May 2025

NASET Special Educator e-Journal

Exceptional Teachers Teaching Exceptional Children

Table of Contents

- Buzz from the Hub
- Special Education Legal Alert. By Perry A. Zirkel
- Update from the US Department of Education
- Culturally Responsive Family Collaboration in Early Elementary ASD Classrooms. By Trilce Howard
- The Impact of Sensory Materials on Calming and Regulating Special Education Students. By Joyce Vernadeth B. Cruz
- The Impact of Addiction on Individuals with Disabilities. By Faye J. Jones and Toccara G. Jones
- Turner Syndrome. By Faye J. Jones
- Acknowledgements

Buzz from the Hub

How Experience and Environment Impact Our Early Brain Development
In this episode, Dr. Brad Schlaggar and his guests reflect on the influential report, From Neurons to Neighborhoods, and discuss how early experiences, environments and exposures influence the developing brain early experiences, environments and exposures influence the developing brain.
https://omny.fm/shows/your-child-s-brain/how-the-brain-evolves-with-experience-and-environm

Resources from the National Center on Accessible Digital Educational Materials & Instruction (NCADEMI)
NCADEMI's goal is to help schools and families improve the accessibility of digital educational materials and instruction from preschool through high school graduation. Two of their resources are More Myths & Facts: Let's Talk About the Role of AEM in the 2024
AT Guidance and Navigating a New Landscape of Digital Accessibility Requirements in K-12.
https://ncademi.org/events/presentations/2025/atia

The IDD Toolkit: Tools to Enhance Health Care for Adults w/ Intellectual Developmental Disabilities
This is an online resource aimed at primary care clinicians as well as mental health providers to ease the health disparities that adults with intellectual and developmental disabilities often experience. The tools are based on consensus guidelines and include several tools for individuals with disabilities, their family members, and their support persons to use to improve health care, clinic visits, and hospital stays.
https://iddtoolkit.vkcsites.org/

OSEP Releases Two New Fast Facts: Part B Educational Environments and Part B Personnel
In January 2025, The Office of Special Education Programs (OSEP) released two new Fast Facts: *OSEP Fast Facts: Educational Environments of Children with Disabilities Served under IDEA Part B Section 619* and *OSEP Fast Facts: Part B Personnel*. These Fast Facts spotlight OSEP's Individuals with Disabilities Education Act (IDEA) 618 data on personnel and educational environments of children with disabilities in early childhood settings. They are packed with visualizations that help make IDEA 618 data easy to interpret and share.
https://sites.ed.gov/osers/2025/01/osep-releases-two-new-fast-facts-part-b-education-environments-and-part-b-personnel/#more-6722

National Resource Center for Supported Decision-Making
Supported Decision-Making is just a fancy way of describing how we all make choices. We all need help making decisions, every single day. The National Resource Center for Supported Decision-Making (NRC-SDM) helps people with disabilities find information on Supported Decision-Making, connects them with people and organizations that may be able to help, and answers their questions.
https://supporteddecisionmaking.org/

English Learners with Disabilities Toolkit
The National Center on Educational Outcomes (NCEO) focuses on the inclusion of students with disabilities, ELs, and ELs with disabilities in instruction and assessments. Their *English Learners with Disabilities Toolkit* is designed to provide states and individualized education program (IEP) teams with eight tools they can use to better understand their students who are ELs with disabilities, determine in which state assessment (general or alternate) the students should participate, and discover whether accessibility features or accommodations are needed for their participation in any assessment.
https://nceo.info/Resources/series/english-learners-with-disabilities-toolkit

Financial Education
An important part of the Pennsylvania Assistive Technology Foundation's (PATF) mission is to provide financial education to people with disabilities. Their education efforts help people make more informed decisions about managing their finances, take control of their financial future, and build financial wellness.
https://patf.us/what-we-do/financial-education/

Non-Regulatory Guidance Supporting High-Quality Preschool with Title I Funds: Guidance to Local Educational Agencies and Schools on Implementing the Required Head Start Program Performance Standards for Title I-Funded Preschool Programs
On December 18, 2024 the U.S. Department of Education (ED) and the U.S. Department of Health and Human Services (HHS) released Title I ECE program non-regulatory joint guidance. This guidance provides information for local educational agencies (LEAs) and schools on the Head Start Performance Standards that apply when the LEA or school use Title I funds to support an early education program. It supports high-quality, developmentally-informed preschool instruction based on best practices in child development and early learning.
https://www.ed.gov/media/document/ti-hspps-guidance

Employment Checklist for Students (Ages 14-22) with Disabilities
Getting a job is an exciting experience that takes planning. There are important documents you may need before you can get a job. There are skills you will need to prepare you for employment, and actions that you may need to take to be successful. This checklist from PEATC can help you prepare for employment.
https://peatc.org/wp-content/uploads/2023/05/Employment-Checklist-Booklet.pdf

Voluntary Self-assessment for States to Support Military-connected Children with Disabilities and Their Families Under the IDEA.
OSEP has released a two-part self-assessment as a voluntary technical assistance tool to assist States in supporting military-connected children with disabilities served under the Individuals with Disabilities Education Act.
https://sites.ed.gov/idea/idea-files/voluntary-self-assessment-for-state-to-support-military-connected-children-with-disabilities-and-their-families-under-the-idea/

Supporting Military Families

Being part of a military family can be filled with many surprises, challenges, and opportunities. Part of the military life is moving to new locations every few years or even more frequently. This can be a bit more challenging when there's a child in the family who has a disability. Fortunately, there is help available to make the family's transition from one location to another a bit more smoothly. On CPIR's *Supporting Military Families* page you will find organizations and resources that will be of help.
https://www.parentcenterhub.org/military/

Sesame Workshop Extends Partnership with Dicapta to Bring Plaza Sesamo in ASL to Children Across the U.S.
Sesame Workshop and Dicapta are thrilled to announce the expansion of their partnership with the official launch of American Sign Language (ASL) versions of Plaza Sésamo content. This collaboration, supported and funded by the U.S. Office of Special Education Programs-OSEP, aims to allow U.S. Hispanic children who are deaf or hard-of-hearing and their families enjoy the educational and entertaining content of Plaza Sésamo while practicing and improving their ASL skills.
https://www.dicapta.com/ver2022/en/blog/15-blog-news/646-sesame-workshop-extends-partnership-with-dicapta-to-bring-plaza-sesamo-in-asl-to-children-across-the-u-s

Using Functional Behavioral Assessments to Create Supportive Learning Environments
The Office of Special Education and Rehabilitative Services (OSERS) and the Office of Elementary and Secondary Education (OESE) have jointly released guidance on the use of functional behavioral assessments (FBAs) for all students whose behavior interferes with learning.
https://sites.ed.gov/idea/idea-files/using-functional-behavioral-assessments-to-create-supportive-learning-environments/

Compendium to the Delivery of Pre-employment Transition Services (Pre-ETS)
This guide from the National Technical Assistance Center on Transition (NTACT) highlights Pre-Employment Transition Services within the Continuum of VR Services. This resource was developed as a collaboration between Vocational Rehabilitation (VR) and Local Education Agencies (LEA).
https://transitionta.org/pre-ets-compendium/

Traveling with a Disability
The holiday season can be a time of joy, but for young adults with disabilities, it can also present unique challenges. Finding the right resources, like the sites listed below, to support them can make a big difference in ensuring they have an enjoyable and fulfilling experience.
https://accessiblego.com/home
https://wheelchairtravel.org/

Assessment Aligned with Alternate Academic Achievement Standards
This memorandum from the U.S. Department of Education outlines the requirements for states seeking a waiver of the 1% cap on the number of students who can take alternate assessments aligned with alternate academic achievement standards (AA-AAAS) in the school year (SY) 2024-25 assessment.

https://www.ed.gov/media/document/memo-states-regarding-requirements-waiver-of-10-percent-cap-alternate-assessments

The Pyramid Model for Promoting Social-Emotional Competence in Infants and Young Children (Pyramid Model)
The Pyramid Model is a framework of evidence-based practices for promoting young children's healthy social and emotional development and it works in conjunction with a program's curriculum, but is not a curriculum itself. The Pyramid Model provides guidance for: early childhood special education personnel, early intervention personnel, early educators, and families.
https://challengingbehavior.org/pyramid-model/overview/basics/

