Deaf Plus Social Disabilities

Part 1: Definitions, Incidence, Identification - Social Disabilities (Autism and Emotional/Behavioral Disorders)

IDEA/Law Definitions:

Definitions of disability terms. The terms used in this definition of a child with a disability are defined as follows: (1)

(i) Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

(ii) Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in paragraph (c)(4) of this section.

(iii) A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in paragraph (c)(1)(i) of this section are satisfied.

(i) Emotional Disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

(A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.

(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

(C) Inappropriate types of behavior or feelings under normal circumstances.

(D) General pervasive mood of unhappiness or depression.

(E) A tendency to develop physical symptoms or fears associated with personal or school problems.

(ii) Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance under paragraph (c)(4)(i) of this section.

Information retrieved from: http://idea.ed.gov/explore/view/p/root,regs,300,A,300%252E8

Emotional/Behavioral Disorders: Many terms are used to describe emotional, behavioral or mental disorders. Currently, students with such disorders are categorized as having an emotional disturbance, which is defined under the Individuals with Disabilities Education Act as follows: "...a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:"

- difficulties with attention, concentration, or organization;
- unpredictable or inappropriate behaviors;
- significant disturbances in social interactions;
- self-injury behaviors;
- aggression or violence;
- behavior that interferes with learning or with the learning of others;
- need for supervision or protective services beyond that provided in regular education;
- cognitive or developmental delays.

Information retrieved from: http://www.gallaudet.edu/clerc_center/information_and_resources/info_to_go/educate_children_(3_to_21)/students_with_disabilities/emotionalbehavioral_disorders.html

Functional Definitions:

Functional definition of disabilities describes how this disability will have an impact on the classroom through the student's abilities and challenges.

Information retrieved from: https://mycourses.rit.edu/d2l/le/content/490007/viewContent/2841945/View

Emotional/Behavioral Disorders:

Functional/Academics characteristics and challenges that help to describe and identify an individual are disruptive classroom behaviors such as:

- impulsivity
- disregard for classroom rules or safety.
- easily distracted
- inattentive
- preoccupied
- not concentrated during class

These individuals typically have difficulty and conflict with: transitions in routines, social skills like turn taking and off topic comments during a conversation, aggressive behaviors, and issues with them bullying other students, and blame others for their dishonesty.

Other classroom characteristics these students being frequently absent from class, having a low self-esteem, difficult working in groups, self-injury behaviors, lack of understanding a person’s personal space and sense of belongings, attempts to manipulate a situation, etc.

Information retrieved from:

http://www.gallaudet.edu/clerc_center/information_and_resources/info_to_go/educate_children_(3_to_21)/students_with_disabilities/emotionalbehavioral_disorders.html

Autism Spectrum Disorder (ASD) is a descriptive umbrella term breaks down into five different diagnostic categories. Despite some similarities in areas of impairment, each category does have unique characteristics and diagnostic criteria. The diagnostic categories within ASD are: Autistic Disorder, Asperger’s Disorder, Pervasive Developmental Disorder - Not Otherwise Specified (PDD-NOS), Rett’s Disorder, and Childhood Disintegrative Disorder. Of these five disorders, autism, Asperger’s Disorder, and PDD-NOS are the most common; Rett’s Disorder and Childhood Disintegrative Disorder (CDD) are much less common and present differently than the other ASDs but the characteristics and educational concerns are similar to those of students with ASD and may benefit from the same practices. 

There are three major areas of development that are impacted from ASD:

- social interactions, such as pragmatics
more of the following characteristics over a long period of time and
to a marked degree that adversely affects a child's educational
performance:

- An inability to learn that cannot be explained by intellectual,
sensory, or health factors
- An inability to build or maintain satisfactory interpersonal
relationships with peers and teachers
- Inappropriate types of behavior or feelings under normal
circumstances
- A general pervasive mood of unhappiness or depression
- A tendency to develop physical symptoms or fears
  associated with personal or school factors.

-[Code of Federal Regulations, Title 34, Section 300.7(c)(4)(i)]

As defined by the IDEA, emotional disturbance includes
schizophrenia but does not apply to children who are socially
maladjusted, unless it is determined that they have an emotional
disturbance. [Code of Federal Regulation, Title 34, Section 300.7(c)
(4)(ii)]

Information retrieved from:
http://www.gallaudet.edu/clerc_center/information_and_resources
/info_to_go/educate_children_(3_to_21)/students_with_disabilities
/emotionalbehavioral_disorders.html

Individuals with emotional/behavioral disorders have one of two
kinds of behavioral patterns.

