TAESE
Technical Assistance for Excellence in Special Education

Low Incidence Disabilities

Wyoming Booster Session #6

Utah State University

Disclaimer

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Objectives

- Participants will gain knowledge about low incidence disabilities and how they relate to IDEA disability categories.
- Participants will become familiar with independence building strategies.
- Participants will learn strategies for effective cuing, prompting, and fading in their work with students with low incidence disabilities.

Low Incidence Disabilities

IDEA disabilities, categories, definitions, examples, and characteristics

IDEA, Section 1462(c)(3)

Definition:

- (A) A visual or hearing impairment, or simultaneous visual and hearing impairments;
- ★ (B) A significant cognitive impairment; or
- ★ (C) Any impairment for which a small number of personnel with highly specialized skills and knowledge are needed in order for children with that impairment to receive early intervention services or a Free Appropriate Public Education (FAPE).

Low Incidence Disability (B)(C)

- Other Health Impairment (OHI)
- Autism Spectrum Disorder (ASD)
- Orthopedic Impairment
- Intellectual Disability
- Traumatic Brain Injury (TBI)
- Multiple Disabilities

Other Health Impairment OHI

- Other health impairment means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that—
  - (i) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and
  - (ii) Adversely affects a child's educational performance. [§300.8(c)(9)]

Autism Spectrum Disorder

- Persistent deficits in social communication and social interaction across multiple contexts.
- Restricted, repetitive patterns of behavior, interests, or activities.
  - Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).
  - Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.
  - These disturbances are not better explained by an intellectual disability (intellectual developmental disorder) or a global developmental delay.

ASD- Social Communication

- Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
- Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.
- Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

ASD- Restricted, Repetitive Patterns

- Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
- Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).
- Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
- Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

Orthopedic Impairment

- **Orthopedic Impairments** - includes impairments caused by
  - Congenital anomalies - clubfoot, absence of limb
  - Disease - bone tuberculosis
  - Cerebral palsy
  - Amputations
  - Fractures or burns resulting in contractures

Intellectual Disabilities

- Intellectual disability is a term used when there are limits to a person's ability to learn at an expected level and function in daily life. (CDC)
- Examples (not exhaustive):
  - Down syndrome
  - Fragile X syndrome
  - Fetal alcohol syndrome
  - Prader-Willi syndrome

Traumatic Brain Injury (TBI)

- Traumatic brain injury means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. Traumatic brain injury applies to open- or closed-head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.
- Examples (not exhaustive):
  - Stroke
  - Near-drowning
  - Aneurysm
  - Concussion

Multiple Disabilities

- Multiple disabilities means concomitant [naturally accompanying or associated] impairments (such as intellectual disability-blindness or intellectual disability-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments.

Low Incidence Strategies

Building Independence

Student Independence

- Shift focus to more important aspects of your role.
- Gain a better understanding of student skill.
  - So you can help fill the true understanding gaps.
- Prepare your student for life after having a paraeducator (and for after school).

Independence Breakdown

- Preparing to begin work
  - Making a plan, gathering materials, shifting focus.
- Work Initiation
  - Knowing how to start, motivational issues, self-esteem issues.
- Work Completion
  - Distractions, getting “stuck”, giving up
- Doing your best.
  - Work is rushed, not checked, not what was asked for.

Preparing to Begin Work- Executive Function

- **Executive Function**: The executive functions are a set of processes that all have to do with managing oneself and one's resources in order to achieve a goal. It is an umbrella term for the neurologically-based skills involving mental control and self-regulation.
- Do you have a student who…
  - Can't transition away from the last activity? Never has a pencil or their book open to the correct page? Can't seem to manage the time they've been given? Rushes through their work and doesn't check it?

Preparing to Begin Work

- Making the Cognitive Shift
  - Future Vision
- Get Ready. Do. Done.

Work Initiation

- “I don’t know what to do.”
  - Auditory processing, attention deficits, executive function.
- “I hate this/ I’m not good at it.”
  - Breaking Down the Activity (Accurate Thinking)
    - Break down the components and sort them.
    - Writing: Making a web/plan, coming up with a title, thinking of an idea, organizing the piece etc.

