Attention-Deficit/Hyperactivity Disorder (AD/HD)

NICHCY Disability Fact Sheet—No. 19

✧ Mario's Story ✧

Mario is 10 years old. When he was 7, his family learned he had AD/HD. At the time, he was driving everyone crazy. At school, he couldn't stay in his seat or keep quiet. At home, he didn't finish his homework or his chores. He did scary things, too, like climb out of his window onto the roof and run across the street without looking.

Things are much better now. Mario was tested by a trained professional to find out what he does well and what gives him trouble. His parents and teachers came up with ways to help him at school. Mario has trouble sitting still, so now he does some of his work standing up. He's also the student who tidies up the room and washes the chalkboard. His teachers break down his lessons into several parts. Then they have him do each part one at a time. This helps Mario keep his attention on his work.

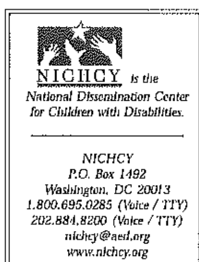
At home, things have changed, too. Now his parents know why he's so active. They are careful to praise him when he does something well. They even have a reward program to encourage good behavior. He earns "good job points" that they post on a wall chart. After earning 10 points he gets to choose something fun he'd like to do. Having a child with AD/HD is still a challenge, but things are looking better.

✧ What is AD/HD? ✧

Attention-Deficit/Hyperactivity Disorder (AD/HD) is a condition that can make it hard for a person to sit still, control behavior, and pay attention. These difficulties usually begin before the person is 7 years old. However, these behaviors may not be noticed until the child is older.

Doctors do not know just what causes AD/HD. However, researchers who study the brain are coming closer to understanding what may cause AD/HD. They believe that some people with AD/HD do not have enough of certain chemicals (called *neurotransmitters*) in their brain. These chemicals help the brain control behavior.

Parents and teachers do not cause AD/HD. Still, there are many things that both parents and teachers can do to help a child with AD/HD.



NICHCY *is the National Dissemination Center for Children with Disabilities.*

NICHCY
P.O. Box 1492
Washington, DC 20013
1.800.695.0285 (Voice / TTY)
202.884.8200 (Voice / TTY)
nichcy@aed.org
www.nichcy.org

Disability Fact Sheet, No. 19
January 2004

✧ How Common is AD/HD? ✧

As many as 5 out of every 100 children in school may have AD/HD. Boys are three times more likely than girls to have AD/HD.

✧ What Are the Signs of AD/HD? ✧

There are three main signs, or symptoms, of AD/HD. These are:

- problems with paying attention,
- being very active (called *hyperactivity*), and
- acting before thinking (called *impulsivity*).

More information about these symptoms is listed in a book called the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), which is published by the American Psychiatric Association (2000). Based on these symptoms, three types of AD/HD have been found:

- *inattentive* type, where the person can't seem to get focused or stay focused on a task or activity;
- *hyperactive-impulsive* type, where the person is very active and often acts without thinking; and
- *combined* type, where the person is inattentive, impulsive, and too active.

Inattentive type. Many children with AD/HD have problems paying attention. Children with the inattentive type of AD/HD often:

- do not pay close attention to details;
- can't stay focused on play or school work;
- don't follow through on instructions or finish school work or chores;
- can't seem to organize tasks and activities;
- get distracted easily; and
- lose things such as toys, school work, and books. (APA, 2000, pp. 85-86)

Hyperactive-impulsive type. Being too active is probably the most visible sign of AD/HD. The hyperactive child is "always on the go." (As he or she gets older, the level of activity may go down.) These children also act before thinking (called *impulsivity*). For example, they may run across the road without looking or climb to the top of very tall trees. They may be surprised to find themselves in a dangerous situation. They may have no idea of how to get out of the situation.

Hyperactivity and impulsivity tend to go together. Children with the hyperactive-impulsive type of AD/HD often may:

- fidget and squirm;
- get out of their chairs when they're not supposed to;
- run around or climb constantly;
- have trouble playing quietly;
- talk too much;
- blurt out answers before questions have been completed;
- have trouble waiting their turn;
- interrupt others when they're talking; and
- butt in on the games others are playing. (APA, 2000, p. 86)

Combined type. Children with the combined type of AD/HD have symptoms of both of the types described above. They have problems with paying attention, with hyperactivity, and with controlling their impulses.

Of course, from time to time, all children are inattentive, impulsive, and too active. With children who have AD/HD, *these behaviors are the rule, not the exception.*

These behaviors can cause a child to have real problems at home, at school, and with friends. As a result, many children with AD/HD will feel anxious, unsure of themselves, and depressed. These feelings are not symptoms of AD/HD. They come from having problems again and again at home and in school.

✧ How Do You Know if a Child Has AD/HD? ✧

When a child shows signs of AD/HD, he or she needs to be evaluated by a trained professional. This person may work for the school system or may be a professional in private practice. A complete evaluation is the only way to know for sure if the child has AD/HD. It is also important to:

- rule out other reasons for the child's behavior, and
- find out if the child has other disabilities along with AD/HD.

✧ What About Treatment? ✧

There is no quick treatment for AD/HD. However, the symptoms of AD/HD can be managed. It's important that the child's family and teachers:

- find out more about AD/HD;
- learn how to help the child manage his or her behavior;

✧ Tips for Parents ✧

- ☐ Learn about AD/HD. The more you know, the more you can help yourself and your child. See the list of resources and organizations at the end of this publication.
- ☐ Praise your child when he or she does well. Build your child's abilities. Talk about and encourage his or her strengths and talents.
- ☐ Be clear, be consistent, be positive. Set clear rules for your child. Tell your child what he or she *should* do, not just what he shouldn't do. Be clear about what will happen if your child does not follow the rules. Have a reward program for good behavior. Praise your child when he or she shows the behaviors you like.
- ☐ Learn about strategies for managing your child's behavior. These include valuable techniques such as: charting, having a reward program, ignoring behaviors, natural consequences, logical consequences, and time-out. Using these strategies will lead to more positive behaviors and cut down on problem behaviors. You can read about these techniques in many books. See "Resources" on page 4 of this publication.
- ☐ Talk with your doctor about whether medication will help your child.
- ☐ Pay attention to your child's mental health (and your own!). Be open to counseling. It can help you deal with the challenges of raising a child with AD/HD. It can help your child deal with frustration, feel better about himself or herself, and learn more about social skills.
- ☐ Talk to other parents whose children have AD/HD. Parents can share practical advice and emotional support. Call NICHCY to find out how to find parent groups near you.
- ☐ Meet with the school and develop an educational plan to address your child's needs. Both you and your child's teachers should get a written copy of this plan.
- ☐ Keep in touch with your child's teacher. Tell the teacher how your child is doing at home. Ask how your child is doing in school. Offer support.

✧ Tips for Teachers ✧

- ☐ Learn more about AD/HD. The resources and organizations at the end of this publication will help you identify behavior support strategies and effective ways to support the student educationally. We've listed some strategies below.
- ☐ Figure out what specific things are hard for the student. For example, one student with AD/HD may have trouble starting a task, while another may have trouble ending one task and starting the next. Each student needs different help.
- ☐ Post rules, schedules, and assignments. Clear rules and routines will help a student with AD/HD. Have set times for specific tasks. Call attention to changes in the schedule.
- ☐ Show the student how to use an assignment book and a daily schedule. Also teach study skills and learning strategies, and reinforce these regularly.
- ☐ Help the student channel his or her physical activity (e.g., let the student do some work standing up or at the board). Provide regularly scheduled breaks.
- ☐ Make sure directions are given step by step, and that the student is following the directions. Give directions both verbally and in writing. Many students with AD/HD also benefit from doing the steps as separate tasks.
- ☐ Let the student do work on a computer.
- ☐ Work together with the student's parents to create and implement an educational plan tailored to meet the student's needs. Regularly share information about how the student is doing at home and at school.
- ☐ Have high expectations for the student, but be willing to try new ways of doing things. Be patient. Maximize the student's chances for success.

