

1427 1426

الإهداء

إلى والديّ الكريمين....

إلى إخواني

وأخواتي

وأصدقائي

شكر وتقدير

أتوجه بالشكر والتقدير إلى الأب الحاني الذي أفادني من علمه الجم، وأرشدني طريقة البحث العلمي الصحيح، وتحمل كل تعب ومشقة في سبيل إنجاح هذا العمل .

إلى أستاذي الدكتور عبد الحفيظ سعيد مقدم ، المشرف على هذا البحث، كما أتقدم بوافر الشكر إلى السادة أساتذتي في جامعتي الحبيبة جامعة نايف العربية للعلوم الأمنية.

وإلى جميع من وقف إلى جانبي من قريب أو بعيد لإخراج هذا العمل إلى حيز الوجود.

الباحث/ عبد الله بن عبد العزيز بن فهد العسرج



نموذج رقم (26)

:

:

:



/. . . :

:

.. 1

.. 2

. 3

2006 -5 -22 - 1427 -4 -24 :

:

:

:

:

:

-1

-2

-3

-1 :

-2

()

:/ :

()

()

()

()

()

()

:

:

()

:

- 1- وجود فروق ذات دلالة إحصائية بين القياسين القبلي والبعدي على المشكلات السلوكية ككل لذوي متلازمة داون عند مستوى الدلالة (0,0001) .
- 2- وجود فروق ذات دلالة إحصائية في سلوك (الثرثرة) بين القياسين القبلي والبعدي في المشكلات السلوكية لذوي متلازمة داون عند مستوى الدلالة (0,0001) .
- 3- وجود فروق ذات دلالة إحصائية في سلوك (الصراخ) بين القياسين القبلي والبعدي في المشكلات السلوكية لذوي متلازمة داون عند مستوى الدلالة (0,0001) .
- 4- وجود فروق ذات دلالة إحصائية في سلوك (التهديد) بين القياسين القبلي والبعدي في المشكلات السلوكية لذوي متلازمة داون عند مستوى الدلالة (0,0001) .
- 5- وجود فروق ذات دلالة إحصائية في سلوك (الاستهزاء) بين القياسين القبلي والبعدي في المشكلات السلوكية لذوي متلازمة داون عند مستوى الدلالة (0,0001) .
- 6- وجود فروق ذات دلالة إحصائية في سلوك (الضحك بدون سبب) بين القياسين القبلي والبعدي في المشكلات السلوكية لذوي متلازمة داون عند مستوى الدلالة (0,0001) .
- 7- وجود فروق ذات دلالة إحصائية في سلوك (الارتداء على الأرض) بين القياسين القبلي والبعدي في المشكلات السلوكية لذوي متلازمة داون عند مستوى الدلالة (0,0001) .



(27)

Department: Social Sciences

Specialization: Care and Rehabilitation

THESIS ABSTRACT MA PH.D

Thesis Title : Effectiveness of Using Symbolic Reinforcement Style in Controlling Behavioural Problems Related to the Down's Syndrome Category of the Women Charitable Promotion Society in Riyadh.

Prepared by : Abdullah bin Abdul Aziz bin Fahd AI-Asraj

Supervisor : Prof. Dr. Abdul Hafiz Saeed Muqaddam

Thesis Defence Committee

1-Prof. Dr. Abdul Hafiz Saeed Muqaddam

2-Prof. Dr. Saeed bin Abdullah bin Dabis.

3-Dr.Ahsen Mubarek Talib.

4-

Supervisor

Member

Member

Defence Date 24/04/1427.H Corrs . 22/5/2006

Research Problem :

Children falling within the category of Down's Syndrome reflect unusual typology of behaviour. Aggressiveness and damaging properties are some examples. In order to overcome such problems, it is feasible to apply reinforcement programs. Among the latter, symbolic reinforcement program is more congenial. It has already been applied and confirmed its success in some identical case studies. This prompts a question that will be addressed in the present study: To what extent the use of symbolic reinforcement style is effective in ensuring control over behavioural problems of persons falling in the Down's Syndrome category?

Research Importance

The present study carries bi-dimensional importance - theoretical and applied. In essence, it is important for the following reasons:

1. It will evaluate the effectiveness of symbolic reinforcement style in ensuring control over behavioural problems for persons falling in the Down's Syndrome category.

2. The application of symbolic reinforcement style will benefit teachers - males and females - working in special education area.

3. It will offer some recommendations on the role played by the symbolic reinforcement style in lessening behavioural problems encountered by persons of Down's Syndrome category.

Research Objectives The present study will strive to attain the following objectives:

1. Identification of the relative effectiveness of using symbolic reinforcement style in ensuring control over behavioural problems for persons belonging to Down's Syndrome of Women Charitable Promotion Society in Riyadh; and
2. Identification of variance, if any, in behavioural problems based on personality variables - age; level of reading; level of accountability; and competence in sign language.

Research Hypothesis/ Questions *The present study addresses the following questions:*

1. Is there any variance between pre-assessment application and post-assessment application on behavioural problems of the experimental group? .
2. Is there any variance between two applications- pre-assessment and post-assessment on the talkative behaviour of the experimental group?
3. Is there any variance between two applications- pre-assessment and post-assessment on the shouting behaviour of the experimental group?
4. Is there any variance between two applications- pre-assessment and post-assessment on the threatening behaviour of the experimental group?
5. Is there any variance between two applications- pre-assessment and post-assessment on the humiliating behaviour of the experimental group?
6. Is there any variance between two applications- pre-assessment and post-assessment on the laughing behaviour of the experimental group?
7. Is there any variance between two applications- pre-assessment and post-assessment on the behaviour related to throwing one self at the ground of the experimental group?
8. Is there any variance in behavioural problems based on personality characteristics - age; level of reading; level of accountability; and competency in sign language - of the experimental group?

Research Methodology

The present researcher has used empirical approach. Pursuant to this approach, he has employed dependent variables in the unusual behaviours of the children. He has also used independent variable. This is represented in symbolic reinforcement program. Finally, personality variables - age: level of reading; accountability level; competency in sign language - are tested in the present research as well

Main results: The present study offers the following findings of salience:

1. Variance of statistical evidence exists between two applications - pre-assessment and post-assessment - on behavioural problems of persons falling in the category of Down's Syndrome. The evidence level is (0.0001).
2. Variance of statistical evidence exists between two applications - pre-assessment and post-assessment — on talkative behaviour of persons falling in the category of Down's Syndrome. The evidence level is (0,0001).
3. Variance of statistical evidence exists between two applications - pre-assessment and post-assessment - on shouting behaviour of persons belonging to Down's Syndrome category. The evidence level is (0.0001).
4. Variance of statistical evidence exists between two applications - pre-assessment and post-assessment. on threatening behaviour of persons belonging to Down's Syndrome category. The evidence level is (0.0001).
5. Variance of statistical evidence exists between two applications - pre-assessment and post-assessment — on humiliating behaviour of persons representing Down's Syndrome category. The evidence level is (0.0001).
6. Variance of statistical evidence exists between two applications - pre-assessment and post-assessment - on absurd laughing behaviour of persons representing Down's Syndrome category. The evidence level is (0.0001).
7. Variance of statistical evidence exists between two applications - pre-assessment and post-assessment - on behaviour related to throwing one self at the ground of persons representing Down's Syndrome category. The evidence level is (0.0001).

1		
5 - 1	.....	:
5	.....	:
6 - 5	.....	:
7 - 6	.....	:
7	.....	:
9 - 7	.....	:
10		:
	:
12	.....	•
14 - 12	.....	•
16 - 14	.....	•
19 - 16	.....	•
23 - 19	.....	•
21 - 20	.....	•
22 - 21	.....	•
23 - 22	.....	•
23	.....	•
27 - 23	.....	•
38 - 27	.....	•
41 - 39	.....	•
43 - 41	.....	•

43	•
45 -43	•
47-45	•
57-47	•
61- 58	•
69-61	•
81-69	•
82	:
88-82	-1
91-88	-2
	-3
94 -91	
99 -95	:
100	:
101	
102-101	:
107-102	:
108-107	:
112-108	:
114-112	:
115	:
119-116	:
145-120	:

146		:
150-147	.....	:
151	.....	:
152	.....	:
162 -153	.....

16		1
29		2
57		3
59		4
104-103		5
106		6
109		7
110		8
116		9
117		10
118		11
119		12
120	(t)	13
121		14
124	(t)	15
125		16
127	(t)	17
128		18
130	(t)	19
131		20
133	(t)	21
134		22
136	(t)	23

137		24
139	(t)	25
140		26
141	) (	27
143	) (	28
144	()	29
145	) (	30

34		1
35		2
36		3
123	(1)	4
126	(2)	5
129	(3)	6
132	(4)	7
135	(5)	8
138	(6)	9
141	(7)	10

⋮ ●
⋮ ●
⋮ ●
⋮ ●
⋮ ●
⋮ ●

:

()

(Mental Retardation)

(Macmillan)

1900 (Ireland)

(Macmillan,1977)

(1960-1916)
Intelligence) (1949)
(Quotient,IQ
(70)

() ()

.(Macmillan,1977)

American Association For)

(Mental Retardation, AAMR

(3 1988)

Maston. et.al,)

(Koller, et.al, 1983)

(1984

(Gardner& Moffat, 1990)

(Hill,1989,p380-388) (%24 - %8.9)

(%70)

.(Clark, 1985)

:

-1

-2

-3

-4

-5

-6

:

-7

(

)

:

:

:

-1

.

-2

)

. (

:

:

:

:

-

-1

.

-2

:()

-

-1

-2

:

:

:(Down Syndrome)

-1

:

(21)

(47)

(46)

. (1999) .

:

)

:

:

. (1993

:

:

1407

1987

).

.(1426

:

:

. (1993)

:

)

(

:(Token Reinforcement)

-3

:

Suzler- Azoroff&) .

.(Mayer, 1977

:

:



:

:

-

.

-

-

.

.