Empowering Education Leaders: A Toolkit for Safe, Ethical, and Equitable AI Integration
On October 24, 2024, the U.S. Department of Education Office of Educational Technology (OET) released a 74-page toolkit designed to help K-12 leaders integrate artificial intelligence into their districts.
https://tech.ed.gov/files/2024/10/ED-OET-EdLeaders-AI-Toolkit-10.24.24.pdf

IDEAs That Work Now on sites.ed.gov/IDEA
The Department's Office of Special Education Programs (OSEP) has moved the IDEAs That Work website content. Information and resources can now be found on the Individuals with Disabilities Education Act (IDEA) website.
https://sites.ed.gov/idea/

Intersection of Mental Illness and Disability During Transition
Students with disabilities can also experience co-occurring mental health issues. This is particularly true of children with developmental disabilities with ranges from almost 34% to 59% prevalence. This RAISE guide covers strategies to support students with disabilities and co-occurring mental health issues as they transition into adulthood.

https://raisecenter.org/wp-content/uploads/2024/10/RAISE-guide-on-disability-mental-illness-and-transition-revised.docx.pdf

How to Weigh the Risks of Disclosing a Disability. A guide to help you decide — and find support.
Disclosing a challenging health condition at work can be risky. You may get the accommodations you need, but you may also be met with suspicion, resentment, and accusations of making it all up. In this article, the author discusses why disclosure is challenging, how to decide whether the risk is worth taking, and how a network can support you.
https://www.parentcenterhub.org/buzz-november2024/

5 Culturally Responsive Family Engagement Strategies

Educators can strengthen the relationship between home and school by making families feel welcome and included. In this article five ways to strengthen the partnership with families are summarized.
https://www.edutopia.org/article/5-culturally-responsive-family-engagement-strategies

National Clearinghouse for English Language Acquisition (NCELA): Family Toolkit
The English Learner Family Toolkit was created to help families choose education services that meet their child's needs. U.S. educators, elementary and secondary school teachers, principals, and other school staff can also share the toolkit as a resource for English learners and their families.
https://ncela.ed.gov/educator-support/toolkits/family-toolkit

State of Early Childhood Education in Big Ten States
The Big Ten Early Learning Alliance (BTELA) has just published an inaugural brief on the state of early childhood education in Big 10 states. It emphasizes the importance of early education, highlights disparities in funding and access, and notes the impacts of these on children's development. The report also suggests policy changes to improve outcomes, such as increased investment and equitable resource distribution.
https://btela.osu.edu/our-work/state-of-early-childhood-education-in-big-ten-states/

Equity in Data: Where to Start!
Are you looking to address disparities in early intervention and early childhood special education systems and promote more equitable practices and outcomes? Knowing where to start can be challenging, but taking one step forward and starting is critical. The **DaSy Center** developed a guide, *DaSy Data Inquiry Cycle*, to support Part C and Part B 619 program staff in addressing equity considerations at each stage of the data inquiry cycle.
https://dasycenter.org/data-inquiry-cycle/

A Summary of the Research on the Effects of K–12 Test Accommodations: 2022
Research on test accommodations provides valuable information that informs policy and practice. The National Center on Educational Outcomes (NCEO) recently published A Summary of the Research on the Effects of K-12 Test Accommodations: 2022. This report presents research literature published in 2022 on testing accommodations for U.S. elementary and secondary students in kindergarten through 12th grade.
https://nceo.umn.edu/docs/OnlinePubs/NCEOReport444.pdf

Inclusive Occupations podcast
Episode: The Inclusive Education Roadmap- Part 1- Dr. Diane Ryndak
In this first part of the two-part series on the Inclusive Education Roadmap (IER) by the TIES Center, Dr. Diane Ryndak gives us a general overview of the work done for sustainable systemic change in inclusive education at the state, district, and school. After getting together a diverse

Equitable Inclusive Leadership Team (EILT), the second step of the Inclusive Education Roadmap is called RISE (Reflecting on Inclusive Systems of Support). The school Leadership Team is led to deeply reflect and engage in critical discussions about their system's current use of inclusive educational practices for all students, including students with significant cognitive disabilities.
https://www.inclusiveoccupations.com/podcast/episode/1d9b4aca/the-inclusive-education-roadmap-part-1-dr-diane-ryndak

Groundbreaking Study: Anti-trans State Laws Increased Suicide Attempts By 72%
In a groundbreaking study published in Nature Human Behavior, researchers found that anti-trans bans lead to a 72% increase in suicide attempts among transgender individuals, compared to states without such legislation. The study is the first study of its kind and could have far-reaching international implications as more countries face pressure to implement similar restrictions on transgender people.
https://www.erininthemorning.com/p/groundbreaking-study-anti-trans-state

Youth Engagement Now (YEN)
Explore resources developed by youth with disabilities across the country to access tools to successfully engage and involve youth partners in projects to support impactful change. The site features tools focused on foundational principles, leadership development, and effective collaboration. Key areas include disability training, advocacy, community building, and event planning. It also offers a podcast, YEN Talks, for further insights.
https://yen.transitionta.org/

Resources from the National Research Center for Parents with Disabilities
Serving Parents with Disabilities: The National Research Center for Parents with Disabilities has a range of resources for parents with disabilities and those who support them covering a variety of topics such as child welfare law and its effects on parents with disabilities, firsthand narratives from disabled parents about how they raise their children, and advice for professionals working with specific populations of parents with disabilities.
https://heller.brandeis.edu/parents-with-disabilities/

Best Practices for Adhering to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Requirements
The Center for Medicaid and CHIP Services (CMCS) released important guidance regarding the coverage requirements for eligible children and youth who are enrolled in Medicaid and the Children's Health Insurance Program (CHIP). The guidance, Best Practices for Adhering to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Requirements, is in the form of a State Health Official letter. This guidance is designed to help states strengthen their implementation of EPSDT requirements to improve health outcomes.
https://www.medicaid.gov/federal-policy-guidance/downloads/sho24005.pdf

A Practical Guide for State Teams to Increase Inclusion in Early Childhood Programs
This comprehensive resource, A Practical Guide for State Teams to Increase Inclusion in Early Childhood Programs, is designed to help state leaders and advocates use data to promote more inclusive policies for young children in early care and education settings. The guide emphasizes the importance of inclusion from both human rights and equity perspectives, advocating for all children, especially those with disabilities, to have access to high-quality, inclusive early education.

https://nieer.org/sites/default/files/2024-08/nieer_research_report_template_inclusionguide_august2024_ad_1_1.pdf

StopBullying.gov
When adults respond quickly and consistently to bullying behavior they send the message that it is not acceptable. Research shows this can stop bullying behavior over time. StopBullying.gov provides information from various government agencies on what bullying is, what cyberbullying is, who is at risk, and how you can prevent and respond to bullying. Check out their tip sheet, Bullying and Children and Youth with Disabilities and Special Health Needs, specifically for how to support youth with disabilities and special health needs.
https://www.stopbullying.gov/sites/default/files/2017-09/bullyingtipsheet.pdf

Want to Learn More About Technology & Youth Mental Health?
The Child Mind Institute's Technology and Youth Mental Health webinar series brings together researchers, advocates, and tech thinkers to explore crucial questions, such as: What is the relationship between social media and mental health? How can we advance research on this relationship using real world data? Click here to watch the webinars and interviews in the series
https://childmind.org/science/public-health-epidemiology/technology-youth-mental-health-series/

My Life is Worth Living
My Life is Worth Living includes five powerful stories told over 20 episodes. In each episode, relatable teen characters wrestle with challenges that are all too familiar for many viewers and discover strategies to cope when it feels like their own thoughts are against them. Over the course of each character's journey, they realize that life is worth living. Watch the videos here.
https://mylifeisworthliving.org/