- create an educational program that fits the child's individual needs; and
- provide medication, if parents and the doctor feel this would help the child.

✧ What About School? ✧

School can be hard for children with AD/HD. Success in school often means being able to pay attention and control behavior and impulse. These are the areas where children with AD/HD have trouble.

There are many ways the school can help students with AD/HD. Some students may be eligible to receive special education services under the Individuals with Disabilities Education Act (IDEA). Under the newest amendments to IDEA, passed in 1997, AD/HD is specifically mentioned under the category of "Other Health Impairment" (OHI). We've included the IDEA's definition of OHI in the box on this page. Other students will not be eligible for services under IDEA. However, they may be eligible for services under a different law, Section 504 of the Rehabilitation Act of 1973. In both cases, the school and the child's parents need to meet and talk about what special help the student needs.

Most students with AD/HD are helped by supports or changes in the classroom (called *adaptations*). Some common changes that help students with AD/HD are listed in the "Tips for Teachers" box on page 3. More information about helpful strategies can be found in NICHCY's briefing paper called *Attention-Deficit/Hyperactivity Disorder*. The resources listed below will also help families and teachers learn more about ways to help children with AD/HD.

Many students with AD/HD may qualify for special education services under the "Other Health Impairment" category within the Individuals with Disabilities Education Act (IDEA). IDEA defines "other health impairment" as...

"...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 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, and sickle cell anemia; and adversely affects a child's educational performance."

34 *Code of Federal Regulations* §300.7(c)(9)

✧ Resources ✧

American Academy of Pediatrics. (2001, October). Clinical practice guideline: Treatment of the school-aged child with attention-deficit/hyperactivity disorder. *Pediatrics, 108*(4), 1033-1044. (Available online at: www.aap.org/policy/s0120.html)

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Barkley, R. (2000). *Taking charge of AD/HD: The complete authoritative guide for parents* (Rev. ed.). New York: Guilford. (See contact information above.)

Dendy, C.A.Z. (1999). *Teaching teens with ADD and ADHD: A quick reference guide for teachers and parents.* Bethesda, MD: Woodbine. (Phone: 800.843.7323. Web: www.woodbinehouse.com.)

Fowler, M. (1999). *Maybe you know my kid: A parent's guide to helping your child with attention deficit hyperactivity disorder* (3rd ed.). Kensington, NY: Citadel. (Phone: 877.422.3665. Web: www.kensingtonbooks.com)

Fowler, M. (2002). Attention-deficit/hyperactivity disorder. *NICHCY Briefing Paper*, 1-24. (Phone: 800.695.0285. Also available on the Web site: www.nichcy.org)

National Institutes of Health. (1998). Diagnosis and treatment of attention deficit hyperactivity disorder. *NIH Consensus Statement, 16*(2), 1-37 [On-line]. Available: odp.od.nih.gov/consensus/cons/110/110_statement.htm

✧ Organizations ✧

Attention Deficit Disorder Association
P.O. Box 543
Pottstown, PA 19464
484.945.2101
E-mail: mail@add.org
Web: www.add.org

CH.A.D.D. (Children and Adults with Attention-Deficit/Hyperactivity Disorder)
8181 Professional Place, Suite 150
Landover, MD 20785
301.306.7070
800.233.4050
Web: www.chadd.org

FS19, January 2004

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Autism / PDD

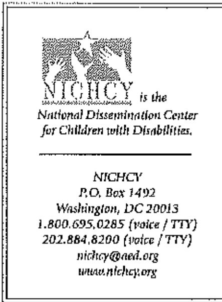
NICHCY Disability Fact Sheet—No. 1

✧ Ryan's Story ✧

Ryan is a healthy, active two-year-old, but his parents are concerned because he doesn't seem to be doing the same things that his older sister did at this age. He's not really talking, yet; although sometimes, he repeats, over and over, words that he hears others say. He doesn't use words to communicate, though. It seems he just enjoys the sounds of them. Ryan spends a lot of time playing by himself. He has a few favorite toys, mostly cars, or anything with wheels on it! And sometimes, he spins himself around as fast as he does the wheels on his cars. Ryan's parents are really concerned, as he's started throwing a tantrum whenever his routine has the smallest change. More and more, his parents feel stressed, not knowing what might trigger Ryan's next upset.

Often, it seems Ryan doesn't notice or care if his family or anyone else is around. His parents just don't know how to reach their little boy, who seems so rigid and far too set in his ways for his tender young age. After talking with their family doctor, Ryan's parents call the Early Intervention office in their community and make an appointment to have Ryan evaluated.

When the time comes, Ryan is seen by several professionals who play with him, watch him, and ask his parents a lot of questions. When they're all done, Ryan is diagnosed with a form of autism. As painful as this is for his parents to learn, the early intervention staff try to encourage them. By getting an early diagnosis and beginning treatment, Ryan has the best chance to grow and develop. Of course, there's a long road ahead, but his parents take comfort in knowing that they aren't alone and they're getting Ryan the help he needs.



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NICHCY
P.O. Box 1492
Washington, DC 20013
1.800.695.0285 (voice / TTY)
202.884.8200 (voice / TTY)
nichcy@aed.org
www.nichcy.org

Disability Fact Sheet, No. 1
April 2007

✧ What is Autism / PDD? ✧

Autism/Pervasive Developmental Disorder (PDD) is a neurological disorder that affects a child's ability to communicate, understand language, play, and relate to others. PDD represents a distinct category of developmental disabilities that share many of the same characteristics.

The different diagnostic terms that fall within the broad meaning of PDD, include:

- Autistic Disorder,
- Asperger's Disorder,
- Rett's Disorder,
- Childhood Disintegrative Disorder, and
- Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS).

While there are subtle differences and degrees of severity among these conditions, treatment and educational needs can be very similar for all of them.

In the diagnostic manual used to classify mental disorders, the *DSM-IV-TR* (American Psychiatric Association, 2000), "Autistic Disorder" is listed under the heading of "Pervasive Developmental Disorders." A diagnosis of autistic disorder is made when an individual displays 6 or more of 12 symptoms across three major areas: (a) social interaction, (b) communication, and (c) behavior. When children display similar behaviors but do not meet the specific criteria for autistic disorder (or the other disorders listed above), they may receive a diagnosis of Pervasive Developmental Disorder Not Otherwise Specified, or PDD-NOS.

Don't Be Shy!

All of our publications and resource lists are online—help yourself! Visit us at:

www.nichcy.org

If you'd like personalized assistance, email or call us:

nichcy@aed.org

1.800.695.0285 (V/TTY)

Autism is one of the disabilities specifically defined in the Individuals with Disabilities Education Act (IDEA), the federal legislation under which infants, toddlers, children, and youth with disabilities receive early intervention, special education and related services. IDEA defines the disorder as "a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3, 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." See 34 *Code of Federal Regulations* §300.8(c)(1).

✧ How Common is Autism / PDD? ✧

Information from the National Institute of Mental Health and the Center for Disease Control and Prevention (CDC) indicates that between 2 to 6 per 1,000 children (from 1 in 500 to 1 in 150) have some form of autism/PDD. These disorders are four times more common in boys than in girls, although Rett's Disorder has only been reported and diagnosed in girls.

The causes of autism or PDD are unknown. Currently, researchers are investigating areas such as brain development, structure, genetic factors and biochemical imbalance in the brain as possible causes. These disorders are not caused by psychological factors.

✧ What are the Signs of Autism / PDD? ✧

Some or all of the following characteristics may be observed in mild to severe forms:

- Communication problems (e.g., using and understanding language);
- Difficulty relating to people, objects, and events;
- Unusual play with toys and other objects;
- Difficulty with changes in routine or familiar surroundings; and
- Repetitive body movements or behavior patterns.

Children with autism/PDD vary widely in abilities, intelligence, and behaviors. Some children do not speak; others have language that often includes repeated phrases or conversations. Children with more advanced language skills tend to use a small range of topics and have difficulty with abstract concepts. Repetitive play skills, a limited range of interests, and impaired social skills are generally evident as well. Unusual responses to sensory information—for example, loud noises, lights, certain textures of food or fabrics—are also common.