- The first is identified as an externalizing behavior, which
describes behaviors directed outwardly aiming at the
external environment. Also known as under-controlled
behaviors, these behaviors include actions of defiance,
noncompliance, aggression, and argumentation (Hinshaw,
- The other kind of behavioral patterns are internalizing
behavior; this is the complete opposite of the first
behavioral pattern as the behavior is inwardly directed at
the individual themselves. Also known as over-controlled
behaviors, these are shown through social withdrawal,
anxiety, depression and shyness. (Walker & Severson,
1990).

Information retrieved from:
http://mlnessresourcefile.wikispaces.com/file/view/risk%2520and%
2520prot.%2520factors(cooke).pdf

Videos:

Below is a video which helps to better describe the definition of Autism:

http://www.youtube.com/watch?v=J5InckJpDMw

Below is a video which helps to better describe Emotional Behavioral Disorders:

http://www.youtube.com/watch?v=Hn9wxOr4ofs

Incidence:
**Emotional Disturbance:** Individuals with emotional disturbance are found to be one of the top three mild disabilities with high-incidences that are being serviced in the United States today; specific learning disabilities and the intellectual disability Down's syndrome are the other two disabilities with high-incidence rates.

Information retrieved from: [http://www.sagepub.com/gargiulo4emedia/study/chapters/handbook/handbook8.1.pdf](http://www.sagepub.com/gargiulo4emedia/study/chapters/handbook/handbook8.1.pdf)

**Emotional/Behavioral Problems** are found to be among the most prevalent chronic health conditions of childhood.


**Emotional/Behavioral Disorders:** According to the CDC (Centers for Disease Control and Prevention), approximately 8.3 million children (14.5%) aged 4–17 years have parents who’ve talked with a health care provider or school staff about the child’s emotional or behavioral difficulties. Nearly 2.9 million children have been prescribed medication for these difficulties.


**Autism:** About 1 in 68 children has been identified with autism spectrum disorder (ASD) according to estimates from CDC's Autism and Developmental Disabilities Monitoring (ADDM) Network. [Read article](http://www.cdc.gov/ncbddd/autism/data.html)

ASD is reported to occur in all racial, ethnic, and socioeconomic groups.

ASD is almost 5 times more common among boys (1 in 42) than among girls (1 in 189). [Read article](http://www.cdc.gov/ncbddd/autism/data.html)

Studies in Asia, Europe, and North America have identified individuals with ASD with an average prevalence of about 1%. A study in South Korea reported a prevalence of 2.6%. [Data table] [Read article](http://www.cdc.gov/ncbddd/autism/data.html)

About 1 in 6 children in the United States had a developmental disability in 2006-2008, ranging from mild disabilities such as speech and language impairments to serious developmental disabilities, such as intellectual disabilities, cerebral palsy, and autism. [Read summary](http://www.cdc.gov/ncbddd/autism/data.html)

**Identification:**

**Emotional/Behavioral Disorders:**

There are eight domineering characteristics:

1. The inability to start and maintain interpersonal relationships with people.
   - This is due to the individual’s lack of trust, excessive use of dependence and control over others, issues with social awareness and abilities, need for attention and approval, can be overly affectionate and/or inappropriate in a sexual manner, and many more.

2. Inappropriate behavioral responses in normal situations.
   - This can be viewed as laughing or crying at unsuitable situation and settings, cheating, lying or stealing, tendency to overact to certain situations, hard time changing and transitioning, and many more.

3. Pervasive unhappiness, depression, or anxiety.
   - This can be shown through their actions like loss of interest, pessimistic, self-critical, talks about suicide, and many more.

4. Physical symptoms, pains and fears associated with personal or school problems.
   - These are demonstrated by physical complaints during stressful times, excessive absents or tardiness in school, self-manipulating, eating disorders, strange sleeping and eating patterns, poor hygiene and self-care, etc.

5. The inability to learn that cannot be explained by intellectual, sensory or other health factors.
These factors are revealed through issues with retaining information, achievement scores and IQ scores are not comparable, quits and gives up too easily, not organized, and more.

6. Extreme withdrawal from social interactions; they do this by isolation themselves.
   - They refuse to participate with the class, avoids eye contact and keeps head down, runs away, and more.