:

:

(18)

:

.(AAMR,1992,p.5)

:

()

(%3)

()

.(Smith.D.& Lukasson.R,1992)

(Incidence)

(Prevalence)

)

. (96 1999

:

(Kirk.S. & Gallagher.j,1989)

(85)

(Heber,1983)

(%16)

(70)

(Grossman,1983)

(%3)

.(MacMillan,1977)

(16)

(18)

(%1)

(%2.27)

.(1999)

(%0.4)

(%3.8)

(%11.3)

.() .

(%1)

(Grossman,1983)

(1989)

(2.27)

(%0.05)

(1973)

(%0.4)

(%3.47)

(34-2)

(88)

(23-12)

(32)

.(95-92 1999)

:

(AAMR)

:

()

: (Tredgold)

)

. (26 1999

(1999)

:

:(Classification By Form) -1

:(Classification by IQ) -2

:(Educational Classification) -3

Classification by IQ&) -4

:(Adaptive Behavior

:

(1) ()

(1)

75-70	55-50
55-50	40-35
45-40	25-20
25-20	

(1999)

:

(350)

:

()

(%62-%55) (Epidemiology)

.(115 1999)

(Prenatal Causes)

:

(Perinea Causes)

(Postnatal Causes)

(Genetic Fodor's)

:

.(1999

) .(Non Genetic Fodor's)

(Guttman,1999)

(Anti Genes)

(Bilirabin)

)

.(2001)

(Gamma Globulin

(Non- Gentic Factors)

(German Rubella Measles)

(Syphilis)

:(Simpkins& Williams,1992)

.(Toxoplasmosis)

.(2001)

(Radiations)

(X-Ray)

(Radiation Rim)

.(MacMillan,1977)

"

.()

(Asphyxia)

(Toxemia)

(Placental Separation)

(Oxytocin)

:

(1999)

(Physical Trauma)

(Mahatraiton)

(Diseases& Infections)

)

(Drugs& Chemicals)

(2001)

:

(Brain Damage)

The Stanford- Bient)

The Wechsler Intelligence)

(Intelligence Scale

(Scale

:

The American Association On) (Nihira et al.,1975)
(Mental, Deficiency Adaptive Behavior Scale
(Cain-Levine Social Competency Scale,1963)

:

: -1

:

:

(1999)

(Meadow&Smithells,1985)

Developmental)

(Norms

.(2000)

: -2

(Jensen,1981)

(Gardner,1983)

)

.(113 1998

(1998)

.(1999)

.(1982)

: -3

(MacMillan,1977)

-1994)

(1996

).(2000)

: -4

).(1996)

:

.(2002)

Jean Etienne)

(Esquirol,1938

(Edouarad Seguia,1945)

.(2000)

(John Langdon Hydon Down)

.(1999)

The Ear Iswoos Asylum For I)

(dots

Observation On) "

" :

.(An Ethnic Classification Of Idiots

.(2000) .

(Mongolism)

(1986)

.(1999)

.(Down Syndrome) :

.(2002)

Pueschel) .

(et.al,1990

:

(Lejeune,Gautier,Tarpin)

(47)

(1959)

(2000) .

(46)

(21)

(Chapman& Hesketh,2000) ()

(21)

(23)

(47)

(24)

(21)

.(XY+21, 47)

(XX + 21,47)

(Cylogenitics)

4-2)

(

.(2003) .(Cerotype)

(21)

(18) (12)

.(2001)

.(1996) .

.(Stray-Gundersen,1986) .

:

2004

)

(Nichols,2003 2003

1993

:

:

:

(3)

:

:(Tiresome 21) (21)

-1

)

(21)

(1997

Chapman&)

(%94)

(Hesketh,2000

(Meiosis)

(Guttman,1999)

(21)

(

)

(21)

(Fertilized Egg)

(21)

)

.(1996

:

(X)

-80)

(%20-%5)

(95

.(2002

)

(40-20)

.(2002

)

(10)

(2)

.(1999

)

(2)

Risk Of Reoccurrence	Risk Of Occurrence	Mother's Age
1500 :1	1500-1	29-20
250 :1	600-1	34-30
200 :1	300-1	39-35
20 :1	40-1	44-40

(1999)

()

(2000)

.

(2002) .

Barkai)

(et.al,2003

.(Olsen& Wiutter,2003) .

(Neurobiological Alterations)

(21)

:

(Frontal Lope)

.(Capone,2004) .(Flattering Occupant)

Translocation Of) (21)

-2

:(portion Of Chromosome21

(21)

(Guttman,1999) (14)

Chapman&) .

(%4)

.(Hesketh,2000

(1960)

(21)

(Bolani& Fracaro,1960)

(13 14 15 22)

(21)

(14)

(21)

.(2002) .(21)

(%2)

:(**Mosaic**)

-3

(21)

(21)

(21)

.

.()

(46)

) (45) (

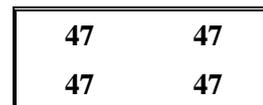
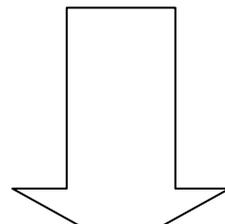
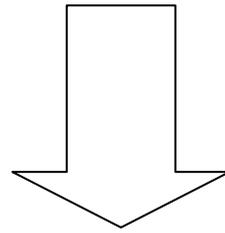
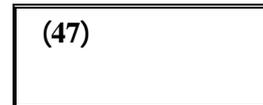
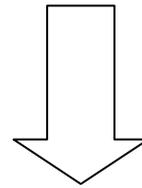
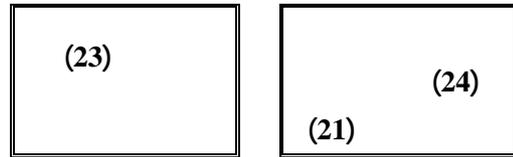
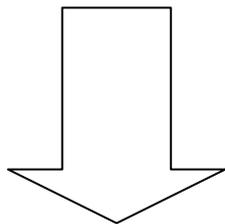
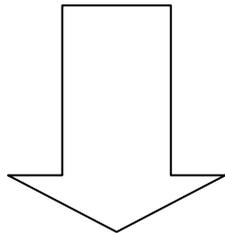
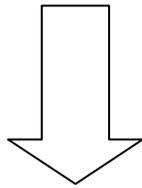
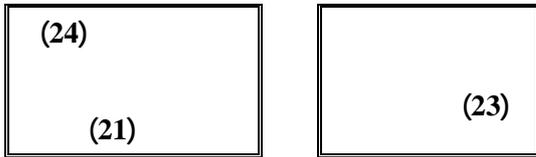
(29) (21)

:

(4-2) .(2003)

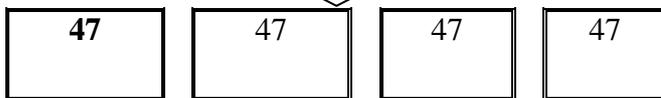
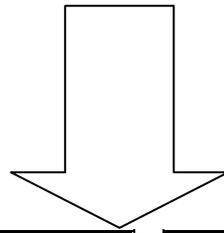
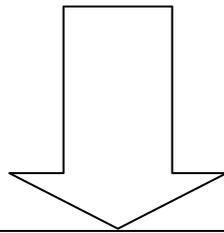
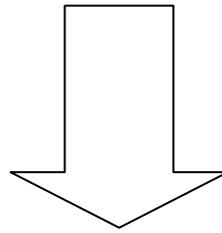
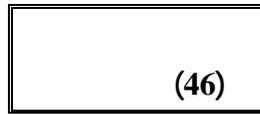
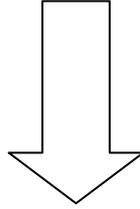
. **(1996)** .

(2)



(1996)

(3)

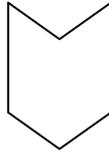


(1996)

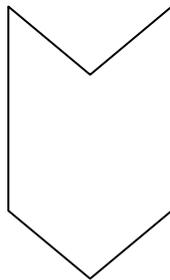
(4)

(23)

(23)

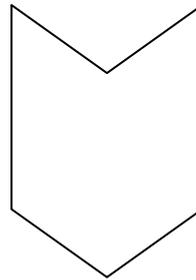
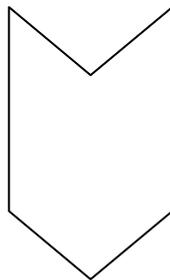


(46)



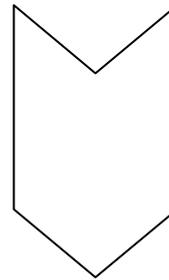
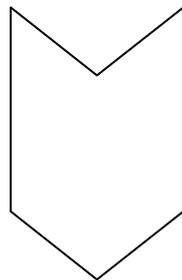
46

46



46 46

47 45



46 46
46 46

47 47

(1996)

:

:

:

:

()

.(2002) .

:

()

)

.(

)

.(

:

:

(2002)

:

:

(%25-15)

-50)

(%65

(%20-15)

:

.(2002)

:

(%10)

.(1999)

(%75)

.(Yang Et.al,2002)

(800)

(%80)

(800)

(35)

.(2003

)

.(Hassold,1998)

(900-600)

(15.000)

(1000-800)

.(735 :1)

.(100 :1)

.(2002

) .(625 :1)

(9.2)

(30)

(30-18)

(35)

(30)

(365)

.(Newberger,2000) . (45)

.(Collins,2003) . (36)

.(2002) .

(270/1)

(35)

(%10)

.(Newberger,2000)

(%15-10)

.(Mohammed,1990)

(700 :1)

2160)

(113)

(%5.2)

(2003)

(2003-1990)

(14840)

(21180)

.(2004) .(%7)

(Prevalence)

(Incidence)

(6) (1)

(16.2)

.(Mohammed,1990)

:

(25-20)

(47)

(21)

(21)

(46)

(47)

(35)

(Charionic Villas)

Trimester)

(Amniocentesis
.(Newberger,2000)

(Harris., Et.al,2004)

.(2002) .

(%63)

.(Newberger,2000) .