Early diagnosis and appropriate educational programs are very important to children with autism/PDD.

Other Helpful Things to Know

These NICHCY publications talk about topics important to parents of a child with a disability.

Parenting a Child with Special Needs

Your Child's Evaluation

Parent to Parent Support

Questions Often Asked by Parents About Special Education Services

Developing Your Child's IEP

All are available in English and in Spanish—on our Web site or by contacting us.

Want More Info?

NICHCY's *State Resources Sheets* list organizations in each state related to autism, early intervention, special education, parent centers, and other disability-related issues and concerns. Help yourself!

Our *"A to Z Topics"* include connections to a treasure trove of links to the latest research, publications, conferences and more!

(Just two of the many resources available to you online and at no cost from NICHCY.)

✧ What Research is Being Done? ✧

Thanks to federal legislation—the Children's Health Act of 2000 and the Combating Autism Act of 2006—nearly $1 billion over the next five years (2007-2012) has been authorized to combat autism through research, screening, early detection, and early intervention. The National Institutes of Health and the CDC are the lead entities conducting and coordinating multiple research activities. On the education front, the PDA Center at the University of Washington has several sites around the country that provide training and support to schools and families for students with autism spectrum disorders. Research on instructional interventions for children with a broad range of needs is an ongoing national endeavor. Check NICHCY's Research to Practice database and OSEP's discretionary projects directories on our web site to learn more. Additional information can also be found on the web sites included in the list of Organizations at the end of this publication.

✧ What about School? ✧

Early diagnosis and intervention are very important for children with autism/PDD. Under the Individuals with Disabilities Education Act (IDEA), children with autism/PDD may be eligible for early intervention services (birth to 3) and an educational program appropriate to their individual needs. In addition to academic instruction, special education programs for students with autism/PDD (ages 3 to 22) focus on improving communication, social, academic, behavioral, and daily living skills. Behavior and communication problems that interfere with learning often require the assistance of a professional who is particularly knowledgeable in the autism field to develop and help implement a plan which can be carried out at home and school.

The classroom environment should be structured so that the program is consistent and predictable. Students with autism/PDD learn better and are less confused when information is presented visually as well as verbally. Interaction with nondisabled peers is also important, for these students provide models of appropriate language, social, and behavioral skills. Consistency and continuity are very important for children with autism/PDD, and parents should always be involved in the development of their child's program, so that learning activities, experiences, and approaches will be most effective and can be carried over into the home and community.

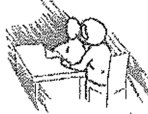
With educational programs designed to meet a student's individual needs and specialized adult support services in employment and living arrangements, many children and adults with autism/PDD grow to live, work, and participate fully in their communities.

✧ Tips for Parents ✧

- Learn about autism/PDD. The more you know, the more you can help yourself and your child. Your State's PTI can be especially helpful. You'll find resources and organizations at the end of this publication and in NICHCY's online *State Resources Sheet*.
- Be mindful to interact with and teach your child in ways that are most likely to get a positive response. Learn what is likely to trigger a melt-down for your child, so you can try to minimize them. Remember, the earliest years are the toughest, but it does get better!
- Learn from professionals and other parents how to meet your child's special needs, but remember your son or daughter is first and foremost a child; life does not need to become a neverending round of therapies.
- If you weren't born loving highly structured, consistent schedules and routines, ask for help from other parents and professionals on how to make it second nature for you. Behavior, communication, and social skills can all be areas of concern for a child with autism and experience tells us that maintaining a solid, loving, and structured approach in caring for your child, can help greatly.
- Learn about assistive technology (AT) that can help your child. This may include a simple picture communication board to help your child express needs and desires, or may be as sophisticated as an augmentative communication device.
- Work with professionals in early intervention or in your child's school to develop an IFSP or an IEP that reflects your child's needs and abilities. Be sure to include related services, supplementary aids and services, AT, and a positive behavioral support plan, if needed.
- Be patient and stay optimistic. Your child, like every child, has a whole lifetime to learn and grow.

✧ Tips for Teachers ✧

- Learn more about autism/PDD. Check out the research on effective instructional interventions and behavior on NICHCY's web site. The resources and organizations listed in this publication can also help.
- Make sure directions are given step-by-step, verbally, visually, and by providing physical supports or prompts, as needed by the student. Students with autism spectrum disorders often have trouble interpreting facial expressions, body language, and tone of voice. Be as concrete and explicit as possible in your instructions and feedback to the student.
- Find out what the student's strengths and interests are and emphasize them. Tap into those avenues and create opportunities for success. Give positive feedback and lots of opportunities for practice.
- Build opportunities for the student to have social/collaborative interactions throughout the regular school day. Provide support, structure, and lots of feedback.
- If behavior is a significant issue for the student, seek help from expert professionals (including parents) to understand the meanings of the behaviors and to develop a unified, positive approach to resolving them.
- Have consistent routines and schedules. When you know a change in routine will occur (e.g., a field trip or assembly) *prepare* the student by telling him or her what is going to be different and what to expect or do. Reward students for each small success.
- Work together with the student's parents and other school personnel to create and implement an educational plan tailored to meet the student's needs. Regularly share information about how the student is doing at school and at home.



✧ Resources ✧

Baldi, H., & Detmers, D. (2000). *Embracing play: Teaching your child with autism* [Video]. Bethesda, MD: Woodbine House. (Phone: 800.843.7323; Web: www.woodbinehouse.com)

Beytien, A. (2004). *Family to family: A guide to living life when a child is diagnosed with an autism spectrum disorder* [Video]. Higganum, CT: Starfish Specialty Press. (Phone: 877.782.7347; Web: www.starfishpress.com)

Bondy, A., & Frost, L. (2002). *A picture's worth: PECS and other visual communication strategies in autism*. Bethesda, MD: Woodbine House. (See contact information above.)

Bruey, C.T. (2003). *Demystifying autism spectrum disorders: A guide to diagnosis for parents and professionals*. Bethesda, MD: Woodbine House. (See contact information above.)

Cafiero, J.M. (2005). *Meaningful exchanges for people with autism: An introduction to augmentative & alternative communication*. Bethesda, MD: Woodbine House. (See contact information above.)

DuCharme, R., & Gullotta, T.P. (Eds.) (2004). *Asperger syndrome: A guide for professionals and families*. New York: Springer Publishers. (Phone: 800.777.4643; Web: www.springeronline.com)

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Journal of Autism and Developmental Disorders. New York: Springer Publishers. (See contact information above.)

Mesibov, G.B., Shea, V., & Schopler, E. (2004). *The TEACCH approach to autism spectrum disorders*. New York: Springer Publishers. (See contact information above.)

O'Brien, M., & Daggett, J.A. (2006). *Beyond the autism diagnosis: A professional's guide to helping families*. Baltimore, MD: Brookes Publishing (Phone: 800.638.3775; Web: www.brookespublishing.com)

Richman, S. (2000). *Raising a child with autism: A guide to applied behavior analysis for parents*. London: Jessica Kingsley Publishers. (Web: www.jkp.com/)

Tsai, L.Y. (1998). *Pervasive developmental disorders*. Washington, DC: NICHCY. (Available online at: www.nichcy.org/pubs/factshe/fs20txt.htm)

Volkmar, F.R., & Wiesner, L.A. (2003) *Healthcare for children on the autism spectrum: A guide to medical, nutritional, and behavioral issues*. Bethesda, MD: Woodbine House. (See contact information above.)

