ILLINOIS SCHOOL FOR THE DEAF OUTREACH
FREE training and consultation for Illinois children with hearing loss

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State of Illinois
Dept. of Human Services
Illinois School for the Deaf

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Students with Hearing Loss and Other Disabilities

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Who are these students? What can we do?
Syndromes

There are over 400 multiple anomaly syndromes in which hearing loss is listed as a significant feature.

- Waardenburg Syndrome
- Usher Syndrome
- Pendred Syndrome
- Stickler Syndrome
- CMV – Congenital Cytomegalovirus
- CHARGE Syndrome

Educational planning can be difficult because few teachers are trained to teach children with additional disabilities.

Challenges:
- Experienced failure
- Distraction or hyperactivity
- Short attention spans
- Memory problems
- Processing problems
- Need for ancillary services PT, OT, etc.

Just how many children are we talking about?

- Counting is difficult but we are estimating that 20% to 40% of students with hearing loss have another impacting disability.

Center for Assessment and Demographic Studies of the Gallaudet Research Institute collected statistics
We're going to focus on 3 disorders/syndromes today

- Sensory Processing Disorder, *aka Sensory Integration Disorder*
- Autism
- ADHD

We'll start with Sensory Processing Disorder (SPD)...

- We are constantly experiencing sights, sounds, touch and movement.
- How we process all of those sensations determines how well we function in our environment.
- Poor sensory integration is called Sensory Integration Dysfunction, now known as Sensory Processing Disorder.

For most of us, sensory processing occurs automatically.

However, for up to 70% of students with learning disabilities the process is inefficient.
SPD

- Overly sensitive to touch, movement, sights or sounds
- Under reactive to touch, movement, sights or sounds
- Easily distracted
- Social and/or emotional problems
- Activity level that is unusually high or unusually low
- Physical clumsiness or apparent carelessness

- Impulsive, lacking in self control
- Difficulty in making transitions from one situation to another
- Inability to unwind or calm self
- Poor self concept
- Delays in speech, language or motor skills
- Delays in academic achievement

Diagnosis of Sensory Processing Disorder

- Evaluation by qualified PT or OT
  - Standardized testing
  - Structured observations of:
    - responses to sensory stimulation
    - posture
    - balance
    - coordination
    - eye movements
  - Information from teachers, parents and other therapists
What areas are addressed in Sensory Processing Therapy?

• Tactile
  o touch

• Vestibular
  o movement

• Proprioceptive
  o body position

What can be done about it?

• Individualized treatment plan may include:
  o Therapy in a sensory enriched environment
  o Lots of swinging, spinning, tactile, visual, auditory and taste opportunities
  o A combination of alerting, organizing and calming techniques
  o Attention to child’s reaction to more vs. less complexity
  o Caregivers being taught correct techniques for additional “at home” therapy
  o Child’s motivation and selection of activities guides the therapy

What types of activities might be used by the OT?

• Therapeutic body brushing
• Lifting and pulling heavy things
• Swinging/rocking
• Scooter board
• Deep joint compression
• A weighted vest
• Rolling a big ball over the body
• Dimming the lights
• Arts and crafts activities
Attention Deficit Hyperactivity Disorder

ADHD is a very complex neurobiochemical disorder.

Parents and teachers do **NOT** cause ADHD.

There are three subtypes of ADHD

- Predominately Inattentive Type
- Predominately Hyperactive-Impulsive Type
- Combined Type (inattention, hyperactivity-impulsivity)
ADHD

- Fails to give close attention to details – makes careless mistakes
- Difficulty sustaining attention in tasks or play
- Often seems not to listen when spoken to directly
- Does not follow through with tasks – fails to finish (not due to oppositional behavior)
- Has difficulty organizing tasks
- Is resistant to tasks that require sustained mental effort (school work, homework, etc.)