7. Extreme aggressiveness; shown though physical and verbal ways.
   - Physical aggression is done by kicking, spitting, biting, pinching, hitting, vandalism, bullying, cruelty to animals, display or use of weapons, destruction of things, etc. Verbal aggression is done by swearing, threatening, arguments, name calling, belittling, challenging, etc.

8. Inappropriate behaviors that are extremely opposite from that of children with similar age, ability, educational experiences and opportunities that the child or other children in a regular or special education program are negatively affected.
   - These can vary greatly from hallucinations and a distorted reality to overly social and emotional maturity. Extreme reactions that can go either way of really high to really low as well as not being accepted by peers are two other examples as well.

E/B Disorders Summary:
The student’s behavior, emotional and/or social competence does not need to be defined or point out which social disability an individual may have.

The student may have needs in any or all of these areas.

A main point to remember is that the underlying issues are not communication disorder, cognitive limitations, or learning problems but the student may have an academic deficit due to underlying social, emotional and/or behavioral issues. This concept has not changed.


If a student demonstrates behaviors listed above, they may be considered to have a behavior disorder. A psychologist or behavior specialist helps to provide appropriate diagnosis for individual through the use of observations and checklist of characteristics the individual is displaying.

Information retrieved from: http://www.gallaudet.edu/clerc_center/information_and_resources/info_to_go/educate_children_(3_to_21)/students_with_disabilities/emotionalbehavioral_disorders.html

Autism Spectrum Disorders:
Impact three areas of development:

(1) language and communication skills
(2) social skills
(3) behavior, interests, and activities.

Many children with ASDs are identified in the elementary school years.

But children do not develop ASDs when they are four, six or eight years old; the indicators are likely present earlier.

Early identification of ASDs requires attention to behaviors the child is not exhibiting at all or is not doing as frequently as expected at that age.

Indicators of possible ASDs in very young children:

- 6 months: no big smiles or other warm, joyful expressions by six months or thereafter
- 9 months: no back-and-forth sharing of sounds, smiles, or other facial expressions by nine months or thereafter
- 12 months: no babbling by 12 months of age. No displays of back-and-forth gestures, such as pointing, showing, reaching, waving or three-pronged gaze (e.g., child looks at adult, looks at toy to indicate interest in it, looks back at adult to communicate something about the toy) by 12 months
- 16 months: no words
- 24 months: no two-word meaningful phrases (without imitating or repeating)
- Any age: Any loss of speech or babbling or social skills (Rogers, 2001; Travis & Sigman, 2000)
One of the most reliable characteristics that differentiate children with ASDs from their typically-developing and otherwise delayed peers, even at 12 months, is that:

- the child does not respond consistently to his or her name (assuming that hearing is normal).

Several indicators that are not reliable in differentiating ASDs in early childhood include:

- weak attachment to caregivers
- having routines
- lack of eye contact
- lack of functional play
- unusual sensory behaviors (e.g., sensitivity to touch).

When considering any of the above, especially for a disorder as complicated as an ASD, it is important that one does not conclude that a child has an ASD until a full evaluation has been completed.

**In older children**, identification often results from the presence of excessive behaviors.

That is, an older child is identified because he or she is doing something that is atypical in one or more of the three areas:

- repeating certain phrases over and over, acting aggressively
- memorizing textbooks
- having difficulty with transitions

Among the possible indicators in older children are:

- failure to develop peer relationships appropriate to developmental level
- appropriate language skills, but not using language in a socially appropriate way (e.g., impairment in the ability to initiate or sustain a conversation)
- stereotyped and repetitive use of language or idiosyncratic language
- preoccupation with an interest that is abnormal in its intensity or focus
- inflexibility, with a “need” for nonfunctional routines or rituals.

**ASD summary**, identification with older children often results from the presence of excessive behaviors, while in younger children it’s more often the absence of behaviors that differentiates children with ASDs from those who are typically-developing or generally delayed in development.


**Video:**

Below is a video describing characteristics about Autism:

http://www.youtube.com/watch?v=z-liQ3n6LE0

Below is a video describing characteristics about Emotional/Behavioral Disorders:

http://www.youtube.com/watch?v=mGJA8oCd2Nk

**Contributors:**

Lead Name: Rachel Lowry

Non Lead, Primary Evaluator Name: Anna Kammen

Non Lead, Secondary Evaluator Name: Chelsea Powers

Peer Eval (Other Group feedback) #1, Group/Individuals: Disabilities

Name 1: Name 2: Name 3: Name 4:

Peer Eval (Other Group feedback) #2, Group/Individuals: Physical Disabilities

Name 1: Name 2: Name 3: Name 4:
Teaching Strategies

Social stories are one way of teaching children about an activity or event, what will happen, and how to respond. It is a method of preparing the child for a particular event and showing them what is an appropriate response. This website provides information regarding social stories and how to use them and create them on your own.

