



Low Incidence Disabilities

May 25, 2017

Psychological Services

Definition

- 30 EC 56026.5.

"Low incidence disability" means a severe disabling condition with an expected incidence rate of less than one percent of the total statewide enrollment in kindergarten through grade 12. For purposes of this definition, severe disabling conditions are hearing impairments, vision impairments, and severe orthopedic impairments, or any combination thereof.

- 30 EC 56000.5.

(a) The Legislature finds and declares that:

(1) Pupils with low-incidence disabilities, as a group, make up less than 1 percent of the total statewide enrollment for kindergarten through grade 12.

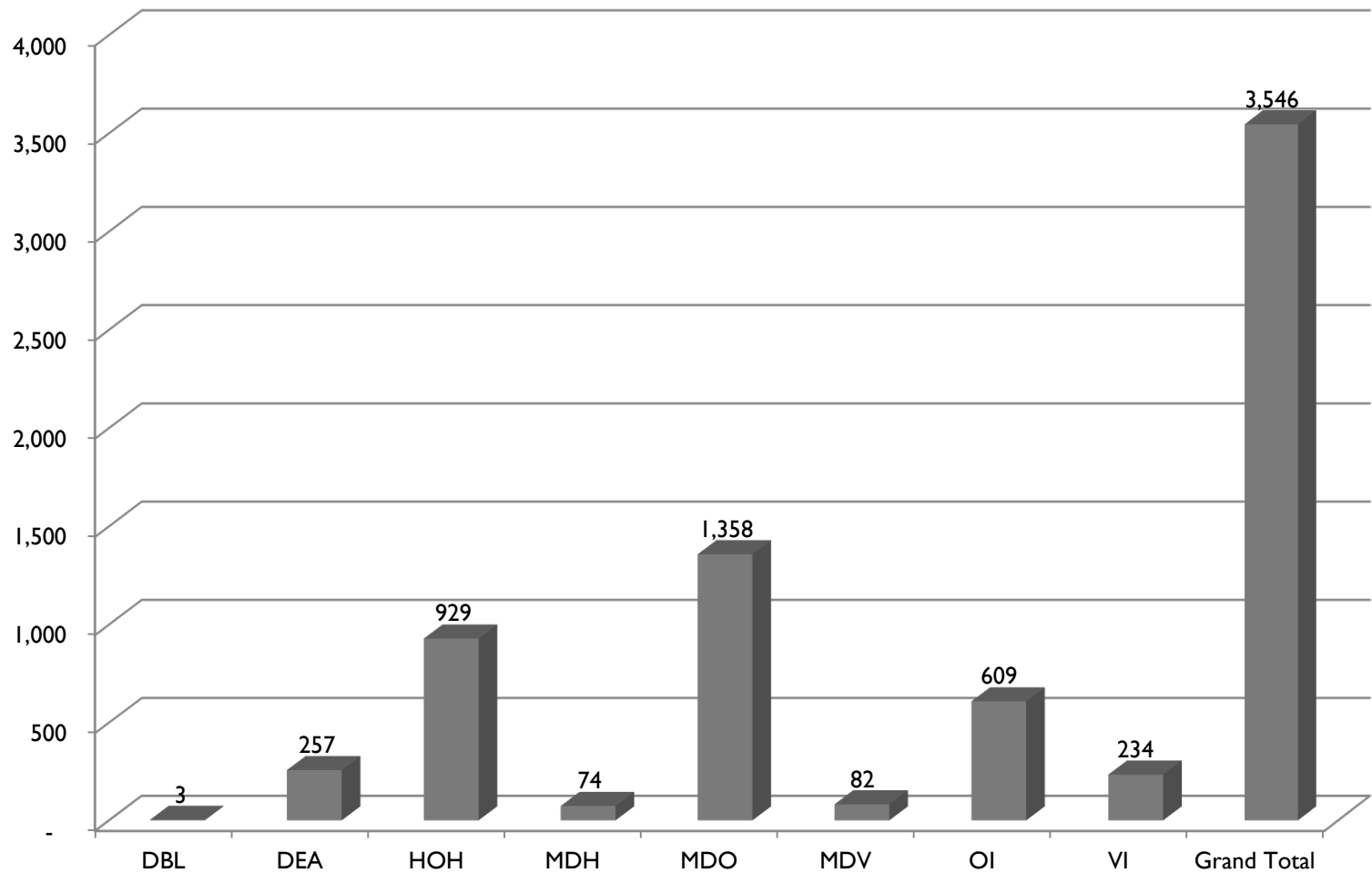
(2) Pupils with low-incidence disabilities require highly specialized services, equipment, and materials.

