
A Critical Assessment of Disabilities and Disorders in Children

BY

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ABSTRACT

There are pupils and students who require special education of some kind in most elementary and primary school classes. Students who need special education may include students who have hearing impairment or are deaf, students who have vision impairment or are blind, students with physical disabilities, students with intellectual disability, students with learning difficulties, students with behaviour disorders or emotional disturbance, and students with speech or language difficulties. Some students have a number of disabilities and learning difficulties. The study observed that the parents of the affected individual are usually genetically normal. Also the study observed that majority of children who are deaf-blind impaired also have additional physical, medical and/or cognitive problems. In conclusion, the study states that, globally, children with disabilities are often denied their right to education. For instance, in Bangladesh, only 30% of people with disabilities had completed primary school, compared with 48% of those with no disabilities. And that any abnormal pattern of behaviour which is above the expected norm for age and level of development can be described as “challenging behaviour. One of the recommendations was that government and well-meaning organisations should render good assistance to people with disability in order to encourage them for effective studies as their health conditions has greatly limited the capability and capacity.

KEYWORDS: Special Education, Disabilities, Disorders, Giftedness, Retardation

Introduction

Special education is the practice of educating students in a way that addresses their individual differences and needs. Ideally, this process involves the individually planned and systematically monitored arrangement of teaching procedures, adapted equipment and materials, and accessible settings. Apparently, these interventions are designed to help individuals with special needs achieve a higher level of personal self-sufficiency and success in school and in their community which may not be available if the students were only given access to a typical classroom education. One of the first special schools in the world was the Institute National des Jeunes Aveugles in Paris, which was founded in 1784. It was the first school in the world to teach blind students. Same schools were opened in other places including United Kingdom and others.

The first school in U.K, for the Deaf was established 1760 in Edinburgh by Thomas Braidwood, with education for visually impaired people beginning in the Edinburgh and Bristol in 1765. In the 19th century, people with disabilities and the inhumane conditions where they were supposed to be housed and educated were addressed in the literature of Charles Dickens. Dickens characterized people with severe disabilities as having the same, if not more, compassion and insight in Bleak House and Little Dorrit. Such attention to the downtrodden conditions of people with disabilities resulted in reforms in Europe including the re-evaluation of special schools. In the United States, reform came rather more slowly. Throughout the mid half of the 20th century, special schools, termed institutions, were not only accepted, but encouraged. Students with disabilities were housed with people with mental illnesses, and they were not educated much, if at all (SWIFT, 2018).

Global Issues of Special Education

Globally, children with disabilities are often denied their right to education. Though little is known about their school attendance patterns; the collection of data on children with disabilities is not straightforward, but data are vital to ensure that policies are in place to address the constraints these children face (UNESCO. 2016). According to the World Health Survey, in 14 of 15 low and middle income countries, people of working age with disabilities were about one-third less likely to have completed primary school. For instance, in Bangladesh, 30% of people with disabilities had completed primary school, compared with 48% of those with no disabilities. The corresponding shares were 43% and 57% in Zambia; 56% and 72% in Paraguay. It has been shown that children with a higher risk of disability are far more likely to be denied a chance to go to school. In Bangladesh, Bhutan and Iraq, children with mental impairments were most likely to be denied this right. In Iraq, for instance, 10% of 6- to 9-year-olds with no risk of disability had never been to school in 2006, but 19% of those at risk of having a hearing impairment and 51% of those who were at higher risk of mental disability had never been to school. In Thailand, almost all 6- to 9-year-olds who had no disability had been to school in 2005/06, yet 34% of those with walking or moving impairments had never been to school (UNESCO 2016).

Intellectual Disabilities I

Giftedness

There are many definitions of giftedness though none is universally accepted, but many share certain defining characteristics. Here are a few:

Columbus Group defines giftedness as asynchronous development in which advanced cognitive abilities and heightened intensity combine to create inner experiences and awareness that are qualitatively different from the norm. This asynchrony increases with higher intellectual capacity.”

