

# EXCEPTIONALITY



**This Section provides information on the following topics-**

## **Introduction**

Overview including relevant DSM-5 updates

## **Seven Categories of Exceptionality (DEECD) including relevant DSM-5 updates**

- Physical Disability
- Severe Language Disorder with Critical Educational Needs
- Severe Behaviour Disorder
- Hearing Impairment
- Intellectual Disability
- Visual Impairment
- Autism Spectrum Disorder

## **Other Important Areas of Exceptionality including relevant DSM-5 updates**

- Learning Disability
- Attention-Deficit/Hyperactivity Disorder
- Giftedness

See additional information in the following Sections-**Learning Disability, Developmental and Behavioural Problems, Dyslexia** and **Giftedness**.

## INTRODUCTION

When introducing my students to Special Education, I stressed several very important points.

- Each category does not represent a homogeneous group of individuals; there is great variability in terms of severity of the condition and pattern of presenting characteristics.
- There is no one best method of instruction for a particular category of students.
- Each member of a category must be treated individually in terms of their unique educational and instructional needs and the strategies and methods of intervention used.
- Irrespective of the student's category type, the essential task for the teacher is to see the student as a **LEARNER** and hence focus on such relevant issues as learning readiness, learning abilities, learning essentials, learning style and learning rate.

Major references for definitions and characteristics of individuals in the field of Special Education and also in Clinical Psychology and Psychiatry is the *Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition (DSM-1V)* (1994) and the *(DSM-1V-TR)* (2005).

Interestingly, two categories of particular concern to those in Special Education have undergone significant changes in the 2005 edition. They are-

- Asperger's Disorder
- Attention-Deficit/Hyperactivity Disorder

Hence, the important updates in information about these two categories has received special attention below.

## **DSM-5 Changes Relevant to this Section**

An important addition to this Section is the inclusion of relevant information from the Fifth edition (2013) of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). In particular, the following Disorders have been updated-

- Intellectual Disability
- Attention Deficit/ Hyperactivity Disorder

I have deliberately retained the information on these two disorders presented in this Section and other Sections from both the DSM-1V (1994) and the DSM-1V-TR (2005). This will enable readers to see the progression of thinking underpinning the changes made to the current DSM-5 (2013).

## **DSM-5: New Diagnostic Categories and Disorders**

With the recent publication of the DSM-5, it has been necessary to include relevant updates on my DVD.

Details are provided in two Sections on my DVD-

- Exceptionality
- Developmental and Behavioural Problems

In this Section-**Exceptionality**- four Disorders will be discussed-

- Intellectual Disabilities
- Autism Spectrum Disorder\*
- Specific Learning Disorder
- Attention-Deficit/Hyperactivity Disorder\*

\*These disorders will be discussed in greater detail in the Section-**Developmental and Behavioural Problems**, where they better align with intervention and management strategies.

The new term, **Neurodevelopmental Disorders**, is used in the DSM-5 and encompasses the following categories-

Intellectual Disabilities

Intellectual Disability (Intellectual Developmental Disorder)

Autism Spectrum Disorder

Autism Spectrum Disorder

Specific Learning Disorder

Specific Learning Disorder

Attention-Deficit/Hyperactivity Disorder

Attention-Deficit/Hyperactivity Disorder

Other Specified Attention-Deficit/Hyperactivity Disorder

Unspecified Attention-Deficit/Hyperactivity Disorder

Communication Disorders\*

Language Disorder

Speech Sound Disorder (Previously Phonological Disorder)

Childhood-Onset Fluency Disorder (Stuttering)

Social (Pragmatic) Communication Disorder

Unspecified Communication Disorder

Motor Disorders\*

Developmental Coordination Disorder

Stereotypic Movement Disorder

Tourette's Disorder

\* Information on these two categories will not be discussed in my DVD.

Two categories included in the DSM-5 classification **Neurodevelopmental Disorders**, match categories in the DEECD Program-

- Intellectual Disabilities
- Autism Spectrum Disorder

New information from the DSM-5 will be added to the details provided in one category of the seven categories identified in the DEECD's Program for Students with Disabilities. Specifically details will be given on the following disorder-

- Intellectual Disability

While some information on Autism Spectrum Disorder has been given in this Section (as this disorder is included in the DEECD's seven categories of Disability) it was considerably more appropriate to include updated details of Autism Spectrum Disorder in the Section-**Developmental and Behavioural Problems**. Likewise, the new details in DSM-5 on Attention-Deficit/Hyperactivity Disorder, while mentioned briefly below, will also be discussed fully in the Section-**Developmental and Behavioural Problems**.