Eligibilities

5 CCR 3030.

- A pupil has a hearing impairment (**hard of hearing, HOH**), whether permanent or fluctuating, which impairs the processing of linguistic information through hearing, even with amplification, and which adversely affects educational performance. Processing linguistic information includes speech and language reception and speech and language discrimination.
- A pupil has concomitant hearing and visual impairments (**deaf-blindness, DBL**) the combination of which causes severe communication, developmental, and educational problems.
- A pupil has a visual impairment (**VI**), which, even with correction, adversely affects a pupil's educational performance.
- A pupil has a severe orthopedic impairment (**OI**) which adversely affects the pupil's educational performance. Such orthopedic impairments include impairments caused by congenital anomaly, impairments caused by disease, and impairments from other causes.

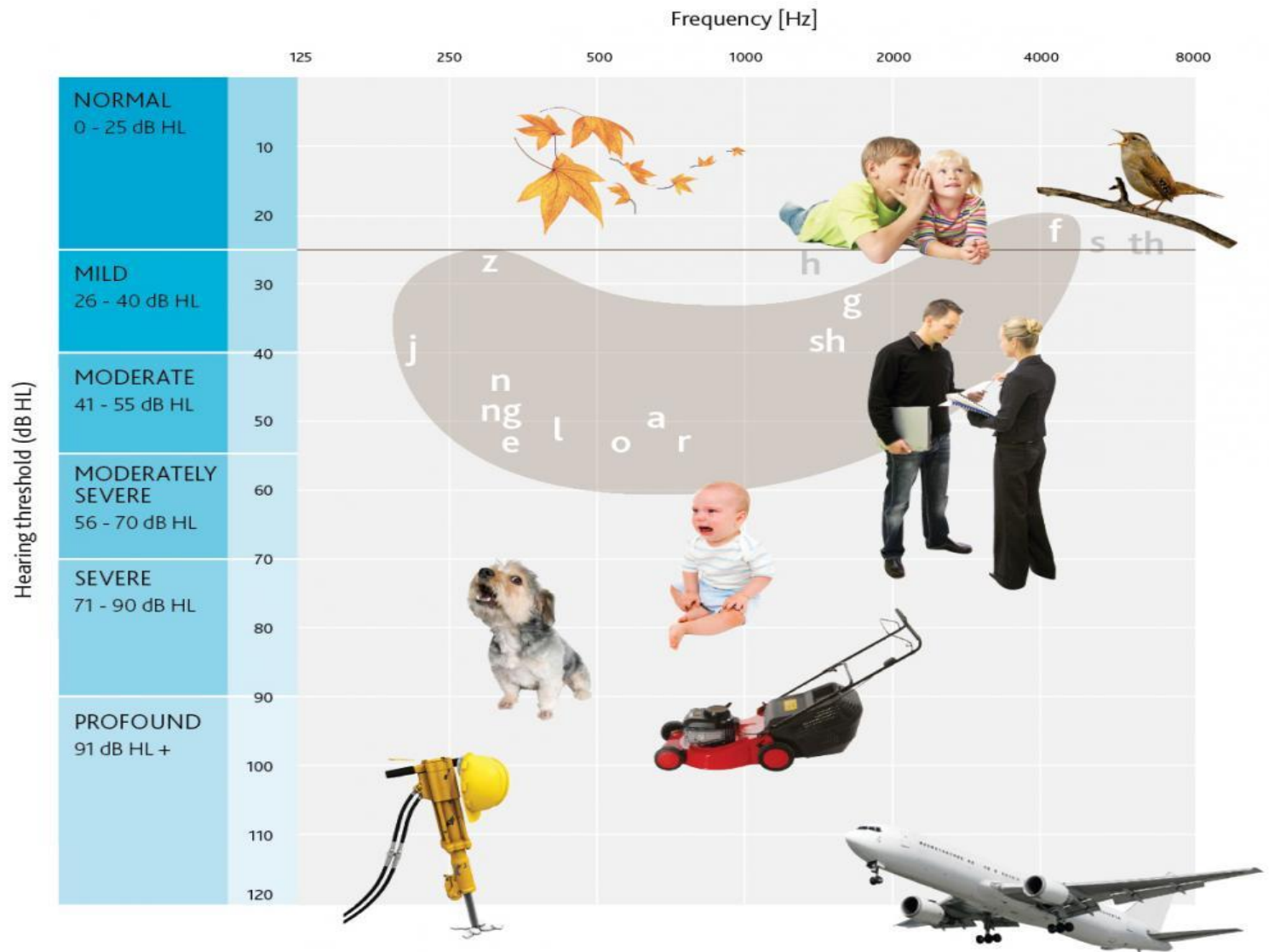
LAUSD Low Incidence Disabilities



Language Deprivation for Students with Hearing Loss:

- With communication access, there is a **foundation** for academic progress, social skills, communication/language skills, verbal reasoning, problem solving skills and identity development
- What happens when there is a lack of communication access? Language Deprivation.
 - Delays in all these areas, which leads to possible **misdiagnosis** of behavioral problems, cognitive delays, and susceptible to other psychiatric disorders (e.g. depression, anxiety, ADHD)

Degree of Hearing Loss



* Adapted from *Hearing in Children*. Northern J., Downs M., (1991) 4th Edition. Ch 1, page 17. Lippincott Williams & Wilkins.

Video

- Movie Trailer with Audio Description:
https://www.youtube.com/watch?v=O7j4_aP8dWA

Visual Deprivation

- The role of concept formation in cognitive development
- Lack of visual cues can impact access to contextual knowledge
- What do students need to support their learning?

Taboo Activity

- Form table groups of roughly 6-10
- Choose two people to sit in the center of the group. These will be the players. Face one another. No gestures, translation into another language, or “sounds like” clues
- Everyone else stands/sits around them in earshot to observe the process and be quiet participants.
- Player A has one minute to get Player B to guess as many of the taboo clues on the handout as they can
- Do not say any of the words listed below the target word (one observer be the judge)
- Keep score. Any correct guess that did not use a forbidden word counts as “1”
- Okay to say “pass”



Discussion