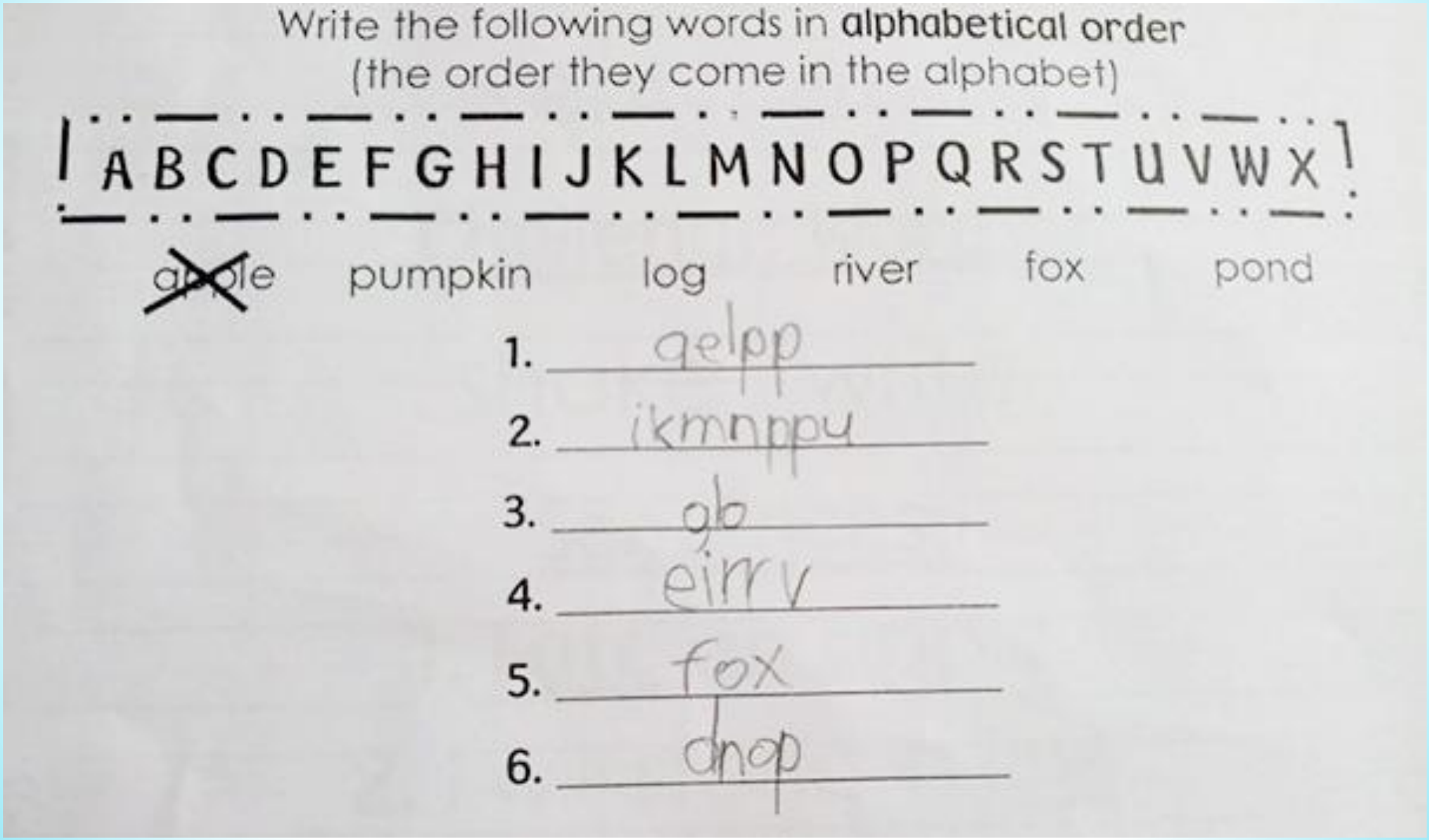
Work Completion

- “I got distracted.”
  - Attention deficits
- “I didn’t have enough time finish.”
  - Attention deficits, time management, work avoidance.
- “I give up, I can’t do this.”
  - Low frustration tolerance, low self-esteem, work avoidance, risk-averse.

