CAPHI NEWSLETTER

California Association for Physical and Health Impairments

Editor: Sherwood J. Best

Reflections on the PHI Credential: Part 3

Sherwood J. Best

Inclusion. You've heard the word. You know what it means -- you think. Perhaps you've even seen the outcomes for students with physical and health impairments who have been "fully included" into general education programs. Sometimes these students flourish, and sometimes they are isolated, both academically and socially. No one disputes that, whenever appropriate, students with physical and health impairments should receive educational services in general education classes. The answer lies in the word "**Appropriate**".

There continues to be debate about the meaning and implementation of inclusion. I learned this when collecting data for my dissertation, which examined the self perceptions of students with physical disabilities in general education classes compared to those in self-contained classes on general education campuses. When I compared the two groups (over 100 total) on measures of self-concept, perception of acceptance by others, school attitude, and social competence, I found that students in self-contained special day classes rated themselves higher on all measures than students fully included in general education classes. Hardly an endorsement for inclusion, I thought.

And then I thought again. Perhaps the difference could be attributed, at least in some part, to the how inclusion was implemented. In my research, I had compared three school districts, all with different models for inclusion support. One school district had an "Inclusion Facilitator" with a PHI credential, who provided consultation to general education teachers and direct services to students. Her caseload was approximately 50 students. In the second district, included students received no direct services from a PHI teacher; a situation that was not only unfortunate, but illegal. In the third district, there was a PHI-credentialed "Inclusion Facilitator" who provided consultation to general education teachers and direct servces to students. The students in this district were clustered at one site, which allowed daily contact with the inclusion facilitator, who also had a full-time assistant. Her caseload was approximately 20 students. It was no surprise that fully included students in the third district scored the highest on measures reflecting a quality experience.

The moral of this story is simple. To be truly successful, inlcusion requires support. **Real Support**. The type of support that takes money, time, commitment, and trained professionals who understand the needs of students with physical and health impairments. That means teachers with the PHI credential. Anything else is "dump and hope".

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Editor's Notes...

Sherwood J. Best

What do you think of the new CAPHI logo and have you visited our website lately? Members of the CAPHI Executive Committee spent some time this summer working on our organization's infrastructure, including the new logo and reorganized website. The credit for both these improvements go to Jim Hetherman, who has offered to serve as CAPHI's webmaster. When you go to the CAPHI website, check out the different links. Some are still in the building stage, but several are operational.

One of our interactive links is "Ask the Experts". Click on this link and type in your question. Our webmaster will forward your question to a CAPHI member

President's Message
Sharon Grandinette, M.S.

We are off to an exciting chapter in the CAPHI organization! Not only do we have a new logo, but the newly updated CAPHI website has been redesigned to be interactive, and will eventually become the main source of communication for CAPHI members throughout the state. Our goal is to move our newsletter from paper to a web based document, which will allow easy access anytime you want to refer to a past article. Most importantly, it will save room in our ever expanding file cabinets! Visit our website at www.caphi.org.

The CAPHI Executive committee continues to work on increasing membership in the organization and restructuring the membership renewal process. Our goal is to have members notified via email when their membership is due for renewal.

The Pediatric Palliative Care conference that was held on March 25th at Shriner's Hospital, Los Angeles was a great success with over 40 people in attendance. The Shriner's auditorium was a perfect venue in which to hold the conference, and we hope to have another event there in the future. The day not only included a delicious food provided by the hospital catering service, but also a tour of the facility, where children from all over the world are offered much needed surgery, at no charge. Our Shriner's Hospital hosts were so gracious and interested in CAPHI. We are planning to offer the Pediatric Palliative Care conference again in the fall for our Northern California CAPHI members, so stay tuned!

On August 3, 2006, the U.S. Department of Education announced the final Part B regulations to implement the Individuals with Disabilities Education Improvement Act of 2004. On August 14, the official copy was published in the Federal Register. IDEA 2004 aligns closely to the No Child Left Behind Act (NCLB), helping to ensure equity, accountability and excellence in education for children with disabilities. The new regulations will go into effect on October 14, 2006. Look for summary of the changes in IDEA on www.wrightslaw.com. We will cover the changes in the next edition of the CAPHI newsletter.

Please help CAPHI by emailing me at shargrand@aol.com and letting me know if you will download the CAPHI newsletter from our web site instead of receiving a paper copy. We will put the savings back into CAPHI!