Wiseman, N.D. (2006). *Could it be autism?* New York: Broadway Books. (Web: www.broadwaybooks.com)

For more information, books, and videos on autism spectrum disorders, the *Autism Society of North Carolina Bookstore* has over 400 titles in their collection. (Phone: 919.743.0204; Web: www.autismbookstore.com)

✧ Organizations ✧

(★ indicates member of OSEP's Technical Assistance and Dissemination Network)

Autism Information Center at CDC
Phone: 800.311.3435
Web: www.cdc.gov/ncbddd/autism/index.htm

Autism Society of America
Phone: 800.328.8476
Web: www.autism-society.org

Autism Treatment Network
Web: www.autismtreatmentnetwork.org

★ Center on Positive Behavioral Interventions and Supports (PBIS)
Web: www.pbis.org

★ Center for Implementing Technology in Education (CITEd)
Web: www.citededucation.org

Cure Autism Now
Phone: 888.828.8476
Web: www.cureautismnow.org

★ Family Center on Technology and Disability
Web: www.fctd.info/

Indiana Resource Center for Autism
Web: www.iidc.indiana.edu/irca

Interactive Autism Network
Web: www.ianproject.org/

MAAP Services for Autism & Asperger Syndrome
Web: www.asperger.org

National Alliance for Autism Research
Phone: 888.777.6227
Web: www.naar.org/

NIH Autism Research Network
Web: www.autismresearchnetwork.org/AN/

★ NIMAS Development and Technical Assistance Centers
Web: http://nimas.cast.org

O.A.S.I.S. Online Asperger Syndrome Information and Support
Web: www.aspergersyndrome.org/

★ Professional Development in Autism Center
Web: depts.washington.edu/pdacent/

Yale Developmental Disabilities Clinic
Web: www.autism.fm

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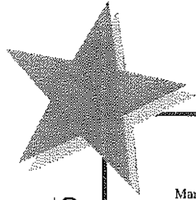
FS1, April 2007



NICHCY Disability Fact Sheet—No.5

Emotional Disturbance

◇ Definition ◇

Many terms are used to describe emotional, behavioral, or mental disorders. Currently, students with such conditions are categorized as having an emotional disturbance, which is defined under the Individuals with Disabilities Education Act (IDEA) 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—

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

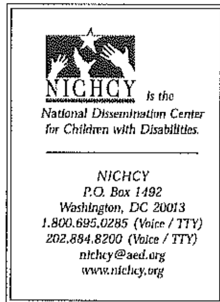
(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

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

(D) A general pervasive mood of unhappiness or depression.

(E) A tendency to develop physical symptoms or fears associated with personal or school problems." *[Code of Federal Regulations,* Title 34, §300.7(c)(4)(i)]

As defined by IDEA at §300.7(c)(4)(ii), emotional disturbance includes schizophrenia but does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.



NICHCY is the National Dissemination Center for Children with Disabilities.

NICHCY
P.O. Box 1492
Washington, DC 20013
1.800.695.0285 (Voice / TTY)
202.884.8200 (Voice / TTY)
nichcy@aed.org
www.nichcy.org

Disability Fact Sheet, No. 5
January 2004

◇ Incidence ◇

In the 2000-2001 school year, 473,663 children and youth with emotional disturbance were provided special education and related services in the public schools (*Twenty-fourth Annual Report to Congress*, U.S. Department of Education, 2002).

◇ Characteristics ◇

The causes of emotional disturbance have not been adequately determined. Although various factors such as heredity, brain disorder, diet, stress, and family functioning have been suggested as possible causes, research has not shown any of these factors to be the direct cause of behavior or emotional problems. Some of the characteristics and behaviors seen in children who have emotional disturbances include:

- Hyperactivity (short attention span, impulsiveness);
- Aggression/self-injurious behavior (acting out, fighting);
- Withdrawal (failure to initiate interaction with others, retreat from exchanges or social interaction, excessive fear or anxiety);
- Immaturity (inappropriate crying, temper tantrums, poor coping skills); and
- Learning difficulties (academically performing below grade level).

Children with the most serious emotional disturbances may exhibit distorted thinking, excessive anxiety, bizarre motor acts, and abnormal mood swings. Some are identified as children who have severe psychosis or schizophrenia.

Many children who do not have emotional disturbance may display some of these same behaviors at various times during their development. However, when children have an emotional disturbance, these behaviors continue over long periods of time. Their behavior signals that they are not coping with their environment or peers.

Don't Be Shy!

All of our publications and resource lists are online—help yourself! Visit us at:

www.nichcy.org

If you'd like personalized assistance, email or call us:

nichcy@aed.org

1.800.695.0285 (V/TTY)

◇ Educational Implications ◇

The educational programs for children with an emotional disturbance need to include attention to providing emotional and behavioral support as well as helping them to master academics, develop social skills, and increase self-awareness, self-control, and self-esteem. A large body of research exists regarding methods of providing students with positive behavioral support (PBS) in the school environment, so that problem behaviors are minimized and positive, appropriate behaviors are fostered. (See the resource list at the end of this publication for more information on PBS.) It is also important to know that, within the school setting:

- For a child whose behavior impedes learning (including the learning of others), the team developing the child's Individualized Education Program (IEP) needs to consider, if appropriate, strategies to address that behavior, including positive behavioral interventions, strategies, and supports.
- Students eligible for special education services under the category of emotional disturbance may have IEPs that include psychological or counseling services. These are important related services which are available under law and are to be provided by a qualified social worker, psychologist, guidance counselor, or other qualified personnel.
- Career education (both vocational and academic) is also a major part of secondary education and should be a part of the transition plan included in every adolescent's IEP.

> *A large body of research exists regarding methods of providing students with positive behavioral support (PBS) in the school environment.*

There is growing recognition that families, as well as their children, need support, respite care, intensive case management, and a collaborative, multi-agency approach to services. Many communities are working toward providing these wrap-around services. There are a growing number of agencies and organizations actively involved in establishing support services in the community.

Other Helpful Things to Know

These NICHCY publications talk about topics important to parents of a child with a disability.

Parenting a Child with Special Needs

Your Child's Evaluation

Parent to Parent Support

Questions Often Asked by Parents About Special Education Services

Developing Your Child's IEP

All are available in English and in Spanish—on our Web site or by contacting us.

◇ Other Considerations ◇

Families of children with an emotional disturbance may need help in understanding their children's condition and in learning how to work effectively with them. Parent support groups can be helpful in this regard. Organizations such as the National Mental Health Association (NMHA) and the National Alliance for the Mentally Ill (NAMI) have parent groups in every state. (See "Organizations.") Help is also available from psychiatrists, psychologists, or other mental health professionals in public or private mental health settings. Children should be provided services based on their individual needs, and all persons who are involved with these children should be aware of the care they are receiving. It is important to coordinate all services between home, school, and therapeutic community with open communication.

◇ Resources ◇

Greene, R.W. (2001). *The explosive child: A new approach for understanding and parenting easily frustrated chronically inflexible children.* New York: Harper Collins. (Phone: 212.207.7000. Web: www.harpercollins.com/hc/home.asp)

Jordan, D. (2001). *A guidebook for parents of children with emotional or behavior disorders* (3rd ed.). Minneapolis, MN: PACER. (Phone: 888.248.0822. Web: www.pacer.org)

Koplewicz, H.S. (1997). *It's nobody's fault: New hope and help for difficult children.* New York: Three Rivers Press. (To find a local or online bookseller, go to: www.randomhouse.com/reader_resources/ordering.html)

Miller, J.A. (1999). *The childhood depression sourcebook.* New York: McGraw-Hill. (Phone: 877.833.5524. Web: http://books.mcgraw-hill.com)

Papolos, D., & Papolos, J. (2002). *The bipolar child.* New York: Broadway. (To find a local or online bookseller, go to: www.randomhouse.com/reader_resources/ordering.html)

Wilens, T.E. (1998). *Straight talk about psychiatric medications for kids.* New York: Guilford. (Phone: 800.365.7006. Web: www.guilford.com)

◇ Organizations ◇

American Academy of Child and Adolescent Psychiatry, Public Information Office
3615 Wisconsin Ave., NW
Washington, DC 20016-3007
202.966.7300
www.aacap.org

Center on Positive Behavioral Interventions and Supports
5262 University of Oregon
Eugene, OR 97403-5262
541.346.2505
pbis@oregon.uoregon.edu
www.pbis.org

Federation of Families for Children's Mental Health, 1101 King Street, Suite 420
Alexandria, VA 22314
703.684.7710
ffcmh@ffcmh.org
www.ffcmh.org

National Alliance for the Mentally Ill (NAMI)
Colonial Place Three, 2107 Wilson Boulevard, Suite 300, Arlington, VA 22201-3042
703.524.7600; 703.516.7227 (TTY)
800.950.6264
www.nami.org

National Mental Health Association
2001 N. Beauregard St., 12th Floor
Alexandria, VA 22311
703.684.7722; 800.969.6642
800.433.5959 (TTY)
www.nmha.org

National Mental Health Information Center
P.O. Box 42557
Washington, DC 20015
800.789.2647; 866.889.2647 (TTY)
www.mentalhealth.org

FS5, January 2004

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Learning Disabilities

NICHCY Disability Fact Sheet—No. 7

✧ Sara's Story ✧

When Sara was in the first grade, her teacher started teaching the students how to read. Sara's parents were really surprised when Sara had a lot of trouble. She was bright and eager, so they thought that reading would come easily to her. It didn't. She couldn't match the letters to their sounds or combine the letters to create words.