MCH (Maternal and Child Health) Bridges: The official podcast of the Association of Maternal and Child Health Programs (AMCHP)
Episode #15: Youth Perspectives on Mental Health: Supporting the Next Generation
Three members of The Adolescent Champion Teen Advisory Council (TAC TAC), Melanie Avila, Fanta Guindo, and Yeina Han, share what adolescent and young adult mental health looks like in their communities, what they have experienced, and what needs to change. This episode talks about important concepts like positive youth development, youth-friendly services, and culturally competent care. It also identifies strategies for addressing barriers to youth seeking and accessing mental health services. Listen to this podcast episode here.

https://mchbridges.buzzsprout.com/1837581/episodes/12824655-episode-15-youth-perspectives-on-mental-health-supporting-the-next-generation

Parents Under Pressure: The U.S. Surgeon General's Advisory on the Mental Health & Well-Being of Parents

The Surgeon General released an Advisory regarding the mental health of parents/caregivers. This Advisory recognizes the critical role of parents and caregivers in our society and the importance of both reducing their stress and protecting their mental health and well-being. It explores the unique stressors that parents and caregivers face; the impact of these stressors on the mental health and well-being of parents, caregivers, and children; and the policies, programs, and cultural shifts we need to make to allow parents and caregivers to flourish and thrive. Read the Advisory here.
https://www.parentcenterhub.org/buzz-mental-health-and-bullying-resources/

Help Wanted: Early Intervention and Early Childhood Special Education Workforce Needs Findings from a National Survey

The ED-funded Early Childhood Personnel Center collaborated with the National Institute for Early Education Research and recently released report findings from a national survey of the early intervention and early childhood special education workforce. The goal was to obtain a national picture of the EI/ECSE workforce's education, credentials, pre- and in-service training, and knowledge about EI and ECSE. This report summarizes the main findings from the survey. Read More

https://nieer.org/sites/default/files/2024-05/may_2024_early_intervention_and_early_childhood_special_education_workforce_needs_findings_from_a_national_survey_.pdf

IEPs vs Service Plans: Everything You Need to Know!

Are you considering sending your child with special needs to a private school? More and more families are considering this as an option. However, many differences exist when it comes to sending your child with special needs to private schools. While public schools are required to offer special education services, private schools aren't. Public schools can provide learners with special needs supports and services to best meet the students' educational needs in their IEPs, whereas private schools may offer learners Service Plans. But what is the difference between the two? Read More
https://www.thetechedvocate.org/ieps-vs-service-plans-everything-you-need-to-know/

Youth Employment: A Foundation for Mental Health and Well-Being

In May, the department launched a new webpage (www.dol.gov/youthmentalhealth) devoted to young people's mental health needs. Whether you're a young person, part of the workforce system, an employer, or a policymaker, everyone has a role supporting young people's well-being by helping more young people access the mental health resources they need and get into good jobs that they can build a healthy life around and thrive. The Department of Labor

encourages everyone to explore the content and share with the department what they are doing in their community on this important topic by submitting their stories through their new webpage. Compiling these stories and sharing them helps spread the word about youth mental health. Contribute today (https://www.dol.gov/general/mental-health-at-work/youth#wufoo-mc4aghb05xz2v0), and your story may be shared on a department platform.

Involving Teens and Young Adults in Selecting Assistive Technology

This 4-page resource helps families involve teens and young adults in learning about and selecting assistive technology (AT). An important goal for older students is to understand the areas in which technology can support them in their educational and employment goals. The tip sheet encourages students to advocate for themselves, and to take an active role in selecting assistive technology to address their needs. Read More
https://www.parentcenterhub.org/involving-youth-in-selecting-assistive-tech/

Six Global Lessons on How Family, School, and Community Engagement Can Transform Education

Stronger family, school, and community partnerships help ensure that relational trust is at the foundation of schools, and that all the actors can work together toward a shared vision of education in their communities. This shared vision of education is critical to education systems transformation.This report is the result of the participation of hundreds of students, families, school educators, and researchers who dedicated their time and energy to investigating the critical role that families and communities play in ensuring students and schools can flourish. Read More
https://www.brookings.edu/wp-content/uploads/2024/05/Final-Six-Global-Lessons_EN_24June2024_web.pdf

Frequently Asked Questions: Social Security Administration, Supplemental Security Income, and Social Security Disability Insurance – Can I work if I receive social security benefits?

This FAQ provides people with disabilities and their families an overview on social security benefits and answers common questions about these benefits and employment.
https://leadcenter.org/resources/financial-toolkit-frequently-asked-questions/

Summer Learning Tips to Go! Text Messaging Service

The Summer Slide is real! While we are all looking forward to the long days relaxing and making the best memories with our children, we must remember to sprinkle in some fun learning throughout our summer adventures. We found the perfect resource for families to do just that and avoid the summer learning loss! Sign up for summer learning tips sent right to your phone, in English or Spanish, from Start with a Book.
https://www.startwithabook.org/reading-tips-text-messages

Cartoons Available with American Sign Language
The ED-funded Bridge Multimedia now has some of children's favorite Public Broadcasting Service cartoons available in American Sign Language, thanks to ED's Office of Special Education Programs funding. Check out full episodes of "Alma's Way," "Daniel Tiger's Neighborhood," and more.
https://pbskids.org/videos/american-sign-language-full-episodes

Unstuck: The Special Education Podcast
Discussions between two professionals related to current trends and topics affecting the world of special education. They pull from a combined 40 years in the field to share stories, insight and potential solutions.
https://podcasts.apple.com/us/podcast/unstuck-the-special-education-podcast/id1604000975

Special Education Inner Circle
The Special Education Inner Circle podcast is hosted by Catherine Whitcher, M.Ed., founder of the Master IEP Coach® Mentorship + Network. Get your notebook ready as Catherine brings you real-world strategies for everyone at the IEP table. With her family's experience in the disability community and her journey from Special Education classroom teacher to IEP expert, Catherine knows what it takes to prepare students and families for the future. Get ready to be inspired and learn actionable steps you can take immediately to change your special education experience.
https://podcasts.apple.com/ca/podcast/special-education-inner-circle/id1484686234

Commemorating the 25th Anniversary of Olmstead
ICYMI: On June 20th The U.S. Department of Justice and the U.S. Department of Health and Human Services' Administration for Community Living and Office for Civil Rights celebrated the 25th anniversary of the landmark Olmstead v. L.C. Supreme Court decision, which ruled that unjustified segregation of people with disabilities is a form of unlawful discrimination under the Americans with Disabilities Act (ADA).
https://www.youtube.com/live/EYsDx5ogzLc?feature=shared

Special Education Legal Update

Perry A. Zirkel

April 2025

This month's update identifies two recent court decisions that cumulatively illustrate limits in IDEA cases, including the scope of the complaint and the statute of limitations, as applied to the substantive appropriateness of high-stakes IEPs. For previous monthly updates and related publications, see **perryzirkel.com**

On February 14, 2025, the D.C. Circuit Court of Appeals issued an officially published decision in *M.R. v. District of Columbia*, addressing the appropriateness of consecutive IEPs for a middle-school student with autism and ADHD. His 2017–18 IEP (grade 5) included, outside of general education, 21.25 hours/week of specialized instruction, 4 hours/month of speech/language therapy (SLT), 2 hours/month of occupational therapy (OT), and 30 minutes/month of behavioral services. His 2018–19 IEP (grade 6) provided the same services except with the addition of an aide and reduction to 3 hours/month of SLT. At the start of 2019–20 (grade 7), his triennial evaluation reported generally low and inconsistent performance. His resulting IEP reduced the SLT to 2 hours/month and the OT to 30 minutes/month on a consultative basis. His parent filed for a due process hearing in June 2020, specifying a set of alleged deficiencies in the substantive appropriateness of the IEPs (e.g., reductions of SLT and OT) from grades 3 to grade 7. In a preliminary proceeding, the hearing officer determined that, based on what the parent knew or had reason to know of the alleged substantive deficiencies for each of these years, only the last two IEPs were within the statute of limitations of the IDEA. After the hearing on these two IEPs, the hearing officer ruled that both met the substantive standard of *Endrew F.*, which focuses on whether the IEPs were reasonably calculated for appropriate progress under the individual circumstances. The parent appealed to the federal district court, which affirmed the hearing officer's decision, including his rulings for the statute of limitations, the reduction of SLT and OT services, and the peer-reviewed research (PRR) provision of the IDEA. The parent filed an appeal with the D.C. Circuit Court of Appeals, which focused on a few specific issues that the parent had raised.	
First, the appellate court addressed the repetition of several goals in each of the two IEPs.	Applying the snapshot approach, the court found the repeated goals to be reasonable because the student had yet to achieve these goals and needed consistency/repetition.
Second, the court addressed the student's alleged lack of "meaningful" progress.	Applying *Endrew F.*, the court concluded that "the proper measure is the reasonableness of [each] IEP's design," which the parent failed to show to be fatally flawed.

