and as partners in interactions, thus facilitating the development of appropriate language and social skills.
- ◆ It allows students with disabilities the opportunity to develop friendships that may continue outside of the educational setting, thus building a community support group.
- ◆ It allows students without disabilities to see students with disabilities as having value and abilities that might go unnoticed in a segregated setting, thus decreasing some of the social stigma that may be associated with having a disability.

To facilitate inclusion outside of the school setting, community-based instruction (CBI) is a widely used approach in the education programs of many students with mental disabilities (Browder & Bambara, 2000). Schools are learning how to make this practice more normalized by including peers without disabilities in CBI experiences (Beck, Broers, Hogue, Shipstead, & Knowlton, 1994). This practice allows students to engage in activities together, such as shopping for school projects, ordering food on field trips, or working on service projects (e.g., volunteering at a community library or nursing home). As students with mental disabilities grow older, transition activities continue to provide them with opportunities to participate in community settings (e.g., inclusion on college campuses or in employment settings) with same-age peers (Hall, Kleinert, & Kearns, 2000).

In addition to the inclusion efforts made by school systems, many community activities may be accessed only through parent or family involvement. These activities include participating in such activities as sports, scouting, or worship (Bernabe & Block, 1994; Gallagher et al., 2000).

Family involvement in the religious community may be especially advantageous because it offers a support group for the family, as well as opportunities for inclusion in its activities (e.g., religious education programs, membership suppers, youth groups, field trips, summer camps, weekend retreats, worship services). Families may find the religious community to be a source of transportation, respite, emergency funding, and social relationships. Data show that families who have religious ties tend to have better coping skills in dealing with the added stress often present when children have disabilities (Todis & Singer, 1991).



Because religious education programs often depend on volunteers to teach classes to children, teachers in religious education programs may or may not have a background in education or experience with children with disabilities. With a little extra effort, however, teachers in religious education programs can adapt practices to better accommodate students with mental disabilities that will benefit all children in the class. In addition, they can use simple strategies to work with families and classroom peers without disabilities to enhance inclusion.

### Overall Strategies for Including Children with Mental Disabilities

Several general strategies can be beneficial when religious education programs plan to include students with mental retardation or other disabilities. First, the leaders of religious education programs can adopt the policy that all students with disabilities are included in classes that serve students of the same age. This enables children to form friendships in the religious education program that may carry over to activities (e.g., school, sports) outside of the religious community.

Second, volunteer teachers can present the content of each lesson in a way that is meaningful and shows application to everyday life (e.g., performing acts that show compassion). This strat-

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Sunday school, confirmation classes, Jewish religious school).

The main focus of this article is to present the guidelines developed by the presenter who spoke about including children with mental disabilities.

Because children with mental retardation may have secondary disabilities, we have included guidelines developed by the other presenters in Table 2, page 55. The presenters based their guide-

lines on the underlying assumption that all children should have equal access to full inclusion in religious education programs, regardless of their faith or their disability. It is our hope that readers of this article will share the guidelines presented here with their religious communities to increase the inclusion of children with disabilities in religious education programs.