Jacob Javits Gifted and Talented Students Education Act defines gifted students as:“Students, children, or youth who give evidence of high achievement capability in areas such as intellectual, creative, artistic, or leadership capacity, or in specific academic fields, and who need services and activities not ordinarily provided by the school in order to fully develop those capabilities.”

In *Gifted Children: Myths and Realities*, Ellen Winner defines giftedness with these three atypical characteristics:

Precocity – “They begin to take the first steps in the mastery of some domain at an earlier-than-average age. They also make more rapid progress in this domain than do ordinary children, because learning in the domain comes easily to them.”

An insistence on marching to their own drummer – “Gifted children not only learn faster than average or even bright children but also learn in a quantitatively different way.”

Also, the National Association for Gifted Children (NAGC) defines giftedness as individuals who demonstrate outstanding levels of aptitude (defined as an exceptional ability to reason and learn) or competence (documented performance or achievement in top 10% or rarer) in one or more domains. Domains include any structured area of activity with its own symbol system (e.g., mathematics, music, language) and/or set of sensorimotor skills (e.g., painting, dance, sports). The uniqueness of the gifted individuals renders them particularly vulnerable and requires modifications in parenting, teaching and counseling in order for them to develop optimally.

In the heyday of the psychometric and behaviorist eras, it was generally believed that intelligence was a single entity that was inherited; and that human beings - initially a blank slate - could be trained to learn anything, provided that it was presented in an appropriate way. Nowadays an increasing number of researchers believe precisely the opposite; that there exists a multitude of intelligences, quite independent of each other; that each intelligence has its own strengths and constraints; that the mind is far from unencumbered at birth; and that it is unexpectedly difficult to teach things that go against early 'naive' theories that challenge the natural lines of force within an intelligence and its matching domains. (Gardner 1993)

Howard Gardner initially formulated a list of seven intelligences, but later added an eighth, that are intrinsic to the human mind: linguistic, logical/mathematical, visual/spatial, musical, bodily kinesthetic, intrapersonal, interpersonal, and naturalist intelligences. It has become widely accepted at both local and international scales to adopt a broad definition of giftedness using multiple criteria to formulate gifted education policy.

Intellectual Disabilities II

Mental Retardation

Mental retardation also called *mental handicap* is a term for a pattern of persistently slow learning of basic motor and language skills ("milestones") during childhood, and a significantly below-normal global intellectual capacity as an adult. One common criterion for diagnosis of mental retardation is a tested intelligence quotient (IQ) of 70 or below (Wikipedia 2019).

In England and Wales the Mental Health Act 1983 defines mental impairment and severe mental impairment as "a state of arrested or incomplete development of mind which includes significant/severe impairment of intelligence and social functioning and is associated with abnormally aggressive or seriously irresponsible conduct on the part of the person concerned." As behaviour is involved, these are not necessarily permanent conditions: they are defined for the purpose of authorising detention in hospital or guardianship.

Down Syndrome

Down syndrome (DS or DNS), also known as Trisomy 21, is a genetic disorder caused by the presence of all or part of a third copy of chromosome 21. It is usually associated with physical growth delays, mild to moderate intellectual disability, and characteristic facial features.^[1] The average IQ of a young adult with Down syndrome is 50, equivalent to the mental ability of an 8- or 9-year-old child, but this can vary widely.^[8]

The parents of the affected individual are usually genetically normal. The probability increases from less than 0.1% in 20-year-old mothers to 3% in those of age 45. The extra chromosome is believed to occur by chance, with no known behavioral activity or environmental factor that changes the probability.

Down syndrome is one of the most common chromosome abnormalities in humans. It occurs in about one per 1,000 babies born each year.^[1] In 2015, Down syndrome was present in 5.4 million individuals globally and resulted in 27,000 deaths, down from 43,000 deaths in 1990. It is named after John Langdon Down, a British doctor who fully described the syndrome in 1866. Some aspects of the condition were described earlier by Jean-Étienne Dominique Esquirol in 1838 and Édouard Séguin in 1844. The genetic cause of Down syndrome was discovered in 1959.