Social Stories

In addition Socialmovies were created in order to reach a broader audience. The video (see link below) for Socialmovies describes how they are beneficial.

Storymovies

The Autism School Community Tool Kit found on Autism Speaks offers a variety of teaching strategies and therapies that can be used with children in addition to general information.

General Classroom Accommodations and Modifications

Tips for minimizing complex language:

- Be brief
- Be concrete
- Be consistent with word choice
- Be direct
- Use visual support

Tips for making the classroom accessible:

- Avoid distractions by keeping unnecessary objects away
- Keep visual reminders utilizing pictures and words accessible for reference
- Use all modes of communication
- Have rules and expectations posted
- Keep the classroom organized and label things utilizing pictures and words
- Use 5-point scales to represent expectations for behavior and emotion in a visual way

Tips for establishing routines:

- Keep routines as consistent as possible and inclusive of all children when possible
- If individual routines need to be established, keep expectations the same
- Keep all individuals including staff, substitute teachers, etc. aware of schedules

Szymanski's article titled "Managing Behavior By Managing The Classroom: Making Learning Accessible For Deaf And Hard Of Hearing Students With Autism Spectrum Disorders" (see article under teaching strategies)

Information from: Szymanski's article titled "Managing Behavior By Managing The Classroom: Making Learning Accessible For Deaf And Hard Of Hearing Students With Autism Spectrum Disorders"

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Picture Exchange Communication System (PECS):

PECS as stated in the article "applies principles of applied behavior analysis to a system of alternative and augmentative communication that focuses on self-initiated communicative behavior" (pg. 24). The PECS user chooses the picture that best represents what they want to communicate. This is a way of initiating conversation. There have been positive results with previous studies including: children acquiring more functional language, decreased problem behaviors, increase in appropriate social behaviors, etc. The study discussed in this article is the first trial of PECS with a child with profound hearing loss and autism.

Here is the introduction from the article itself:

"A 10-year-old nonverbal Greek boy, C.Z., who had been diagnosed with both bilateral sensorineural hearing loss and autism, was taught to use the Picture Exchange Communication System (PECS), with some modifications and extensions, over a 4-month intensive intervention period. C.Z.'s original communication and behavioral status as well as the PECS application process are presented, along with the communicative, language, and psychosocial outcomes following the intervention program. Follow-up data were collected 6 months post" (pg. 23).

The Application of PECS in a Deaf Child With Autism: A Case Study

Malandraki, Georgia A; Okalidou, Areti Focus on Autism and Other Developmental Disabilities; Spring 2007; 22, 1; ProQuest pg. 23

Applied Behavior Analysis (ABA):

Here is a video clip of Applied Behavior Analysis (ABA), one method used with children with autism. ABA is an intensive form of therapy and is very time consuming; however, there are many success stories from utilizing this method.
Minimize changing the schedule
Begin with establishing smaller routines and work towards larger routines.
When possible establish routines at home and school that are similar
Encourage independence and reward students for completing tasks
Ensure routines are appropriate for the students in your classroom

Tips for individualized schedules:

- Do not be overly specific with wording or pictures in case something changes
- Do not use strict times with younger children
- Create schedules that are age appropriate. (i.e. picture schedules --> pictures and words --> words)
- Do not allow children to rearrange their schedules
- Keep the schedules in the same location and be sure to update it
- Allow children to check their schedule throughout the day
- Create a schedule that can move if necessary

NICHY has a fact sheet with 8 tips for teachers working with students with ED. The tips are as follows:

1) Learn more about the student’s specific mental health disturbance.
2) Learn more about the student’s strengths, too.
3) Remember, they’re kids first.
4) Support the student’s inclusion.
5) Set clear behavioral rules and expectations for the entire class.
6) Provide accommodations.
7) Join the student’s IEP team and help shape his or her special education program.
8) Communicate with the student’s parents.