Sara's problems continued into second grade. She still wasn't reading, and she was having trouble with writing, too. The school asked Sara's mom for permission to evaluate Sara to find out what was causing her problems. Sara's mom gave permission for the evaluation.

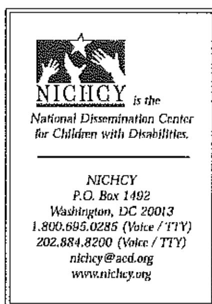
The school conducted an evaluation and learned that Sara has a learning disability. She started getting special help in school right away.

Sara's still getting that special help. She works with a reading specialist and a resource room teacher every day. She's in the fourth grade now, and she's made real progress! She is working hard to bring her reading and writing up to grade level. With help from the school, she'll keep learning and doing well.

✧ What are Learning Disabilities? ✧

Learning disability is a general term that describes specific kinds of learning problems. A learning disability can cause a person to have trouble learning and using certain skills. The skills most often affected are: reading, writing, listening, speaking, reasoning, and doing math.

Learning disabilities (LD) vary from person to person. One person with LD may not have the same kind of learning problems as another person with LD. Sara, in our example above, has trouble with reading and writing. Another person with LD may have problems with understanding math. Still another person may have trouble in each of these areas, as well as with understanding what people are saying.



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Disability Fact Sheet, No. 7
January 2004

Researchers think that learning disabilities are caused by differences in how a person's brain works and how it processes information. Children with learning disabilities are not "dumb" or "lazy." In fact, they usually have average or above average intelligence. Their brains just process information differently.

The definition of "learning disability" in the box on page 4 comes from the Individuals with Disabilities Education Act (IDEA). The IDEA is the federal law that guides how schools provide special education and related services to children with disabilities. The special help that Sara is receiving is an example of special education.

There is no "cure" for learning disabilities. They are life-long. However, children with LD can be high achievers and can be taught ways to get around the learning disability. With the right help, children with LD can and do learn successfully.

✧ How Common are Learning Disabilities? ✧

Very common! As many as 1 out of every 5 people in the United States has a learning disability. Almost 3 million children (ages 6 through 21) have some form of a learning disability and receive special education in school. In fact, over half of all children who receive special education have a learning disability (*Twenty-fourth Annual Report to Congress*, U.S. Department of Education, 2002).

✧ What Are the Signs of a Learning Disability? ✧

There is no *one* sign that shows a person has a learning disability. Experts look for a noticeable difference between how well a child does in school and how well he or she *could* do, given his or her intelligence or ability. There are also certain clues that may mean a child has a learning disability. We've listed a few below. Most relate to elementary school tasks, because learning disabilities tend to be identified in elementary school. A child probably won't show all of these signs, or even most of them. However, if a child shows a number of these problems, then parents and the teacher should consider the possibility that the child has a learning disability.

When a child has a learning disability, he or she:

- may have trouble learning the alphabet, rhyming words, or connecting letters to their sounds;
- may make many mistakes when reading aloud, and repeat and pause often;
- may not understand what he or she reads;
- may have real trouble with spelling;
- may have very messy handwriting or hold a pencil awkwardly;
- may struggle to express ideas in writing;
- may learn language late and have a limited vocabulary;
- may have trouble remembering the sounds that letters make or hearing slight differences between words;
- may have trouble understanding jokes, comic strips, and sarcasm;
- may have trouble following directions;
- may mispronounce words or use a wrong word that sounds similar;
- may have trouble organizing what he or she wants to say or not be able to think of the word he or she needs for writing or conversation;
- may not follow the social rules of conversation, such as taking turns, and may stand too close to the listener;
- may confuse math symbols and misread numbers;
- may not be able to retell a story in order (what happened first, second, third); or
- may not know where to begin a task or how to go on from there.

If a child has unexpected problems learning to read, write, listen, speak, or do math, then teachers and parents may want to investigate more. The same is true if the child is struggling to do If a child has unexpected problems learning to read, write, listen, speak, or do math, then teachers and parents may want to investigate more. The same is true if the child is struggling to do any one of these skills. The child may need to be evaluated to see if he or she has a learning disability.

✧ What About School? ✧

Learning disabilities tend to be diagnosed when children reach school age. This is because school focuses on the very things that may be difficult for the child—reading, writing, math, listening, speaking, reasoning. Teachers and parents notice that the child is not learning as expected. The school may ask to evaluate the child to see what is causing the problem. Parents can also ask for their child to be evaluated.

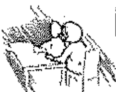
With hard work and the proper help, children with LD can learn more easily and successfully. For

✧ Tips for Parents ✧

- ☐ Learn about LD. The more you know,the more you can help yourself and your child. See the list of resources and organizations at the end of this publication.
- ☐ Praise your child when he or she does well. Children with LD are often very good at a variety of things. Find out what your child really enjoys doing, such as dancing, playing soccer, or working with computers. Give your child plenty of opportunities to pursue his or her strengths and talents.
- ☐ Find out the ways your child learns best. Does he or she learn by hands-on practice, looking, or listening? Help your child learn through his or her areas of strength.
- ☐ Let your child help with household chores. These can build self-confidence and concrete skills. Keep instructions simple, break down tasks into smaller steps, and reward your child's efforts with praise.
- ☐ Make homework a priority. Read more about how to help your child be a success at homework. (See resource list on page 4.)
- ☐ Pay attention to your child's mental health (and your own!). Be open to counseling, which can help your child deal with frustration, feel better about himself or herself, and learn more about social skills.
- ☐ Talk to other parents whose children have learning disabilities. Parents can share practical advice and emotional support. Call NICHCY (1.800.695.0285) and ask how to find parent groups near you. Also let us put you in touch with the parent training and information (PTI) center in your state.
- ☐ Meet with school personnel and help develop an educational plan to address your child's needs. Plan what accommodations your child needs, and don't forget to talk about assistive technology!
- ☐ Establish a positive working relationship with your child's teacher. Through regular communication, exchange information about your child's progress at home and at school.

✧ Tips for Teachers ✧

- ☐ Learn as much as you can about the different types of LD. The resources and organizations on page 4 can help you identify specific techniques and strategies to support the student educationally.
- ☐ Seize the opportunity to make an enormous difference in this student's life! Find out and emphasize what the student's strengths and interests are. Give the student positive feedback and lots of opportunities for practice.
- ☐ Review the student's evaluation records to identify where *specifically* the student has trouble. Talk to specialists in your school (e.g., special education teacher) about methods for teaching this student. Provide instruction and accommodations to address the student's special needs. Examples include:
  - ✓ breaking tasks into smaller steps, and giving directions verbally and in writing;
  - ✓ giving the student more time to finish schoolwork or take tests;
  - ✓ letting the student with reading problems use textbooks-on-tape (available through Recording for the Blind and Dyslexic, listed on page 4);
  - ✓ letting the student with listening difficulties borrow notes from a classmate or use a tape recorder; and
  - ✓ letting the student with writing difficulties use a computer with specialized software that spell checks, grammar checks, or recognizes speech.
- ☐ Learn about the different testing modifications that can really help a student with LD show what he or she has learned.
- ☐ Teach organizational skills, study skills, and learning strategies. These help all students but are particularly helpful to those with LD.
- ☐ Work with the student's parents to create an educational plan tailored to meet the student's needs.