**COMMENT:** Since the publication of the DSM-5, the debate has intensified over the validity and reliability of some of the diagnostic categories. Critics argue that the DSM-5 considers some normal behaviours as disorders which invariably lead to medicating people who do not need pharmacological treatments.

The DSM-5 has fuelled a profound debate about how modern society should treat mental disturbance. It has been accused of "medicalising normality".

For instance, the new category Disruptive Mood Dysregulation Disorder is accused of making children's temper tantrums a mental illness.

Some of the manual's omissions are just as controversial as the manual's inclusions. The term "Asperger's Disorder" will not appear in the new manual and instead its symptoms will come under the newly added "Autism Spectrum Disorder".

It must be stressed that the DSM-5 is not used "officially" in Australia to identify individuals with disorders for either special funding or intervention. For example, in Victoria the diagnostic criteria for Special Education funding for services is established by the Department of Education and Early Childhood Development (DEECD). Likewise, the identification of senior secondary school students with a disability seeking special consideration in their final year examinations is determined by the VCAA (Victoria) and the SACE (South Australia). In some instances, however, psychologists in private practice and those working in certain institutions such as the Royal Children's Hospital (Melbourne, Victoria) do refer to the DSM in their reports on individuals with disabilities.

Information about Specific Learning Disorder and Attention-Deficit/Hyperactivity Disorder, disorders not included in the DEECD's seven categories of Disability, will be included below in

- **Other Important Categories of Exceptionality**

# SEVEN CATEGORIES OF EXCEPTIONALITY- DEECD

The Department of Education and Early Childhood Development (DEECD) *Program for Students with Disabilities, 2014* identifies seven categories of students with special needs. These categories will form the basis of an introduction to the major groups of students who constitute the field of Special Education. Additional information will be given on the seven categories and other important categories, including learning disability, attention-deficit disorders and giftedness will be considered.

The Department's seven categories are as follows-

- Physical Disability
- Severe Language Disorder with Critical Educational Needs
- Severe Behaviour Disorder
- Hearing Impairment
- Intellectual Disability
- Visual Impairment
- Autism Spectrum Disorder

These categories represent the traditional, low incidence (2-3%) groups in Special Education.

In addition, the DEECD has a separate *Language Support Program* for students with a **language disorder**. This group represents a greater percentage of students than does any one of the above traditional categories.

Definitions in Special Education typically are of two types-

- Conceptual/Theoretical, and
- Functional/Operational

Conceptual or Theoretical definitions tend to be more complex and detailed. They provide such details as the following- diagnostic features, subtypes, associated features and disorders, specific gender features, prevalence, course, familial pattern, differential diagnosis and possible causal factors. Such definitions are most suitable for research and clinical use.

Functional or Operational definitions tend to be brief, simple and descriptive. Such definitions highlight key features and are more suitable for practical, everyday use. Hence, they are usually favoured by organisations such as Government Departments.

The definitions or statements used by the DEECD in their *Program for Students with Disabilities* are predictably, mainly of the Functional or Operational type.

In each of the seven categories listed below, the DEECD statements will be given followed by more detailed information.

## **PHYSICAL DISABILITY**

### **DEECD**

#### Defining Criteria

A significant physical disability and/or a significant health impairment and requires regular paramedical support.

Evidence of the disability/impairment is to be provided by a paediatrician and registered physiotherapist or occupational therapist.

#### **Additional Information**

##### Definition: General

A physically disabled person will be defined as one whose physical or health problems result in an impairment of normal interaction with society to the extent that specialised services and programs are required (Berdine & Blackhurst, 1985, p. 284).

##### Definitions: Specific

*Cerebral Palsy:* A disorder of movement and posture due to a defect or lesion of the immature brain (Denhoff, 1966, p. 25).

##### Major Characteristics

- accounts for the greatest number of children with physical disabilities
- neuromotor, intellectual, sensory, perceptual and behavioural signs and symptoms can exist alone, in combinations and in varying degrees of intensity
- five conditions are covered:
  - spasticity      40 - 60%
  - athetosis      15 - 20%
  - ataxia          low incidence
  - rigidity        infrequent
  - tremor         infrequent
  
- epilepsy is a common associated disorder
- degree of severity



*Spina Bifida:* Is a congenital defect that results when the bones of a part of the spine fail to grow together. The defect, the cause of which is unknown, occurs during the first 30 days of pregnancy.