Check out the PDF below for additional information:
Teaching Students with Emotional Disturbances

UDL

Universal design is an inclusionary approach to education. Ronald Mace is the man who began on the path to providing inclusionary measures for all rather than distinct accommodations for one. Although he started with architecture in mind, facilities, technology, and instruction can all follow this principle. Universal Design for Learning is one topic in education. CAST (Center for Applied Special Technology) was created to promote the use of technology to aid all individuals. It includes three essential qualities of UDL: “(a) curriculum that provides multiple means of representation; (b) curriculum that provides multiple means of expression; and (c) curriculum that provides multiple means of engagement” (Shaw, McGuire, & Scott, 2006, pg. 169). This organization provides tools for teachers on how they can incorporate technology into the classroom to make learning accessible for all. The article goes on to further describe other aspects of universal design as they can be applied in the classroom.

Developmental Needs - K-12

Children with a disability that falls under the category of social disabilities, including autism and emotional disturbance, have needs that must be met in the classroom in order for that child to succeed.

Communication: There is a varying degree of communication dependent upon the disability. It is important to be aware that children may be less likely to participate because of their ability to communicate. Communication may be addressed in a variety of ways which may include utilizing ASL, picture boards, etc.

In the classroom: Ensure that there are opportunities for participation from all students. Be aware of how each child communicates. Create a standard procedure for sharing information so all students have the opportunity to do so.

Socialization: Students with ASD may have trouble with eye contact, conversing with peers, understanding the emotional states.
Suggestions for Working with Parents

General Information

- **Involve parents as much as possible**
- **Family Involvement.pdf**
- **Ensure that parents have all of the information they need.**
- **This is a guide for parents regarding the IEP process**
- **IEP Guide for Parents**
- **Provide useful web resources:**
  - **http://www.raisingdeafkids.org/special/autism**
  - **http://www.deafnotes.com/interacting with others.**
  - **http://www.pathwaysrtc.pdx.edu/related to emotional disturbances.**

Parents can get general information about how to help their child.

Parents can get support from other parents by looking at these forums and

Parents can use this website to receive information about mental illnesses

**Autism:**

- Here is a 100 Day Kit from Autism Speaks for families to get the information they need after a child is diagnosed.
- **Autism--100 Day Kit**
- Here is a Parent's Guide on ABA from Autism Speaks
Emotional Disturbance:

- These are guides on mental health in infancy, early childhood, middle childhood, and adolescence
  - Mental Health Infancy.pdf
  - Mental Health Early Childhood.pdf
  - Mental Health Middle Childhood.pdf
  - Mental Health Adolescence.pdf

Classroom Settings

- ASL/Signed Settings
  Here is a video from the Illinois Service Resource Center on supporting students with Deafness and Autism. It is lengthy but is recent, informative, and has an interpreter visible throughout the entire video.
  
  Supporting Students with Deafness and Autism

- Total Communication Settings
  There was no specific information found for this type of classroom setting.

- Oral Settings
  Here is a video of teaching deaf children in an inclusive classroom. There are 2 parts to the video. It offers real life examples, tips, resources, etc.

  Teaching Deaf Students in the Inclusive Classroom Part 1
  Teaching Deaf Students in the Inclusive Classroom Part 2

Contributors:

Lead Name: Chelsea Powers

Non Lead, Primary Evaluator Name: Rachel Lowry

Non Lead, Secondary Evaluator Name: Anna Kammen

Peer Eval (Other Group feedback) #1, Group/Individuals: Disabilities

Name 1: Name 2: Name 3: Name 4:

Peer Eval (Other Group feedback) #2, Group/Individuals: Disabilities

Name 1: Jonathan MacDonald Name 2: Name 3: Name 4:

Jon's feedback

Resources for Teacher:

color needed to set categorical space; teaching strategies, classroom accommodations and modifications
Inclusion

Pros and Cons: Inclusion for Deaf Students

Benefits of Inclusion for Deaf Students

1. **Deaf students interact with the hearing world:** Through daily interaction with the hearing world, deaf students are able to develop skills in communicating with those who can hear. This exposure can be powerful training for students as they prepare for communicating in the hearing world.

2. **Deaf students become socialized with the hearing world:** While the deaf community has developed a strong culture of its own, it is important that deaf students also learn how to operate in the hearing world. By having daily interactions with his/her hearing peers, the student is able to develop important social skills that will be useful in the future.

3. **Deaf students have access to academic, vocational, and extracurricular programs:** By participating with the hearing world, deaf students gain access to a wide range of resources that can help the student develop physically, socially, academically, and emotionally.

4. **Deaf students can live close to home:** In order to attend a school for the deaf, some students must live at the school because it is too far from their home. By attending a local school, that student can live at home and receive the important support from his/her family and friends.