Doing Your Best

- Students rushing through work.
- Students not checking themselves as they go.
- The student's work is not representative of the task that was assigned.
- Students becoming very frustrated when asked to re-do work.

Are the Instructions Clear?



Low Incidence Strategies

Cuing, prompting, & fading

Why Are We Talking About This?

- Cueing, prompting, and fading techniques are crucial with many low incidence disability populations.
- An over-dependence on prompting instead of cuing can lead to student independence breakdown.
- Inappropriate fading can lead to an over-dependence on educator support.

Cueing vs. Prompting

- A prompt is extra support that is added in the form of hints or reminders for a person to achieve success in a skill. Usually, the prompt being added does not look like anything relating to the skill.
- A cue is something in the environment relating to the skill that naturally reminds the person to do the skill.
  - For example, if you were to guide a child's hand to turn on the light, your hand-over-hand support has nothing to do with turning on the light (you could give hand over hand support for any issue). This is a **prompt** because you are adding support to teach the child a new skill. However if the child entered a dark room and turned on the light, the darkness of the room is considered the child's **cue** to turn the light on.

Types of Prompting

- **Gesture** - simple gestures like pointing to the next step (e.g., pointing to the light switch or tapping the light switch).
- **Model** - showing/demonstrating how to complete the task for the child to imitate (e.g., you turning the light on and then back off for the learner to imitate).
- **Physical** - guiding the child to do the task through touch (e.g., hand-over-hand to flip on the light switch).
- **Visual** - picture or written instructions (e.g., a picture of a person flipping the light switch).
- **Verbal** - saying the instructions (e.g., “turn on the light”).

What is Cueing?

- **Cues are the end goal when fading prompts**, so when the student naturally sees the cue, they will complete the skill they've already learned. Cuing is an action intended to encourage the student to initiate or continue a task he or she has previously performed.
- What are some cues for you to do laundry?
  - Full laundry hamper
  - Want to wear a favorite shirt that's dirty
  - Ran out of underwear
  - Traveling soon and need to pack
  - It's Sunday morning