#### Major Characteristics

- can cause paraplegia and loss of bowel and bladder control
- accompanying disorders can include
  - hydrocephalus
  - kidney infections
  - dislocation of the hip
  - club foot
  
- degree of severity

*Muscular Dystrophy:* A term used to describe several forms of a progressive disease that gradually destroys the body's voluntary muscle fibres. Advanced stages of the disease result in extreme weakness, fatigue and loss of motor functioning before death finally claims the child.

#### Major Characteristics

- Four stages:
  1. delayed muscle functioning, difficulty walking and climbing stairs, abnormal gait, frequent falling and difficulty in running
  2. more difficulty rising from the floor after falling because of muscle degeneration in the calves
  3. not able to walk independently and gradually becomes completely confined to a wheelchair
  4. bedridden and wholly dependent, death is usually by heart failure
  
- degree of severity

#### *Severe/Chronic Health Impairments*

Typically this group of students includes the following conditions-

- Neurological Conditions-e.g., epilepsy
- Cardiac and Respiratory Impairments
- Diabetes
- Kidney, Liver and Intestinal Conditions
- Severe and Multiple Conditions

# SEVERE LANGUAGE DISORDER WITH CRITICAL EDUCATIONAL NEEDS

## DEECD

### Defining Criteria

A score of **three or more** standard deviations below the mean for the student's age in expressive and/or receptive language skills on TWO of the recommended tests, and

The severity of the disorder cannot be accounted for by hearing impairment, social emotional factors, low intellectual functioning or cultural factors, and

A history and evidence of an ongoing problem with the expectation of continuation during school years, and

A non-verbal score not lower one standard deviation below the mean on one comprehensive intellectual test, with a statistically significant ( $p < 0.05$ ) difference between verbal (VIQ/VCI) and non verbal (PIQ/PRI) functioning ( $VIQ/VCI < PIQ/PRI$ ), and

Demonstrated critical educational needs equating to Program for Students with Disabilities funding levels three and above as determined by validated results of the Educational Needs Questionnaire.

Evidence needed from a speech pathologist whose report shows severe language disorder with critical educational needs.

### **Additional Information**

*Speech Disorders:* Can be either organic or functional. Organic problems are caused by a physical or neurological abnormality. Functional problems often stem from improper learning.

### Characteristics

- Three types of speech disorders
  - articulation (speech, sound production)
  - voice (pitch, loudness, quality)
  - fluency (stuttering)
  
- language disorders (spoken and written)
- degree of severity

*Language Disorders:* Children possess a language disorder when they cannot adequately use receptive and/or expressive skills appropriate for age.

### Characteristics

- There are four major types of language disorders
  - receptive language problems
  - central language problems
  - expressive language problems
  - mixed language problems
  
- degree of severity

Students with mild to moderate forms of one or more of the above could qualify for support under the DEECD's *Language Support Program*.

## **SEVERE BEHAVIOUR DISORDER**

### **DEECD**

#### Defining Criteria

A student displays disturbed behaviour to a point where special support in a withdrawal group or special class/unit is required, and

Student displays behaviour so deviant and with such frequency and severity that they require regular psychological or psychiatric treatment, and

The severe behaviour cannot be accounted for by: Intellectual Disability, Sensory (vision, hearing), Physical and/or Health Issues, Autism Spectrum Disorder or Severe Language Disorder, and

A history and evidence of an ongoing problem with an expectation of continuation during the school years.

Evidence is required for each of the criteria and must be coordinated by a psychologist.

#### **Additional Information**

Typically, the following conditions are included in this category.

*Disruptive Behaviour Disorders:* Behaviour that is socially disruptive and is often more distressing to others than to the person with the disorder.

#### Types:

- conduct disorders (anti-social) behaviour
- oppositional defiant disorder
- attention-deficit/hyperactivity disorder
- degree of severity

*Anxiety Disorders:* Marked, persistent, excessive fears, worries and concerns.

#### Types:

- separation anxiety
- avoidant disorder
- overanxious disorder
- phobias
- obsessive-compulsive disorder
- posttraumatic stress disorder
- acute stress disorder
- degree of severity

*Schizophrenia and other Psychotic Disorders:*

Gross impairment in reality testing and the creation of a new reality, with the presence of either delusions or hallucinations: grossly disorganised behaviour.

- degree of severity

*Mood Disorders:*

Prolonged depressed mood or loss of interest or pleasure in most activities. Excessive feelings of sadness, hopelessness and discouragement.

Types:

- depressive disorders
- bipolar disorders
- degree of severity

## HEARING IMPAIRMENT

### DEECD

#### Defining Criteria

A bilateral sensori-neural hearing loss that is moderate/severe/profound and where the student requires intervention or assistance to communicate.

Evidence in the form of audiogram with written statement from a qualified audiologist.