Risks of Inclusion for Deaf Students

1. **Deaf students run a high risk of isolation:** If the teacher and/or students are not trained in sign language and other methods to engage and interact with deaf students in a general education classroom, then the deaf student runs high risk of feeling isolated in the classroom. Not only can this be emotionally detrimental for the deaf student, but this could also mean that he/she will miss out on important learning and skill development.

2. **Deaf students may have limited opportunities for direct instruction:** When a deaf student is included into a general education class, this usually means that he/she is receiving instruction through a translator. Again, this can have serious implications for the student's development.

3. **Deaf students may have limited opportunities for direct interaction to build relationships:** Not only is a student's learning limited by the lack of direct interaction and instruction form a teacher, but the student may also be unable to directly communicate with other providers at the school. This can limit the amount of support a student receives inside and outside the classroom.

4. **School setting may lack quality support staff:** Many school districts lack a sufficient number of qualified, trained support staff who can serve deaf students. (The Special Ed WIKI)

Placement Options

**Autism Spectrum Disorders:**

Many schools exist with programs specifically for Deaf Autistic children. One example is the Vermont Center for the Deaf and Hard of Hearing, which houses the William Center Deaf Autism Program. This program has a 1:1 ratio for students and teachers.

Other programs and resources about autism can be found by clicking on the map below and then clicking on a state:

![Map of the United States](image)

**Emotional/Behavioral Disorders:**

The link below will provide a list and description of all residential programs available:

**Residential Programs for Deaf/Emotionally Disturbed Children and Adolescents**

**Articles on Emotional Disturbance and Deafness**

**Suggestions for Working with Teachers**

It is important when working with teachers to let them know what you have found that works best for your child and also pay attention to their ideas, because they have seen your child in a different setting.

**Autism Spectrum Disorders:**

Children with ASD need to begin an early intervention program as soon as possibly after a diagnosis is made. Below are links to pages that explain several teaching and intervention methods for children with ASD, they can both be modified for deaf and hard of hearing children.

- **Intervention Methods**
  - [http://autismweb.com/aba.htm](http://autismweb.com/aba.htm)
  - [http://autismweb.com/floortime.htm](http://autismweb.com/floortime.htm)
  - [http://autismweb.com/rdi.htm](http://autismweb.com/rdi.htm)
  - [http://autismweb.com/sensory.htm](http://autismweb.com/sensory.htm)
  - [http://autismweb.com/teacch.htm](http://autismweb.com/teacch.htm)
Children with ASD will most likely need some accommodation in the classroom. The link below includes many strategies for classroom inclusion:

- **Inclusion strategies for students with autism spectrum disorders**

  [Autism-SupportingAutisticStudentsInInclusionSettings.flv](http://autismweb.com/materials.htm)

Emotional/Behavioral Disorders:

There are many misconceptions related to the inclusion of students with emotional disabilities in the regular classroom. The site below describes effective inclusion strategies and why common notions relating to students with emotional disorders are untrue.

[Meeting The Challenge of Inclusion For Students With Emotional Disabilities](http://autismweb.com/materials.htm)

Useful forms for requesting services for your child

Here is a link to a video teacher’s guide to supporting students with Deafness and ASD:

[Supporting Students with a Dual Diagnosis of Deafness and Autism Spectrum Disorder -- Part 1](http://autismweb.com/materials.htm)

Emotional/Behavioral Disorders:

According to Gallaudet University’s Clerc Center, “Teaching strategies for these students should be based on changing the behavior itself. The system is often centered on discouraging the unwanted behavior and rewarding/encouraging the desired behavior.

1. Specifically identify the behavior which needs to be changed.
2. Create a baseline of the observed behavior.
3. Closely examine the information in the baseline and evaluate what has been observed and documented.
4. Develop short and long term goals for the student. In the plan create a reward system to be used. Such as: give student a check mark for every 15 minutes behavior is appropriate. When the student receives 8 checks they may have 10 minutes of computer time.
5. Reevaluate the plan for effectiveness. Has the behavior reduced occurrence in a variety of settings?
6. Make modifications in the behavior plan to reinforce the desired outcome.*

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**Developmental Needs/Preschool - 12th grade**

**Autism Spectrum Disorders:**

Below are some types of ASD:

- Click here to expand...

  - **Autism** A neurological disorder that typically appears before the age of three which impacts development in social and communication skills.