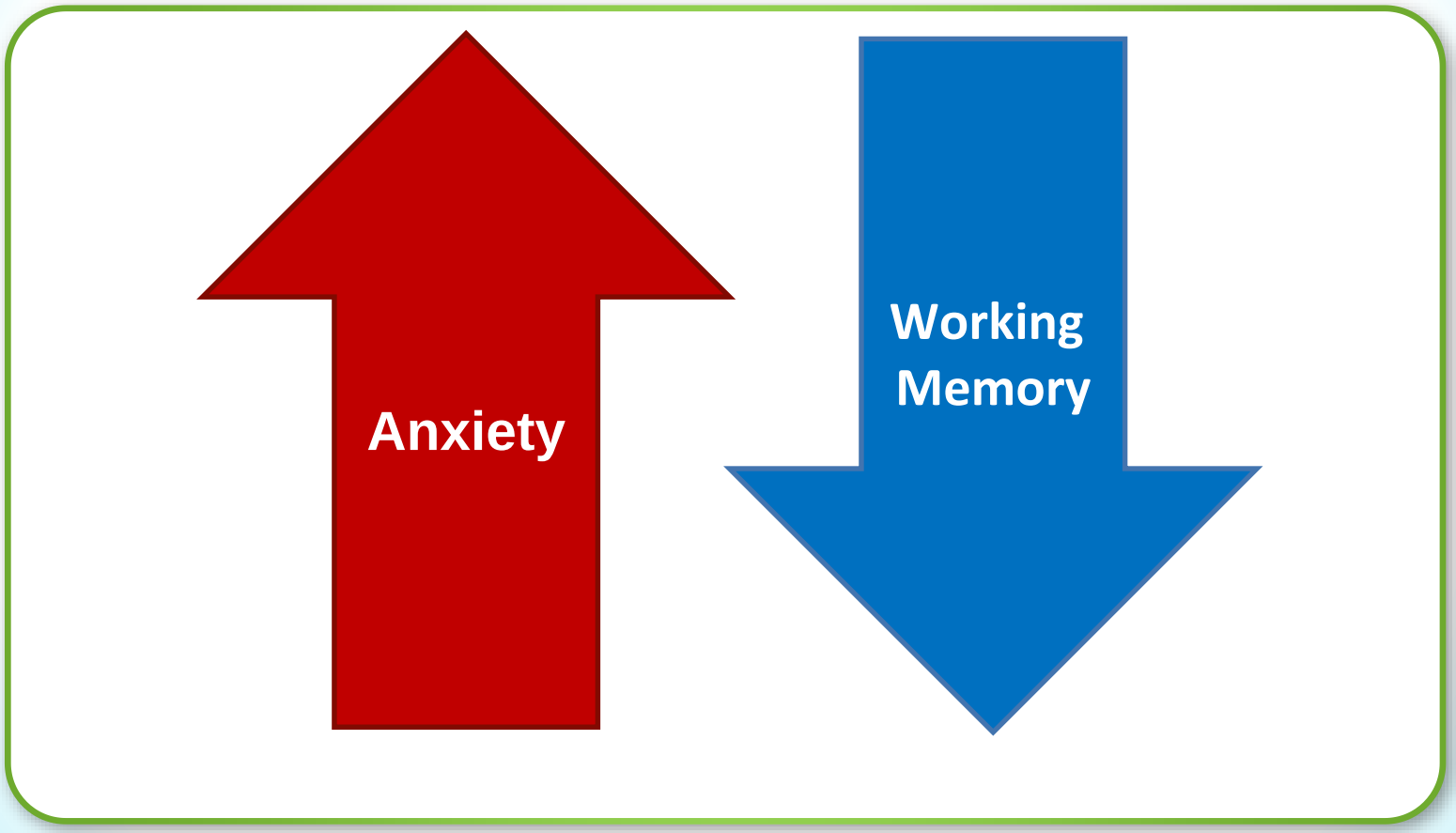
Modeling Prompts

- Modeling prompts can be done by showing the child what you want them to do by modeling or demonstrating for them in real time.
- Modeling can also be done using video modeling.
  - This technique works well for students who are very interested in electronics and who are very compelled by screen time.

Verbal Prompts

- Verbal prompts are most difficult for many students with disabilities but are the by far the most commonly used.
- Pairing verbal prompts with visual prompts or cues can be effective in teaching the child the verbal prompt.
  - **Example:** Telling a child it is time to sit for reading may not be as effective as telling them it's time, and then going to a space where reading is always done (cue), showing them a first/then board with reading first and play time next (prompt), taking out the timer you always set for how long the activity will last (prompt), and setting their book on their desk (cue).

Cueing to Learn - Pairing Cues



(Minahan, Harvard Education Press, 2014)