Autism

Autism is a severe developmental disorder that begins at birth or within the first two-and-a-half years of life. Autism Spectrum Disorder (ASD) may have a number of effects on a person's social interaction and communication, including: adoption of unusual speech patterns, such as using a robot-like tone, avoiding eye contact with others, not babbling or cooing to parents as an infant, not responding to their name, late development of speech skills, having difficulty with maintaining conversation, frequently repeating phrases, apparent difficulty in understanding feelings and expressing their own. In addition to impaired communication, a person with autism may also display repetitive or unusual behaviours like: becoming so invested in a topic that it seems to consume them, such as cars, train timetables or planes, becoming preoccupied with objects, such as a toy or household object, engaging in repetitive motions, such as rocking side to side, lining up or arranging toys or objects in very orderly ways.

Around 1 in every 10 people with autism exhibits signs of savant syndrome, although this condition might also occur in people with other developmental conditions or nervous system injuries. Savant syndrome occurs when a person demonstrates extraordinary abilities in a particular field, such as playing a musical instrument, calculating extremely complex sums at high speed, reading two pages of a book simultaneously, or being able to memorize vast amounts of knowledge.

Sensory Disorder I

Deafness

The term "hearing impairment" is often used generically to describe a wide range of hearing losses, including deafness and hard of hearing. Hearing impairment is defined by IDEA as "an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance." Deafness is defined as "a hearing impairment that is so severe that the

child is impaired in processing linguistic information through hearing, with or without amplification."Thus, deafness may be viewed as a condition that prevents an individual from receiving sound in all or most of its forms. In contrast, a child with a hearing loss can generally respond to auditory stimuli, including speech. A healthy deaf child can run, jump, play ball, and take part in all physical education programmes which his peers do. He can and should, follow a regular school curriculum. In other words, he should be integrated into the regular classroom.

Deaf-Blindness

Children learn about their environment as they move through it—about people and objects, sizes, shapes, and distances. For typically developing children, the senses of sight and hearing provide the greatest motivation for exploration. These children will use their vision and hearing to gather information about their surroundings while growing in understanding of their own bodies and their own capabilities of movement. The sight of toys or people and the sounds of voices or objects encourage them to move and discover. As they do so, they gather, recognize, and interpret an amazing array of sensory information. Deaf-blindness is a low incidence disability and within this very small group of children there is great variability. Many children who are deaf-blind have some usable vision and/or hearing. The majority of children who are deaf-blind also have additional physical, medical and/or cognitive problems. Children are considered to be deaf-blind when the combination of their hearing and vision loss causes such severe communication and other developmental and educational needs that they require significant and unique adaptations in their educational programmes.

Characteristics:

Including but not limited to disability in the following areas:

- Communication skills
- motor skills
- mobility skills

Behavioural Disabilities

Emotional and Behavioural Disturbance

"Emotional and behavioural disturbance" means a condition where a child exhibits 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; or

E. A tendency to develop physical symptoms or fears associated with personal or school problems. The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance (ED).

Some forms of emotional and behavioural disorders:

There are many different emotional and behavioral disorders included within this exceptionality. They are:

- Anxiety disorders definition: (includes obsessive compulsive disorder, post-traumatic stress disorder). Children with anxiety disorders respond to certain things or situations with fear and dread, as well as with physical signs of anxiety (nervousness), such as a rapid heartbeat and sweating.
- Disruptive behavior disorders: (includes ADHD, oppositional defiant disorder, conduct disorder) Children with these disorders tend to defy rules and often are disruptive in structured environments, such as school.
- Eating disorders: Eating disorders involve intense emotions and attitudes, as well as unusual behaviors, associated with weight and/or food.
- Mood or affective disorders: (includes depression, bipolar disorder) These disorders, including depression, involve persistent feelings of sadness and/or rapidly changing moods.
- Elimination disorders: These disorders affect behavior related to the elimination of body wastes (feces and urine).
- ADHD (attention deficit hyperactivity disorder): Children with this disorder are hyperactive and have trouble controlling their impulses and paying attention. ADHD is the most commonly diagnosed mental disorder in children.
- Tic disorders: - These disorders cause a person to perform repeated, sudden, involuntary and often meaningless movements and sounds, called tics.

A child with EBD is a child who exhibits one or more of the above emotionally based characteristics of sufficient duration, frequency and intensity that interferes significantly with educational performance to the degree that provision of special educational service is necessary. EBD is an emotional disorder characterized by excesses, deficits or disturbances of behavior. The child's difficulty is emotionally based and cannot be adequately explained by intellectual, cultural, sensory general health factors, or other additional exclusionary factors.

Classification of Emotional and Behaviour Disorders

Challenging behaviours

Any abnormal pattern of behaviour which is above the expected norm for age and level of development can be described as “challenging behaviour”. It has been defined as: “Culturally abnormal behaviour(s) of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy or behaviour which is likely to

seriously limit or deny access to and use of ordinary community facilities” (Emerson, 2001). They can include self-injury, physical or verbal aggression, non-compliance, and disruption of the environment, inappropriate vocalizations, and various stereotypes. These behaviours can impede learning, restrict access to normal activities and social opportunities, and require a considerable amount of both manpower and financial resources to manage effectively.

Many instances of challenging behaviour can be interpreted as ineffective coping strategies for a young person, with or without learning disability (LD) or impaired social and communication skills, trying to control what is going on around them. Young people with various disabilities, including LD, Autism, and other acquired neurobehavioral disorders such as brain damage and post-infectious phenomena, may also use challenging behaviour for specific purposes, for example, for sensory stimulation, gaining attention of career, avoiding demands or to express their limited communication skills (NICE 2015). People who have a diverse range of neurodevelopmental disorders are more likely to develop challenging behaviours (Langridge 2007).

Some environmental factors have been identified which are likely to increase the risk of challenging behaviour, including places offering limited opportunities for making choices, social interaction or meaningful occupation. Other adverse environments are characterized by limited sensory input or excessive noise, unresponsive or unpredictable career, predisposition to neglect and abuse, and where physical health needs and pain are not promptly identified. For example, the rates of challenging behaviour in teenagers and people in their early 20s is 30%-40% in hospital settings, compared to 5% to 15% among children attending schools for those with severe LD (NICE 2015).

Aggression is a common, yet complex, challenging behaviour, and a frequent indication for referral to child and adolescent Psychiatrists. It commonly begins in childhood, with more than 58% of preschool children demonstrating some aggressive behaviour. Aggression has been linked to several risk factors, including individual temperaments; the effects of disturbed family dynamics; poor parenting practices; exposure to violence and the influence of attachment disorders. No single factor is sufficient to explain the development of aggressive behaviour (Reebye, 2005). Aggression is commonly diagnosed in association with other mental health problems including ADHD, CD, ODD, depression, head injury, mental retardation, autism, bipolar disorder, PTSD, or dyslexia (Gurnani, Ivanov, Newcorn, 2016).

Disruptive behaviour problems

Disruptive behaviour problems (DBP) include attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD) and conduct disorder (CD). They constitute the commonest EBPs among CYP. Recent evidence suggests that DBPs should be regarded as a multidimensional phenotype rather than comprising distinct subgroups (Bolhuis et al, 2007).

ADHD: Attention Deficit Hyperactivity Disorder.

ADHD is the commonest neuro-behavioural disorder in children and adolescents, with prevalence ranging between 5% and 12% in the developed countries (NICE, 2008). ADHD is characterized by levels of hyperactivity, impulsivity and inattention that are disproportionately excessive for the child’s age and development (APA, 2013).