Mark Your Calendar

The Association for the Education of Children with Medical Needs (AECMN) has its seventh annual conference on November 2-4, 2006 at St. Luke's Children's Hospital in Boise, Idaho. Please contact Carla Hart at hartca@slrmc.org or call at 208/381-7981 for more information.

with expertise in the area that pertains to your question. We will select questions and expert responses to feature in the newsletter. Another great link is "Community Feedback". Use this link to send comments, suggestions, ideas, and experiences to improve the website, contribute to the *CAPHI Newsletter*, and share your expertise with other CAPHI members.

Sharon Grandinette continues to inform us about brain injury with an article that defines brain injury, attention deficit hyperactivity disorder, and learning disabilities. How many times have you heard that kids with brain injuries are just kids with learning disabilities- NOT!

Sherry Best has contributed the third in her series of articles about the PHI credential in California and nationally. This article focuses on inclusion as a paradigm shift that has frequently been used to eliminate specialized credentials. Sherry argues that the PHI credential is more important than ever.

Mary Ann Abbott has provided a terrific article about choosing software to meet AT needs in your classroom, spotlighting **My Own Bookshelf**, **Test Me Score Me**, and **Task Builder**. Consider the CSUN conference in 2007 to enhance your AT knolwledge and join other CAPHI members for dinner.

I like our new CAPHI logo so much that I'm printing it again!

Assistive Technology Corner
Mary Ann Abbott, S.L.P.D.

In the winter 2006 newsletter we discussed the SETT. SETT is an acronym for Student, Environments, Tasks, and Tools. The SETT Framework is a tool that helps teams gather and organize information that can be used to guide collaborative decisions about services that foster the educational success of students with disabilities. The SETT Framework is built on the premise that in order to develop an appropriate system of assistive technology devices and services, teams must first gather information about the student, the customary environments in which the student spends his/her time, and the tasks that are required for the student to be an active participant in the teaching/learning processes that lead to educational success. The SETT Framework as well as other pertinent forms and guidelines may be found on the SETT homepage at http://www2.edc.org/NCIP/workshops/sett/SETT_home.html and the SETT FRamework page at http://www2.edc.org/NCIP/wprkshops/sett/SETT_Framework.html. See the winter 2006 issue of the *CAPHI Newsletter* for the full article.

You've assessed your student. You know his/her strengths and weaknesses. You've used the SETT framework to determine what he/she needs to be able to do that he/she can't do because of his/her disability. You've come up with a list of features that you think may be beneficial for your student and you're ready to tackle the world of assistive technology (AT) software. Okay, here we go! Most people head straight for their catalogs or the company web site for information about the different software products.

MYTH: Product descriptions are always accurate.

REALITY: Product descriptions are designed to sell products. As a result, these descriptions don't always point out limitations for some technology users.

How do you find out if a company's product has all of the features that will meet the needs of your student? Try before you buy! Most of the major software companies have free demo disks or downloads available for many of the products you wish to try. The Learning Disabilities and Assistive Technology web site (http://www.gatfl.org/ldguide/vendors.htm) has a wonderful list of vender resources with their web addresses, phone numbers, and a brief description of the company. Another good source for resource links is the AAC Intervention.com web site (http://www.aacintervention.com/links.html).

Nothing beats actually trying the software yourself, but having a knowledgeable person to help you is even better! Okay, I admit it; this is a shameless plug for the Technology and Persons with Disabilities Conference sponsored by California State University at Northridge (CSUN). The main conference will be held March 21-24, 2007 at the LAX Airport Marriott and Hilton. There are pre-conference seminars and workshops offered for a separate fee. This year for the first time, the CSUN conference will host a Young Researcher's Symposium as part of the pre-conference activities. In addition, this year's conference will be held in conjunction with the United States Society for Augmentative and Alternative Communication (USSAAC) Biennial Conference (http://www.ussaac.org/about.php).

This international conference is packed with knowledgeable presenters and practical, useful information. The conference is a wonderful opportunity to talk to AT/AAC professionals, persons who use AT and AAC, and the venders. You can touch the products, pose problems, troubleshoot software you may already own, and "test drive" the new software yourself. If you can't attend the conference itself, take advantage of the exhibit hall. Admission to the exhibit hall is FREE!!

Many of our CAPHI members are wonderful resources who use AT and AAC in their classroom every day with great success. I urge you to submit a paper and present at the conference. The best presentations usually come from those who've "been there, done that". The Call for Papers for the 2007 Technology and Persons with Disabilities Conference will be available in mid-August with the submission deadline of September 22, 2006. Check the web site for information (http://www.csun.edu/cod/conf/index.htm).