:

(Begley& Lewis,1998)

:

-1

-2

-3

-4

:

.(Mange& Mange,2000)

(%30-25)

(%8)

(5)

(%50)

.(2002

) . (40)

(Lodge& Kleivland,1973)

Zeaman&)

(Cornwell& Brich,1969)

(House,1962

(Belmont,1971)

(Gibson,1978)

Fedler,)

(Et.al,2002

(Visu-Spatial)

:

:

:

:

:

: -1

()
(1999)

.(Mange& Mange,2000)

(2000)

.(2002) ()

: -2

) (Simian Crease)

(1999

)

.(2002

: -3

(%87)

(Seborrhea Dermatitis)

(Roisen& Patterson,2003)

(2000)

(48.9)

(85)

(50)

(11)

(155)

(145)

.(2000)

: **-4**

.(2002)

:

:

(220)

)

(

(%97)

(%3)

:

(2002)

:

-1

:

)

(%50-20)

(2002

.(Newbergerer,2000)

(1999)

Chapman&)

.(Hesketh,2000

.(Mange& Mange,2000)

(Obstructive Sleep Apnea)

(%76)

(Mitchell et.al.,2003)

(30)

: -2
%10-5

.(2003) (25-12)

: - 3
(%40)

(2002)

:

Atial-Ventricular Septal)

-

(%40)

:(Defect "AVSD"

:(A trail-Septal Defect "ASD")

-

(20)

:(Ventricular Septal Defect "AVSD")

-

(%20)

(Tetra logy Of Fallot "TOF")

-

(%8)

Duct' Botal" PDA" Intents Duct's)

-

(Arteriosus

.(2001)

Conen&) ()

-

(Erkman,1966

.(Wechsler etal.,2002)

(20-10)

:

-4

.(Newberger,2000)

.(2002

)

:

-5

.(2003)

:

-6

(B1, B2, B6)

(B)

(C)

(A)

)

(

)

(

.(2002)

(14-1)

.(Zachor etal.,2000)

: -7

.

.

(12.2)

.(Angelopoulo etal.,1999)

(Testosterone)

(12.5)

(12)

.(Pueschel,2001)

(140)

(400)

.(2000)

:

-8

(2000)

Lordosis)

(Cervical

11

12

.(2000)

: -9

(Premature Growing Old Syndrome)

(%50)

(Dalton et al.,1995)

(9)

(60)

(%11)

.(2002)

(%20)

(Thymus)

)

(1994)

(60-40)

.(1994

.(2002)

(%50)
Yang) (%90)
. (etal.,2000)

(25)
(17897) (1997-1983)
(1983) (25)
(1.7) (1997) (49)

(%50) (%90)
. (Yang etal.,2000)

: **-10**

. (2002)

.(Brockmeyer,1999)

:

-11

.(2002)

(... ..)

(...)

)

(...)

(

.....)

(

.

)

.(2000

(%20)

(%11.2) (Fissured Tongue)

Roisen&) (Geographic Tongue)

.(Patterson,2003

:

-12

)

.(2002

(3)

.(2002

)

(3)

(2002)

		-1
(3-2)	(18-2)	
(6-3)	(14-5)	
(8-5)	(22-8)	
(7-5)	(24-9)	
(10-7)	(28-12)	
(13-9)	(3.5-1)	
(15-11)	(4-1.5)	
		-2
(3-1)	(5-2)	
(6-3)	(12-6)	
(12-6)	(2-1)	
(2.5-1)	(4-2)	
		-3
(11-1)	(6-4)	
(3-1)	(10) - (19)	
(7-3)	(10-7)	
		-4
(3-1)	(5-2)	
(10-4)	(14-5)	
(3-2)	(5-3)	
		-5
(14-7)	(24-10)	
(17-9)	(32-12)	
(20-12)	(39-13)	
(5-3)	(14-8)	

:

.(1998)

:

-1

-2

-3

.(1998)

(4)

(1998)

:

-1

-2

-3

.(1995)

:

Individualized Educational)

Individualized)

(Plan

.(2003

) (Instructional Plan

()

()

:

.()

:

:

-1

:

:		
:		
.		
.		-2
.		-3
:		-4
.		
.	(2003	) . -5
	(2001)	
	(Curriculum Content)	
		:
	:	-1
	.	-
	.	-
	:	-2
	.	-
	.	-
	:	-3
	.	-
	.	-

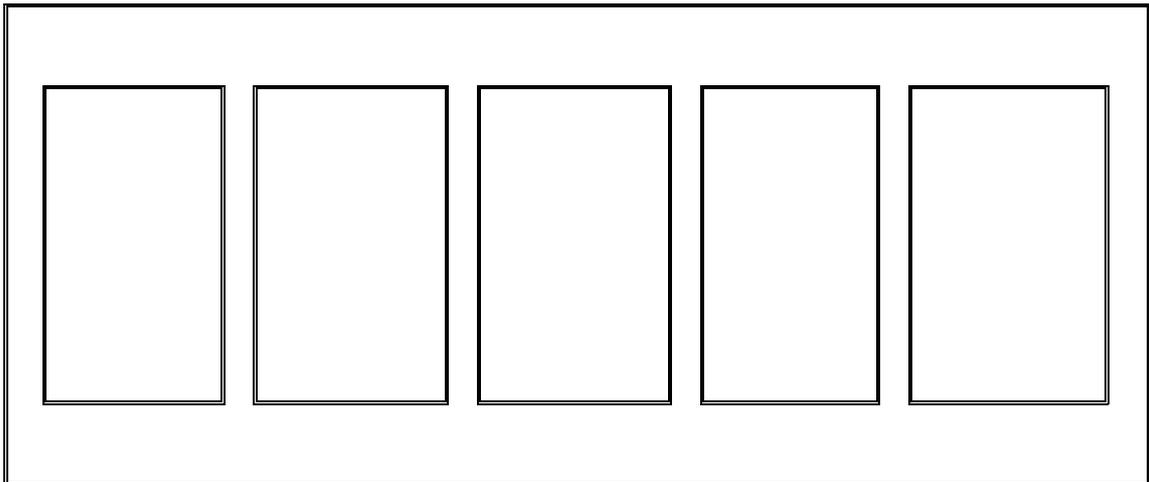
: -4

. -
.
.
.
.
.
.

(Wehman&Mcianghlin,1981) .(1983)

.(1)

(1)



(1983)

:

: -1

(Zigler,1969)

(Weir,1967)

(2002)

:

: -

: -

: -

· :
· :
· : -
(Articulation Errors) (Formulation of Sounds)
(Blocking)

· : -2

·() : -3

·(1994)

:

(Smith,1990)

(1989-1975)

(Public Law.194-142)

(1989)

.(Smith,1990)

(1988)

(16)

()

.(2003)

: -4

) .

.(2002

:

-5

)

.(2003

.

%100

.(2003) .

:(Token Reinforcement)

(Axe lord,1971)

.(1993) .

(Token Economy)

.()

(Token)

.(Schafer,1982) .

Operant)

(Conditioning

(Skinner)

(Krasner)

.(1938)

(Krasner)

(Back of Reinforcement)

(Mclanglin)

Ayllan.&)

.(1996)

(Azrin,1968

.(Shea,1978)

.(Swanson&Peinert,1984)

.(1982)

.(Kazdin,1975)

(Reinforcement-Menu)

.(Kazdin,1975)

: (Tokens)

-1

-2

-3

-4

-5

.(1996)

-6

-7

-8

.(1982) (Martins& Pear,1983) .

Generalized)

(Conditioned Reinforces

:

...

.(1988) .

.(Kazdin,1975) .

:

-1

-2

-3

-4

-5

-6

-7

-8

.(1993) .

.(Ruggles& Le Blanc,1982) .

Bergin&) .

.(Garfield,1971

:

:

-1

:

-

.(

)

-

. -
-
(Martin& Pear,1983)
:Taking-Baseline -2

(Walker& Shea,1980)

(Swanson&Lee,1984)

.
:(Selecting Back- Up Reinforcers) -3

:

:

-

-

(Grand Mothers Law)

.(Azoroff& Mayer,1977)

.(Kazdin,1976) .

.(1993) .

Selecting The Type Of Token)

:(Reinforces

:(Identifying Available Help)

:

.(Martin& Pear,1983) .

:(Choosing Location) -6

.(Walker& Shea,1980) .

-7

(Token)

.(Martin,& Pear,1983) .

:

:(**Keeping Data**) -

:(The Reinforcement Agent) -

(Ayllon& Azrin,1968)

-

Amount of)

-

:(Frequency Tokens To Pay

:

(75-25) (Stainback et.al,1982)

)

(30-15)

(

Managing The Bach Up)

-

:(Reinforcement

:(Possible Punishment Contingencies)

-

:(Handling Potential Problem)

-

:

-

-

-

-

:(Preparing A manual)

-

.(Martin& Pear,1983) .

:

:

-8

-

.(Kazdin,1975)

-

)

.(1993

-

.

-

.(Newcomer,1980)

-

:

-9

.(1993)

-10

.(Newcomer,1980)

.(Martin& Pear,1983)

:

(Roisen & Patterson, 2003)

:

•

.

.

•

•

.

-1

:

(2004)

(14-6)

(60)

.

:

-)

-12) (11-9) (8-6) ()

(14

-6)

(14

:

(14-12)

(8-6)

(Dykens & Hodapp,1994)

(80)

(1.08)

(6.8)

(11.5)

(24)

(24)

(Byrne et.al.,2002)

(24)

(12 4)

(42)

(31)

(Maraj etal.,2003)

(10)

(8)

(10)

(Via a mause)

.
.
-
. (Learning Verbal – motor)
(Evans , 2000)

(50)

(41)

(Nicols,2003)

.
(Ringenbach et al.,2003)

) (11)
(30.2)
(11) (7.2
(11)

(Lalo & Debu,2003)

(
) Attention Orientation)

(14) ((15)
(8) (15)
(15) (22.11) (34 16)
(7) (8)
(22.3)

(Reaction Times)

:
(Sand fond & Elzinga

-2

& Grainger , 1987)

(21.2)

(Denkowski &

Denkowski , 1985)

(16)

(17 12)

:

:

:

(Bear, 1985)

(10)

(20)

(11)

(Dalton & Rubino & Hilsop,

1973)

(14 6)

(13)

:

:

()

(Coon et al.,1976)

(11 6)

(7)

(Zimmerman & Zimmerman &

Russell,1969)

(7)

(15 8)

(O'Leary & Becker,1967)

:

)

(17) (

(%99 66)

(%33 3 0

(%10)

(%76)

(Ducharme &

Holborn,1997)

(4)

(%40)

(%75)

(%80)

(1994)

:

(10)

(17 9)

(%72)

(%69)

(%78)

(%72)

-3

(1993)

(10)

"

(1992)

"

(12)

(13.65)

(1992)

(15)

(11)

(1996)

(20)

.