#### **Additional Information**

Hearing Impairment: A generic term indicating a hearing disability that may range in severity from mild to profound. It consists of two groups:

*The Deaf:* One whose hearing disability precludes successful processing of linguistic information through audition with or without a hearing aid. Classified as being deaf if unable to hear sounds at 90 decibels or greater.

*Hard-of-Hearing:* One who, generally with the use of a hearing aid, has residual hearing sufficient to enable successful processing of linguistic information through audition.

*Conductive Hearing Loss:* Is caused by some blockage or damage to the sound conducting mechanism: the ear canal, drum or middle ear. Treatable medically or surgically.

*Sensory-neural Hearing Loss:* Is caused by damage to the sense organ (the cochlea) and/or auditory nerve which carries sound to the brain. Not medically or surgically treatable.

*Central Hearing Impairment:* Is caused by damage to high-level neural pathways and/or to the auditory cortex: often no difficulty in hearing speech but great difficulty in interpreting speech

#### Characteristics

- speech and language delay (spoken and written)
- auditory perceptual problems
- degree of severity

## **INTELLECTUAL DISABILITY**

### **DEECD**

#### Defining Criteria

Sub-average general intellectual functioning which is demonstrated by a full-scale score of two standard deviations or more below the mean score on a standardized individual test of general intelligence, and

Significant deficits in adaptive behaviour established by a composite score of two standard deviations or more below the mean on an approved standardized test of adaptive behaviour, and

A history and evidence of an ongoing problem with an expectation of continuation during the school years.

Evidence where the primary disability is intellectual, eg, mild intellectual disability, a written report is required from a psychologist. In the case where a student has severe/profound disabilities, including intellectual disability, the student may not need a formal psychological assessment but a statement from a paediatrician or a registered psychologist.

### **Additional Information**

#### Definitions

Intellectual disability refers to significant subaverage general intellectual functioning resulting in or associated with concurrent impairments in adaptive behaviour and manifested during the developmental period (*AAMR Definition, Grossman, 1983*).

Mental Retardation (Intellectual Disability) refers to significantly subaverage intellectual functioning: an IQ of approximately 70 or below on an individually administered IQ test and concurrent deficits or impairments in present adaptive functioning (i.e., the person's effectiveness in meeting the standards expected for his or her age by his or her culture group) in at least two of the following areas; communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety (*DSM-IV, 1995, p. 46*)

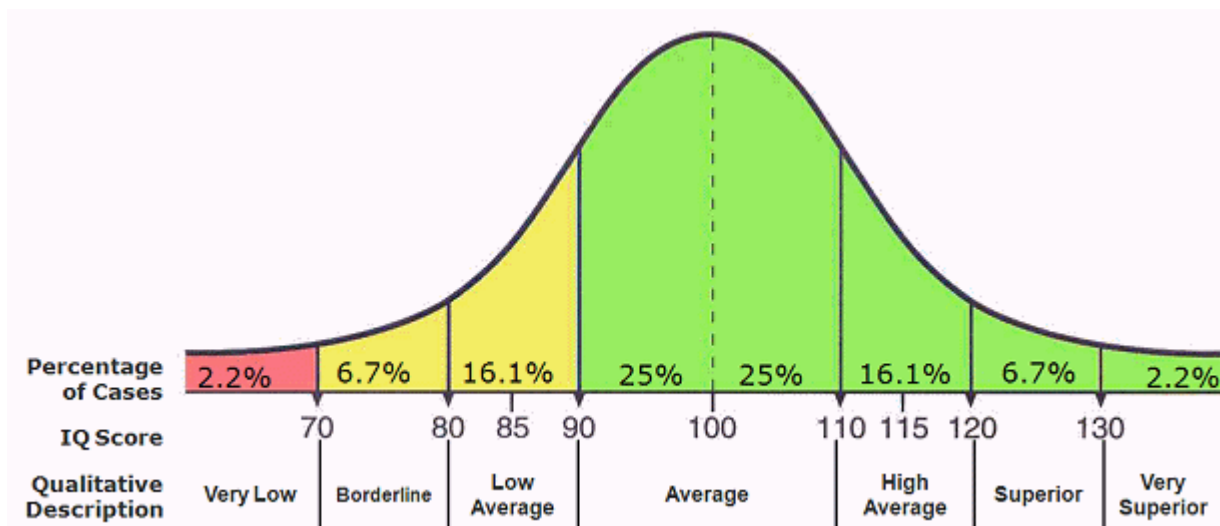
## Types

Mild Intellectual Disability	IQ level 50-55 to 70
Moderate Intellectual Disability	IQ level 35-40 to 50-55
Severe Intellectual Disability	IQ level 20-25 to 35-40
Profound Intellectual Disability	IQ level below 20-25