Third, the court similarly rejected the parent's PRR challenge to the SLT and OT services.	The court reasoned that "the record shows that [the student] *did* receive research-based instruction in [SLT and OT], even if his IEPs were silent on the matter."
Finally, the parent claimed that the district did not provide the ABA services specified in the IEPs.	The court concluded that this claim was in the failure-to-implement category of FAPE, which was not within the parent's due process complaint and, thus, beyond the appeal.
In addition to revealing the ponderously slow adjudicative process of IDEA cases that reach the precedential level of officially published federal appellate decisions, this case illustrates the largely prevailing minimalist judicial application of substantive requirements for FAPE as compared to the higher prevailing perceptions of parents and professional norms of educators of students with disabilities.	

On February 27, 2025, a federal district court in Illinois issued an unpublished decision in *H.P. v. Board of Education of Oak Park and River Forest School District 200*, addressing tuition reimbursement both on the merits and as a matter of stay-put. At an early age, the student received a diagnosis of aphasia following epilepsy. His original school district found him eligible under the classification of intellectual disabilities (ID). In 2015–16 (grade 6), when he was in a therapeutic day placement per his IEP, the parents moved to the present district. The IEP team maintained his private day placement until 2018–19 (grade 9), when his parents arranged for a private evaluation that resulted in a more accurate diagnosis of Landau-Kleffner Syndrome along with ID and that concluded that the therapeutic day placement was not sufficient. The IEP team met and unanimously agreed to a residential placement at Camphill School in Pennsylvania, which was on the Illinois-approved list. He remained there beyond his 21st birthday, because in July 2021 Illinois passed a statute that extended eligibility to the 22nd birthday or, if that date is during the school year, until the end of that year. In fall 2021, the district notified Camphill and the parents that it would not continue funding after 2022–23 based on its interpretation that the statute applied to the academic calendar of the serving school. The student's 22nd birthday (8/22/23) was after the start of the district's, but before the start of Camphill's, school year for 2023–24. In January 2022, the district conducted the student's triennial evaluation, which recommended continuation of residential placement. Because Camphill released the student's seat for 2023–24, his parents searched for a new residential placement in 2022–23 and found one in Connecticut that appeared comparable and had an available seat. However, the district did not accept their choice because it did not have Illinois approval. The parents hired a private firm to search the Illinois-approved residential placements for availability and appropriateness. At a meeting in March 2023, the IEP team continued to recommend residential placement after Camphill representatives reported the student's progress and limitations. However, not long thereafter, the private firm determined that none of the ISBE-approved residential schools were available and appropriate. After arranging for another private evaluation, the parents sought an emergency IEP meeting for the Connecticut residential placement. However, the June 2023 IEP meeting resulted in a proposed placement in the district's day-level community integration transition program. The parents immediately filed for a due process hearing to seek tuition reimbursement, asserting that the district's change in placement lacked support of a corresponding change in the student's needs. In July, they moved the student to the Connecticut placement. In August, the IEP team formally adopted its proposed day-level placement. In the fall, the district proposed an ISBE-approved residential placement in Tennessee. In the spring, the hearing officer issued a decision in the parents' favor. The district appealed to federal court.	
The district argued that the hearing officer exceeded his authority by deciding various issues not raised in the parents' complaint.	The court agreed with the district, concluding that the various rulings of procedural violations and substantive deficiencies were not part of or directly related to the parents' complaint.

The district also contended that the hearing officer's finding that the district changed the student's placement without supporting evidence of a corresponding change in the student's needs was fatally incomplete.	Again agreeing with the district, the court concluded that the ultimate question was whether the proposed placement met the *Endrew F.* standard for appropriateness and that the hearing officer relied on six factual errors in his FAPE analysis.
As a separate matter, the district argued that the Connecticut placement was not the stay-put, because the hearing officer's decision was in error.	Disagreeing, the court cited the long-established rule that the final administrative adjudication amounts to the stay-put and concluded that the district defaulted by not arranging for a placement comparable to Camphill until fall 2024.
This decision is clearly questionable in terms of the contradiction between its first two rulings and the incompleteness of its third ruling. Absent settlement, it is subject to further costly proceedings, showing the limits of law in addressing pressing educational issues.	

Update from the US Department of Education

Secretary of Education Statements on President Trump's Education Executive Orders

https://www.ed.gov/about/news/press-release/secretary-of-education-statements-president-trumps-education-executive-orders

U.S. Department of Education to Begin Federal Student Loan Collections, Other Actions to Help Borrowers Get Back into Repayment

https://www.ed.gov/about/news/press-release/us-department-of-education-begin-federal-student-loan-collections-other-actions-help-borrowers-get-back-repayment

U.S. Department of Education Initiates Records Request from Harvard University After Discovering Inaccurate Foreign Financial Disclosures

https://www.ed.gov/about/news/press-release/us-department-of-education-initiates-records-request-harvard-university-after-discovering-inaccurate-foreign-financial-disclosures

U.S. Department of Education Releases Statement on 2026 NAEP Schedule

https://www.ed.gov/about/news/press-release/us-department-of-education-releases-statement-2026-naep-schedule

U.S. Department of Education Announces Trump-Vance Appointees

https://www.ed.gov/about/news/press-release/us-department-of-education-announces-trump-vance-appointees

U.S. Department of Education Announces Consequences for Maine's Title IX Noncompliance

https://www.ed.gov/about/news/press-release/us-department-of-education-announces-consequences-maines-title-ix-noncompliance

U.S Department of Education and U.S. Department of Justice Announce Title IX Special Investigations Team

https://www.ed.gov/about/news/press-release/us-department-of-education-and-us-department-of-justice-announce-title-ix-special-investigations-team

Culturally Responsive Family Collaboration in Early Elementary ASD Classrooms

By Trilce Howard

Introduction

Family collaboration in education plays an important role in how students with Autism Spectrum Disorder (ASD) are supported in the classroom. In early elementary classrooms, parental involvement and individualized instruction can significantly improve student outcomes. Families of children with ASD that are culturally and linguistically diverse (CLD) oftentimes encounter barriers when engaging with the educational system due to linguistic and cultural differences, socioeconomic factors, and differing opinions on disability and education (Goldman & Mello, 2024; Harris, et al., 2014). Promoting meaningful family engagement in our ASD classrooms in a way that acknowledges and respects the diverse cultural values of our CLD families is key to a successful school-home collaboration. This literature review examines the impact of culturally responsive family collaboration, what barriers may occur in said collaboration, parental perceptions of disability based on different cultural values, and strategies for an inclusive family and classroom environment.

Communication Barriers in Family-School Collaboration

Communication between educators and families is essential to fostering meaningful collaboration. Linguistic and cultural differences of CLD families can oftentimes create barriers. Harris, et al. (2014) examined autism diagnostic and screening tools and found that oftentimes these assessments are not culturally or linguistically responsive. This has led to disparities in diagnosis' as well as missed chances for early intervention. Similarly, Estrem and Zhang (2010) discovered that English Language Learners (ELLs) are disproportionately diagnosed with ASD because of cultural biases in assessments and in identification. Both studies highlight how important the use of culturally responsive practices is in assessments to ensure early intervention for these ASD students which improves student outcomes as well as to ensure support for these CLD families. Also related to this theme, Huang et al. (2020) examined how different cultural values can influence a family's response to a disability diagnosis. The study noted how stigma and shame are oftentimes associated with developmental delays. This can impact a family's willingness to collaborate with educators or seek out support. To bridge the communication gap, schools must provide resources that are culturally sensitive as well as language accessible.

