Rett Syndrome Article Review
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Rett syndrome is a pervasive developmental disorder that occurs only in females. It is listed in the DSM-IV as part of the autism spectrum, however there is controversy surrounding its placement there, as it is believed by many to be a separate disorder. A child with Rett syndrome will appear normal until the age of 5 months, when their head growth slows and begin to develop stereotypic hand and body movements, begin to withdraw from social interaction, and show poorly coordinated gait or body movement. (Source: http://www.behavenet.com/retts-disorder)

Addressing the needs of students with Rett Syndrome


This article begins with an anecdote of a student with Rett syndrome and a description of what Rett syndrome is. The article describes that children with Rett syndrome appear normal at birth, and abnormal development begins 5 months after birth. These children will have trouble with physical coordination and movement and will disengage from social interaction. Seizures and inability to digest food are some of the more serious problems associated with the disorder. The article notes that Rett syndrome is a rare disorder and most articles published about it appear in medical journals; very few appear in educational publications. The authors believe that it is important for educators to have access to information about the disorder to aide them in their classroom.

The article is broken down into general interventions and specific interventions, which is further broken down into the following: communication abilities, stereotypic movements, self-injurious behaviours, stereotypic behaviours, and feeding behaviours. Under general interventions the article discussed the necessity of physical and occupational therapy for the individual in order to help improve function. A table with specific interventions and resources for individual symptoms is provided. The authors draw attention to necessary items for inclusion in the IEP of a student with Rett syndrome. It is stated that the IEP must include adaptive technology, and communication devices or a one-on-one aide.

Under “communication abilities,” the authors specify that a teacher should seek to recognize non-verbal behaviours as possible attempts to communicate. For stereotypic hand movements the authors recommend splinting, music therapy, and highly motivating activities. Elbow orthosis (braces) are recommended to curb stereotypic movement, also. To improve feeding skills, positioning and posture need to be addressed, and one must be aware of the distinct stage of the disorder.

Teaching Children with Rett Syndrome to Request Preferred Objects Using Aided Communication


This article is a report on two studies conducted to determine communication aides for students with Rett syndrome. As with the above article, this publication begins with a description of the disorder. The article goes on to describe the methods of the two studies. In the first study, two girls, aged 12 and 17, were taught to request items with a symbol for “want” on a communication board. Reinforcement and physical prompting was given while teaching the girls to request items. Both girls showed significant improvement in their ability to request items. The second study also involved two children. They were initially given the same training as the children in the first study, however, they both
failed to show improvement. The training was then modified and the first child was taught an “explicit request for a single preferred item,” and the second child was “taught to operate a switch to access music.” These methods resulted in improvement in these students’ ability to request items.

The article includes a very in depth analysis of the results including graphs which display the percentage of prompted and independent requests made by the children. The authors conclude with a general discussion which states that children with Rett syndrome benefit from aided communication strategies. They note that communication aides must be specifically within the child’s physical capabilities, and therefore, solutions must be found on a case-by-case basis. The authors acknowledge that a great deal of research has yet to be done regarding Rett syndrome, and further research should be conducted specifically in the area of teaching communication alternatives.

Implications for teaching:
It would be most likely to see a student with Rett syndrome in a specialized medically fragile classroom, due to the troubles with eating and digestion and the tendency towards self-injurious behaviours. As a teacher of a student with Rett syndrome, it would be of the utmost importance to educate oneself fully on that individual child’s state, especially because of the potential medical implications. As Sigafos et al. discuss in their article, certain strategies only work with certain children. It would be important to try a variety of strategies over a period of time. However, it is important to note that consistency is key and that a strategy must be attempted repeatedly before any progress may be seen. It would also be very important to work closely with the family to communicate about effective communication methods, preferred objects, and ideal eating routines and positions. An IEP is, of course, very important for a child with Rett syndrome. As the child’s teacher, it would be important to take careful notes of effective and ineffective strategies and include these in the IEP. Hopefully research will continue to be done in the area of Rett syndrome and more strategies will become available to teachers working with these children.