Distinguishing Between Brain Injury, Attention Deficit Hyperactivity Disorder and Learning Disabilities

Sharon Grandinette, M.S., Acquired Brain Injury Specialist/Trainer
Exceptional Educational Services
www.helpingkidsbrains.com

History of Brain Injury Eligibility in Special Education

Prior to 1990, children who acquired a brain injury after a period of normal development were identified with students who were born with their disabilities. Often, they were placed into Special Education eligibility categories and classrooms of the disabling conditions that most closely resembled theirs. Typically, those categories included Learning Disabilities and Attention Deficit Hyperactivity Disorder. Additionally, brain injury survivors with more significant deficits were incorrectly associated with students with Emotional Disturbance, Orthopedic Impairments, and Mental Retardation.

While some students who acquire a brain injury may present with deficits similar to students with other disabling conditions, a brain injury is caused by a known event and these students have their own unique set of characteristics and needs. Even though Traumatic Brain Injury became an eligibility category under the Individuals with Disabilities Education Act (IDEA) in 1990, children who acquire a brain injury continue to be misidentified and misplaced in other disability categories, and thus are not receiving the appropriate treatment and educational interventions they require.

What is a Brain Injury?

A brain injury is defined as an insult to the brain that has occurred since birth, and in most cases, after a child has experienced some level of typical development. It can be caused by trauma from an external force (open and closed head injuries) or from non-traumatic, internal occurrences such as strokes and other cerebral vascular accidents, infections of the brain, toxic exposure, near drowning, tumors, metabolic disorders and loss of oxygen. Lesions, bleeding, bruising, swelling, and the tearing and shearing of neurons that can result from a brain injury are easily identified using neuroimaging diagnostic tools (x-rays, CAT scans, MRI's, or PET scans) available in the medical field.

A brain injury can result in total or partial functional disability or impairment that adversely affects educational performance, and may result in mild, moderate or severe impairments in one or more areas including: cognition; speech-language communication; memory, attention and concentration; reasoning, abstract thinking, problem solving, sensory, perceptual and motor abilities; psychosocial behavior; physical functions and information processing. The nature and timing of a brain insult may cause unpredictable consequences as trauma disrupts the normal progression of cerebral development, as injury incurred during the development of the nervous system can have extensive consequences on a child's ability to acquire new skills and knowledge.

Children who acquire their brain injury due to trauma may be eligible for special education services under the eligibility category of Traumatic Brain Injury (TBI) while those whose injury is caused by a non traumatic event typically qualify under Other Health Impaired (OHI.) With proper identification, rehabilitation and educational intervention, many students who acquire a brain injury may show marked progress over time, regaining lost skills and physical function. Depending on the severity of the injury, services can be delivered in a variety of educational settings, from general education with a 504 Plan accommodation to special education classrooms, and receive a number of therapies including Speech/Language, Physical and Occupational therapies, Counseling and Vision and Hearing support services. Since behavior is a common problem following a brain injury, many students also require the services of a behaviorist who specializes in antecedent behavior management and applied behavior anaylsis.

What is ADHD?

Attention Deficit Hyperactivity Disorder (ADHD) is a condition caused by genetic factors that result in neurological deficits. It is considered a neurobehavioral syndrome/developmental disorder that begins in early childhood and can affect individuals across the life span. A physician typically diagnoses children who display developmentally inappropriate levels of inattention, hyperactivity and impulsivity prior to the age of 7, with impairments in adaptive functioning at home, at school, and in social situations with this condition.

Heredity is the most common cause of ADHD, and in almost 80% of cases, siblings of children with ADHD have a five to seven times more likelihood of being diagnosed than those from unaffected families. In instances where heredity does not seem to be a factor, difficulties during pregnancy, significantly low birth weight, excessively high lead levels, brain infections, inborn errors of metabolism, and prenatal exposure to alcohol, tobacco and cocaine, have all been found to contribute to the risk for ADHD to varying degrees. Current research suggests that ADHD may stem from a lag or failure in the development of at least 3 areas of the brain, primarily on the right side.

There are three types of ADHD: inattentive, hyperactive/impulsive, and combined. While children with ADHD have often been accused of willfully displaying inattention, poor concentration, and impulsivity, it is not in their control. Specific brain chemicals responsible for adjusting the sensitivity of the brain to stimuli and regulating the degree of activity are in limited supply, causing them to have no control over the actions and behaviors they exhibit. Children with ADHD may be eligible to receive special education services under the category of OHI-Other Health Impaired in special and general classroom settings, or receive accommodations under a 504 Plan in general education classrooms. Medication prescribed by the child's physician is a common form of treatment, and counseling is often advised.

What is a Learning Disability?