- How did the team use concept development to get the other person to answer?
- How did the team use common knowledge to get the other person to answer?
- How are concepts formed?
- Do you rely on sight or hearing in your development of concepts and as you navigate your environment? Give examples from the game or from real life.

Assessment of Low Incidence Disabilities

- For the consideration of low incidence disabilities as an eligibility, trained specialists will be responsible for the assessments and eligibility determination/recommendation
- Audiology, school nurse, vision assessor, etc
- Do not mention the low incidence disabilities in the reason for referral or eligibility section of your report since you are not considering them
- Contact your specialist

Psychologist Role in Assessment

- May or may not participate in the initial and triennial assessment
 - What is the reason for referral?
 - Does cognition need to be established for placement purposes?
 - Are other eligibilities also being considered such as SLD, OHI (ADHD), Autism, ID, or ED?
 - Does counseling need to be considered as a service?
- Multiple Disabilities-Orthopedic (MDO), Multiple Disabilities-Hearing (MDH), Multiple Disabilities-Vision (MDV)
 - For consideration of these, your report considers ID (not MDO/MDH/MDV). These would be considered by the IEP team in consultation with the school nurse

Preparing for Assessment for Students with HOH

- When an assessment plan is signed for a comprehensive psychoeducational evaluation for a student who is deaf or hard of hearing, **contact your Specialist**
- Find out how long the child has been using amplification

Preparing for Assessment of Students with HOH

- Consultation with DHH Itinerant, SDP teacher, and/or Audiologist, etc
- Do some information gathering
 - Ask the student if their device is working
 - Ask the student when their equipment was last serviced.
 - If student is using FM system make sure they aren't still connected to the class when you are doing testing.

Preparing for Assessment of Students with VI

- When an assessment plan is signed for a comprehensive psychoeducational evaluation for a student who is visually impaired, **contact your Specialist** to consult.
- Find out if the child is a print or Braille learner

Preparing for Assessment of Students with VI

- Consultation with Vision itinerant teacher, SDP teacher, or Orientation and Mobility itinerant, etc
- Whatever accommodations the student has in place should be utilized during assessment to maximize access (e.g. use of CCTV, Ipad to enlarge text, other assistive technology).