.

(Neukater,1981)

(17 11)

.

.

(Metcalf & Feldman,1982)

(13)

:

:

(21)

(%60)

(Kelly &

Schoen,1988)

(Patterson,Jones,Witter,&Wright,1965)

(10)

(Bible,1977)

(20)

(10)

(11)

:

()

(1987)

(1985)

(1973)

:

(1976)

(1969)

(1976)

:

...

(1997)

()

(%80)

(%40)

(1993)

:

...

(1981)

(1982)

(%60)

(1988)

(1994)

(2002)

(2003)

(2000)

(2003)

(2003)

:

:

(20)

.

:

.

.

:

(15 - 12)

(30)

.

(9)

(15 - 12)

.

()

()

(35)

.(5)

(5)

(1993)

	.	1
		2
		3
	.	4
	. ()	5
	.	6
		7
	.	8
	.	9
	.	10
		11
		12
		13
	.	14
		15
	.	16
	.	17
	.	18
		19

الإشارة	نمط السلوك	الرقم
		20
		21
	) (	22
		23
		24
		25
		26
		27
		28
		29
		30
		31
		32
		33
		34
		35

(6)

-

(✓)

:

(6)

.()

-1

-2

-3

-4

-5

-6

.(%91)

: /

(%80)

.

(6)

.(%90)

(6)

100	6	()
83,33	5	
100	6	
83,33	5	
100	6	
83,33	5	

Inter-) ()

(rater reliability

(9)

(0.87)

:Tokens () :2

:Token Reinforcement Program :3

(10.30-9.30)

:

(OXO)

(t)

(SPSS)

.

:

:

-1

.(6)

:(Rein Forcers)

-2

.(7)

(7)

10	8	5	2	
9	8	6	3	
6	4	3	2	
6	4	3	2	
8	6	4	2	
6	4	3	2	
7	6	4	3	
6	5	4	2	
7	5	4	2	
6	4	3	2	

. (8)

(%88,33)

(8)

100	6	
100	6	
100	6	
83,33	5	
83,33	5	
83,33	5	
83,33	5	
83,33	5	
83,33	5	
83,33	5	
83,33	5	
88,33	5,3	

:

-3

(3)

:() - 4

(10.30-9.30)

: -5

(10.30-9.30)

: -6

(10.30-9.30)

·
:
:

·

·
·

(10.30-9.30)

·

(10.30-9.30)

(3)

(10.30-9.30)

.

:

.

:

:

:

)

.(

:

-1

(9)

(9)

%		
11,15	1	12
33,25	3	13
44.45	4	14
11.15	1	15
100	9	

0.88 =

13.56 =

*

(15-12) (9)
 .(0.88) (13,56)
 (14)
 12) (%11.15) (%44.45)
 . (15)
 : -2
 . (10)
 (10)

%		
33.35	3	
44.4	4	
22.25	2	
100	9	

(%44.4) (10)
 .(%22.25) (%33.35)

Byrne) (2005)

.(et.al, 2002

: -3

(11)

(11)

%		
55.6	5	
22.2	2	
22.2	2	

(%55.6)

(11)

(%22.2)

.(2001) (2003) .

: -4

. (12)

(12)

%		
22.25	2	
44.4	4	
33.35	3	
100	9	

(%44.4)

(12)

.(%22.25)

(%33.35)

:

:

.

:

-1

"

.

(t)

(13)

(13)

(t)

						/	
0.0001	8	10.79	0.94	9	5.28		
			0.97	9	1.87		

(0.0001)

(13)

:()

(0.94)

(5.28) ()

(1,87)

(10,79) (t) (0,97)
 .(0.0001)

(14)

(1)

(14)

()

	9	8	7	6	5	4	3	2	1	
5.29	5.8	4.8	4.2	5.4	4.6	5.6	7.4	4.6	5.2	
4.62	3.8	4.6	4	5.2	4	5.6	6.4	3.8	4.2	1
3.87	3.4	3.6	3.8	4.4	3.6	5	5	2.8	3.2	2
2.36	2.2	2.4	2.6	2.2	2.4	2.4	2.8	2.2	2	3
1.44	1.2	1.4	1.6	1.4	1.4	1.4	2	1.4	1.2	4
1.87	1.6	1.8	2	2	1.6	1.8	2	2	2	

(14)

)

.(

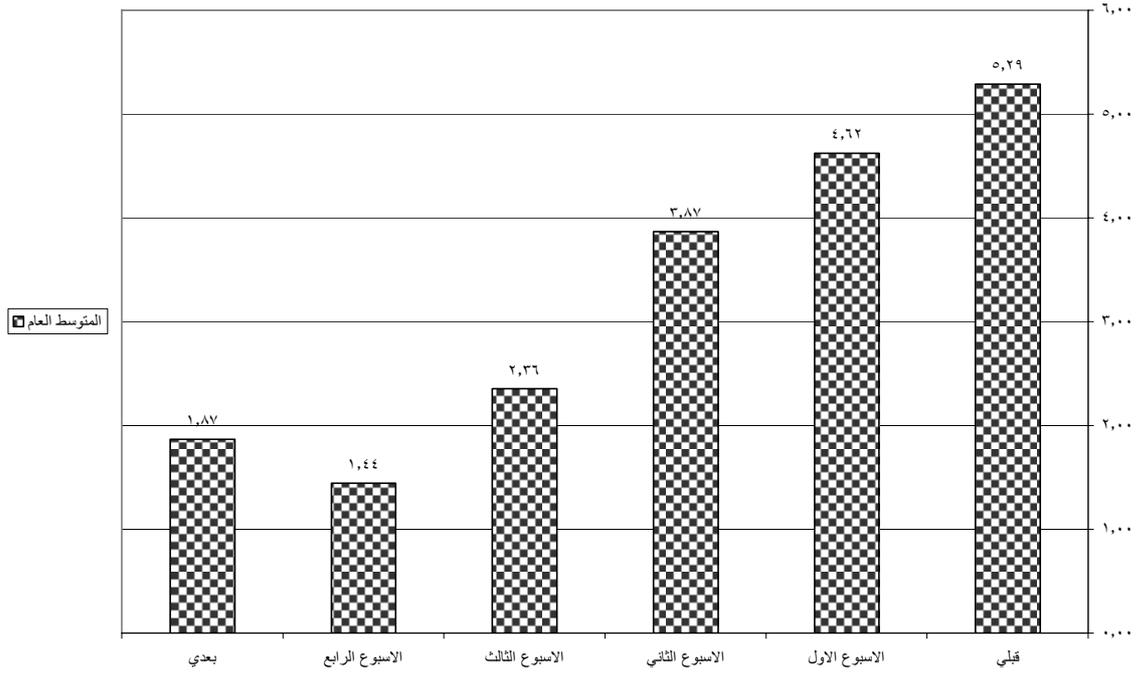
(6.4)

(7.4)

(5)

	(2)	(2.8)		
		(2)		
		()	
(5.29)				
	(3.87)	(4.62)		
			.(1.44)	(2.36)
				(1.87)

الرسم البياني رقم (1)
 المتوسط العام للمشكلة السلوكية الأولى ومدى التطور الذي حدث أثناء التطبيق ومرحلة المتابعة



:

-2

■

(15)

(t)

(15)

(t)

							/
0.0001	8	7.9	1.07	9	3.98		
			0.36	9	1.47		

(0.0001)

(15)

:

(1,07)

(3,97)

(7,9) (t)

(0,36)

(1,46)

.(0.0001)

(16)

(2)

(16)

()

	9	8	7	6	5	4	3	2	1	
3.98	3.8	4	3.4	4	4	4.4	6.4	2.4	3.4	
3.93	4	3.8	3.2	4.6	4.4	3.6	5	3.4	3.4	1
3.47	3.2	2.8	4	3.6	3.8	3.8	4.4	2.6	3	2
2.2	2	2	2.6	2	2.4	2.4	2.6	1.8	2	3
1.04	0.8	1.2	1	0.8	1	1.2	1.4	1	1	4
1.47	1.2	2	1.2	1	1.2	1.6	2	1.4	1.6	

(16)

(4)

(3.6)

(4.4)

(1.2)

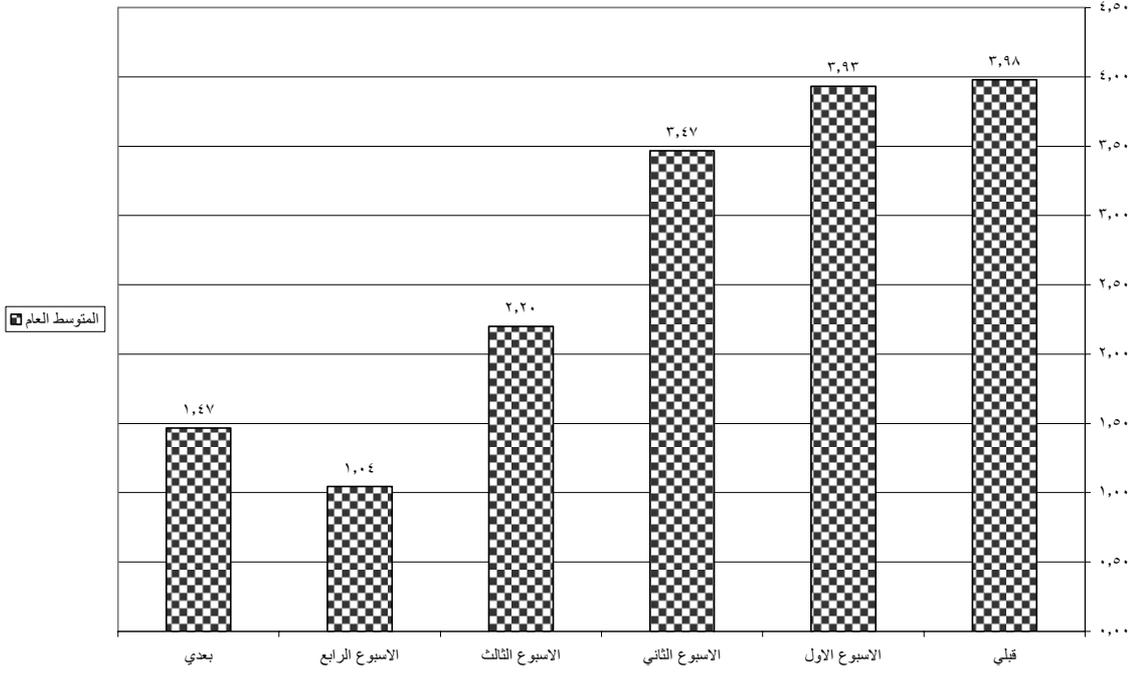
(2.4)

(3.8)

.(3.2)

الرسم البياني رقم (٢)

المتوسط العام للمشكلة السلوكية الثانية ومدى التطور الذي حدث أثناء التطبيق ومرحلة المتابعة



:

-3

"

.