Parental Perceptions

Parental engagement in their child's education varies based on various factors such as cultural values, socioeconomic backgrounds, as well as previous experiences with the school system. Goldman and Mello (2024) examined the perceptions of parents of ASD students regarding school engagement. The study found that many parents felt excluded from the decision-making process due to unclear communication as well as the limited number of opportunities for family

involvement from the schools. Similarly, Cen and Aytac (2017) examined the ecocultural perspective in learning disabilities. The study found that cultural values and family resources impact how much a family participates in school-related activities. Both these studies show that schools who provide inclusive opportunities for parents to participate in their child's education foster stronger collaborative partnerships and therefore improve student outcomes.

Strategies for Culturally Responsive Family Collaboration

To support CLD families, schools must promote strategies that prioritize inclusivity and accessibility. Griffin (2011) examined the need for interventions that actively involve students in their Individualized Education Program (IEP) meetings. The study showed that CLD students oftentimes face challenges when they are expected to advocate for themselves in settings where individualism is prioritized over their collective cultural values. Schools can promote this by offering translated materials, providing bilingual support staff, and engaging in community-based outreach. Recognizing and valuing family involvement, which is very common in many cultures, can strengthen family-school partnerships as well as enhance student success (Huang et al., 2020).

Personal Perspective

I am currently a special education teacher working with CLD families and have personally observed how successful collaborations occur when educators take the time to understand each family's values, concerns, and communication preferences. Studies show that families are more engaged when they feel respected and involved in the decision-making process (Harris, 2008; Huang, et al., 2019). From my experience, I have found that using multi-modal communication methods such as parent workshops and distributing bilingual newsletters has helped me make a personal connection with my students' families that makes them more likely to be active participants in their child's education. I also am cognizant of the very real obstacles that families from different socioeconomic backgrounds encounter such as time constraints because of work schedules and transportation difficulties. Being flexible and allowing my families alternative options for meetings such as virtual meetings or daily updates via an app or even a hand-written note sent home with the student makes a big difference. Research finds that adaptable communication methods improve collaboration (Goldman, 2024).

Conclusion and Recommendations

Culturally responsive collaboration with CLD families is vital in early elementary ASD classrooms to ensure students are receiving early interventions which improve student outcomes. This literature review addresses the importance of overcoming communication barriers, understanding parent perceptions on disabilities due to cultural differences, as well as implementing culturally inclusive strategies to increase family engagement and collaboration. Schools should be prioritizing the professional development of its educators on cultural responsiveness, providing accessible resources for its CLD families, and creating supportive and inclusive learning environments for its students to improve educational outcomes for students with ASD.

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The Impact of Sensory Materials on Calming and Regulating Special Education Students

By Joyce Vernadeth B. Cruz

Abstract

This article focuses on the use of sensory materials in special education for students with disabilities in the aspect of calming and self-regulation. These materials utilize all the senses to modulate sensory input which is a challenge for these students. For instance, tactile activities like playing with playdough or sand enhance fine motor skills and provide sensory stimulation that can assist in focusing and calming the child. In the same manner, sensory rooms which are equipped with items like bean bags, soft lights, and calm sounds act as a place where the students can go and control the level of stimulation they receive and calm themselves down. Therefore, the application of sensory strategies in the classroom not only meets the emotional needs of the students but also enhances their attendance and learning. But recently, studies have shown that scent-based sensory interventions are also efficient, and the students can improve their mood and cognitive functions. These interventions should be developed by a well-trained and collaborative team of educators, therapists, and families to ensure that the strategies chosen are appropriate for the student's needs as it is. Thus, educational environments that adapt to the needs of all learners are created and developed.

Sensory Processing Disorder (SPD) is a condition that impairs an individual's ability to organize input from sensory sources and react according to that input (Alibrandi, Beacock, Church, Des Moines, Goodrich, Harris, Sprague, & Vrtovsnik, 2014; Murray, et al, 2009). SPD can take the form of Sensory Modulation Disorder, which is associated with under- or over-responsiveness to sensory input such as touch, movement, or other sensations; Sensory-Based Motor Disorder, involving difficulty organizing and sequencing tasks related to physical movement; or Sensory Discrimination Disorder, which limits the ability to distinguish among visual, movement, auditory, tactile, and other sensory input (Alibrandi et al, 2014; Murray, Baker, Murray-Slutsky, & Paris, 2009)

For students with special education needs, the number of students who are sensory processing sensitive such that it affects their learning and social interaction can be quite high. The individual sensory profiles can range from hyperactivity, impulsivity, sensory seeking or avoidance and all of these increase the difficulty in processing information.

Sensory materials are understood to soothe and organize students with sensory processing disorders in special education. Strategies like offering choices for where students can sit or learning environments with calming auditory inputs like soft music can help with focus and decrease off task behaviors to create a better learning environment in the classroom. Furthermore, Multi-Sensory Environments (MSEs) helps the student, especially those with autism spectrum disorder, to enable students to control their sensory input, especially for students with autism spectrum disorder which can help them to focus and decrease repetitive behaviors. Besides helping to address the sensory needs, they also assist students in modulating their responses to classroom events, resulting in enhanced academic and social performance.

"Children who have difficulty processing sensory information effectively often have trouble completing school and home-based tasks requiring them to sit still, attend to instruction, be able to engage socially with peers, and play/work cooperatively with others." (Brunkner et al. 2018). It is important to recognise that difficulties interpreting sensory information can have an impact on how we feel, how we think and how we behave or respond.

Sensory materials—like fidget toys, stress balls, and calming auditory stimuli—are essential for emotional regulation/behavior. For example, incorporating multisensory and sensorimotor enrichment into educational curricula is known to improve educational outcomes. Studying impact tools on self-regulation and engagement within educational activities can guide the effective incorporation of sensory interventions in inclusive classroom settings, thereby improving both academic performance and social interactions for students dealing with sensory processing challenges.

In sensory integration, the challenges can be beneficial to the learning and academic achievement of a student, for example. A student who has difficulties in processing may have problems with focusing on class. This may lead to their not following directions, finishing tasks, or recalling information. In the same way, students can be sensitive to some senses or can be allergic to certain stimuli that can limit their participation in some activities, for example, art or science experiments. This prevents them from learning by practical experience. Processing information difficulties are issues in respect to what and how an individual can comprehend and respond to sensory information in the environment. This can show up as having a low threshold to stimulation or under response to it, or problems with modulating the quantity of input. For students in education programs, and especially for those with diagnoses such as autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), or sensory processing disorder (SPD), these sensory issues can greatly affect their performance.

Sensory materials are potentially helpful for special education students in several ways. First, they help in managing the level of arousal and quantity of sensory input to enable students to achieve the most appropriate level of alertness for learning. Second, sensory materials are a way of expressing needs and preferences without having a need to use words, this is non-intrusive and

non-verbal for students. Third, sensory materials can be used as a way of self-regulation and emotional well-being for students to help them manage stress and anxiety in difficult situations. Sensory materials are those which are used to help special education students in some way. They are a way of regulating arousal and the amount of sensory stimulation so that students can be in the optimal state for learning. Fourth, sensory materials are a way of expressing needs and preferences without having to use words; it is nonintrusive and nonverbal for students. In addition, sensory materials can also be used in the implementation of the students' self-regulation and emotional well-being and students can use them to help them cope with stress and anxiety in stressful situations.

Numerous studies have documented the prevalence of sensory processing difficulties among special education populations. Research by Miller et al. (2007) found that up to 90% of individuals with autism spectrum disorder (ASD) experience atypical sensory processing, including hypersensitivity, hyposensitivity, and difficulties with sensory modulation. Similarly, studies by Dunn (1999) and Schaaf et al. (2010) have reported high rates of sensory processing difficulties among individuals with attention deficit hyperactivity disorder (ADHD) and other developmental disabilities.

According to Reynolds & Lane, 2008, sensory processing difficulties can significantly impact a child's academic and social life. These challenges often make it hard for children to concentrate in class, leading to frustration and lower academic performance. Additionally, sensory issues can affect social interactions, as children may struggle with communication and behavior in various settings. Sensory challenges can impede social interactions and peer relationships, as individuals may exhibit atypical responses to sensory stimuli or engage in avoidant behaviors (Bundy et al., 2002).