Conduct Disorder

Conduct Disorder refers to severe behaviour problems (Hong et al, 2015), characterized by repetitive and persistent manifestations of serious aggressive or non-aggressive behaviours against people, animals or property such as being defiant, belligerent, destructive, threatening, physically cruel, deceitful, disobedient or dishonest, excessive fighting or bullying, fire-setting, stealing, repeated lying, intentional injury, forced sexual activity and frequent school truancy (Campbell, Shaw, Gilliom, 2000). Children with CD often have trouble understanding how other people think, sometimes described as being callously-unemotional. They may falsely misinterpret the intentions of other people as being mean. They may have immature language skills, lack the appropriate social skills to establish and maintain friendships, which aggravates their feelings of sadness, frustration and anger (APA, 2013).

Emotional Problems

Emotional problems in later childhood include panic disorder, generalized anxiety disorder (GAD), separation anxiety, social phobia, specific phobias, OCD and depression. Mild to moderate anxiety is a normal emotional response to many stressful life situations. Anxiety is regarded as a disorder when it is disproportionately excessive in severity in comparison to the gravity of the triggering circumstances, leading to abnormal disruption of daily routines. Panic disorder is characterized by panic attacks triggered by external stimuli. GAD is characterized by generalized worry across multiple life domains. Separation anxiety disorder is characterized by fear related to actual or anticipated separation from a caregiver. Social anxiety disorder (also called social phobia), is characterized by fear of social situations where peers may negatively evaluate the person.

Anxiety disorders: Common manifestations of Anxiety disorders include physical symptoms such as increased heart rate, shortness of breath, sweating, trembling, shaking, chest pain, abdominal discomfort and nausea (Ramsawh, Chavira, Stein, 2010). Other symptoms include worries about things before they happen, constant concerns about family, school, friends, or activities, repetitive, unwanted thoughts (obsessions) or actions (compulsions), fears of embarrassment or making mistakes, low self-esteem and lack of self-confidence.

Depression: Depression often occurs in children under stress, experiencing loss, or having attentional, learning, conduct or anxiety disorders and other chronic physical ailments. It also tends to run in families (Kulage, Smaldone, Cohn, 2014). Symptoms of depression are diverse and protean, often mimicking other physical and neurodevelopmental problems, including low mood, frequent sadness, tearfulness, crying, decreased interest or pleasure in almost all activities; or inability to enjoy previously favorite activities, hopelessness, persistent boredom; low energy, social isolation, poor communication, low self-esteem and guilt, feelings of worthlessness, extreme sensitivity to rejection or failure, increased irritability, agitation, anger, or hostility, difficulty with relationships, frequent complaints of physical illnesses such as headaches and stomach aches, frequent absences from school or poor performance in school, poor concentration, a major change in eating and/or sleeping patterns, weight loss or gain when not dieting, talk of or efforts to run away from home, thoughts or expressions of suicide or self-destructive behaviour.

Disruptive Mood Dysregulation Disorder (DMDD) is a childhood disorder characterized by a pervasively irritable or angry mood recently added to DSM-5. The symptoms include frequent episodes of severe temper tantrums or aggression (more than three episodes a week) in combination with persistently negative mood between episodes, lasting for more than 12 months in multiple settings, beginning after 6 years of age but before the child is 10 years old (Stringaris, 2011).

Autistic Spectrum and Pervasive Development Disorder

The definition of Autism has evolved over the years and has been broadened over time. DSM-IV-TR (APA, 2013) and the ICD-10 defined the diagnostic category of pervasive developmental disorders (PDD) as the umbrella terminology used for a group of five disorders characterized by pervasive “qualitative abnormalities in reciprocal social interactions and in patterns of communication, and by a restricted, stereotyped, repetitive repertoire of interests and activities” affecting “the individual’s functioning in all situations”. These included autism, Asperger syndrome, childhood disintegrative disorder (CDD), pervasive developmental disorder not otherwise specified (PDD-NOS) and Rett syndrome.