**Table 1. Overview of a Local TAMW Conference**

<b>Questions</b>	<b>Answers</b>
<i>Who was involved in the conference?</i>	Clergy, laity, students, people with disabilities, and interested people both conducted and attended the 1-day conference. People with disabilities included those with physical disabilities, mental retardation, mental illness, visual impairments, and hearing impairments.
<i>Why was the conference held?</i>	The goals of the conference were to raise an awareness of, and seek solutions to, disability and accessibility issues in the context of faith communities.
<i>What was the cost to attend the conference?</i>	Fees were \$20 (\$15 for students) for preregistration and \$25 (\$20 for students) for on-site registration. Fees covered lunch, coffee breaks, and published materials.
<i>What was the cost to conduct the conference?</i>	The expenses for conducting the conference totaled approximately \$10,000. Funding came from registrations and local faiths that sponsored the conference in return for free registrations. Major expenses included the fee for the keynote speaker, the duplication and mailing of materials, books for participants, and food and drinks for breaks and lunch. The conference site and audiovisual equipment were donated.
<i>Where was the conference held?</i>	The conference was held in a centrally located church that was fully accessible. The planners made accommodations for those with physical, sensory, or dietary needs (e.g., interpreter, Braille material, special meal, assistive listening device, wheelchair accommodations).
<i>How was the conference publicized?</i>	To publicize the conference, the planners used the following sources to make contact with people or groups: (a) friends and friends of friends, (b) yellow pages of telephone book under churches, (c) known contacts in local faiths (e.g., staff and members), (d) regional offices of various faiths, and (e) disability organizations (e.g., TASH, Arc). In addition to the mailing of brochures, the conference received publicity through newspaper articles, radio interviews, and television appearances. Several instructors suggested attendance as an outside class activity for students in related higher education courses at several institutions, and several committee members made announcements or wrote notices to members of their own faiths.
<i>What was the conference format?</i>	The conference opened at 8 a.m. with ecumenical worship and a keynote address by a nationally noted professional in religious inclusion. Breakout sessions on special topics were presented prior to and following lunch. The conference closed at 5 p.m. following a panel discussion (i.e., keynote speaker, disabilities professional, person with disabilities) and an interfaith worship service (e.g., music, devotional) conducted by people with disabilities across faiths.
<i>What topics were included in the breakout sessions?</i>	Participants could attend two 1-hour workshops on the following topics: (a) increasing physical accessibility, (b) changing attitudes, (c) ministering to an aging population, (d) improving sensitivity, (e) involving people with disabilities in lay ministry, (f) including children with disabilities in religious education, (g) understanding disability in scripture and theology, (h) becoming an advocate for change, (i) mobilizing congregations in crisis situations, and (j) communicating with people with mental illness.
<i>How many people participated in planning the conference?</i>	People involved in planning the conference worked through (a) a worship committee, (b) a program committee, (c) an arrangements committee, and (d) a finance committee. Of the 34 people involved in planning, 15 either had a disability or had a family member with a disability (i.e., physical disability, 6; visual impairment, 3; mental disability, 3; and parent of child with disability, 3). Many of the other committee members were active as professionals that focused on a disability area.
<i>How many people participated in conducting the conference?</i>	Of the 39 people involved in conducting the conference, 10 had a disability. There were 22 who spoke in a session (6 with a disability), 8 who led worship (3 with a disability), 4 who conducted registration (1 with a disability), 3 who secured equipment, and 2 who helped with meal preparation. In addition, a handbell choir from a supported living residence for people with mental disabilities provided music.
<i>How many people attended the conference?</i>	The conference was attended by 122 people, representing 30 different churches or synagogues across several faiths (e.g., Catholic, Protestant, Jewish).

*Note:* TAMW = "That All May Worship"—the conference theme.

**Table 2. Guidelines for Including Children with Hearing or Visual Impairments, Seizure Disorders, or Learning and Behavior Disabilities in the Religious Education Program**