- ☐ Establish a positive working relationship with the student's parents. Through regular communication, exchange information about the student's progress at school.

school-aged children (including preschoolers), special education and related services are important sources of help. School staff work with the child's parents to develop an Individualized Education Program, or IEP. This document describes the child's unique needs. It also describes the special education services that will be provided to meet those needs. These services are provided at no cost to the child or family.

Supports or changes in the classroom (sometimes called *accommodations*) help most students with LD. Some common accommodations are listed in the "Tips for Teachers" box on page 3.

Assistive technology can also help many students work around their learning disabilities. Assistive technology can range from "low-tech" equipment such as tape recorders to "high-tech" tools such as reading machines (which read books aloud) and voice recognition systems (which allow the student to "write" by talking to the computer).

It's important to remember that a child may need help at home as well as in school. The resources listed below will help families and teachers learn more about the many ways to help children with learning disabilities.

Our nation's special education law, the Individuals with Disabilities Education Act, defines a specific learning disability as . . .

". . . a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia."

However, learning disabilities do *not* include, "...learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage." 34 *Code of Federal Regulations* §300.7(c)(10)

✧ Resources ✧

Cronin, E.M. (1997). *Helping your dyslexic child: A step-by-step program for helping your child improve reading, writing, spelling, comprehension, and self-esteem.* Roseville, CA: Prima. (Phone: 800.726.0600. Web: www.primapublishing.com/index.pperl)

Currie, P.S., & Wadlington, E.M. (2000). *The source for learning disabilities.* East Moline, IL: LinguiSystems. (Phone: 800.776.4332. Web: www.linguisystems.com)

Hall, S., & Moats, L.C. (1998). *Straight talk about reading: How parents can make a difference during the early years.* New York: McGraw Hill/Contemporary. (Phone: 877.833.5524. Web: http://books.mcgraw-hill.com)

Harwell, J.M. (2002). *Complete learning disabilities handbook: Ready-to-use strategies and activities for teaching students with learning disabilities* (2nd ed.). West Nyack, NJ: John Wiley & Sons. (Phone: 877.762.2974. Web: www.josseybass.com)

Lerner, J.W. (2003). *Learning disabilities: Theories, diagnosis, and teaching strategies* (9th ed.). Boston: Houghton Mifflin. (Phone: 877.859.7241. Web: http://college.hmco.com/students/index.html)

Mercer, C.D., & Mercer, A.R. (2001). *Teaching students with learning problems* (6th ed.). Upper Saddle River, NJ: Prentice Hall. (Phone: 800.282.0693. Web: vig.prenhall.com)

Silver, L. (1998). *The misunderstood child: Understanding and coping with your child's learning disabilities* (3rd ed.). New York: Three Rivers Press. (To find a local or online bookseller go to: www.randomhouse.com/ reader_resources/ ordering. html)

Smith, C., & Strick, L.W. (1999). *Learning disabilities from A to Z.* New York: Simon & Schuster. (To find a local or online bookseller go to: www.simonsays.com)

Smith, S. (1995). *No easy answers* (Rev. ed.). New York: Bantam. (To find a local or online bookseller go to: www.randomhouse.com/reader_resources/ordering.html)

✧ Organizations ✧

Division for Learning Disabilities (DLD), The Council for Exceptional Children (CEC), 1110 North Glebe Road, Suite 300, Arlington, VA 22201-5704. Phone: 703.620.3660. E-mail: cec@cec.sped.org; Web: www.dldcec.org

International Dyslexia Association, Chester Building, Suite 382, 8600 LaSalle Road, Baltimore, MD 21286-2044. Phone: 410.296.0232; 800.222.3123. E-mail: info@interdys.org; Web: www.interdys.org

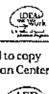
LDOnline - Website Only: www.ldonline.org

Learning Disabilities Association of America (LDA), 4156 Library Road, Pittsburgh, PA 15234-1349. Phone: 412.341.1515. E-mail: info@ldaamerica.org; Web: www.ldaamerica.org

National Center for Learning Disabilities, 381 Park Avenue South, Suite 1401, New York, NY 10016. Phone: 212.545.7510; 888.575.7373. Web: www.ld.org

Recording for the Blind and Dyslexic, 20 Roszel Road, Princeton, NJ 08540. Phone: 609.452.0606; 866.732.3585. E-mail: custserv@rfbd.org Web: www.rfbd.org

Schwab Learning - Website only: www.schwablearning.org



FS7, January 2004

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AED

Mental Retardation

✧ Matthew's Story ✧

Matt is 15 years old. Because Matt has mental retardation, he has been receiving special education services since elementary school. These services have helped him tremendously, because they are designed to fit his special learning needs.

Last year he started high school. He, his family, and the school took a good hard look at what he wants to do when secondary school is over. Does he want more education? A job? Does he have the skills he needs to live on his own?

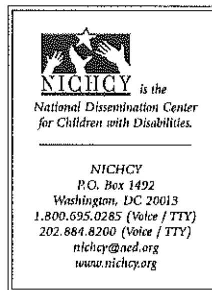
Answering these questions has helped Matt and the school plan for the future. He's always been interested in the outdoors, in plants, and especially in trees. He knows all the tree names and can recognize them by their leaves and bark. So this year he's learning about jobs like forestry, landscaping, and grounds maintenance. Next year he hopes to get a part-time job. He's learning to use public transportation, so he'll be able to get to and from the job.

Having mental retardation makes it harder for Matt to learn new things. He needs things to be very concrete. But he's determined. He wants to work outside, maybe in the park service or in a greenhouse, and he's getting ready!

✧ What is Mental Retardation? ✧

Mental retardation is a term used when a person has certain limitations in mental functioning and in skills such as communicating, taking care of him or herself, and social skills. These limitations will cause a child to learn and develop more slowly than a typical child.

Children with mental retardation may take longer to learn to speak, walk, and take care of their personal needs such as dressing or eating. They are likely to have trouble learning in school. They *will* learn, but it will take them longer. There may be some things they cannot learn.



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Washington, DC 20013
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nichcy@aed.org
www.nichcy.org

Disability Fact Sheet, No. 8
January 2004

✧ What Causes Mental Retardation? ✧

Doctors have found many causes of mental retardation. The most common are:

- *Genetic conditions.* Sometimes mental retardation is caused by abnormal genes inherited from parents, errors when genes combine, or other reasons. Examples of genetic conditions are Down syndrome, fragile X syndrome, and phenylketonuria (PKU).
- *Problems during pregnancy.* Mental retardation can result when the baby does not develop inside the mother properly. For example, there may be a problem with the way the baby's cells divide as it grows. A woman who drinks alcohol or gets an infection like rubella during pregnancy may also have a baby with mental retardation.
- *Problems at birth.* If a baby has problems during labor and birth, such as not getting enough oxygen, he or she may have mental retardation.
- *Health problems.* Diseases like whooping cough, the measles, or meningitis can cause mental retardation. Mental retardation can also be caused by extreme malnutrition (not eating right), not getting enough medical care, or by being exposed to poisons like lead or mercury.

Mental retardation is not a disease. You can't catch mental retardation from anyone. Mental retardation is also not a type of mental illness, like depression. There is no cure for mental retardation. However, most children with mental retardation can learn to do many things. It just takes them more time and effort than other children.

✧ How is Mental Retardation Diagnosed? ✧

Mental retardation is diagnosed by looking at two main things. These are:

- the ability of a person's brain to learn, think, solve problems, and make sense of the world (called IQ or *intellectual functioning*); and
- whether the person has the skills he or she needs to live independently (called *adaptive behavior*, or adaptive functioning).

Intellectual functioning, or IQ, is usually measured by a test called an IQ test. The average score is 100. People scoring below 70 to 75 are thought to have mental retardation. To measure adaptive behavior, professionals look at what a child can do in comparison to other children of his or her age. Certain skills are important to adaptive behavior. These are:

- daily living skills, such as getting dressed, going to the bathroom, and feeding one's self;
- communication skills, such as understanding what is said and being able to answer;
- social skills with peers, family members, adults, and others.