## Major Characteristics

- an IQ of 70 or below
- concurrent deficits or impairments in adaptive functioning, ie. a person's effectiveness in meeting the standards expected for his or her age by his or her cultural group in areas such as social skills and responsibility communication, daily living skills, personal independence and self-sufficiency
- onset before the age of 18 years
- degree of severity

The Normal Curve shown below provides a diagrammatic representation of IQ levels, percentile rankings and standard deviation levels. The area in pink represents the category of Intellectual Disability which accounts for approximately 2.2% of the population.





In the DSM-5, the term Mental Retardation has been replaced with the term Intellectual Disability and the Diagnostic Criteria are as follows.

Intellectual disability (Intellectual Developmental Disorder) is a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social and practical domains. The following three criterion must be met:

- A. Deficits in intellectual functions, such as reasoning, problem solving, planning, abstract thinking, judgement, academic learning and learning from experience, confirmed by both clinical assessment and individualised, standardised intelligence testing.
- B. Deficits in adaptive functioning that result in failure to meet developmental and socio-cultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communication, social participation and independent living, across multiple environments, such as home, school, work and community.
- C. Onset of intellectual and adaptive deficits during the developmental period.

**Coding note:** The ICD-10-CM code depends on the severity specifier.

*Specify* current severity

**Mild**

**Moderate**

**Severe**

**Profound**

The DSM-5 provides considerable details about adaptive functioning defining each of the four severity specifiers in the following domains-

Conceptual

Social

Practical

## **VISUAL IMPAIRMENT**

### **DEECD**

#### Defining Criteria

Visual acuity less than 6/60 with corrected vision, or

Visual fields are reduced to a measured arc of less than 10 degrees.

**Partially Sighted Students** may obtain support from a visiting teachers and/or the Statewide Vision Resource Centre. Eligibility for these services is:

Visual acuity less than 6/18 with corrected vision, or

Visual fields reduced to a measured arc of less than 20 degrees.

#### **Additional Information**

Visual Impairment: An umbrella term embracing three categories, educationally blind, partially sighted/low vision and visually limited.

*Educationally Blind:* There is a total lack of vision for learning. Visual acuity 20/200 (6/60) or less in the better eye.

*Partially Sighted/Low Vision:* After correction, some functional vision is available for learning. Visual acuity greater than 20/200 (6/60) but not greater than 20/70 in the better eye with correction.

*Visually Limited:* After correction normal functional vision exists for learning.

#### Characteristics

- mobility problems
- visual perception difficulties
- other gross and fine motor difficulties
- degree of severity

# **AUTISM SPECTRUM DISORDER**

## **DEECD**

### Defining Criteria

A diagnosis of Autism Spectrum Disorder, and

Significant deficits in adaptive behaviour established by a composite score of two standard deviations or more below the mean on an approved standardised test of adaptive behaviours, and

Significant deficits in language skills established by a comprehensive speech pathology assessment demonstrating language skills equivalent to a composite score of two standard deviations or more below the mean.

Evidence provided by a multidisciplinary team of professionals with experience and knowledge in the assessment of Autism Spectrum Disorder. The multidisciplinary diagnosis will include a comprehensive report from a child psychiatrist or paediatrician, and concurring reports from a psychologist (including a comprehensive report of a Vineland Adaptive Behaviour Scale assessment), a speech pathologist (including a comprehensive language/pragmatic language assessment), and where appropriate, an occupational therapist.

### **Additional Information**

This term Autism Spectrum Syndrome generally covers several pervasive developmental disorders including-

- Autistic Disorder
- Asperger's Disorder
- Rett's Disorder

*Autistic Disorder:* Is characterised by qualitative impairment in the development of reciprocal social interaction, in the development of verbal and non-verbal communication skills and in imaginative activity. (*DSM-IV-TR*, 2005).

### Characteristics

- abnormalities in the development of cognitive skills
- abnormalities of posture and motor behaviour, such as stereotypes (arm-flapping, jumping, grimacing) in response to excitement. Walking on tiptoe, odd hand and body postures and poor motor coordination
- odd responses to sensory input
- abnormalities in eating, drinking and sleeping
- abnormalities of mood
- self-injurious behaviour
- degree of severity

*Asperger's Disorder:* A severe and sustained impairment in social interaction and the development of restricted, repetitive patterns of behaviour, interests, and activities. The disturbance must cause clinically significant impairment in social, occupational or other important areas of functioning. There are no clinically significant delays in language and cognitive development, although this does not imply that there are no problems with communication. (*DSM-1V-TR*, 2005).