<b>Children with Hearing Impairments *</b>	<b>Children with Visual Impairments *</b>	<b>Children with Seizure Disorders</b>	<b>Children with Learning and Behavior Disabilities</b>
Position the child near the front of the classroom to facilitate in reading as well as working with an interpreter.	Carefully arrange furniture to ease the children's movement. Keep all drawers and closets closed. Continually remind other children of the importance of keeping the floor clear of debris and furniture in the proper place.	Inquire from a knowledgeable source (e.g., family) what to expect if the child should have a seizure. Learn the signs of the types of seizures you could expect and develop an action plan with the family so you will be prepared should a seizure occur.	Find books for children that do not emphasize academics (e.g., music opportunities, puppet troupes, and artistic endeavors) and that heighten their involvement and increase their ability to serve within the religious setting.
Ask peers to take notes for the child. Both children who use sign language and children who lip-read miss information when they look down to write notes.	Discuss with the child and parents possible nonoptical aids. Examples include visors, highlighted paper, and nonglare glass.	Have a method to get assistance, if necessary. Know who in the building can give you help should you need it. Have a phone available in the class and important telephone numbers within easy access.	Involve adult mentors who are willing to recognize the child's individuality and spend time to encourage them; their interest helps sustain involvement in the faith community.
Use an overhead projector rather than turning your back to the child while using a white (or chalk) board.	If the child reads Braille, order materials well in advance. Consider borrowing a Kurzweil reader or other print-reading program from the school system.	If you are going to be on a trip, be sure to know what you need to take with you (e.g., medications, change of clothing, telephone numbers) to be adequately prepared for any situation that might arise.	Avoid situations that emphasize the learning disability (e.g., reading aloud). Plan lessons and activities that enable children to save face in front of their peers.
Avoid sunlight glare. Steady, low light will enhance a child's ability to lip-read.	Collaborate with parents since each child is unique.	Educate the members of the class as to what they might expect to see or hear during a seizure, but work with the family to assure that you do not breach any issues of confidentiality. Children may ask pointed questions that can open the opportunity for communication and break barriers caused by fear.	Be prepared to teach, in a positive manner, socially appropriate behaviors. Children with learning and behavior disabilities may not attend to social cues and may misinterpret certain social situations. Provide direct, but private, guidance offering an alternative solution for a specific situation.
Collaborate with parents because each child is unique.	[no data this cell]	Treat each child with respect and dignity.	Find a way to highlight a child's skill or talent. This enables the child to gain status with peers and be recognized by adults.

\*From *Teaching Exceptional, Diverse, and At-Risk Students in the General Education Classroom*, by S. Vaughn, C. Bos, and J. Schum, 2000, Boston: Allyn & Bacon. Copyright 2000 by Allyn & Bacon. Adapted with permission.

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**All children should have equal access to full inclusion in religious education programs, regardless of their faith or their disability.**

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egy enables children with mental retardation to apply religious practices in their daily life even when they fail to understand abstract concepts.

Third, teachers can present lessons using a hands-on approach. Instead of emphasizing round-robin reading and worksheets, teachers can present lessons through oral presentations; activities that center on art, music, and drama; and physical activities and games. This strategy enables children with disabilities to demonstrate their abilities and remain actively engaged in the lesson.

Fourth, teachers can brainstorm multiple ways to reach the same outcome. Options for reading a lesson might be listening to a teacher or a peer read the lesson or tell it; listening to a tape-recording; or watching a videotape. Options for writing answers to questions might be dictating answers to a peer or class helper, tape recording an answer, or illustrating the answer through a drawing or project. This allows children with disabilities to participate in the same lesson presented to their peers.

Fifth, the use of cooperative learning as a method of instruction enables all children to participate in a way that focuses on their abilities instead of their disabilities and enhances opportunities for interactions that may lead to continuing friendships. Cooperative learning activities allow children to work together on activities, such as creating bulletin boards, staging plays, writing newsletters, or engaging in mission activities (e.g., putting together “care packages” for homeless centers or hospitals).

With an inclusive program in place, teachers also may find the following specific instructional strategies helpful

in working directly with a child with mental retardation. First, secure a child’s attention before beginning a lesson or activity. You can do this by touching the child or calling the child by name and asking for a response that demonstrates attention is secured (e.g., eye contact, verbal response). Second, use a teaching strategy that allows the child to respond as independently as possible. One strategy that researchers have shown to be an effective way to teach children with mental disabilities is the system of least prompts (Wolery, Ault, & Doyle, 1992). This procedure involves the following sequence of steps:

1. Tell the child what you want done, and pause for a response.
2. If this does not work, show the child what you want done by modeling, and pause for a response.
3. If this does not work, physically help the child complete what you want done.

When using any system of prompts, praise all responses or attempts to respond (e.g., “I am so glad you gave that answer.”). Finally, clarify all of the child’s responses (e.g., interpret signs, restate answers).

In addition to these guidelines, teachers should note that specific strategies for including children with mental retardation vary according to the severity of the disability and the children’s chronological age.