(17)

(t)

(17)

(t)

							/
0.0001	8	8.87	0.92	9	4.44		
			0.28	9	1.69		

: (17)
(4.44)
(1,6) (0,92)
(0.0001) (8.87) (t) (0,28)

(18)

(18)

()

	9	8	7	6	5	4	3	2	1	
4.44	3.8	4.2	4.8	5	4.6	4.8	6.2	3.2	3.4	
4.07	4.4	4	3.8	3.6	3.2	4.4	6.2	3	4	1
3.27	4	3.6	3.4	3.4	2.6	2.6	4.6	2	3.2	2
2.16	2.2	2.2	2	2	1.8	1.8	3.2	2	2.2	3
1.13	1	1.2	1	1	1	0.8	2	1	1.2	4
1.69	1.4	1.4	1.8	1.4	1.4	2	2	2	1.8	

(15)

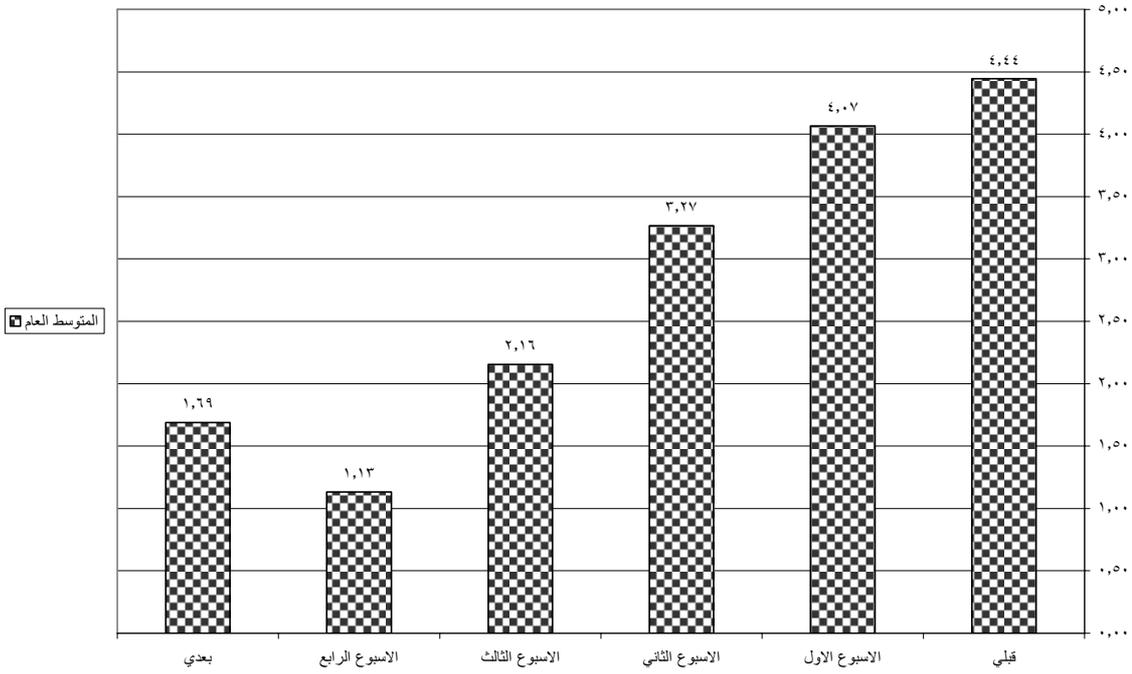
(1)

(3.2)

(2)

(3)

الرسم البياني رقم (٣)
المتوسط العام للمشكلة السلوكية الثالثة ومدى التطور الذي حدث أثناء التطبيق ومرحلة المتابعة



:

-4

"

"

(19)

(t)

(19)

(t)

0.0001	8	15.03	0.42	9	4.20		
			0.36	9	1,62		

(19)

:

(0.42)

(4,2)

(15,03) (t)

(0,36)

(1,62)

.(0.0001)

(20)

(4)

(20)

()

	9	8	7	6	5	4	3	2	1	
4.20	4.4	4.2	4.2	4	3.6	4.6	5	3.8	4	
4	3.8	3.4	4.8	3.8	4.8	4.2	5	3.2	3	1
3.53	3.4	3.6	4	4	4.2	3.2	3.8	2.8	2.8	2
2.2	1.8	2	2.6	2.4	2.8	2.2	2.4	1.8	1.8	3
1.18	1	1	1.6	1.2	1.6	1.2	1	1	1	4
1.62	2	1.4	1.6	2	1.6	1	2	1.2	1.8	

(20)

.

)

(4)

.(

(3.8)

(4.4)

(1)

(1.8)

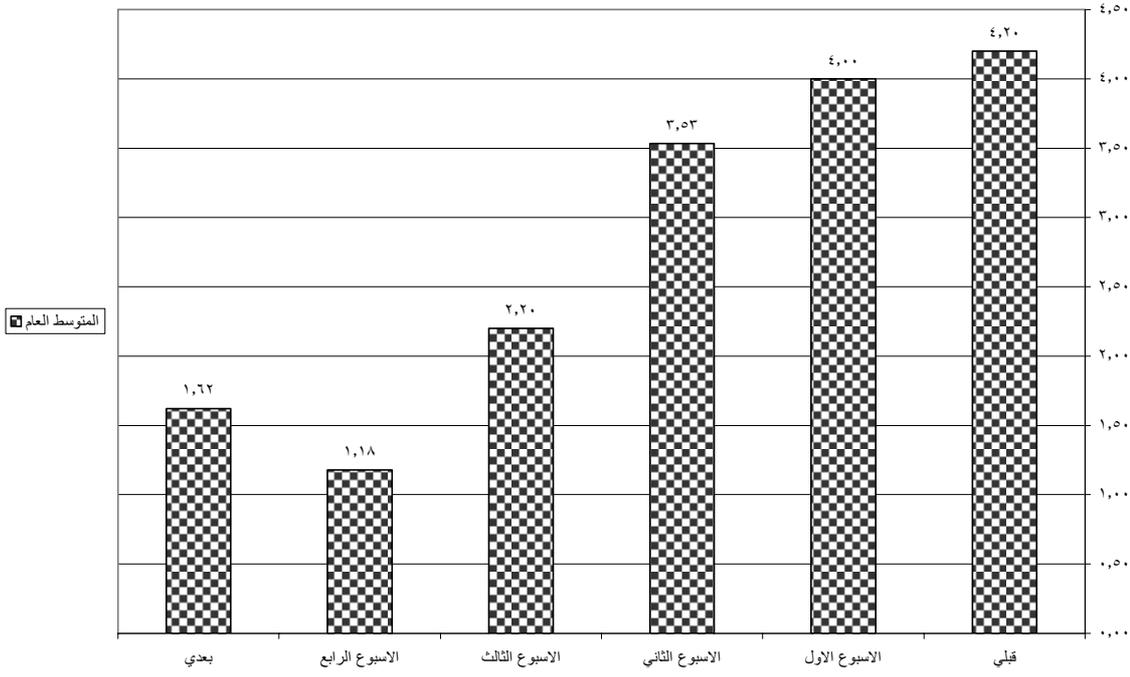
(3.4)

.(3.4)

.