To diagnose mental retardation, professionals look at the person's mental abilities (IQ) and his or her adaptive skills. Both of these are highlighted in the definition of mental retardation in the box below. This definition comes from the Individuals with Disabilities Education Act (IDEA). The IDEA is the federal law that guides how schools provide early intervention and special education and related services to children with disabilities.

Providing services to help individuals with mental retardation has led to a new understanding of how we define mental retardation. After the initial diagnosis of mental retardation is made, we look at a person's strengths and weaknesses. We also look at how much support or help the person needs to get along at home, in school, and in the community. This approach gives a realistic picture of each individual. It also recognizes that the "picture" can change. As the person grows and learns, his or her ability to get along in the world grows as well.

✧ How Common is Mental Retardation? ✧

As many as 3 out of every 100 people in the country have mental retardation (The Arc, 2001). Nearly 613,000 children ages 6 to 21 have some level of mental retardation and need special education in school (*Twenty-fourth Annual Report to Congress*, U.S. Department of Education, 2002). In fact, 1 out of every 10 children who need special education has some form of mental retardation.

✧ What are the Signs of Mental Retardation? ✧

There are many signs of mental retardation. For example, children with mental retardation may:

- sit up, crawl, or walk later than other children;
- learn to talk later, or have trouble speaking,
- find it hard to remember things,
- not understand how to pay for things,
- have trouble understanding social rules,
- have trouble seeing the consequences of their actions,
- have trouble solving problems, and/or
- have trouble thinking logically.

About 87% of people with mental retardation will only be a little slower than average in learning new information and skills. When they are children, their limitations may not be obvious. They may not even be diagnosed as having mental retardation until they get to school. As they become adults, many people with mild retardation can live independently. Other people may not even consider them as having mental retardation.

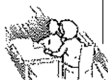
The remaining 13% of people with mental retardation score below 50 on IQ tests. These people will have more difficulty in school, at home, and in the commu-

✧ Tips for Parents ✧

- ☐ Learn about mental retardation. The more you know, the more you can help yourself and your child. See the list of resources and organizations on page 4 of this publication.
- ☐ Encourage independence in your child. For example, help your child learn daily care skills, such as dressing, feeding him or herself, using the bathroom, and grooming.
- ☐ Give your child chores. Keep her age, attention span, and abilities in mind. Break down jobs into smaller steps. For example, if your child's job is to set the table, first ask her to get the right number of napkins. Then have her put one at each family member's place at the table. Do the same with the utensils, going one at a time. Tell her what to do, step by step, until the job is done. Demonstrate how to do the job. Help her when she needs assistance.
- ☐ Give your child frequent feedback. Praise your child when he or she does well. Build your child's abilities.
- ☐ Find out what skills your child is learning at school. Find ways for your child to apply those skills at home. For example, if the teacher is going over a lesson about money, take your child to the supermarket with you. Help him count out the money to pay for your groceries. Help him count the change.
- ☐ Find opportunities in your community for social activities, such as scouts, recreation center activities, sports, and so on. These will help your child build social skills as well as to have fun.
- ☐ Talk to other parents whose children have mental retardation. Parents can share practical advice and emotional support. Call NICHCY (800.695.0285) and ask how to find a parent group near you.
- ☐ Meet with the school and develop an educational plan to address your child's needs. Keep in touch with your child's teachers. Offer support. Find out how you can support your child's school learning at home.

✧ Tips for Teachers ✧

- ☐ Learn as much as you can about mental retardation. The organizations listed on page 4 will help you identify specific techniques and strategies to support the student educationally. We've also listed some strategies below.
- ☐ Recognize that you can make an enormous difference in this student's life! Find out what the student's strengths and interests are, and emphasize them. Create opportunities for success.
- ☐ If you are not part of the student's Individualized Education Program (IEP) team, ask for a copy of his or her IEP. The student's educational goals will be listed there, as well as the services and classroom accommodations he or she is to receive. Talk to specialists in your school (e.g., special educators), as necessary. They can help you identify effective methods of teaching this student, ways to adapt the curriculum, and how to address the student's IEP goals in your classroom.
- ☐ Be as concrete as possible. Demonstrate what you mean rather than just giving verbal directions. Rather than just relating new information verbally, show a picture. And rather than just showing a picture, provide the student with hands-on materials and experiences and the opportunity to try things out.
- ☐ Break longer, new tasks into small steps. Demsonstrate the steps. Have the student do the steps, one at a time. Provide assistance, as necessary.
- ☐ Give the student immediate feedback.
- ☐ Teach the student life skills such as daily living, social skills, and occupational awareness and exploration, as appropriate. Involve the student in group activities or clubs.
- ☐ Work together with the student's parents and other school personnel to create and implement an educational plan tailored to meet the student's needs. Regularly share information about how the student is doing at school and at home.



nity. A person with more severe retardation will need more intensive support his or her entire life.

Every child with mental retardation is able to learn, develop, and grow. With help, all children with mental retardation can live a satisfying life.

✧ What About School? ✧

A child with mental retardation can do well in school but is likely to need individualized help. Fortunately, states are responsible for meeting the educational needs of children with disabilities.

For children up to age three, services are provided through an early intervention system. Staff work with the child's family to develop what is known as an Individualized Family Services Plan, or IFSP. The IFSP will describe the child's unique needs. It also describes the services the child will receive to address those needs. The IFSP will emphasize the unique needs of the family, so that parents and other family members will know how to help their young child with mental retardation. Early intervention services may be provided on a sliding-fee basis, meaning that the costs to the family will depend upon their income. In some states, early intervention services may be at no cost to parents.

For eligible school-aged children (including preschoolers), special education and related services are made available through the school system. School staff will work with the child's parents to develop an Individualized Education Program, or IEP. The IEP is similar to an IFSP. It describes the child's unique needs and the services that have been designed to meet those needs. Special education and related services are provided at no cost to parents.

Many children with mental retardation need help with adaptive skills, which are skills needed to live, work, and play in the community. Teachers and parents can help a child work on these skills at both school and home. Some of these skills include:

- communicating with others;
- taking care of personal needs (dressing, bathing, going to the bathroom);
- health and safety;
- home living (helping to set the table, cleaning the house, or cooking dinner);
- social skills (manners, knowing the rules of conversation, getting along in a group, playing a game);
- reading, writing, and basic math; and
- as they get older, skills that will help them in the workplace.

Our nation's special education law, the IDEA, defines mental retardation as . . .

"... significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance."

34 *Code of Federal Regulations* §300.7(c)(6)

Supports or changes in the classroom (called adaptations) help most students with mental retardation. Some common changes that help students with mental retardation are listed in the "Tips for Teachers" box on page 3. The resources below also include ways to help children with mental retardation.

✧ Resources ✧

American Association on Intellectual and Developmental Disabilities. (2002). *Mental retardation: Definition, classification, and systems of supports* (10th ed.). Washington, DC: Author. (See contact information below.)

American Association on Intellectual and Developmental Disabilities. (2005). *Definition of mental retardation.* Washington, DC: Author. (Available online at: www.aamr.org/Policies/faq_mental_retardation.shtml)

Baker, B., & Brightman, A. (with Blacher, J., Heifetz, L., Hinshaw, S., & Murphy, D.). (2004). *Steps to independence: Teaching everyday skills to children with special needs* (4th ed.). Baltimore, MD: Paul H. Brookes. (Phone: 800.638.3775. Web: www.brookespublishing.com)

Kaufman, S. (1999). *Retarded isn't stupid, Mom!* (Rev. ed.). Baltimore, MD: Paul H. Brookes. (See contact information above.)