A learning disability is an impairment in some aspect of language and/or visual-perceptual development that interferes with learning. Research supports that learning disabilities are inherited (reading disabilities are the most common form) and has found that several members of a family often have a Learning Disability. Some research suggests that the disorder arises from abnormal left-hemisphere development. Since learning disabilities are difficult to diagnose, and because they are neurological disorders that affect how the brain processes information, the medical model, neuro-imaging approach (using x-rays, CAT scans, MRI's, or PET scans) cannot definitively indicate that a child has a learning disability, and a pattern of poor educational performance confirmed by psycho-educational assessment is needed to make a determination.

A specific learning disability (SLD) as defined in IDEA 1997 is 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." For years, most states have used a significant discrepancy model between IQ and academic achievement to determine whether a child met the criteria for a learning disability, disallowing a number of students to receive special education services that would have addressed their poor academic performance. A new provision in IDEA 2004 releases schools from that requirement, and also recognizes that a learning disability can co-exist with other types of disabilities.

The revised IDEA 2004 addresses the changing view of the special education eligibility of students with learning disabilities. According to the National Joint Committee on Learning Disabilities, a learning disability is defined as a "generic term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual and are presumed to be due to a dysfunction of the central nervous system." Students with learning disabilities often receive special education services under the eligibility category of SLD-Specific Learning Disability in the

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Most of the companies exhibiting at CSUN offer a 10% discount or free shipping on their products, but classroom budgets are always tight and there is usually little or no money left by March. However, the best kept secret is that the Soft Touch Company (http://www.softtouch.com) offers most of their titles for half price at the conference! I'd like to take this opportunity to describe a few of their titles.

Research indicates that when students select their own books to read, their literacy levels improve. **My Own BookShelf** is an authoring program that gives students the ability to select their own books and to read them as often as they wish. This Steps to Learning Program walks you through making books, putting books on bookshelves, and selecting books for students to read. You have the ability to individualize each student's bookshelf with the accessibility options he/she needs to be successful. Programming wizards assist you to add pictures, movies, sounds, and text. My Own BookShelf even collects data on each student's reading experience. Books can also be printed as hard copies for the classroom library or to share at home. The program includes a book reader for sharing your electronic books with others. Students will increase their literacy experiences as they listen to and read stories independently. Creating highly motivating age-appropriate texts is as easy as 1-2-3. I was able to create an eight-page book about my grandson in as little as fifteen minutes.

How often have you been faced with the dilemma of how to assess students with moderate to severe disabilities? **Test Me Score Me** is an authoring program that can be used to create alternative assessment materials. There are nine different templates that you can use or you can choose to create a test from scratch. You can create tests with yes/no or up to five multiple-choice answers. The program randomly presents the answers each time a test is taken. You can use pictures, movies, text, and/or speech to support the content. You can print your tests out, or choose to export to share with other colleagues or parents. Universal access modes include switch use, mouse, touch screen, and Intellikeys keyboard. Once the test has been taken, test results are captured that can be printed out for the student's portfolio.

One of the newest programs that this writer has not yet reviewed is **Task Builder**. Task Builder was created especially for students on the autism spectrum who need step-by-step visual information for doing tasks or following a schedule. This program can be used to teach or reinforce tasks. Task Builder can be used to illustrate tasks by showing the steps in detail using photos, movies, printed words, and/or speech. Task Builder social story templates with pictures of the student doing the tasks may increase student engagement, interest, and compliance. Tasks can be printed in small or large format for the students to follow. The printed steps of a task may be displayed in the appropriate work area. You can share tasks with others. Just export a task and the Task Builder Player goes with it. You can also import tasks created by others into your copy of Task Builder. I intend to test drive this software at CSUN in March and if it performs as well as My Own BookShelf and Test Me Score Me, it will quickly be added to my personal AT software library – as a conference half-price special I hope.

Take advantage of the CSUN conference in March if you can. Be sure to call or e-mail companies to request demo disks or check their web sites for free downloads. AT software is a big investment. Try before you buy to be sure that the features that are advertised will meet the needs of your students. Test drive the software to find out if it is user-friendly and worth your valuable time and precious classroom or personal funds.

Mary Ann Abbott is an Assistive Technology Specialist in the Los Angeles Unified School District and a Lecturer for the Department of Communication Disorders at California State Universityy, Los Angeles. She is Vice-President of CAPHI.