### Characteristics

- impairment in social interaction-e.g.,
  - marked impairment in multiple nonverbal behaviours such as eye-to-eye gaze, facial expression, body postures and gestures to regulate social interaction
  - failure to develop peer relationships appropriate to developmental level
  - lack of spontaneous seeking to share enjoyment, interests or achievements with other people
  - lack of social or emotional reciprocity
  
- restricted, repetitive and stereotyped patterns of behaviour, interests and activities-e.g.,
  - preoccupation with one or more stereotyped and restricted patterns of interests that is abnormal either in intensity or focus
  - inflexibility adherence to specific, non-functional routines or rituals
  - stereotyped and repetitive motor mannerism (hand and finger flapping or twisting complex whole-body movements
  - persistent preoccupation with parts of objects
  
- disturbance causes clinically significant impairment in social, occupational or other important areas of functioning
- while no clinically significant delay in language, communication problems are common
- no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behaviour (other than social interaction), and curiosity about the environment in childhood
- degree of severity

Because the *DSM-1V-TR* (2005) indicated the need to consider very recent developments in regard to Asperger's Disorder, considerable details are provided above and additional information is summarised below.

In the revision, specific examples of typical manifestations of the impairment in reciprocal social interactions and in restricted, repetitive behaviour and interests are provided in order to better differentiate those individuals from those with Autism Disorder. In addition, the text has been added to clarify that the requirement for no clinically significant delays in language does not imply that individuals with Asperger's Disorder have no problem with communication.

*Rett's Disorder:* The development of multiple specific deficits following a period of normal functioning after birth. Interest in the social environment diminishes in the first few years after the onset of the disorder. Severe impairment in expressive and receptive language development with severe psychomotor retardation. Evidence in some cases of a specific genetic mutation. (DSM-1V-TR, 2005)

As mentioned above, the DSM-5 has made substantial changes to the previously known category of **Pervasive and Developmental Disorders**, which included-

- Autistic Disorder
- Rett's Disorder
- Childhood Disintegrative Disorder
- Asperger's Disorder
- Pervasive Developmental Disorder Not Otherwise Specified (Including Atypical Autism)

The only diagnostic category now is **Autism Spectrum Disorder** which replaces the above categories. These changes will be fully discussed in the Section-**Developmental and Behavioural Problems**.

# OTHER IMPORTANT CATEGORIES OF EXCEPTIONALITY

## LEARNING DISABILITY

From the outset it must be stressed that the terms **Learning Difficulties** and **Learning Disabilities** continue to be commonly confused.

To help differentiate between the two terms and the students they describe the following definitions should prove beneficial. The definitions draw heavily on the contributions of previous researchers and organisations including Kirk (1963), *NACEHC* (1968), Hammill, et al., (1981) and Sykes (1982). The definitions were modified and finally adopted by the *Australian National Health and Medical Research Council* (1990).

**LEARNING DIFFICULTIES** is a generic term which refers to the substantial proportion of children and adolescents who exhibit problems in developmental and academic skills. These difficulties are considered to result from one or more of the following factors; intellectual disability, physical and sensory defects, emotional difficulties, inadequate environmental experiences, lack of appropriate educational opportunities.

**LEARNING DISABILITIES** refers to the much smaller proportion (3 to 5%) of children and adolescents who exhibit problems in developmental and academic skills which are significantly below expectation for their age, grade and general ability. The disabilities, which often include severe and prolonged directional confusion, sequencing and short-term retention difficulties, are presumed to be intrinsic to the individual, but they are not considered to be the direct result of intellectual disability, physical or sensory defects or emotional experiences or lack of appropriate educational experiences.

The *DSM-IV* (1995) and *DSM-IV-TR* (2005) preferred the term Learning Disorders to Learning Disabilities and offered the following operational definition-

## LEARNING DISORDERS

"Learning disorders are diagnosed when the individual's achievement on individually administered, standardized tests in reading, mathematics, or written expression is substantially below that expected for age, schooling, and level of intelligence. The learning problems significantly interfere with academic achievement or activities of daily living that require reading, mathematical, or writing skills. A variety of statistical approaches can be used to establish that a discrepancy is significant. *Substantially below* is usually defined as a discrepancy of more than 2 standard deviations between achievement and IQ. A smaller discrepancy between achievement and IQ (i.e., between 1 and 2 standard deviations) is sometimes used" (1995, p. 46).