#### **Strategies for Including Children with Mild Mental Retardation**

Teachers can teach children with mild mental retardation in much the same manner as they teach students without disabilities, although the teacher should be sensitive to the child’s disability (e.g., not drawing attention to a child’s poor reading or writing skills.). Instead of calling on children with mild retardation to perform an academic skill, it may be best to allow them to volunteer. In lieu of focusing on disabilities, teachers can be proactive by focusing on a child’s abilities (e.g., asking an artistic child to illustrate lessons). Cooperative group strategies have the advantage of allowing children to work in groups where they can use their abilities and

help one another achieve goals (e.g., read to each other, write group answers to questions); (Johnson & Johnson, 1986).

#### **Strategies for Including Children with Moderate Mental Retardation**

For children with moderate mental retardation, the teacher can simplify content delivery, putting difficult concepts into simple words or illustrating concepts with real-life examples. Abstract concepts should be avoided. For example, the concept of God may be difficult to grasp, but the love of a parent is real. Hands-on activities allow a child to participate in a class, even when their academic skills are not equal to their peers; teachers can imbed these activities in most lessons (e.g., assembling a mission packet for children in other countries).

#### **Strategies for Including Children with Severe to Profound Mental Retardation**

Children with severe to profound mental retardation may not have the cognitive ability to understand even the most simple of lessons taught to their peers, but they still can experience love and inclusion. Adaptations may enable a child to be included to a greater degree. By observing the “principle of partial participation” (Ferguson & Baumgart, 1991), the teacher can ensure that children are a part of each class regardless of their understanding of the lesson content. For example, a child with multiple disabilities may not be able to participate in the singing of a song but may be able to press a switch to begin the playing of the accompanying music on a tape player. Teachers should try to provide a variety of ways for a child with

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multiple disabilities to participate and to respond (e.g., sign language, augmentative communication device, physical gesture).

### Strategies for Inclusion of Older Students with Mental Retardation

Including older students with disabilities in religious education programs may present additional challenges. Just as a successful transition to the work community is a goal of the school system, the goal of religious education programs should be the successful transition of students with disabilities to the religious community. Thus, teachers in religious education programs should work with families to involve their children in activities like church choirs, mission experiences, scripture or book study groups, youth groups and activities, and volunteer activities that result in interactions with members of their faith that can continue into adulthood.

### Strategies for Preparing Students Without Disabilities

Teachers can prepare students without disabilities in religious education programs to be more inclusive. Strategies include the following:

- Teaching students that we are all unique creations.
- Teaching students that we all have abilities.
- Teaching students that we each learn in different ways.
- Teaching students that inclusion offers a way for us to show our love for each other.
- Modeling the behavior we expect from our students.
- Encouraging the development of friendships through peer tutoring relationships.

### Strategies for Working with Families

To increase the chances for successful inclusion, teachers may find it beneficial to talk with the parents or family members of children or adults with disabilities who will be participating in a religious education program. The following are helpful questions to discuss:

- Does the family member with a disability have any medical needs that the teacher should know about?
- Is the family member on any medication that should be known?
- Does the family member use any adaptations (e.g., communication, motor movement)?
- How should the teacher and other program leaders handle inappropriate behavior?
- What instructional strategies have or have not worked in the past?

### Final Thoughts

The purpose of this article is to provide a rationale for including children with disabilities in the religious community and to provide guidelines for including children with mental retardation in religious education programs in particular.

Teachers who work to include students with mental retardation, learning disabilities, and other disabilities in religious education programs may want to consider several points as they develop an inclusive philosophy:

- Ask yourself how you experience your faith and stress those ways to your students. If a teacher experi-

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**Alternatives to writing answers to questions on a worksheet might be dictating answers to a peer or class helper, tape-recording an answer, or illustrating the answer through a drawing or project.**

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ences faith through the rebirth of spring, chances are that planting flowers with a class is a good way to convey that experience.

- Remember that parents often need respite from their children to replenish their own spiritual needs. Encourage parents to take a break from the demands of parenthood to enjoy interactions with other adults instead of being on call in the religious education program.
- Remind yourself that children with mental retardation are included in the educational system because it is the law. These children, however, are not required by law to be included in the religious community. We should do that because we love and accept them.

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**Ecumenical conferences called "That All May Worship" (TAMW) may help religious communities promote inclusive programs. Teachers need to be sensitive to the feelings of children or adults with mental retardation by not drawing attention to his or her poor reading or writing skills.**

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