

Chapter 9 - Multiple Disabilities

Definition under IDEA of Multiple Disabilities

Under IDEA, Multiple Disabilities:

...means concomitant [simultaneous] impairments (such as intellectual disability-blindness, intellectual disability-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in a special education program solely for one of the impairments. The term does not include deaf-blindness [34 C.F.R., sec. 300 [b][6]].

Overview of Multiple Disabilities

According to Deutsch-Smith, people with multiple disabilities require ongoing and intensive supports across their school years and typically across their lives. For some, these supports may well be in only one life activity, but for many of these individuals, supports are needed for access and participation in mainstream society. Supports are necessary because most individuals with multiple disabilities require assistance in many adaptive areas.

No single definition covers all the conditions associated with severe and multiple disabilities. Schools usually link the 2 areas (severe disabilities and multiple disabilities) into a single category for students who have the most significant cognitive, physical, or communication impairments (Turnbull, Turnbull, & Wehmeyer).

Prevalence of Multiple Disabilities

According to the U.S. Department of Education, Multiple Disabilities represent approximately 2.0 percent of all students having a classification in special education.

Characteristics of Students with Multiple Disabilities

Individuals with severe or multiple disabilities may exhibit a wide range of characteristics, depending on the combination and severity of disabilities, and the person's age. There are, however, some traits they may share, including:

- Limited speech or communication
- Difficulty in basic physical mobility
- Tendency to forget skills through disuse

- Trouble generalizing skills from one situation to another
- A need for support in major life activities (e.g., domestic, leisure, community use, vocational)(National Dissemination Center for Students with Disabilities).

Multiple disabilities in an infant or young student require the coordinated efforts of multiple experts" (one from every identified disability area). Because of the interactive, multiplicative effects of multiple disabilities, it is essential that intervention and/or programming efforts be focused cooperatively on functional tasks. Whenever possible, intervention should be aimed toward minimizing or preventing developmental delays. Since there seems to be an ever-increasing number of infants and young students with multiple disabilities, the cooperative approach to early intervention seems to have the best potential for enhancing the potential of these students (Texas School for the Blind and Visually Impaired).

A variety of medical problems may accompany severe disabilities. Examples include seizures, sensory loss, hydrocephalus, and scoliosis. These conditions should be considered when establishing school services (National Dissemination Center for Students with Disabilities).

Procedures and Assessment Measures used to diagnose Multiple Disabilities

A student with multiple disabilities shall be evaluated by the procedures for each disability; and shall meet the standards for two or more disabilities. If a student is suspected of having Multiple Disabilities, the following evaluation should be considered:

- An observation by a team member other than the student's general education teacher of the student's academic performance in a general classroom setting; or in the case of a student less than school age or out of school, an observation by a team member conducted in an age-appropriate environment
- A developmental history, if needed
- An assessment of intellectual ability
- Other assessments of the characteristics of speech and language impairments if the student exhibits impairments in any one or more of the following areas: cognition, fine motor, perceptual motor, communication, social or emotional, and perception or memory. These assessments shall be completed by specialists knowledgeable in the specific characteristics being assessed:
- A review of cumulative records, previous individualized education programs or individualized family service plans and teacher collected work samples
- If deemed necessary, a medical statement or health assessment statement indicating whether there are any physical factors that may be affecting the student's educational performance;
- Assessments to determine the impact of the suspected disability:

On the student's educational performance when the student is at the age of eligibility for kindergarten through age 21

On the student's developmental progress when the student is age three through the age of eligibility for kindergarten

- Additional evaluations or assessments necessary to identify the student's educational needs.

Eligibility for a Diagnosis of Multiple Disabilities

In order to identify and be determined as eligible for special education services as a student with Multiple Disabilities, the IEP Committee shall document that the following standards have been met.

1. The IEP Committee must determine that the student shall have the following two characteristics:
 - a. meet the standards for two or more identified disabilities and
 - b. be unable to benefit from services and supports designed for only one of the disabilities, as determined to be primary or secondary disabilities by the IEP Committee.
2. The IEP Committee must determine that:
 - a. the student has a combination of two or more disabilities;
 - b. the nature of the combination of disabilities require significant developmental and educational programming that cannot be accommodated with special education services that primarily serve one area of the disability.
3. The IEP Committee must determine that all exclusionary factors have been ruled out. An individual will not be considered eligible for services under Multiple Disabilities if one or more of the following exist:
 1. The adverse effects are from a lack of instruction in reading or math that is not related to the traumatic brain injury.
 2. The adverse effects are from environmental, cultural, or economic disadvantage as a result of such factors as: Second language, limited English proficiency, other cultural values and experiences and experiential differences.
 3. The adverse effects are judged to result from absenteeism (unrelated to health) or change in residence or schools.
 4. The disability is more accurately described by another category of eligibility.
 5. The student does not meet the eligibility criteria for "Deaf-Blind."

Final Thoughts

Early intervention programs, preschool and educational programs with the appropriate support services are important to students with sensory and additional disabilities (NEC Foundation of America).

At the present time, students with severe and multiple disabilities are taught in a variety of settings, from totally segregated to fully inclusive. The doctrine of the least restrictive environment (LRE), as applied to students with severe and multiple disabilities has usually resulted in placement in a special education classroom within a general school. Now an increasing number of leaders in the field of severe and multiple disabilities are advocating for full inclusion for these students. Successful collaboration is essential if students are to be fully included in schools and community settings. Because the students' needs can be extensive, families, educators, physical and occupational therapists, speech and language pathologists and medical personnel need to work closely with each other to ensure that students receive an appropriate and inclusive education. In addition, students without disabilities and community members need to understand their roles in the collaborative planning process (Turnbull, Turnbull, Shank & Smith).

In order to effectively address the considerable needs of individuals with sensory and additional disabilities, educational programs need to incorporate a variety of components, including language and/or communication development, social skill development, functional skill development (i.e., self-help skills) and vocational skill development.

Related services are of great importance and the appropriate therapists need to work closely with classroom teachers and parent/guardians. Best practices indicate that related services are best offered during the natural routine of the school and community, rather than by removing the student from class for isolated therapy (Ohio Coalition for the Education of Students with Disabilities).

Classroom arrangements must take into consideration students' needs for medications, special diets, or special equipment. Adaptive aids and equipment enable students to increase their range of functioning. The use of computers, augmentative/alternative computer communication systems, communication boards, head sticks and adaptive switches are some of the technological advances which enable students with sensory and additional disabilities to participate more fully in integrated settings.

Integration/inclusion with peers without disabilities is important for the development of social skills and friendships for students with sensory and additional disabilities.

These conditions should be considered when establishing school services. A multi-disciplinary team consisting of the student's parent/guardians, educational specialists and medical therapeutic specialists in the areas in which the individual demonstrates problems should work together to plan and coordinate necessary services (National Dissemination Center for Students with Disabilities).