- Often loses things necessary for tasks or activities (toys, tools, pencils, books)
- Easily distracted by extraneous stimuli
- Forgetful in daily activities
- Fidgets, squirms in seat
- Leaves seat when should remain seated
- Runs about or climbs excessively (inappropriately)
- Has difficulty playing or engaging in leisure activities quietly

- Talks excessively
- On the go...driven by a motor
- Blursts out answers before question is completed
- Has difficulty waiting his turn
- Interrupts or intrudes

Symptoms must:
- be present at least 6 months
- be present in 2 or more settings
- cause problems before age 7
- be developmentally inappropriate
• Weak problem solving
• Poor sense of timing
• Inconsistency
• Difficulty resisting distraction/delaying gratification
• Problems working toward long term goals
• Low boiling point for frustration
• Emotionally over-reactive
• Changeable mood
• Poor judgment

What is the recommended treatment approach?
• Education of the patient, parent and teacher about the disorder
• Medication, usually from the class of drugs called stimulants (in recent years non stimulant drugs have been produced but the stimulant drugs tend to have better outcomes for most patients.
• Behavior therapy
• Other environmental supports, including an appropriate school program

So what can we do?
• Remember; it’s not a matter of deliberate choice on the part of the child.
• Provide external incentives to follow the rules.
• Give extra praise and encouragement.
• Follow a step by step approach.
• Let the student earn special privileges.
• Alternate action with requests for attending.
• Consider a special diet and/or exercise program.
...and what else?

- Minimize visual distraction where attention is required.
- Provide good listening environment for children with usable hearing.
- Agree on a small signal to help child remember to remain calm.
- Have child near you for ease of attention getting.
- Enlist parent help.
- Don't sweat the small stuff.

Moving On....


What about autism?

"...autistic spectrum disorder is not a mental illness...it is a developmental disability thought to be caused by an anomaly in the brain."

- 1 in 59 children who are d/hoh are also autistic. This number is likely higher and climbing.
Autism

- Lacks or uses non-speech sounds
- Lacks early gestures (i.e. pointing)
- Is remote, disengaged
- Lacks interest in interaction / initiator only
- Insists on routine/prefers the familiar
- Perseverates on object/motion (i.e. spinning)
- Has limited range of interests and play strategies
- Has difficulty focusing on more than one sensory input

Helpful strategies

- Figure out their sensory diet
- Analyze repetitive behaviors for possible transfer
- Give time for transition
- Provide visual schedule
- Develop and drill on communication strategies
- Develop calming strategies
- Think of replacement behaviors

Teaching Reading to Someone with Autism

- Characteristics
  - Extremely visual
  - Very literal
  - Require focus
- Strategies
  - Begin with object
  - Move on to pictures
  - Add text to pictures
  - Use text only
So now we know a bit more about these “other” categories: what can we do about it?

Teachers are an essential link.
• Know the characteristics
• Participate in ongoing workshops
• Design a learning profile for each student
• Develop effective teaching techniques
  o Always gain attention first
  o Call student by name
  o Use visual aids
  o Write assignments on the board
  o Give extra time for answers

What about education planning?
• Strive to develop independent functioning as much as possible
• Develop the IEP as a team
• Coordinate efforts and include all team members:
  o parents
  o teachers
  o support personnel
  o other professionals in direct contact with the child

Let’s face it, few teachers are trained to teach children with additional disabilities.
What about Materials and Strategies?

• No one technique or strategy is appropriate for all children.

• Emphasis should be placed on what a child CAN do... Not what they CAN’T do.

Learning Styles

• Auditory
• Visual
• Kinesthetic
• A combination

Curriculum must be presented in a format compatible to the learning style of the student to make new learning happen.