In response to these challenges, educators and practitioners have increasingly turned to sensory interventions as a means of supporting special education students. Sensory interventions encompass a wide range of strategies aimed at providing sensory input tailored to individual preferences and sensitivities. Research by Case-Smith and Bryan (2001) demonstrated the effectiveness of sensory integration therapy in improving sensory processing and functional outcomes for children with autism spectrum disorder (ASD). Similarly, studies by Parham et al. (2007) and Schaaf et al. (2013) have shown positive effects of sensory-based interventions on self-regulation, attention, and social engagement in children with sensory processing difficulties.

Things like fidget toys, stress balls, weighted blankets and even sensory bins are all great ways of providing tactile proprioceptive and vestibular input that is important for self-regulation and sensory modulation. As per Cohn et al. (2000), these items help in providing tactile exploration, proprioceptive feedback and calming sensory experience. Moreover, the study found that sensory materials assisted in self-regulation and the reduction of sensory-related behaviors in children with sensory processing challenges (Lane and Schaaf, 2010; Miller et al., 2011).

However, there are some challenges and limitations in the implementation of sensory interventions. Heterogeneity of sensory processing difficulties makes it difficult to develop specific and appropriate intervention strategies that can be used for everyone (Reynolds & Lane, 2008). Moreover, the existence of unclear and insufficiently validated assessment tools and outcome measures in sensory processing (Dunn, 2007) limits the ability to accurately assess the effectiveness of interventions and compare results across studies.

In summary, the way students in education are influenced by sensory integration has a significant impact on their learning process, social and emotional growth, engagement, activities, and general welfare. This underlines the importance of materials, in enhancing self-control and boosting involvement in tasks. Its goal is to assist teachers and professionals in education to tackle processing issues by providing useful advice and actionable tactics. The initiative provides them with interventions and adjustments customized to the varying requirements of students with integration issues. This helps in promoting their achievement, in school and aiding their growth outside the setting.

By recognizing and addressing the unique sensory needs of students, educators can create learning environments that promote engagement, participation, and success for all learners. As we continue to refine our understanding of sensory interventions and their impact on student outcomes, we move closer toward the realization of inclusive educational systems that empower every student to reach their full potential.

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The Impact of Addiction on Individuals with Disabilities

By Dr. Faye J. Jones and Toccara G. Jones, MA, LPC-S, NCC

Drug addiction, also known as substance use disorder, is a chronic disease that impacts the brain and behavior, leading to an inability to regulate the use of substances such as legal or illegal drugs, alcohol, or medications (www.mayoclinic.org/diseases-conditions/drug-addiction/symptoms-causes/syc-20365112). This condition can result in continued use despite the harmful consequences it may cause. Substances like alcohol, marijuana, and nicotine are categorized as drugs, and their misuse can lead to addiction.

Drug addiction often begins with experimental use in social settings, where individuals may try substances out of curiosity or peer pressure. For some, this occasional use escalates into more frequent consumption, leading to dependency. Opioids, in particular, pose a significant risk, as addiction can develop when individuals take prescribed medications or obtain them from someone else's prescription (www.healthline.com/health/opioids-and-related-disorders). This progression highlights the importance of awareness and preventive measures to address substance use disorders effectively.

Addiction is a complex condition, and the speed at which an individual becomes addicted can vary significantly depending on the substance and personal factors. Certain drugs, such as opioid painkillers, pose a higher risk and can lead to addiction more quickly than others. As drug use escalates, individuals may find it increasingly challenging to function without the substance, highlighting the importance of early intervention and support.

Drug addiction symptoms or behaviors include (www.healthyplace.com/addictions/drug-addiction/drug-addiction-signs-and-symptoms):

- Feeling of using the drug regularly
- Having intense urges for the drug that block out any thought
- Needing more of the drug to get the same effect
- Taking larger amounts of the drug for a longer period of time
- Making sure the drug is available at all times
- Purchasing the drug even though you can't afford it
- Not taking care of obligations and/or work responsibilities, or not attending social/recreational activities
- Continuing use of the drug, even though its' causing problems in your life or physical or psychological harm
- Stealing to obtain the drug
- Driving or doing risky activities while under the influence
- Spending a great deal of time to get the drug
- Failing in attempts to stop using the drug

- Experiencing withdrawal symptoms when attempting to stop taking the drug

Although addiction itself is not classified as a disability, individuals struggling with active drug addiction may experience substance abuse-related conditions that contribute to disabilities. For example, alcohol abuse can lead to severe health issues such as hepatitis or blindness, both of which are recognized as disabilities. Intravenous drug use may result in abscesses or skin infections, potentially leading to limb amputation. Similarly, inhalants can cause nerve damage or paralysis, while smoking is associated with lung damage and various forms of cancer. These examples underscore the profound impact substance abuse can have on physical health and overall well-being.

Below is a list of addiction treatment options with detailed information under each category, including citations. These are common, evidence-based treatments used in addressing substance use disorders.

1. Detoxification (Medical Detox) Description: Detox is the initial step in treatment, designed to help individuals safely withdraw from addictive substances under medical supervision. While detox itself does not address the underlying causes of addiction, it prepares individuals for comprehensive care. The duration typically ranges from a few days to a week.

Key Points:

- Addresses acute withdrawal symptoms
- Often conducted in inpatient or medical settings
- May involve medications to ease symptoms, such as benzodiazepines for alcohol withdrawal or methadone for opioid dependence

Citation: Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). Detoxification and Substance Abuse Treatment. Retrieved from SAMHSA

2. Inpatient/Residential Treatment Description: Inpatient or residential treatment involves patients living in a dedicated facility where they receive structured and intensive care. The duration typically ranges from 30 to 90 days or more, depending on the individual's needs. This environment provides a supportive space for recovery, addressing both physical and psychological aspects of addiction.

Key Points:

- Offers intensive care with 24-hour medical supervision
- Ideal for severe addictions or individuals with co-occurring disorders
- Includes a range of therapies: individual, group, and family therapy sessions

Citation: National Institute on Drug Abuse (NIDA). (2018). Types of Treatment Programs. Retrieved from NIDA

3. Outpatient Treatment Description: Outpatient treatment allows clients to live at home while attending scheduled sessions at a clinic or treatment center. This approach offers flexibility and

is suitable for individuals with mild to moderate addiction. Outpatient options range from standard programs to more intensive outpatient programs (IOPs), depending on the level of care required.

Key Points:

- Cost-effective and provides flexibility
- Enables individuals to continue work or school while undergoing treatment
- Best suited for those with mild to moderate substance use disorders

Citation: American Addiction Centers. (2023). Outpatient Rehab Programs. Retrieved from American Addiction Centers

4. Medication-Assisted Treatment (MAT) Description: Medication-Assisted Treatment (MAT) combines the use of FDA-approved medications with counseling and behavioral therapies to provide a comprehensive approach to treating substance use disorders. This evidence-based method is particularly effective in addressing opioid, alcohol, and tobacco addiction by reducing cravings, managing withdrawal symptoms, and supporting long-term recovery.

Common Medications:

- **Opioids:** Methadone, Buprenorphine, Naltrexone
- **Alcohol:** Disulfiram, Acamprosate, Naltrexone
- **Tobacco:** Nicotine replacement therapy, Bupropion, Varenicline

Citation: Substance Abuse and Mental Health Services Administration (SAMHSA). (2023). Medication-Assisted Treatment (MAT). Retrieved from SAMHSA

5. Cognitive Behavioral Therapy (CBT) Description: Cognitive Behavioral Therapy (CBT) is a structured, short-term psychotherapy approach that helps individuals identify and modify maladaptive thinking patterns and behaviors contributing to substance use. This evidence-based treatment is highly effective in promoting lasting change and preventing relapse.

Key Points:

- Focuses on teaching coping skills and relapse prevention techniques
- Commonly utilized in both individual and group therapy settings
- Demonstrates efficacy in treating a wide range of addictions

Citation: Beck, A. T., & Wright, F. D. (2011). *Cognitive Therapy of Substance Abuse*. Guilford Press.

6. Motivational Interviewing (MI) Description: Motivational Interviewing (MI) is a client-centered counseling method designed to enhance motivation for change by resolving

ambivalence about substance use. This collaborative approach empowers individuals to explore their personal values and set meaningful goals for recovery.