    The Gallaudet Research Institute's 2009-2010 Annual Survey of Deaf and Hard of Hearing Children and Youth shows that comorbid hearing loss and autism has increased in recent years, as has the national rate of autism in children. The rate of services for deaf and hard of hearing children was much higher than the national average for children with ASD. The study focused on eight year old children and found that profound hearing loss co-occurred most often with autism. This is a topic that had not yet been studied and still requires a much more in-depth analysis to determine why this is the case and the best ways to effectively educate these children.


  - **Pervasive Developmental Disorder**, not otherwise specified (PDD-NOS) Also called “atypical autism,” PDD-NOS is very similar to autism. The difference is that only some (but not all) of the criteria associated with autism are present.

  - **Asperger Syndrome** The highest functioning sub-category; children with Asperger Syndrome usually do not have language delays, but struggle with social interactions and obsessions.

  - **Rett Disorder** Found only in girls; children begin developing on target but later lose communication skills.

  - **Childhood Disintegrative Disorder** Similar to autism, but appears at an earlier age with a more dramatic loss of skills and a greater chance of having intellectual disabilities.

  (Learn NC-Flynn)

Some common characteristics of children with ASD:
Characteristics (Learn NC-Flynn)

Social

- **Social cues:** Children may have difficulty understanding social cues and reading others' nonverbal gestures.
- **Sharing:** Children may display problems with sharing or waiting for a turn during a game.
- **Eye contact:** When having a conversation, children may not look directly into the eyes of the person speaking; this is thought to be a self-regulating strategy to compensate for visual input difficulties.
- **Social interactions:** Children may lack the skills, ability, or understanding to make friends, initiate contact, and maintain social interactions.
- **Responsiveness:** Children may be more interested in "things" than in people, and may lack interest in responding to other children.

Communication

- **Functional language:** Children with ASD are often echolalic — repeating what others say.
- **Verbal language:** Forty to forty-five percent of students with ASD are nonverbal.
- **Reciprocal conversation:** Children may have difficulty in the natural "give and take" in a conversation and may talk only of their obsessions.
- **Imitation and comprehension of language:** Children may demonstrate *hyperlexia* — an above-average ability to read with a below-average ability to understand spoken or written language.

Behavioral

- **Unusual obsessions and compulsions:** Children may become preoccupied with a single television program or with arranging objects in lines or stacks.
- **Unusual sensory experiences:** Children with ASD may be hypersensitive to touch.
- **Repetitive use of objects:** Stacking or lining up objects, for example, may become a fixation.
- **Self-injury:** This is common in more severe forms of autism. Children may, for example, bite themselves.
- **Splinter skills:** Children may be highly skilled in one area, such as painting.

Here are some facts about ASD in Deaf children: (Odyssey 2008)

**Facts**

- FACT 1: Deaf children are diagnosed more often with an autism spectrum disorder than what is currently considered the prevalence rate of 1 in 150 children (Gallaudet Research Institute, 2005).

- FACT 2: Research has shown that hearing loss occurs more often in children who have autism than in children without autism (Rosenhall et al., 1999).

- FACT 3: Visual methods of communication (e.g., sign language and PECS) appear to be easier for children with autism to understand and use than spoken language.

- FACT 4: There are no known instruments for diagnosing autism in a child who is deaf.

- FACT 5: Development is just beginning of an understanding of how children who are deaf and have autism are best served, what they look like, and which interventions are effective

A wonderful resource and way to find support in raising a Deaf child with ASD is by connecting with the organization, Deaf Autism America. They provide many resources for parents.
Below are a few articles that illustrate what a parent of a Deaf child with ASD can expect when raising their child.

  
  Susan Wiley, Samatha Gustafson, and Justin Rozniak conducted a study to gain an understanding of children with autism who are also deaf/hard of hearing and the needs of their families. The study included four parents with a variety of communication strategies for their children. They found that these parents used the internet often to connect with those in similar situations and to find information, because professional expertise is limited on the subject and can be hard to find. They also learned that functional living and everyday life skills were a high priority to parents, and academic skills were not seen as essential in the same way. Parents wanted more accessible information for raising their children and less of a commute for specialized instruction for their children. Due to a lack of standard effective evaluation tools for these children, the families studied felt that the care for their children was not enough or not appropriate for their child. This study is a beginning to understanding the needs of these families and what can be done to meet these needs.