Autism and Asperger Syndrome are the most widely recognised and clinically diagnosed among this group of disorders. CDD is a term used to describe children who have had a period of normal development for the first 2-3 years before a relatively acute onset of regression and emergence of autistic symptoms. PDD-NOS was used, particularly in the United States, to describe individuals who have autistic symptoms, but do not meet the full criteria for Autism or Asperger’s Syndrome, denote a milder version of Autism, or to describe atypical autism symptoms emerging after 30 months of age, and autistic individuals with other co-morbid disorders.

The category of PDD has been removed from DSM-5 and replaced with Autism Spectrum disorders (ASD). ASD is diagnosed primarily from clinical judgment usually by a multidisciplinary team, with minimal support from diagnostic instruments. Most individuals who received diagnosis based on the DSM-IV should still maintain their diagnosis under DSM-5, with some studies confirming that 91% to 100% of children with PDD diagnoses from the DSM-IV retained their diagnosis under the ASD category using the new DSM-5, while a systematic review has found a slight decrease in the rate of ASD with DSM-5 (Kulage, Smaldone, Cohn, 2014).

Physical Disabilities

Orthopedic Impairment

Orthopedic impairment is defined as a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

Characteristics

The IDEA category of orthopedic impairments contains a wide variety of disorders. These can be divided into three main areas: neuromotor impairments, degenerative diseases, and musculoskeletal disorders. The specific characteristics of an individual who has an orthopedic impairment will depend on both the specific disease and its severity, as well as additional individual factors.

A neuromotor impairment is an abnormality of, or damage to, the brain, spinal cord, or nervous system that sends impulses to the muscles of the body. These impairments are acquired at or before birth, and often result in complex motor problems that can affect several body systems. These motor problems can include limited limb movement, loss of urinary control, and loss of proper alignment of the spine. The two most common types of neuromotor impairments are cerebral palsy and spina bifida.

Cerebral palsy refers to several non-progressive disorders of voluntary movement or posture that are caused by malfunction of or damage to the developing brain that occurs before or during birth or within the first few years of life. Individuals with cerebral palsy have abnormal, involuntary, and/or uncoordinated motor movements. The four most common types of cerebral palsy include:

- Spastic (very tight muscles occurring in one or more muscle groups that result in stiff, uncoordinated movements)
- Athetoid (movements are contorted, abnormal, and purposeless)
- Ataxic (poor balance and equilibrium in addition to uncoordinated voluntary movement)
- Mixed (any combination of the types)

Cerebral palsy is also classified by which limbs (arms and legs) are affected. Major classifications include hemiplegia (left or right side), diplegia (legs affected more than arms); paraplegia (only legs), and quadriplegia (all four limbs).

Spina bifida is a developmental defect of the spinal column. Spina bifida is characterized by an abnormal opening in the spinal column and frequently involves some paralysis of various portions of the body. It may or may not affect intellectual functioning. Spina bifida is usually classified as either spina bifida occulta or spina bifida cystica. Spina bifida occulta is a mild condition while spina bifida cystica is more serious.

Degenerative diseases are composed of various diseases that affect motor development. The most common degenerative disease found in the school population is muscular dystrophy. Muscular dystrophy is a group of inherited diseases characterized by progressive muscle weakness from degeneration of muscle fibers.

Musculoskeletal disorders are composed of various conditions that can result in various levels of physical limitations. Two examples of musculoskeletal disorders include juvenile rheumatoid arthritis and limb deficiency.