Key Points:

- Encourages alignment with the individual's goals and values
- Builds and strengthens internal motivation for change
- Known for being brief yet highly effective in promoting behavioral transformation

Citation: Miller, W. R., & Rollnick, S. (2012). *Motivational Interviewing: Helping People Change* (3rd ed.). Guilford Press.

7. 12-Step Programs Description: 12-Step Programs, such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), are peer-supported recovery groups that emphasize a spiritual and community-based approach to overcoming addiction. These programs provide a structured framework for long-term recovery through abstinence, accountability, and mentorship.

Key Points:

- Focuses on abstinence and personal accountability
- Offers ongoing support and fellowship through a shared recovery journey
- Encourages personal responsibility, spiritual growth, and mentorship opportunities

Citation: Alcoholics Anonymous World Services. (2022). About AA. Retrieved from Alcoholics Anonymous World Services

8. Contingency Management (CM) Description: Contingency Management (CM) is a behavioral therapy that utilizes positive reinforcement to encourage sobriety and achievement of recovery goals. By providing tangible rewards, such as vouchers or incentives, individuals are motivated to maintain abstinence and actively participate in their treatment plan.

Key Points:

- Frequently involves vouchers, monetary rewards, or incentives for meeting recovery milestones
- Demonstrated effectiveness in reducing drug use, particularly in stimulant use disorders
- Offers a practical approach that complements other therapeutic methods

Citation: Petry, N. M. (2012). *Contingency Management for Substance Abuse Treatment: A Guide to Implementing This Evidence-Based Practice*. Routledge.

9. Dual Diagnosis Treatment Description: Dual Diagnosis Treatment provides integrated care for individuals with co-occurring substance use disorders and mental health conditions, such as depression, anxiety, or PTSD. This comprehensive approach aims to address both conditions simultaneously, increasing the likelihood of sustained recovery and improved overall well-being.

Key Points:

- Requires coordination between psychiatric and addiction services to ensure effective treatment
- Commonly incorporates medication management, psychotherapy, and personalized case management
- Proven to enhance the chances of long-term recovery by addressing the complex interplay between substance use and mental health

Citation: SAMHSA. (2021). Co-Occurring Disorders. https://www.samhsa.gov/mental-health

Supporting Someone with Drug Dependence

Helping someone with drug dependence requires compassion, patience, and a thoughtful approach. Here are key steps to aid someone effectively:

1. **Express Concern Non-Confrontationally** Approach the individual with genuine care, avoiding accusations or confrontational language. Emphasize their well-being and your desire to support them during their journey to recovery.
2. **Encourage Seeking Professional Help** Suggest therapy, counseling, or other professional resources as essential steps toward addressing their drug dependence. Offer to accompany them to appointments to provide comfort and reassurance.
3. **Be Patient and Supportive** Recovery is a challenging and gradual process. Demonstrating patience and consistent support can help the individual feel valued and motivated to continue their efforts.
4. **Provide a Safe Environment** Create a safe and non-judgmental space where they feel comfortable sharing their experiences and struggles. A supportive environment fosters trust and encourages openness.

Understanding Disabilities

A **disability** can be defined as an impairment to a person's mind or body that prevents them from completing one or more essential activities in life that others may accomplish with ease (arisetc.com/substance-abuse-and-addiction-in-people-with-disabilities). Disabilities may be congenital, meaning present at birth, or acquired later in life due to illness, injury, or other circumstances.

There are various types of disabilities, including:

1. **Physical Disabilities** Physical disabilities affect an individual's movement, stamina, or physical functions. Examples include:
    - Spinal cord injury
    - Amputation of a limb
    - Arthritis
    - Multiple sclerosis (MS)
    - Cerebral palsy

2. **Intellectual Disabilities** Intellectual disabilities influence an individual's reasoning, learning, adaptive behaviors, and problem-solving skills.
3. **Developmental Disabilities** Developmental disabilities impact physical, behavioral, or learning capabilities during early developmental stages. Examples include:
    - Autism Spectrum Disorder (ASD)
    - Attention Deficit Hyperactivity Disorder (ADHD)
    - Down Syndrome
    - Fetal Alcohol Syndrome
4. **Learning Disabilities** Learning disabilities affect the ability to process or recall newly acquired information. Examples include:
    - Language processing disorder
    - Dyslexia
    - Dyscalculia
5. **Sensory Disabilities** Sensory disabilities impair one or more senses, such as hearing, vision, taste, touch, or smell. Examples include:
    - Hearing loss or deafness
    - Vision impairment or blindness
    - Sensory processing disorders

Some disabilities may be more noticeable, while others may be less apparent but equally impactful. Understanding these differences can foster greater inclusivity and awareness.

Disability Rights and Protection Laws

Disability rights are civil rights, and there are several laws in the United States designed to protect individuals with disabilities from discrimination (ADA). While many social barriers have been removed to accommodate people with disabilities, significant progress is still needed to empower individuals to become more independent and actively involved in society.

Good health is essential for individuals with disabilities to work, learn, and engage within a community. Basic human rights, including disability rights, are safeguarded under the United States Constitution (HIE Help Center). There are three key pieces of legislation that specifically focus on disability rights:

1. **The Rehabilitation Act (1973)** Section 504 of The Rehabilitation Act was the first civil rights legislation to explicitly address the rights of people with disabilities. This act prohibits discrimination based on disability in programs or activities that receive federal funding, such as universities.
2. **Individuals with Disabilities Education Act (IDEA)** Originally enacted in 1975 under the name "Education for All Handicapped Children Act," IDEA mandates that children with disabilities must receive a Free and Appropriate Public Education (FAPE) in the Least Restrictive Environment (LRE). This legislation provides financial assistance to education agencies to ensure compliance with federal laws and guarantee proper services for students with disabilities. In 1990, the act was renamed IDEA.

3. **The Americans with Disabilities Act (ADA) (1990)** The ADA prohibits discrimination against individuals with disabilities across various areas of life. Its provisions include protections in five key categories:
    - **Employment**
    - **State and Local Government Activities**
    - **Public Transportation**
    - **Public Accommodations**
    - **Telecommunications Relay Services**

While these laws have provided essential protections and removed many barriers, ongoing efforts are necessary to create inclusive environments that foster independence and active participation for all individuals with disabilities.

Finding Community Support for Families and Individuals with Disabilities

Seeking support within your community is a valuable step toward addressing the needs of families and individuals with disabilities (www.wikihow.com). By connecting with local organizations, groups, and resources, you can gain access to information and tools designed to assist in various areas of life.

Community support can help:

- **Increase Confidence:** Accessing the right resources empowers individuals and families to navigate challenges with greater confidence.
- **Enhance Quality of Life:** Support services and connections can improve day-to-day living, fostering well-being and inclusion.
- **Meet Family Needs:** Resources can address specific needs of both individuals with disabilities and their families, promoting a balanced and supportive environment.

Engaging with your community not only strengthens your own support system but also encourages awareness and inclusivity within society.

The Link Between Addiction and Disability

While addiction itself is not classified as a disability, substance abuse can significantly contribute to the development of various disabilities (arisetc.com/substance-abuse-and-addiction-in-people-with-disabilities). Individuals battling active addiction are unable to receive disability benefits specifically for their addiction; however, the physical and medical consequences of substance abuse can lead to conditions recognized as disabilities.

Examples of substance abuse-related disabilities include:

- **Alcohol abuse:** Chronic alcohol consumption may result in conditions such as hepatitis or blindness, both of which are classified as disabilities.
- **Intravenous drug use:** Repeated use of intravenous drugs can cause severe abscesses and skin infections, potentially leading to limb amputation.

- **Inhalant use:** The abuse of inhalants can result in nerve damage or paralysis, significantly impairing physical function.
- **Smoking:** Prolonged tobacco use is associated with lung damage and various cancers, such as lung cancer, which can drastically affect an individual's quality of life and physical ability.

Understanding the broader impacts of addiction highlights the importance of early intervention and treatment to prevent the development of life-altering disabilities.