✧ Organizations ✧

The Arc of the United States, 1010 Wayne Avenue, Suite 650, Silver Spring, MD 20910. Phone: 301.565.3842. E-mail: Info@thearc.org Web: www.thearc.org

American Association on Intellectual and Developmental Disabilities (formerly American Association on Mental Retardation, AAMR), 444 N. Capitol Street N.W., Suite 846, Washington, D.C. 20001-1512. Phone: 202.387.1968; 800.424.3688 (Toll Free, outside of DC). Web: www.aaidd.org/

Division on Developmental Disabilities, The Council for Exceptional Children, 1110 North Glebe Road, Suite 300, Arlington, VA 22201-5704. Phone: 703.620.3660; 866.915.5000 (TTY); 888.232.7733. E-mail: cec@cec.sped.org Web: www.dddcec.org

FS8, January 2004

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AED

Speech & Language Impairments

NICHCY Disability Fact Sheet—No.11

◇ Definition ◇

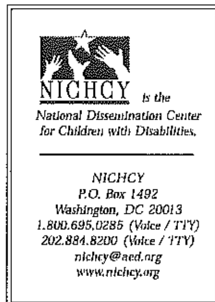
Speech and language disorders refer to problems in communication and related areas such as oral motor function. These delays and disorders range from simple sound substitutions to the inability to understand or use language or use the oral-motor mechanism for functional speech and feeding. Some causes of speech and language disorders include hearing loss, neurological disorders, brain injury, mental retardation, drug abuse, physical impairments such as cleft lip or palate, and vocal abuse or misuse. Frequently, however, the cause is unknown.

◇ Incidence ◇

More than one million of the students served in the public schools' special education programs in the 2000-2001 school year were categorized as having a speech or language impairment. This estimate does not include children who have speech/language problems secondary to other conditions such as deafness. Language disorders may be related to other disabilities such as mental retardation, autism, or cerebral palsy. It is estimated that communication disorders (including speech, language, and hearing disorders) affect one of every 10 people in the United States.

◇ Characteristics ◇

A child's communication is considered delayed when the child is noticeably behind his or her peers in the acquisition of speech and/or language skills. Sometimes a child will have greater receptive (understanding) than expressive (speaking) language skills, but this is not always the case.



is the National Dissemination Center for Children with Disabilities.

NICHCY
P.O. Box 1492
Washington, DC 20013
1.800.695.0285 (Voice / TTY)
202.884.8200 (Voice / TTY)
nichcy@aed.org
www.nichcy.org

Disability Fact Sheet, No. 11
January 2004

Speech disorders refer to difficulties producing speech sounds or problems with voice quality. They might be characterized by an interruption in the flow or rhythm of speech, such as stuttering, which is called dysfluency. Speech disorders may be problems with the way sounds are formed, called articulation or phonological disorders, or they may be difficulties with the pitch, volume, or quality of the voice. There may be a combination of several problems. People with speech disorders have trouble using some speech sounds, which can also be a symptom of a delay. They may say "see" when they mean "ski" or they may have trouble using other sounds like "l" or "r." Listeners may have trouble understanding what someone with a speech disorder is trying to say. People with voice disorders may have trouble with the way their voices sound.

A language disorder is an impairment in the ability to understand and/or use words in context, both verbally and nonverbally. Some characteristics of language disorders include improper use of words and their meanings, inability to express ideas, inappropriate grammatical patterns, reduced vocabulary, and inability to follow directions. One or a combination of these characteristics may occur in children who are affected by language learning disabilities or developmental language delay. Children may hear or see a word but not be able to understand its meaning. They may have trouble getting others to understand what they are trying to communicate.

Don't Be Shy!

All of our publications and resource lists are online—help yourself! Visit us at:

www.nichcy.org

If you'd like personalized assistance, email or call us:

nichcy@aed.org

1.800.695.0285
(V/TTY)

◇ Educational Implications ◇

Because all communication disorders carry the potential to isolate individuals from their social and educational surroundings, it is essential to find appropriate timely intervention. While many speech and language patterns can be called "baby talk" and are part of a young child's normal development, they can become problems if they are not outgrown as expected. In this way an initial delay in speech and language or an initial speech pattern can become a disorder that can cause difficulties in learning. Because of the way the brain develops, it is easier to learn language and communication skills before the age of 5. When children have muscular disorders, hearing problems, or developmental delays, their acquisition of speech, language, and related skills is often affected.

Speech-language pathologists assist children who have communication disorders in various ways. They provide individual therapy for the child; consult with the child's teacher about the most effective ways to facilitate the child's communication in the class setting; and work closely with the family to develop goals and techniques for effective therapy in class and at home. The speech-language pathologist may assist vocational teachers and counselors in establishing communication goals related to the work experiences of students and suggest strategies that are effective for the important transition from school to employment and adult life.

Technology can help children whose physical conditions make communication difficult. The use of electronic communication systems allow nonspeaking people and people with severe physical disabilities to engage in the give and take of shared thought.

Because of the way the brain develops, it is easier to learn language and communication skills before the age of 5.

Vocabulary and concept growth continues during the years children are in school. Reading and writing are taught and, as students get older, the understanding and use of language becomes more complex. Communication skills are at the heart of the education experience. Speech and/or language therapy may continue throughout a student's school years either in the form of direct therapy or on a consultant basis.

Other Helpful Things to Know

These NICHCY publications talk about topics important to parents of a child with a disability.

Parenting a Child with Special Needs

Your Child's Evaluation

Parent to Parent Support

Questions Often Asked by Parents About Special Education Services

Developing Your Child's IEP

All are available in English and in Spanish—on our Web site or by contacting us.

◇ Resources ◇

Brice, A. (2001). *Children with communication disorders* (ERIC Digest #E617). Arlington, VA: ERIC Clearinghouse on Disabilities and Gifted Education. (Available online at: http://ericec.org/digests/e617.html)

Charkins, H. (1996). *Children with facial differences: A parents' guide.* Bethesda, MD: Woodbine House. (Phone: 800.843.7323. Web: www.woodbinehouse.com)

Cleft Palate Foundation. (1997). *For parents of newborn babies with cleft lip/cleft palate.* Chapel Hill, NC: Author. (Phone: 800.242.5338. Also available online at: www.cleftline.org)

Gruman-Trinker, C. (2001). *Your cleft-affected child: The complete book of information, resources and hope.* Alameda, CA: Hunter House. (Web: www.hunterhouse.com)

Hamaguchi, P.M. (2001). *Childhood speech, language, and listening problems: What every parent should know* (2nd ed.). New York: John Wiley. (Phone: 800.225.5945. Web: www.wiley.com/)

◇ Organizations ◇

Alliance for Technology Access
2175 E. Francisco Blvd., Suite L
San Rafael, CA 94901
415.455.4575; 800.455.7970
atainfo@ataccess.org
www.ataccess.org

American Speech-Language-Hearing Association (ASHA)
10801 Rockville Pike, Rockville, MD 20852
301.897.5700 (V/TTY); 800.638.8255
actioncenter@asha.org
www.asha.org

Childhood Apraxia of Speech Association of North America (CASANA)
123 Eisele Road, Cheswick, PA 15024
412.767.6589
helpdesk@apraxia.org
www.apraxia-kids.org

Cleft Palate Foundation
104 South Estes Drive, Suite 204
Chapel Hill, NC 27514
919.933.9044; 800.242.5338
info@cleftline.org
www.cleftline.org

Easter Seals—National Office
230 West Monroe Street, Suite 1800
Chicago, IL 60606
312.726.6200; 312.726.4258 (TTY); 800.221.6827
info@easter-seals.org
www.easter-seals.org

Learning Disabilities Association of America (LDA)
4156 Library Road
Pittsburgh, PA 15234-1349
412.341.1515
info@ldaamerica.org
www.ldaamerica.org

Scottish Rite Foundation
Southern Jurisdiction, U.S.A., Inc.
1733 Sixteenth Street, N.W.
Washington, DC 20009
202.232.3579.
www.srmason-sj.org/web/index.htm

Trace Research and Development Center
University of Wisconsin-Madison
1550 Engineering Dr.
2107 Engineering Hall
Madison, WI 53706
608.262.6966; 608.263.5408 (TTY)
info@trace.wisc.edu
www.trace.wisc.edu

FS11, January 2004

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