



CHAPTER 13:

Learners with Low-Incidence, Multiple, and Severe Disabilities

***Exceptional Learners: An Introduction to Special
Education***

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Topics

- Definition and prevalence
- Traumatic brain injury
- Deaf-blindness
- Educational considerations
- Early intervention and transition

Definition and Prevalence

- People with severe disabilities:
 - require extensive ongoing support
 - typically have more than one disability
 - represent a relatively small percentage

Definition of Traumatic Brain Injury

TBI is brain damage acquired by trauma that results in neurological, cognitive, and psychosocial consequences.

- Injury to the brain caused by external force
- Injury not caused by degenerative or congenital condition
- Diminished or altered state of consciousness
- Neurological or neurobehavioral dysfunction
- Open head or closed head injuries

Possible Effects of Traumatic Brain Injury

remembering	learning new information
speech/language	difficulty sequencing
making sense of things	uneven ability performance
uneven progress	inappropriate manners
understanding humor	easily tired, frustrated
unreasonable anxiety	irritability
mood swings	depression
aggression	perseveration

Traumatic Brain Injury

- Prevalence
 - 250:100,000 children
 - A “silent epidemic”
 - Males more prone than females
- Causes
 - Under age 5, accidental falls
 - After age 5, vehicular accidents

Educational Considerations for TBI 1

- Transition from hospital to school
- Team approach
- IEP for cognitive, social, and sensorimotor domains
- Strategies for sustaining attention, remembering previously learned skills, learning new things, dealing with fatigue, engaging in social behavior
- Emphasis on cognitive processes
- Plans to address long-term needs

Educational Considerations for TBI 2

- Language disorders
 - Greatest complicating factor in returning to school
 - Motor-speech disorder
 - Related primarily to cognitive and social demands
 - May need alternative or augmentative communication
- Social and emotional problems
 - Behavior modification or management
 - Consistency, predictability, reinforcement
 - Recovering sense of self

Deaf-Blindness

- Factors affecting outcomes
 - Quality and intensity of instruction received
 - Degree and type of visual and auditory impairment varies dramatically
 - Vast majority have other disabilities and medical conditions

Definition and Prevalence of Deaf-Blindness

- Poor central visual acuity or/and a field defect
- Hearing, so severe speech cannot be understood without amplification
- Combination has extreme affect on daily life activities, psychosocial adjustment, or obtaining vocation
- Criteria vary from state-to-state
- Rare: 1,583 students received services in 2011

Causes of Deaf-Blindness

- Genetic/chromosomal syndrome
 - CHARGE syndrome: abnormalities of pupil, retina, or optic nerve
 - Usher syndrome: retinitis pigmentosa (night blindness and tunnel vision)
 - Down syndrome
- Prenatal conditions
 - Rubella or German measles
 - Congenital cytomegalovirus
- Postnatal conditions
 - Meningitis
 - TBI

Psychological and Behavioral Characteristics of Deaf-Blindness

- Problems accessing information
- Problems communicating
 - Pattern of isolation
 - Importance of language-rich environment
- Problems navigating the environment

Educational Considerations for Deaf-Blindness

- Importance of direct teaching
- Importance of structure, predictability
- Communication
 - Braille
 - Adapted signs
 - Touch cues
- Orientation and mobility
 - Assistance cards
- Considerations for Usher syndrome
 - Progressive visual impairment
 - Early training in braille and O&M

Educational Considerations for Students with Low-Incidence, Multiple, and Severe Disabilities

- Augmentative or alternative communication
 - Manual or use of special equipment
 - Challenges
 - Slower than natural communication
 - Relies on a vocabulary selected by others
 - Must be constructed for variety of social contexts

Educational Considerations 2

Disagreement over whether FBS, PBIS, and nonaversive treatments are sufficient in all cases of severe (especially potentially harmful) behavior.

- Self-stimulation
- Self-injury
- Tantrums
- Aggression toward others
- Lack of daily living skills

Early Intervention for Children with Low-Incidence, Multiple, and Severe Disabilities

Many begin life in neonatal intensive care units. “Early intervention” may be early in life, or as soon as possible after a disability is detected.

- Research-or value-based practices
- Family-centered practices
- Multicultural perspective
- Cross-disciplinary collaboration
- Developmentally and chronologically age-appropriate practices
- Adherence to principle of normalization

Transition for Students with Low-Incidence, Multiple, and Severe Disabilities

- Changing philosophy
 - Self-determination
 - Person-centered plans
 - Natural supports
- Vocational programming
 - Shift to actual work settings in secondary school
- Community and domestic living skills