  
  This study looked at 24 children with ASD and hearing loss. It was found that children with hearing loss and ASD are diagnosed much later than children with one or the other. The first signs of ASD are much more likely to be attributed to hearing loss initially. The study urges that children with hearing loss and communication delays should be evaluated much earlier and more often for ASD. It may also occur the other way that ASD is diagnosed and hearing loss is overlooked until later because communication delays are expected for children with ASD. The article also found that children with cochlear implants were much more likely to have ASD diagnosed early because they were more closely monitored for language progression.

- Article: Deaf, autistic child like other boys "He plays like any other 9-year-old boy. He jumps on a trampoline, wrestles with his older brother, Matthew, and plays with a circuitry game."

- A site of questions from parents about Deafness and answers from professionals around the world: Educating Deaf Children
- Below is an exceptional resource which has an overview of developmental expectations for Deaf children with ASD, current developments in educational fields, language tips, and much more.

 odyssey: Autism Issue
Emotional/Behavioral Disorders:

Information relating to oppositional defiant disorder in deaf children:

- Oppositional Defiant Disorder
Be aware that Deaf children’s emotional development differs from that of hearing children. Communication issues may be the root cause of many problem behaviors. Below are some resources to help deal with difficult behaviors.

Behavior Charts for Home and School

There are common academic characteristics that may influence a child's experience in the classroom. To see a basic list of behaviors that can occur, click below.

- Academic Characteristics
  - Disrupts classroom activities
  - Impulsive
  - Inattentive, distractible
  - Preoccupied
  - Does not follow or appear to care about classroom rules
  - Poor concentration
  - Resistance to change and transitions in routines
  - Often speaks out with irrelevant information or without regard to turn taking rules
  - Demonstrates aggressive behavior
  - Intimidates and bullies other students
  - Regularly absent from school
  - Consistently blames others for their dishonesty
- Low self esteem
- Difficulty working in groups
- Demonstrate self injurious behavior
- Can not apply social rules related to others personal space and belongings
- Often manipulative of situations

(Gallaudet- Clerc Center)

Contributors:

Lead Name: Anna Kammen
Non Lead, Primary Evaluator Name: Chelsea Powers
Non Lead, Secondary Evaluator Name: Rachel Lowry

Peer Eval (Other Group feedback) #1, Group/Individuals: Sensory Disabilities
Name 1: Jill Croakman Name 2: _______________ Name 3: _______________ Name 4: _______________

Feedback Part 3 from Jill Croakman to Anna Kammen: The only suggestion I have is possibly adding one or two more placement options for students with other emotional disturbance behaviors, as well as briefly describe the educational environment/classroom setting. I was told to do this to my part and I feel that it really added to it in that someone could get a visual image of what these types of placement options would look like for these students. Other than that addition, everything in your part looks great. I can tell you spent some time on this and your links are very informative and useful for other references. Great job Anna 😊 I have learned a lot from your part of this page!

Peer Eval (Other Group feedback) #2, Group/Individuals: _______________ Disabilities
Name 1: _______________ Name 2: _______________ Name 3: _______________ Name 4: _______________

Checklist Section #1:

- Part 1 IDEA definitions:
- Part 1 Functional definitions
- Part 1 Incidence
- Part 1 Identification
- # Research Summaries: Date: ______ Number so far: ___________ (10 required across three sections)
- # Links: Date: ______ Number so far: ___________ (10 required across all three sections)
- # videos: Date: ______ Number so far: ___________ (minimum one required in each section)

Checklist Section #2:

- Part 2 Teaching strategies:
- Part 2 Classroom Accommodations and Modifications
Universal Design
Developmental Needs/Preschool-Grade 12
Working with Parents

# Research Summaries: Date: 4/15 Number so far: 3 (10 required across all three sections)
# Links: Date: 4/8 Number so far: 9 (10 required across all three sections)
# videos: Date: 4/8 Number so far: 4 (minimum one required in each section)

Checklist Section #3:

Section 3 Inclusion:
Placement Options
Development from Preschool - Grade 12
Working with Teachers

# Research Summaries: Date: 4/2/14 Number so far: 3 (10 required across all three sections)
# Links: Date: 1/2/14 Number so far: 21 (10 required across all three sections)
# videos: Date: 1/2/14 Number so far: 1 (minimum one required in each section)

Overall Requirements:

- Holistic understanding of students with these disabilities?
  Attention to ASL/Signed, SIMCOM/Total Communication, and Oral settings and placement options?
- All sources are properly cited
- All sources are trustworthy and of high quality?

Relevant files/documents here:

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