الرسم البياني رقم (٤)

المتوسط العام للمشكلة السلوكية الرابعة ومدى التطور الذي حدث أثناء التطبيق ومرحلة المتابعة



:

-5

"

"

(t)

(21)

(21)

(t)

0.0001	8	10.5	0.79	9	4.04		
			0.21	9	1.17		

(21)

:

(0,79) (4,04)
(10,5) (t) (0,21) (1,17)
. (0.0001)

(22)

(5)

(22)

()

	9	8	7	6	5	4	3	2	1	
4.04	3.2	3.6	5	4.6	3.6	4.2	5.4	3.6	3.2	
3.31	2.6	2.6	4	3.8	3	4	4	2.8	3	1
3.2	2.4	3.2	3.8	3.8	2.8	3	2.6	3	2.6	2
2.02	1.8	2	2.8	2.2	1.8	2	2	2	1.6	3
1.04	1.02	1.02	1.02	1	1	1	1	1	0.8	4
1.18	1.04	1	1	1.04	1	1	1.4	1	1.04	

(22)

(4.6)

(3.8)

(2.2)

(1.04)

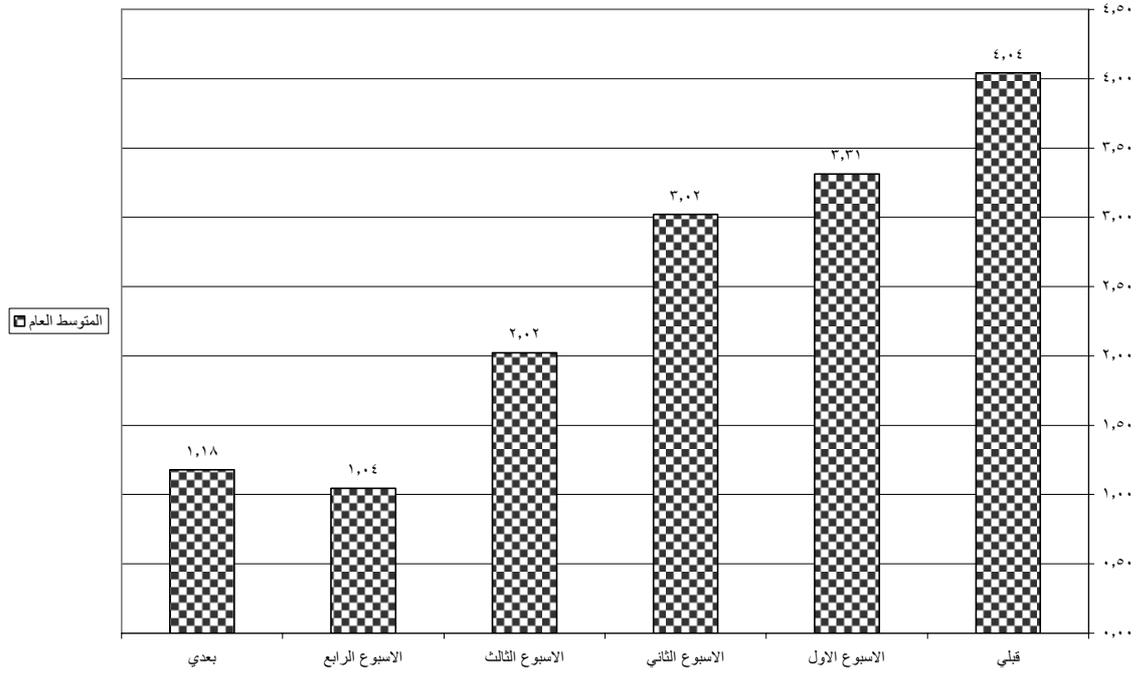
(1)

(3.6)

(4.6)

الرسم البياني رقم (٥)

المتوسط العام للمشكلة السلوكية الخامسة ومدى التطور الذي حدث أثناء التطبيق ومرحلة المتابعة



:

-6

"

"

(23)

(t)

(23)

(t)

0.0001	8	10.8	0.33	9	1.22		
			0.00	9	0.00		

:

(23)

(1,22)

.(0.00)

(0.00)

(0,33)

.(0.0001)

(10,8)

(t)

(24)

(6)

(24)

()

	9	8	7	6	5	4	3	2	1	
1.22	1	1	1.4	1	1.2	1.4	2	1	1	
1.16	1.2	1	1	1.2	1	1.6	1.4	1	1	1
0.04	0	0	0	0	0	0	0.2	0.2	0	2
0	0	0	0	0	0	0	0	0	0	3
0	0	0	0	0	0	0	0	0	0	4
0	0	0	0	0	0	0	0	0	0	

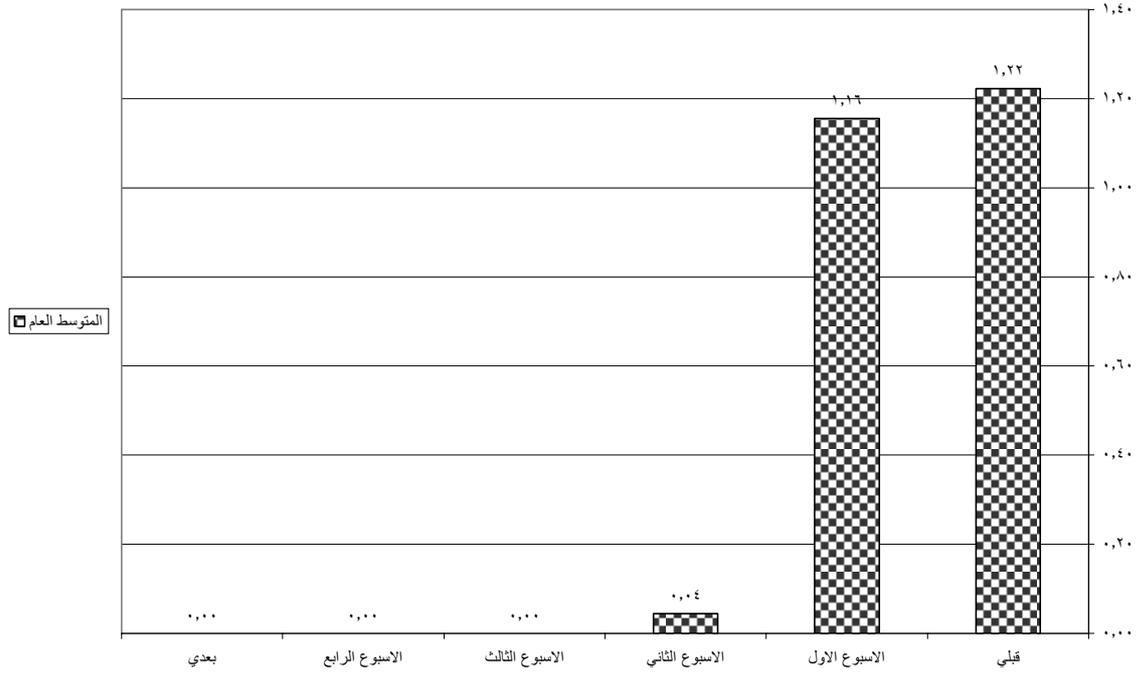
(24)

(1)

(1.2)

الرسم البياني رقم (٦)

المتوسط العام للمشكلة السلوكية السادسة ومدى التطور الذي حدث أثناء التطبيق ومرحلة المتابعة



:

.(t)

)

(25)

(

(25)

(t)

0.0001	8	13.0	3.9	9	5.2		
			0.75	9	1.8		

(25)

() ()

(5,2)

(0.0001)

(13,0)

(t)

(1,8)

.()

(26)

(7)

(26)

	9	8	7	6	5	4	3	2	1	
23.18	22.00	21.80	23.00	24.00	21.60	25.00	32.40	18.60	20.20	
21.09	19.80	19.40	20.80	22.20	20.40	23.40	28.00	17.20	18.60	1
17.20	16.40	16.80	19.00	19.20	17.00	17.60	20.60	13.40	14.80	2
10.93	10.00	10.60	12.60	10.80	11.20	10.80	13.00	9.80	9.60	3
5.84	5.20	6.00	6.40	5.40	6.00	4.60	7.40	4.40	5.20	4
7.82	7.60	7.60	7.60	7.80	6.80	7.40	9.40	7.60	8.60	

(26)

(23.18)

(21.09)

(10.93)

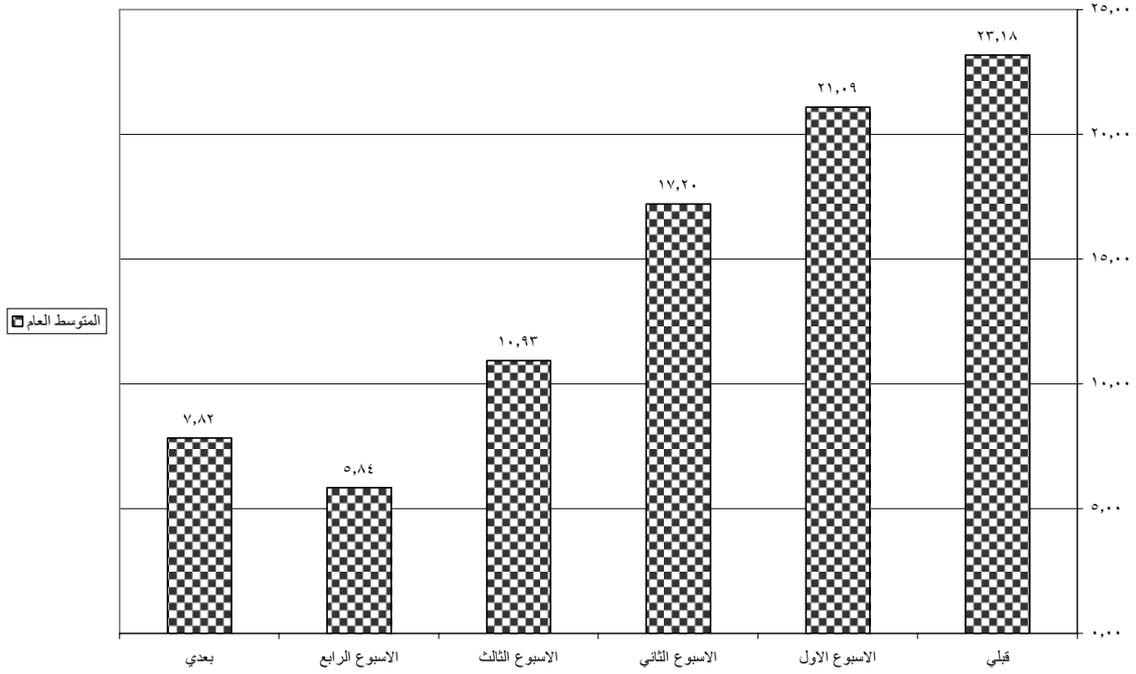
(17.2)

(18)

(5.84)

(7.82)

الرسم البياني رقم (٧)
المتوسط العام لمجموع المشكلات ومدى التطور الذي حدث أثناء التطبيق ومرحلة المتابعة



:

-7

:

"

" (

)

()

(30-27)

(27)

(P)	()					
0,34	1,417	1,104	3	3,312		()
		0,779	5	3,897		
			8	7,209		
0,47	0,98	1,14	3	3,419		
		1,163	5	5,817		
			8	9,236		
0,56	0,75	0,71	3	2,116		
		0,933	5	4,667		
			8	6,782		
0,60	0,67	0,138	3	0,413		
		0,21	5	1,027		
			8	1,440		
0,81	0,31	0,27	3	0,81		
		0,86	5	4,30		
			8	5,102		
0,82	0,29	0,46	3	0,140		
		0,16	5	0,78		
			8	0,92		
0,66	0,56	10,54	3	31,61		
		18,613	5	93,067		
			8	124,68		