Preparing for Assessment of Students with OI/MDO

- Consultation with nurse, Physical Therapist, Occupational Therapist, Adapted Physical Education, Orthopedically Impaired Itinerants, etc.
- Find out the child's gross and fine motor limitations, if any

General Accommodations

- Consult with your specialist to determine what test might be appropriate to give
- Testing accommodations used must be discussed in your report if used
- If the accommodations are not specifically addressed and approved in the test manual, your standard scores may not be valid and information may be used anecdotally
- If the test you are using was not normed on the population you are testing, make a statement that the results need to be interpreted with caution

Accommodations for students with hearing impairments

- Limit visual distractions when assessing deaf and hard of hearing students.
- Make sure to have optimal seating, that your mouth is not covered and speak clearly (but do not exaggerate movements of mouth).
- Ensure the room is quiet
- Be cautious in interpreting visual and auditory distractions.
- Utilize the amplification device

Accommodations for students with vision impairments

- Limit auditory distractions when assessing visually impaired students
- Ensure that the assistive technology the student uses to access their educational materials is in place and working reliably.
- Be cautious in interpreting visual and auditory distractions.

Things to know about Students with Visual Impairments

- Teaching Students with Visual Impairments:

https://www.youtube.com/watch?v=dPC__R-Ma0&list=PL-u_LvTBjntGVICv7HX4TG2PLX89BhbWGG



Accommodations for Students with Orthopedic Impairments

- Special seating arrangements to accommodate physical limitations
- Activities may need to be altered to take into account poor gross or fine motor skills
- Use of augmentative or alternative communication devices or assistive technology

Conducting the Assessment

For students who are deaf or hard of hearing

- Verbally based subtests can be appropriate for informational purposes.
- Important to remember that language acquisition is impacted by hearing loss, so verbally based assessment results should not be perceived as a measure of verbal cognitive skills.
- In addition to the CAS 2, consider administering a second measure if appropriate
 - Consult with your specialist

Conducting the assessment

For students who are Deaf or hard of hearing

- Use standardized visual and visual-motor integration assessment tools
- Assessing Auditory Processing
 - Can administer the Successive subtests on the CAS 2
 - Can use standardized auditory processing measures
- Once assessment is complete, consult with your Specialist. Depending on results, you may be referred to consult with a DHH School Psychologist.

Conducting the Assessment

For students who are visually impaired

- Verbally based subtests are among the most commonly administered, to include portions of the CAS-2 or auditory processing measures.
- Depending upon the student's vision, you may be able to use standardized visually presented assessment tools, if they can be enlarged and comprehended.
- Depending upon the cognition of the student in question, you may be able to utilize modified criterion referenced measures for informational purposes.

Concerns with Validity of Rating Scales

- Have discussion with rater prior to completion of rating scales
- When administering rating scales, items related to listening , attention, or vision should be interpreted by the rater in terms of functional vision and accessible communication
- Document in the report that raters were instructed to interpret items in light of potential impairments

Reporting Assessment Results

- Determination of SLD eligibility is not to be based on auditory/visual processing deficits for students with HOH/VI.
- Results of auditory/visual processing and language assessment should be reported, this information is important for teachers and staff to know.
- Make a statement that the results need to be interpreted with caution. See samples.



Counseling Low Incidence

What Type of Students Would We Work With?

- When there are social-emotional needs that affect the child's access to their special education program
- Assessed need drives the supports we provide regardless of the disability

What Type of Students Would We Work With?

- If the child is able to communicate orally with or without assistive technology
- If the child does not communicate orally and perhaps communicates in another language such as ASL...there would likely be consultation with other providers (e.g. DHH School Psychologist)

Self-Advocacy

- An individual's ability to effectively communicate, convey, negotiate, or assert one's own interest, desires, needs, goals, and rights.
- Involved making informed decisions and taking responsibility for those decisions (e.g. the student knows what accommodations are needed and how to ask for them)
- Allows for successful navigation of the environment
- Is a key component to educational planning



Social-Emotional Needs of Students With Vision Impairment

- A visual impairment can socially isolate a student, impede typical social interactions, or limit social skill development
- Social difficulties are typically caused by a lack of information about the visual aspects of interacting with others
- Students who are blind will not be able to perceive nonverbal communication and students with low vision may not be able to perceive subtle nonverbal communication
- Difficulties are often reinforced by others' hesitancy to establish relationships with and communicate appropriate expectations