Traumatic Brain Injury

Traumatic Brain Injury (TBI) is an acquired injury to the brain caused by external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affect the child's educational performance. The injury that occurs at the moment of impact is known as the primary injury. Primary injuries can involve a specific lobe of the brain or can involve the entire brain. Sometimes the skull may be fractured, but not always. During the impact of an accident, the brain crashes back and forth inside the skull causing bruising, bleeding, and tearing of nerve fibers (Fig.1). Immediately after the accident the person may be confused, not remembering what happened, have blurry vision and dizziness, or lose consciousness. At first, the person may appear fine, but their condition can decline rapidly. After the initial impact occurs, the brain undergoes a delayed trauma – it swells – pushing itself against the skull and reducing the flow of oxygen-rich blood. This is called secondary injury, which is often more damaging than the primary injury.

Traumatic brain injuries are classified according to the severity and mechanism of injury:

- Mild: person is awake; eyes open. Symptoms can include confusion, disorientation, memory loss, headache, and brief loss of consciousness.
- Moderate: person is lethargic; eyes open to stimulation. Loss of consciousness lasting 20 minutes to 6 hours. Some brain swelling or bleeding causing sleepiness, but still arousal.
- Severe: person is unconscious; eyes do not open, even with stimulation. Loss of consciousness lasting more than 6 hours.

Multiple Disabilities

Persons with multiple disabilities have a combination of two or more serious disabilities (e.g., cognitive, movement, sensory), such as mental retardation with cerebral palsy. The U.S. federal government definition includes those who have more than one impairment, "the combination of which causes such severe educational needs that they cannot be accommodated in special education programmes solely for one of the impairments" (Kulage, Smaldone and Cohn). (Dual sensory impairment, or deaf-blindness, is defined as a separate disability group.) Multiple disabilities have interactional, rather than additive, effects, making instruction and learning complex

Common Traits

Given the numerous disability category combinations possible, the designation multiple disabilities encompass a broad range of traits. However, the National Dissemination Center for Children with Disabilities (usually referred to as NICHCY) lists several common characteristics, including hampered speech and communication skills, challenges with mobility and a need for assistance in performing everyday activities. It's also worth noting that medical conditions such as seizures and "water on the brain" (hydrocephalus) can accompany multiple disabilities.

Other Health Impairments

Definitions:

Other health impairment means having limited strength, vitality or alertness. It also includes a heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment caused by chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia that adversely affects a child's educational performance.

Characteristics

The characteristics of other health challenges considered as impairment include but not limited to; Physical, sensory, cognitive, academic, social, emotional, and, behavioral disability. These impairments, if present in a child would cause the child to miss school more than the average child. There are some reasons for absenteeism that cannot be avoided in life when it happens. But, if your child is missing many days of school, or a few days every single month, it's important to consider the reason for the absenteeism.

A nationwide study found that kids with ADHD, autism, or developmental delays are twice as likely to be perpetually absent compared to kids without these conditions. Children with common chronic illnesses, such as asthma and type 1 diabetes, miss more school when they are having more symptoms. Mental health conditions, like anxiety or depression, are common reasons for absences. Up to 5% of children have school-related anxiety and may create reasons why they should not go or outrightly refuse to attend school.

Conclusion

The paper concludes that globally, children with disabilities are often denied their right to education. In low and middle income countries, people with disabilities were about one-third less likely to complete primary school. For instance, in Bangladesh, 30% of people with disabilities had completed primary school, compared with 48% of those with no disabilities. The study observed that the parents of the affected individual are usually genetically normal. Also the study observed that majority of children who are deaf-blind impaired also have additional physical, medical and/or cognitive problems. Individuals with cerebral palsy have abnormal, involuntary, and/or uncoordinated motor movements. The study also concludes that any abnormal pattern of behaviour which is above the expected norm for age and level of development can be described as "challenging behaviour."

Recommendations

1. Government and well-meaning organisations should render good assistance to people with disability in order to encourage them for effective studies as their health conditions has greatly limited the capability and capacity.
2. Students with disabilities should not be thwarted in schools or societies; rather they should be involved in every activity such as sports, singing and dancing, etc. for better improvement.

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