(27)

(P)

(0.05) (0.66)
(0.47) (0.34)
(0.81) (0.60) (0.56)
(0.82)

(28)

(P)	()					
0,31	1,45	1,18	2	2,35		()
		0,81	6	4,86		
			8	7,21		
0,78	0,26	0,36	2	0,73		
		1,42	6	8,51		
			8	9,24		
0,77	0,27	0,28	2	0,56		
		1,04	6	6,23		
			8	6,78		
0,21	2,04	0,29	2	0,58		
		0,14	6	0,86		
			8	1,44		
0,97	0,03	0,03	2	0,06		
		0,84	6	5,05		
			8	5,1		
0,66	0,45	0,06	2	0,12		
		0,13	6	0,8		
			8	0,92		
0,70	0,38	7,06	2	14,13		
		18,42	6	110,55		
			8	124,68		

(28)

(0.05)

(0.70) (P)

(0.78)

(0.31)

(P)

(0.97)

(0.21)

(0.77)

(0.66)

(29)

(P)	()					
0,17	2,42	1,61	2	3,22		()
		0,67	6	3,99		
			8	7,21		
0,18	2,28	1,99	2	3,99		()
		0,88	6	5,25		
			8	9,24		
0,12	3,14	1,73	2	3,47		()
		0,55	6	3,31		
			8	6,78		
0,56	0,64	0,13	2	0,25		()
		0,19	6	1,19		
			8	1,44		
0,15	2,65	1,2	2	2,39		()
		0,45	6	2,71		
			8	5,1		
0,46	0,88	0,1	2	0,21		()
		0,12	6	0,71		
			8	0,92		
0,11	3,25	32,43	2	64,87		()
		9,97	6	59,81		
			8	124,68		

(29)

(P)

(0.05)

(0.17) (0.11) (P)
(0.56) (0.12) (0.18)
(0.46) (0.15)
()

(30)

(P)	()					
0,24	1,82	1,36	2	2,72		()
		0,75	6	4,49		
			8	7,21		
0,83	0,19	0,28	2	0,56		
		1,45	6	8,68		
			8	9,24		
0,77	0,28	0,29	2	0,57		
		1,04	6	6,21		
			8	6,78		
0,5	0,79	0,15	2	0,3		
		0,19	6	1,14		
			8	1,44		
0,78	0,26	0,2	2	0,41		
		0,78	6	4,7		
			8	5,1		
0,82	0,21	0,03	2	0,06		
		0,14	6	0,86		
			8	0,92		
0,65	0,47	8,42	2	16,84		
		17,97	6	107,84		
			8	124,68		

(30)

(0.65)

(P)

(P)

(0.05)

(0.77)

(0.83)

(0.24)

(0.78)

(0.5)

.(0.82)

· :
· :
· :

: :

.

.

.

)

(-

(1.87)

(5.29) ()

.

(5.3)

(4.62)

(3.87)

(1.44)

(2.36)

(1.87)

.

(3.98)

(1.04)

(1.47)

:

(4.07)

(4.44)

(1.13)

(2.16)

(3.27)

(3.31)

.(1.69)

(2.2)

(3.53)

(4)

(4.42)

(1.18)

(1.62)

(4.04)

(1.04)

(2.02)

(3.2)

(3.31)

.(1.18)

(1.22)

(1.16)

(0.04)

(1993)

:

(1992)

.

(1992)

:

.

(1987)

(1985)

(1985)

(1976)

(1973)

(1967)

(1969)

(1993)

(1997)

.(1978)

(1985)

(P)

)

(0.81) (0,60) (0.56) (0.47) (0.34)_ :

(

(0.66)

.(0.05)

(P)

.(0.66) (0.97) (0.21) (0.77) (0.78) (0.31) :

.(0.05) .(0.70)

(0.18) (0.17) :

.(0.46) (0.15) (0.56) (0.12)

.(0.05) .(0.11)

(0.24) : (P)

.(0.65) .(0.82) (0.78) (0.50) (0.77) (0.83)

.(0.05)

.(2004)

: :

:

•

.

•

.

•

.

•

.

•

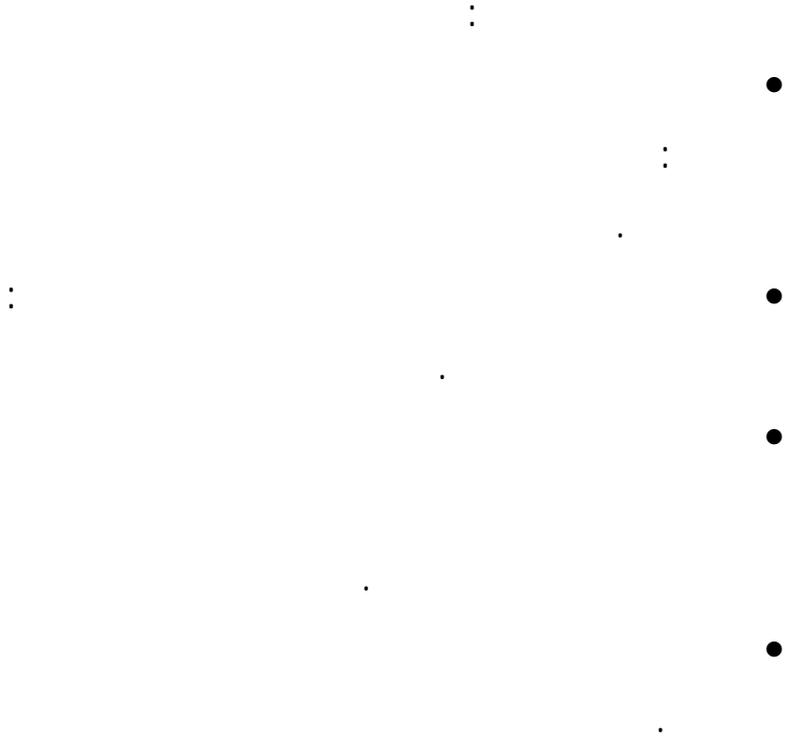
.

•

.

:

:



• (2000)

• "(1994)

• "(2003)

• "(2001)

• الجمعية البحرينية لمتلازمة داون (2000م). WWW.bdss.org (2003)

• WWW.werathaa.com

• "(1982)

• "(1988)

• "(2003)

• "(1988)

• "(1993)

• "(2003)

• "(1982)

• "(1991)

• "()

- (1994)
- 10
- (1996)
- 1996 10
- (1999)
- (2000)
- (2001)
- (1)."
- (1985)
- (1998)
- (1998)
- (2004)
- (1982)
- (1996)
- (2002)
- (2004)
- (1994)
- (2001)
- (275)

. (2002)(ISM) •
 " . : " •
 : " ":(1999) •
 " :(1997) •
 " ":(2000) •
 " ":(2002) •
 : :(1999) •
 " :(1412) •
 " ":(2002) •
 " :(2003) •
 . 2 30 — " •
 " :(1993) •
 "

- AAMR,(1992).**Mental Retardation**, 9th Ed.AAMR.Washington D.C.

- Angelopou N;Souftas V; Sakadamis A.Matziari C;& Papamelrtiou V(2000).Gonadal Function in Young women with down syndrome, **Int J Gyaecol Obstet**, Oct; 67(1); 15-21.
- Ayllon. T, & Azrin , N.H. (1968). **The Token Economy; A motivational system for therapy and rehabilitation**. New York: Appleton Century – Crofts.
- Axelord, s., (1971): “Token Reinforcement programs in special classes”. **Exceptional children**, vol. 37, pp.371-378.
- Barkai,Gad Arbuzova, Svetlane, Berkenstadt,Michel,Heifetz, Sigle& Cuckle,Howard(2003). Frequency of Downs Syndrome and Neural-tube Defects in the same Family. **The Lancet**. Apr, (VOL.361).
- Bear ,Donald M.(1985).Community – Based Residential Treatment of the mentally retarded adolescent offender. **Journal of Community Psychology** (VOL.13).
- Begley, Amanda & Lewis Ann(1998).Methodological Issues in the Assessment of the self – concept of children with Down Syndrome. **Journal of child Psychology and Psychiatry Review**.(Vol.3).
- Belmont,J.M.(1971).Medical Behavioral Research in Retardation In N.R. Ellis. **International Review of research in Mental Retardation**.(Vol.5).
- Bergin, Allen. E.& Garfield ,(1971) S.L, **Hand Book of Psychotherapy and Behavior change**. John Wiely & Inc. U.S.A.
- Bible,G.H(1973). An Evaluation of A token Economy Program for mentally Retarded Sheltered Care Residents. **Dissertation Abstracts International**. (VOL.36).
- Brockmeyer D.(1999).Down Syndrome & craniovertebral instability: **Topic Review & Treatment recommendations**.Pediatr Neurosurg Aug, (VOL.31).
- Byrne, Angela, Macdonald, John, & Buckley, Sue., (2002). Reading, Language and memory skills : A Comparative Longitudinal study of children with down Syndrome and their mainstream peers. **British**

journal of Educational psychology (2002), 72,513-529, from EBSCOhost database.

- Capone. George. T(2004). Down Syndrome; Genetic Insight and Thoughts on Early Intervention. **Journal of Infants and young Children** . (vol.17).

- Chapman Robins., hesketh Linda J. (2002): Behavioral phenotype of Individuals with Down syndrome. **Mental Retardation and Development Disabilities Research Reviews**; 6: 84-95. From EBSCO host database.

- Charles ,E. Schafer , (1982) **How to help Children with common problems?** New American Library, Mosley.

- Christensen ,D.E & Sprague ,R.L.(1973) “Reduction of Hyperactive Behaviors by Conditioning Procedures alone and Combined with Methylphenidate , (Rilalin).”**Behavior Research of Therapy**.(VOL.11).