Global v. Analytical Thinkers

Global Thinkers

• whole to parts
• hands-on learning
• organizes visually
• learning styles focus
• immerse the senses
• seek patterns and connections
• technology assistance
• integrate skills into context
• concrete to abstract

Analytical Thinkers

• cause & effect
• organizes sequentially
• auditory remembering
• independent
• aesthetic, less sensory than global
• understands symbolism
Differentiated Instruction

- Providing different avenues for acquiring content, processing or making sense of ideas, and developing products.
- It is NOT an individualized lesson plan
- It is NOT chaotic and unorganized
- It is NOT teaching to the ‘middle’
- It is NOT just making a few accommodations and adaptations

Key Elements of Differentiated Instruction

- Acknowledge similarities and differences
- Focus on “quality” not “quantity”
- Provide multiple approaches to content, process, and product
- Student centered
- Flexible grouping and pacing
- Collaborative
- Assessment is varied, on-going and guides instruction and learning tasks

Surface Management

- **NON VERBAL TECHNIQUES**
  - Planned Ignoring
  - Signal Interference
  - Proximity Control
- Interest Boosting
- Supportive Removal
- Restructuring Classroom Program
- Support from Routine
- Direct Appeal to Values
- Removing Seductive Objects
- Support through Humor
- Planned Ignoring
- Signal Interference
- Proximity Control
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Goals of Misbehavior

- Attention-getting
- Control of the Interaction
- Revenge
- Display of Inadequacy
- Sensory Regulation

Characteristics of a successful program:

- A “can do” attitude
- Highly structured
- Specific, clearly stated objectives
- Focus on individual needs
- Step-by-step instruction
- Individualized objectives and instructional procedures
- Consistent routines
- Age appropriate materials
- Provision for successful experiences
- Repetition to the point of over-learning
- Transfer of in natural environments
The students we are discussing face extra challenges, especially when learning to read.

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Time on task

- Research indicates students need to spend 2 hours every day on learning to read.

- Students that find reading difficult need at least 2 ½ hours.

from the California Reading Initiative

And more...

- Provide individualized instruction
- Provide a structure for learning
- Provide structured language if needed
- Build self-esteem
- Meet with parents/guardians
- Understand the laws and procedures
- Advocate on behalf of your students
- Be positive
We are not alone...or...who else can help?

The Team
(in and out of school)

- Audiologist
- Classroom teacher
- Neurológist
- Occupational therapist
- Optometrist
- Ophthalmologist
- Otologist
- Teacher’s aide
- Parents
- Pediatrician
- Physical therapist
- Psychiatrist
- School nurse
- School psychologist
- School social worker
- Special ed teacher
- Speech language pathologist

Occupational Therapists can help with...

- Small motor function
  - handwriting
  - drawing
  - eye-hand coordination
  - feeding/swallowing
  - speech skills (work with speech pathologist)
  - cognitive skills (work with classroom teacher)
  - sensory issues

- Occupational Therapists can help with...
  - Sensory issues
Physical Therapists can help with...

- Large motor function
  - balance
  - sitting
  - crawling
  - walking
  - running
  - riding a tricycle
  - using upper body
  - increasing strength

Speech and Language Therapists can help with...

- Using whatever means of communication is possible for the child
  - Work on articulation, breathing, tongue control, etc.
  - Role play appropriate social interaction
  - Practice making choices
  - Reinforce new vocabulary/language
  - Practice control of vocalization
  - Practice appropriate modulation
  - Reinforce turn taking behavior
  - Provide therapy for swallowing problems
  - Reinforce survival communication strategies

Auxiliary school personnel can SO helpful!!!

- Dietitian
- Janitor
- Lunchroom staff
- Office staff
- Older students
- Parent volunteers
- Peers
- School volunteers
Parents are key!!!

• Parents can:
  o Maintain consistency in the student's life.
  o Help the student maintain self-discipline.
  o Help with homework...consistency in learning.
  o Encourage good nutrition and a good night's sleep.
  o Give positive reinforcement and encouragement.
  o Maintain home/school communication.
  o Provide outside activities that build self-esteem.
  o Provide love and acceptance.

Remember

Every student has some kind of talent. It's our job to be “talent scouts”.

Excellent information is available from Parent Center Hub

http://www.parentcenterhub.org/
Summary

• These students present special challenges in planning, teaching and scheduling.
• Every student has unique needs.
• There are other professionals that can support you, the student and the family.
• Get the support of the family to reinforce learning.
• Look for what the students CAN do.

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