In the DSM-5, the new term **Specific Learning Disorder** is introduced and significant changes are made to the diagnostic criteria. These will be fully discussed in the Section-**Learning Disability**.

To reiterate, the term Learning Disability refers to approximately (3-5%) of students who experience significant and unexpected learning problems despite at least average intellectual ability, unimpaired vision and hearing and no evidence of major primary emotional or behavioural problems. While the cause of the learning problems is unknown, it is presumed to have a neurological basis with strong evidence of a genetic origin. There is an uneven gender incidence with males outnumbering females by about 5 to 1. The learning problems are associated with severe and prolonged difficulties processing sequential and orientational/positional information.

During the early primary school years, developmental delays in the processing of directional information including sequential and orientational/positional information are prominent. However, such problems gradually diminish in intensity with age and experience and the most obvious "tell-tale" feature is continuing academic underachievement, which can range from mild to severe.

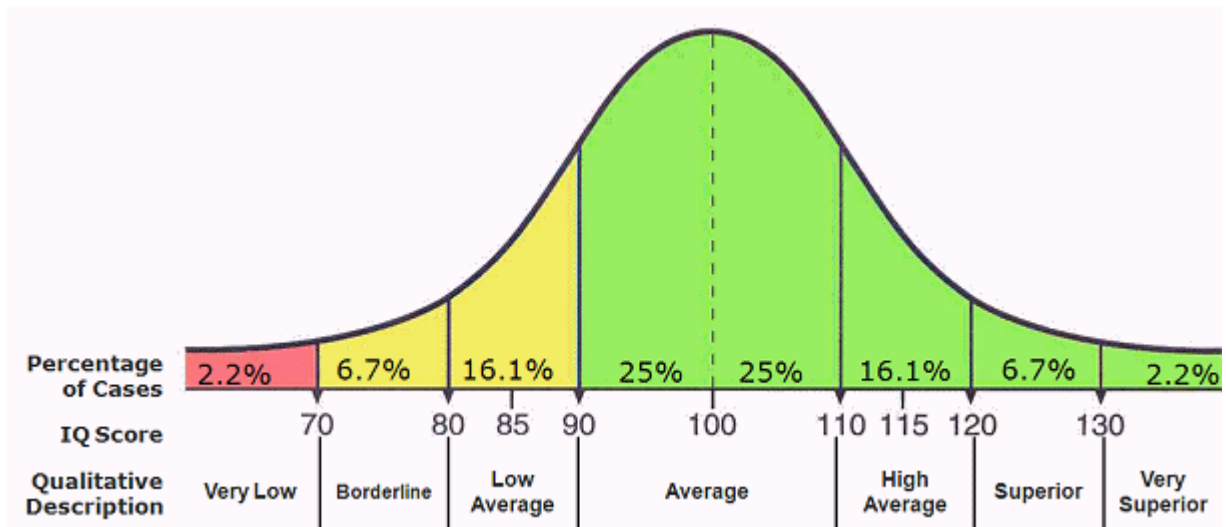
Learning disabled students usually demonstrate uneven academic progress which is characterised more by underachievement than low achievement. Problems are usually experienced in one or more of the following areas of literacy learning including handwriting, reading, spelling, written expression and some areas of mathematics.

These students attend regular school and, while not eligible for integration resources under the DEECD's *Program for Students with Disabilities* or the *Language Disorder Program*, may be considered eligible for Special Examination Arrangements in their VCE examinations.

### Major Characteristics

- average or above average intellectual ability,
- academic skills substantially below expectations for age and general ability- student usually experiences problems with reading, spelling, handwriting and written expression and often also has difficulties with aspects of the mathematics curriculum
- severe and prolonged directional uncertainty and confusion-
  - problems processing and retaining sequential and orientational information
  - serial learning problems,
- planning, organisational and time management problems,
- degree of severity

The Normal Curve shown below provides a diagrammatic representation of IQ levels, percentile rankings and standard deviation levels. The area in green represents average IQ and above - a defining characteristic of a learning disability.



See the **Learning Disability Section** for more detailed information.



## **ATTENTIONAL-DEFICIT/HYPERACTIVITY DISORDER**

This category is not specifically identified in the DEECD's *Program for Students with Disabilities* (2013). However, some students with Attention-Deficit/Hyperactivity Disorder (ADHD) are likely to be included in the established category of Severe Behaviour Disorder.

The *DSM-IV-TR* (2005) provides a very detailed account of this disorder and the three subtypes.

The central feature of ADHD is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development. There must be clear evidence of interference with developmentally appropriate social, academic or occupational functioning.