- Christensen , D.E (1075). Effects of Combining Methylphenidate and Modifying Hyperactive Behavior. **American Journal of Mental Deficiency**.(VOL.80).

- Clark, G.M & kalstoe, **O.P Career development and transition education for adolescents with disabilities**. Boston, Allyn & Bacon, 1990.

- Collins, Veronica, (2003). Providing services for families with A Genetic condition: A contrast between Cystic Fibrosis and Down Syndrome. **Pediatrics**. Nov, 2003, Vol. 112 (5), 1177 – 1180.

- Conen, P.E.& Erkman, B(1966). Combined Mongolism & Leukemia . **American Journal of Disease in Children**. (VOL.112).

- Cornwell, A.C, & Birch, H.G (1969).Psychological and social development in home – reared children with downs syndrome. **American Journal of Mental Deficiency**. (VOL.74).

- Coulby,R.,&Harper,T,(1985) **Preventing Classroom disruption**. London; Croom Helm.

- Dalton, A.J, Rubino, C.A, & Hilsop,M.W(1973). Some Effects of token rewards on school achievement of children with Downs syndrome .
Journal of Applied Behavior Analysis (VOL.6).
- Denkowski, G.C. Denkowski ,K.M (1985). Community – based residential treatment of the mentally retarded adolescent offender : Phas(1) reduction of aggression behavior. **Journal of community Psychology**(VOL.13).
- Evans, D.W, and Gray FL., (2000). Compulsive – like behavior in individual with Down Syndrome : it relation to mental age level.
Adaptive and maladaptive behavior Child Dev. Mar – Apr, 71(2) : 288-300 from EBSCOhost database.
- Fedler, Deborah J. Hodapp Robert M,Dykens & Elisabeth .M(2002). Behavioral phenotypes and special education ; parent report of educational issues for children with Down Syndrome and William Syndrome. **Journal of Special Education.** (VOL.36).
- Gardner , W, and C.W Moffat (1990). Aggressive Behavior Definition, **Assessment Treatment, International Review of Psychiatry.**
- Gibson , D.(1978). **Downs Syndrome ;** The Psychology of Mongolism. London.
- Grossman, H.G. (Ed)(1983). **Classification in Mental retardation.** Washington: American Association on Mental Retardation.
- Guttman,Burton S& Hopkins, Johns W.(1999). **Biology.** Boston.
- Harris, Rayan. A., Washington, A Eugene, Nease Jr, Robert F., & Kuppermann, Miriam (2001). Cost Utility of Diagnosis and the risk – based threshold. **The Lancet.** (Vol.363, Jan.24, 2004., from EBSCO host database.
- Hassold,Terry(1998). The Incidence and Origin of Human Trisomies. **The National Down Syndrome Society** (NDSS) Copenidium.From EBSCO Host database.
- Heber, R 1983, Expectancy and expectancy changes in normal and mentally retarded boys. **Dissertation Abstract International.**

- Hill, Bk. & Bruiniks, R.H. Maladaptive Behaviors in Residential. **Facilities, & American Journal of Mental Deficiency** Vol. 88, 1989, pp 380 – 388.
- Kazdin, A.E. Graighood, W.E., XMahomy, M, **1976 Behavior Modification principles: Issues and applications**, Boston Houghton Mifflin Company.
- Kelly, M.M & Schoen,S.(1988). It worked in my classroom; A social and Academic Behavior Change Program. **Research Report** . Pennsylvania.
- Kirk, Samuel A. & Gallagher, James , J., (1989). **Educating Exceptional Children. 6th Ed.** Boston.
- Koller , H.S. Richardson , M. Katz , and J. Mclaven(1983). Behavior Distortable since Childhood Among a 5 year birth Cohort of mentally Retarded Young Adults in a city. **American Journal of Mental Deficiency**.
- Lalo, Elodie, Debu, Bettina (2003). **Visuosayial attention and motor preparation in individuals with down syndrome**. Adapted Physical activity quarterly.
- Lodge , A., & Kleivland P.b (1973). **Early Behavioral Development in Downs Syndrome**. London. MacMillan ,D(1977). **Mental Retardation in School and Society**. Boston. Little Brown & Company.
- Mange , Elaine Johansen & Mange , Arthur p.(2000). **Basic Human Genetics**.
- Maraj , Brian K.V. Hillman , Lili , Rebecca , Jeansonne , Jennifer & Ringenbach , Shannon D.(2003). **Verbal Instruction in motor skill Acquisition for persons with and without down syndrome**. Adapted Physical Activity Quarterly.
- Martin ,G.&Pear,J(1983) **Behavioral Modification; What it is And how to do it?** Prentice – hall. INC-New Jersey .

- Maston , E.J (1984). Behavioral Treatment of Psychometric complaints of Mentally Retarded adults. **American Journal of Mental Deficiency** (VOL.88).
- Meadow , S.R , Smithells , R.W. (1985). **Lecture Notes on Pediatrics.** 4thEd. Great Britain ; Alden press.
- Metcalf , F. & Feldman , D.(1982). The Effects of cooperative change planning in Reward and Response cost Token System on the Disruptive Behavior of an Elementary EMH class. **Exceptional children.**
- Millman,L.Heward,and others , (1981) **Therapies for School Behavior Problems.**Jossey-Bass , INC Publisher.
- Mitchell , RB , Call , E. Kelly , J.(2003). Ear , nose and throat disorders in children with down syndrome. **Laryngoscope.**
- Mohamed , Mohamed Gamal (1990). Parental Reaction To Having A child with Downs Syndrome. **Unpublished master degree.** Ain Shams University, Cairo – Egypt.
- Neukater, H,(1981). Teaching self control to mentally retarded students within a structured classroom setting. **International Journal of Rehabilitation Research** (VOL.4).
- Newberger , David S.(2000). Down Syndrome; RENTAL Risk Assessment and Diagnosis. **American Family Physician** .
- Newcomer, p(1980): **understanding and Teaching Emotionally Disturbed children,** Allyn & Bacon Inc.
- Nicols , A., Atkinson L,. Pepler , D.(2003). Mastery Motivation in Young Children with Down Syndrome relations with cognitive and Adaptive competence. **Journal of Intellectual Disability Research.**
- Nobel.D.E (1978). Behavior Research and Therapy. (VOL.32).
- O’Leary , K.D. & Becker, W.C (1967). Behavior Modification of an Adjustment class; A token Reinforcement Program . **Exceptional Children.** (VOL.33).

- O’Leary .K,D, & Drabman,R, (1971). “ Token Reinforcement Programs in the classroom; A Review” . **Psychological Bulletin** (VOL.75).
- Olsen , Jorgen H , Winther , Jeanette Flack , (2003). Down Syndrome and Neural Tube Defects in the Same Families, **The Lancet**.
- Patterson, G.R Jones. R. Whittier , J& Wright M.A (1965). A behavior Modification technique for hyperactive child. **Behavior Research and Therapy**.(VOL.2).
- Pueschel , Siegfried M.(2001). Young People with Down Syndrome; Transition from childhood to Adulthood. National Down Syndrome Society (NDSS). **From EBSCOhost database**.
- Ringenbach , Shannon D,. Erickson , Annica B, Kao , James C. (2003). Performance of Bimanual Circles and lines by adults with Down Syndrome. **Adapted Physical Activity Quarterly**.
- Roisen . Nancy J , Patterson , David (2003). Downs Syndromes. **The Lancet**. From EBSCOhost database.
- Ruggles, T.R. & LeBlanc , J.M(1982). Behavior Analysis Procedures in classroom teaching. In A.S. Bellback, M. Hensen, & A.E Kazdin. **International handbook of behavior Modification and therapy** , New York; Plenum Press.
- Sandford, D.A. Elzinga, R.H ; Grainger, W.H.(1987). Evaluation of Residential Behavioral Program for Behaviorally Disturbed, Mentally Retarded Young and Adults. **American Journal of Mental Deficiency**. (VOL.91).
- Shea,M, (1978) **Teaching Children and Youth with Behavioral Disorders**, Saint Louis; C.V Mosby Company.
- Simpkins , J. & Williams I.(19920). **Advanced Biology**. 3rd Ed. London; Collins Educational.
- Smith , Stephen W. (1990). Individualized Education Programs in special Education – form Intent to Acquiesce. **Exceptional Children**.
- Stainback, W.C.&Stainback,S.B,(1982) **Educating Children with Severe Maladaptive Behaviors**, New York ; Grune & Stratton.

- Stray- Gunderson, Karen., (1986). **Babies with Down Syndrome: A new parents guide.** London: Woodbine House.
- Suzler – Azoroff , B.& Mayer , G;(1977) **Applying Behavior Analysis; Procedures with Children and Youth** , New York; Holt, Rinehart, & Winston.
- Swanson H. Lee., & Reiwert R, **Teaching strategies for children in conflict curriculum**, (2nd Ed). Times Mirror Mosby College publishing, U.S.A. 1989.
- Smith , Deborah Deutsch , Lukasson , Ruth (1992). **Introduction to special Education; Teaching in Age of Challenge.** USA.
- Walker,J.E & Shea , T.M (1984) **Behavior Management; A Practical approach for Education.** S.T. Louis: Times Mirror
- Wechsler J, Greene M , McDevit M.A Anatsi J , Karp JE , Le Beau M.M , Crispino JD,(2002) Acquired mutations in GATL in the Megakaryblastic Leukemia of Down Syndrome. **Nat Genet.**
- Wehman , Poul , Mcianghlin , Philip(1981).**Program Development on Special Education.** New York. McGraw Hill Book Company. From EBSCOhost database.
- Yang , Quanhe , Rasmussen , Sonja A& Friedman ,J.M(1997). Mortality associated with Downs Syndrome in the USA from (1983-1997). **From EBSCOhost database.**
- Zachor , DA , Mroczek – Musulman E , Brown P.(2000). Prevelance of Celiac Disease in Down Syndrome in the united states. **Journal of Pediatr Gastroenterology Nutr.**
- Zeaman , D , & House , B.J.(1962). Mongoloid MA is Proportional to log CA. **Child Development.**