How Many CAPHI members plan to attend the 2007 CSUN conference? In 2006, CAPHI members met informally for dinner after conference sessions. CAPHI could plan a special member meeting and social again in 2007. Interested CAPHI members can contact Sherry Best at sbest@calstatela.edu. It's never too early to plan for a good time!

form of academic accommodations and remediation. Services can be provided in both the general education class-room as well as the special education class setting. Other support services may include Speech and Occupational therapy.

Why Brain Injury, ADHD and Learning Disabilities are Commonly Confused

In the early twentieth century, the cluster of symptoms now known as ADHD was hypothesized to relate to brain trauma, and although research has since determined otherwise, many still believe this finding to be true. For years, a learning disability was defined as "minimal brain dysfunction." Additionally, there are a number of overlapping conditions between the three disabilities, giving more credence to past theories. For example, almost 20% of children with learning disabilities also exhibit the symptoms of ADHD.

A sudden onset of a medical condition such as meningitis, encephalitis, or a stroke, as well as trauma to the brain can result in the subsequent development of learning and attention problems that **look** like ADHD and Learning Disabilities. Traumatic Brain Injury (TBI) is the most common because more children with brain injuries are surviving today than ever before due to the increased ability of the medical community to sustain life following traumatic and non-traumatic events. As a result, brain injury is an increasingly recognized cause of learning & behavior problems in children. However, children who acquire brain injury present very differently, since, unlike children with Learning Disabilities and ADHD, not only were most typically developing prior to their injuries, but also because of the evolving nature of their recovery.

During brain injury recovery, disorders in attention, executive functions, higher language skills and behavior are common. Although the cognitive effects of Learning Disabilities and deficits in attention, concentration and impulsivity are commonly seen in brain injury survivors as they go through the healing process, they typically show signs of recovery over time. Frequently, children with attention related problems stemming from brain trauma present a checkerboard pattern of attention difficulty in which certain attention skills have been affected, while others have been significantly impaired. For many children who sustain brain trauma, problems with speed of information processing and concept formation may contribute to what can be mistaken for ADHD. Often these children have significantly high levels of over-arousal and behavioral problems.

Children with ADHD and Learning Disabilities have lifelong disabilities, and their patterns are distinctly different. Due to this distinction, Traumatic Brain Injury (TBI) was identified as a separate category of disability under Special Education/IDEA in 1990 to distinguish it from Learning Disabilities and other types of disabling conditions, while ADHD was included under the category of Other Health Impairment (OHI). However, when brain injury recovery is complete, some children may have residual learning disabilities as well as attention and concentration problems, adding to the labeling confusion.

The child who acquires a brain injury is not a peer of other students born with a disability because students with a brain injury have experienced a period of typical development. As a result, important differences that these children will present with may include:
- A previous successful experience in academic and social settings
- A pre-injury self-concept of being normal
- Discrepancies in ability levels
- Inconsistent patterns of performance
- Variability and fluctuation in the recovery process resulting in unpredictable and unexpected spurts of progress

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- More extreme problems with generalizing, integrating or structuring information
- Poor judgment and loss of emotional control, which makes student appear to be ED at times
- Cognitive deficits that are present in other disabilities but are uneven in extent of damage & rate of recovery
- Combinations of conditions resulting from the TBI that are unique and do not fall into usual categories of disabilities
- Inappropriate behaviors more exaggerated (more impulsive, more distractible, more emotional, more difficulty with memory, information processing organization & flexibility)
- Learning style that requires a utilization of a variety of compensatory and adaptive strategies
- Some high level skills, which may be intact, making it difficult to understand why the student will have problems performing lower level tasks
- A previously learned base of information that assists with relearning more rapidly.

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For a more detailed article on this topic, and other articles on brain injury, please visit www.lapublishing.com.

Nifty Organizations.....

We Can Pediatric Brain Tumor Network
www.wecan.cc or 310/739-3433

We Can was founded in 1996 by two mothers whose sons had been diagnosed with brain tumors. This organizations offers parent support meetings, in-hospital visits from veteran parents, sibling workshops, teen groups, and family camp. What is nifty about We Can is that it serves as a model for what families can do when chllenged to find appropriate services for thier children. Thinking of starting a grass-roots organization in your area? Contact We Can and ask how.

Call Oscar
www.callOscar.com or 1/877-225-5672

"If you are dissatisfied with your current transportation options, Call Oscar would like to introduce you to a refreshing alternative". This is the promise of an organization for people who need assisted transportation. Founded by the chairman of the Super Shuttle, the national airport transportation company, Call Oscar is simple and convenient. It provided door-to-door services, can be used for exclusive or group rides (up to 4 people), and can meet medical, social/entertainment, shopping, and other transportation needs. You register and are billed for services on a monthy basis. Isn't this nifty?