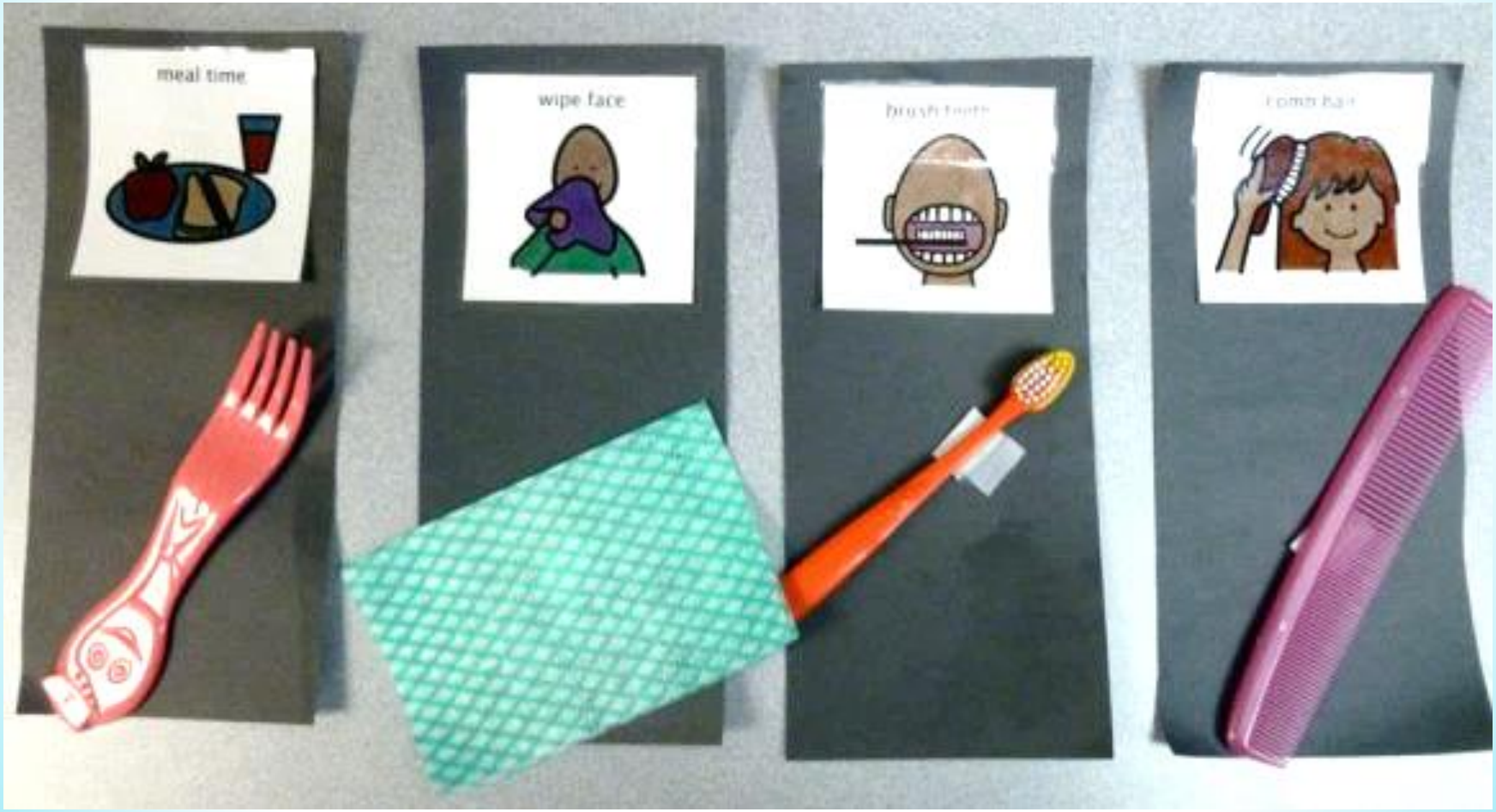
Types of Cues

- Objects
- Pictures/Visuals
- Sounds
  - Chimes, songs, etc.
- Places
- Verbal

Objects

- Objects can either guide the student from one activity to another or alert the student to what activity will be occurring.
- Transition objects
  - Alert the student to what is about to happen so the student feels less anxious and more prepared.
  - Can ease the transition from one space or activity to another.

Visual Object Schedule



Sounds

- Sounds can signal the end of a current activity or the beginning of the next.
- Sounds can be paired with behaviors, and after practiced can trigger the behavior even in moments of distress.

Places

- Being taken to a particular place where one thing generally happens can alert you to what is about to occur.
- Places can start to be seen as good or bad depending on what generally happens in that space.
- Pairing a place with a routine can trigger that routine in times of distress.

Fading Prompts

- Once success is achieved, prompts can begin to be faded out.
- Support can be added and retracted as needed.

Example:

4. Full hand over hand, moving the child's hand for them.
3. Full hand over hand, letting the child lead, correct when needed.
2. Gentle touch, guiding the child.
1. Gentle touch, correct when needed.

Pairing with Reinforcers

- Success should be paired with reinforcers to keep the child interested and motivated.
- Just like with prompts, reinforcers should begin to fade fairly quickly for successful skills and become intermittent.
- Release of dopamine occurs not when we get a reward but when we anticipate one (the reward system).


Keep the main thing
the main thing!

Institute for Disability Research, Policy & Practice

This document was developed by the Center for Technical Assistance for Excellence in Special Education (TAESE) of the Center for Persons with Disabilities, University Center for Excellence in Developmental Disabilities in the Emma Eccles Jones College of Education and Human Services at Utah State University.