**Inattention** may be manifest in academic, occupational or social situations. Individuals with this disorder may fail to give close attention to details or may make careless mistakes with schoolwork or other tasks. Work is often messy and performed carelessly and without considered thought. Individuals often have difficulty sustaining attention to tasks or play activities and find it hard to persist with tasks until completion. They often appear as if their mind is elsewhere or as if they are not listening or did not hear what has just been said. They often do not follow through on requests or instructions and fail to complete schoolwork, chores or other duties.

**Hyperactivity** may be manifested by fidgeting or squirming in one's seat, by not remaining seated when expected to do so by excessive running or climbing in situations where it is inappropriate, by having difficulty playing or engaging quietly in leisure activities, by appearing to be often "on the go" or as if "driven by a motor" or by talking excessively.

**Impulsivity** manifests itself as impatience, difficulty in delaying responses, blurting out answers before questions have been completed, difficulty awaiting one's turn and frequently interrupting or intruding on others to the point of causing difficulties in social, academic or occupational settings. Individuals with this disorder typically make comments out of turn, fail to listen to directions, initiate conversations at inappropriate times, interrupt others excessively, intrude on others, grab objects from others, touch things they are not supposed to touch and clown around. Impulsivity may lead to accidents and to engage in potentially dangerous activities without consideration of possible consequences. Behavioural manifestations usually appear in multiple contexts, including home, schoolwork and social situations.

In 2005, earlier estimates of prevalence rates (3-5%) were revised upward reflecting increased prevalence due to the inclusion of the predominantly Hyperactive-Impulsive and Predominantly Inattentive Types.

Although many individuals present with symptoms of both inattention and hyperactivity-impulsivity, there are individuals in whom one or the other pattern is predominant. The appropriate subtypes should be indicated-

- AD/HD, Combine AD/HD
- Predominantly Inattentive
- Type AD/HD Predominantly Hyperactive-Impulsive Type

As indicated above, the DSM-5 has made important changes to Attention-Deficit/Hyperactivity Disorder. These will be discussed in the Section- **Developmental and Behavioral Problems** where it is linked to management strategies. Fundamentally, the three types have been maintained-

Combined Presentation: If Criterion A1 (Inattention) and Criterion A2 (Hyperactivity-Impulsivity) are met for the past 6 months.

Predominantly Inattentive Presentation: If Criterion A1 is met but A2 is not met for the past 6 months.

Predominantly Hyperactivity/Impulsivity Presentation: If Criterion A2 is met and Criterion A1 is not met for the past 6 months.

## **GIFTEDNESS**

The Victorian DEECD policy on the education of gifted students has been outlined in the following three publications-

(1996) Bright Futures Resource Book: Education of Gifted Students.

(1998) Gifted Students: Assessment and Reporting Support Material.

(1999) Bright Futures: A Guide for Strategic Action to Support Gifted Students 2000 - 2005.

The Bright Futures policy proposed a comprehensive approach to the education of gifted students in government schools. The policy stated that:

"...there are various definitions of "giftedness". These focus on intellectual and creative giftedness and also on areas such as dance, leadership, music and sport. Terms often used when describing very able students include "exceptionally talented" or "highly creative" or "of high intellectual potential" or "high achievers". It is difficult to isolate a single definition of giftedness that encompasses the broad spectrum of human abilities and accounts for culture, class, gender and domain. Generally the types of definitions that have been proposed by researchers and education authorities move towards a broad concept of giftedness over a wide range of human endeavours.

Some students have a potential to achieve that is not always reflected in their school work or through the school's assessment procedures. Further, many gifted students are at risk of underachieving in classrooms every day if their intellectual and other potential is not nurtured". (*Bright Futures Resource Book: Education of Gifted Students, 1996, p.1*).

Many definitions have been advanced, however, none has received universal acceptance. The definition considered appropriate for this section is the one proposed by Marland (1972) in the USA report entitled "*Education of Gifted and Talented*". It was claimed that children capable of high performance included those with demonstrable achievement and/or potential in any of the following area, singly or in combination;

- General intellectual ability
- Specific academic aptitude
- Creative or productive thinking
- Leadership ability
- Visual and performing arts, and
- Psychomotor ability (Marland, 1972, p.10)

The Victorian DEECD policy on the education of gifted and talented students has been recently updated with the release of the following reports.

(2012, June) Inquiry into the Education of Gifted and Talented Students. Education and Training Committee . Parliament of Victoria.

(2012, December) Inquiry into the Education of Gifted and Talented Students. Victorian Government Response to Recommendations.

These documents are highly recommended reading for those interested in the proposed future education of gifted and talented students.

**See more detailed information including recent developments and references in the Giftedness Section.**

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