Examples of Social Emotional Learning Skills in Need of Development For Students with VI

- Ability to control body posture, movement and physical mannerisms in acceptable manner (Self Management)
- Awareness of appropriate social distance for various communication situations (Social Awareness/Social Management)
- Ability to identify and share feelings about own visual impairment in relation to being accepted by peers (Self Awareness/Self Management)
- Ability to recognize teasing and develop appropriate ways to handle it (Self Awareness/Social Management)

Common Counseling Strategies/Accommodations for Students with Vision Impairment

Common Accommodations

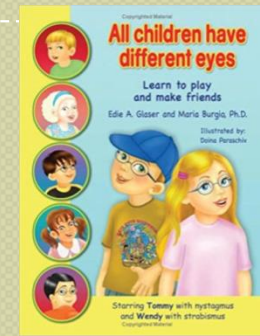
- Ensure that any visuals are supplemented by other input such as auditory (ex. text to speech software) or tactile
- Enlarged materials
- Adapt the physical environment (ex. have group in a circle versus side by side)

Resources

- Getting To Know You: A Social Skills and Ability Awareness Curriculum



- All children have different eyes



Hard of Hearing Background/Statistics

- 95% of Deaf children are born to hearing families (Mitchell & Karchmer 2004)
- 90% of these families have no background in deafness or connections to the deaf community (Center for Demographic Studies 1984)
- Due to the low incidence nature of deafness and communication issues, the prevalence of mental health problem is greater among the DHH population.



Mental Health and Students with HOH

In addition to the known causes of mental health problems found in the general population, it often is the attitudinal or physical barriers surrounding deafness that manifest the “second layer” of mental health problems in deaf and hard-of-hearing individuals.

Factors to consider:

- Growing up “isolated or feeling left out” at home or school is a common experience shared by most of the deaf and hard-of-hearing children where communication or information access is limited and restricted.
- Being placed in a mainstream setting, students may not have opportunity to interact with other children like themselves and may not be exposed to successful role models.
- Several studies report higher incidence of substance abuse in the deaf community.

Social Emotional Needs For Students with HOH

- Deaf children whose families speak and sign have higher self-esteem than those with families that use only spoken language.
- Deaf children who lack effective communication skills have difficulty controlling their behavior and regulating their reactions to stressful situations, and they have less knowledge about social rules...their self-esteem and independence are less well developed.

Self-esteem is Positively Affected by:

- Visual communication in the home (ASL)
- Identification with the Deaf community (similar others)
- Self -acceptance (coping without covering)
- Bicultural skills (functioning well in both the Deaf and hearing world)

What Should You Do For HOH Students in Your School?

- Small group discussions which focus on:
 - HOH identity
 - Deaf culture
 - Self-advocacy
- Provide ASL interpretation, if needed
- Foster peer-peer conversation

Accommodations when Counseling Students with Orthopedic Impairments

- Special seating arrangements to accommodate physical limitations
- Activities may need to be altered to take into account poor gross or fine motor skills
- Use of augmentative or alternative communication devices or assistive technology



Social Emotional Needs of Students with Orthopedic Impairments

Goal is to promote social competence skills

- Strategies for developing peer relationships
- Initiating and responding in social interactions
- Working cooperatively in groups
- Understanding expectations in various social situations

Resources

- <http://clerccenter.Gallaudet.edu>
- <https://successforkidswithhearingloss.com>
- www.handsandvoices.org (National)
- www.wahandsandvoices.org (WA)
- www.nad.org
- www.wsdsonline.org
- <http://vl2.gallaudet.edu/>
- www.deafhoodfoundation.org

References:

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- Laurent Clerc National Deaf Education Center and Boston Children's Hospital (2015) Students with Cochlear Implants: Guidelines for Educational Program Planning, Appendix E: Self-Advocacy Skills.
- Lytle, L., & Oliva, G., (2016). *Raising the Whole Child: Social-Emotional Development in Deaf Children*. NSF Science of Learning Center on Visual Language and Visual Learning. Gallaudet University
- Sacks, S. Z. & Wolfe K. E. (2006) Teaching social skills to students with visual impairments: From theory to practice. New York: AFB Press.