The Intersection of Disabilities and Addiction

Disabilities and addiction create a profoundly tragic combination, amplifying challenges for individuals affected by either or both conditions. Research indicates that individuals with disabilities are more likely to experience substance use disorders (SUDs) compared to the general population, yet they face reduced access to and likelihood of receiving treatment (www.addictioncenter.com/addiction/disability) (Addiction Center).

Conversely, individuals struggling with addiction are at an increased risk of becoming disabled. This risk often arises due to accidental injuries, such as falls or car accidents, or the long-term physical and medical side effects of drug abuse. Disabilities resulting from substance abuse can include paralysis, organ damage, amputations, or sensory impairments, among others.

Recognizing the interconnected relationship between addiction and disability is crucial for developing comprehensive support systems and interventions to address these compounded challenges.

Research indicates that individuals with physical disabilities experience substance use disorders (SUDs) at rates 2 to 4 times higher than the general population (www.bing.com/videos/search?). Living with a disability, especially without adequate support, can significantly impact a person's happiness, mental health, and sense of purpose in life.

Many disabled individuals face challenges such as depression, anxiety, and trauma, which are prevalent among this group. These conditions often lead individuals to seek temporary relief or an ersatz sense of comfort through the use of unsafe substances. Unfortunately, this coping mechanism exacerbates health risks and can create additional barriers to well-being.

Addressing the underlying mental health conditions and providing comprehensive support systems for individuals with disabilities is essential to reducing the prevalence of SUDs and improving overall quality of life.

The Role of Support in Empowering Others

Providing support to others is a crucial responsibility, particularly when helping them navigate complex decisions in their lives. Those who offer support serve as guides, empowering individuals to maintain their independence while equipping them with the tools and knowledge needed to make informed choices.

Support fosters:

- **Independence:** It enables individuals to take control of their own lives and decisions.
- **Informed Choices:** Guidance helps them weigh options and make decisions that align with their values and goals.
- **Confidence Building:** Encouragement and assistance boost self-esteem, motivating individuals to face challenges.
- **Improved Quality of Life:** With the right support, individuals can achieve greater personal growth and overall well-being.

The impact of supportive relationships goes beyond decision-making, creating opportunities for growth and transformation in all aspects of life.

Turner Syndrome

By Dr. Faye J. Jones

Turner Syndrome (TS) is a genetic condition that exclusively affects females (Turner's Syndrome - Search). It occurs when one of the X chromosomes is missing entirely or partially, and is often referred to as 45,X or 45,XO (Turner syndrome - Wikipedia). This condition can lead to a range of medical and developmental challenges, including short stature, undeveloped ovaries, and heart defects. TS arises from a random genetic error involving the absence of an X chromosome in the sperm or egg of a parent, meaning it cannot be prevented (https://www.bing.com/search?q=can+you+prevent+turner+syndrome).

In most cases where monosomy (only one chromosome from a pair) occurs, the X chromosome comes from the mother (Turner syndrome - Wikipedia). Turner Syndrome (TS) typically involves monosomy, where the missing X chromosome often originates from the father due to nondisjunction. This rare occurrence does not increase the risk of recurrence in future pregnancies. Diagnosis can happen prenatally, in infancy, or during early childhood. In cases with mild symptoms, the condition might not be recognized until adolescence or young adulthood.

Ongoing medical care is crucial for individuals with Turner Syndrome. With regular checkups and specialized care, most girls and women affected by TS can lead healthy and independent lives.

Signs and symptoms of Turner Syndrome (TS) can differ greatly among affected girls and women (Turner syndrome - Symptoms & causes - Mayo Clinic). In some cases, the syndrome may be subtle and go unnoticed, while in others, distinct physical features become apparent early on. These signs may emerge suddenly or progress gradually over time, with some being mild and others, like heart defects, being more significant.

Before Birth: Turner Syndrome can be detected through prenatal cell-free DNA screening—a method that uses a maternal blood sample to identify chromosomal abnormalities in a developing baby—or through prenatal ultrasound. Ultrasound findings in an infant with TS may include:

- **Large fluid collection** on the back of the neck or other abnormal fluid accumulations (edema)
- **Heart abnormalities,** and
- **Abnormalities in kidney development**

At Birth or During Infancy: Signs of Turner Syndrome (TS) can often be observed during these stages, although the extent of features may vary. Potential indicators include:

- A **wide or weblike neck**
- **Low-set ears**
- A **broad chest** with widely spaced nipples
- **High and narrow roof of the mouth** (hard palate)
- Arms that **turn outward** at the elbows
- **Narrow fingernails and toenails**, which may curve upward
- **Swelling of the hands and feet**, particularly at birth
- Slightly **smaller-than-average height** at birth
- **Slowed growth**
- **Cardiac defects**,
- A **low hairline** at the back of the head
- A **receding or small lower jaw**
- **Short fingers and toes**

In Childhood, Teens, and Adulthood:

In Turner Syndrome, the most common features observed in girls, teenagers, and young women are **short stature** and **ovarian insufficiency** due to ovarian failure. The failure of the ovaries to develop can occur from birth or gradually over time, spanning childhood, adolescence, or early adulthood. Key signs and symptoms include:

- **Slowed growth**, with no growth spurts occurring at the expected times during childhood
- **Adult height** significantly shorter than what is typical for female family members
- **Failure to begin** the sexual changes associated with puberty
- **Halted sexual development** during teenage years
- An **early end to menstrual cycles**
- In most cases, an **inability to conceive without fertility treatment**

Cognition:

- Females with Turner Syndrome exhibit normal intelligence, with their verbal IQ generally surpassing their performance IQ. They often excel in verbal skills but may face challenges with nonverbal areas, such as mathematics, visuospatial skills, and processing speed. Common difficulties include directional sense, visualizing three-dimensional shapes, understanding properties of shapes, and interpreting symmetry.
- Despite these challenges, most individuals with TS grow to lead independent, productive lives and are successfully employed in various professions.
- In rare cases, a variant known as **Ring-X Turner Syndrome (pubmed.ncbi.nlm.nih.gov)** is associated with intellectual disabilities in about 60% of affected individuals. This subtype accounts for approximately 2–4% of all TS cases.

Psychological:

- Girls with Turner Syndrome often experience social challenges, making social adaptation a key area for improvement. Counseling both individuals with TS and their families on

strategies to build social skills and relationships can significantly enhance social integration and emotional well-being.

- Although TS is a chronic condition that impacts physical, social, and psychological aspects of life, various treatments can improve the quality of life for patients. **Hormonal and estrogen replacement therapy** can address developmental and physiological needs, while **assisted reproduction** offers options for those seeking to start a family.

Life Expectancy and Diagnosis:

Women living with Turner Syndrome can have a life expectancy of up to 50 years, which is reduced by approximately 13 years compared to the general population (Turner Syndrome - Life Expectancy, Pictures, Causes, Symptoms, Treatment). Early diagnosis and appropriate care are crucial, as undetected TS can result in earlier fatalities due to complications, such as heart and kidney problems. In some cases, TS in a fetus can lead to stillbirth.

Because the signs and symptoms of TS can overlap with other conditions, accurate and prompt diagnosis is essential. A physician may refer individuals to specialists, such as a **geneticist or an endocrinologist**, for further evaluations and tailored care plans.

The **Turner Syndrome Foundation** (www.lulu.com/spotlight/turnersyndromefoundation) plays a critical role in advancing research and education to improve professional awareness and the medical care provided to individuals affected by Turner Syndrome.

Early Diagnosis and Treatment: Early identification and appropriate treatments throughout the lifespan are essential to ensuring better health outcomes for young girls and women with TS. Growth hormone therapy, particularly **Somatropin (rDNA)** administered via injection, is a key medication used to address short stature and developmental challenges associated with TS (What Is the Survival Rate of Turner syndrome?). Common brands of Somatropin include **Humatrope** and **Nutropin AQ.**

Impact and Advances: TS significantly affects females, presenting a variety of physical and psychological characteristics. However, strides in diagnosis and treatment have markedly improved the quality of life and prognosis for those with the condition. This genetic disorder offers valuable insights into the role of the X chromosome and its associated genes.

Ongoing research in **molecular diagnostics** and **gene therapy** holds promise for further understanding and managing TS, ensuring a brighter future for individuals living with this condition.

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