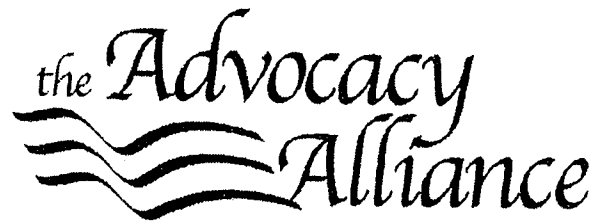

DEVELOPMENTAL DISABILITIES



Health Care Quality Units

Disclaimer

- The information presented to you today is intended to increase your awareness of developmental disabilities.
- This information is not intended to replace medical advice.
- If you are in need of medical advice, please contact your physician.

Objectives

The participant will demonstrate:

- An understanding of developmental disabilities (DD).
- Knowledge about the prevalence and causes of DD.
- Familiarity with diagnostic classifications and meanings related to DD.
- Recognition of physiological and cognitive differences in persons with DD.

Defining Developmental Disability

- Developmental disability describes life-long disabilities attributed to mental and/or physical impairments, manifested prior to age twenty two.
- Daily functioning is effected in three or more of the following areas:
 - Capacity for independent living.
 - Economic self-sufficiency.
 - Learning.
 - Mobility.
 - Receptive and expressive language.
 - Self-care.
 - Self-direction.

A Closer Look at Developmental Disabilities

- Developmental disability is the general category or “umbrella” under which other sub-topic groups related to disabilities fall.
- Developmental disability (DD), Cerebral Palsy, Autism Spectrum Disorder, Fetal Alcohol Spectrum Disorder, genetic and chromosomal disorders are sub-topics of developmental disabilities.
- Developmental disabilities include physical disabilities (e.g., deafness and vision impairment).

Causes of Developmental Disabilities

Common factors include:

- Brain injury or infection.
- Growth or nutrition problems.
- Abnormalities of chromosomes and genes.
- Extreme prematurity at birth.
- Drug misuse.
- Child abuse.

Prevalence of Developmental Disabilities

- Affects between 1% and 2% of the population in most western countries.
- Worldwide proportion is approximately 1.4%.
- Twice as common in males as in females.
- Higher incidence within areas of poverty and deprivation, and certain ethnicities.

Defining Developmental Disability

- Developmental disability (DD) is characterized both by a significantly below-average score on a test of mental ability and by limitations in the ability to function in areas of daily life (i.e., communication, self-care, and social situations).
- DD is sometimes referred to as a cognitive disability. It can be defined by the intellectual quotient (IQ), or by the types and amount of support needed.

Developmental Disability

- Diagnosis of the disability occurs before age 18.
- General mental capability to reason, think abstractly, comprehend complex ideas, learn quickly, and learn from experience is limited. Has Intelligence Quotient (IQ) of 70 or below.
- Significant deficit in conceptual, social and practical adaptive skills are present.

Causes of Developmental Disability

Causes can be determined 60% to 70% of the time and may include:

- Pre-natal factors (before birth) are genetic disorders, drug abuse, and maternal malnutrition.
- Peri-natal factors (during birth process) are asphyxia and prematurity.
- Post-natal factors (following birth) are a serious head injury, seizures, and infection.

Early Signs of Developmental Disability

- Lack of curiosity.
- Abnormal physical characteristics (specific to genetic syndromes).
- Poor muscle tone.
- Delay of developmental milestones (e.g., crawling, talking, and sitting up).
- Note: the earlier signs are observed, generally the more severe the problems tend to be.

Clinical Assessment of Developmental Disability

- Suspicion of developmental delay.
 - Usually prompted by parent interview and/or direct observation of the child.
- Identification of the cause.
 - Look at medical history, family history, physical exam.
- Screening and initial evaluation.
 - Use of standardized testing to determine IQ, and assessment of adaptive behavior skills.

Requirements for a Valid Diagnosis of DD

- Consideration of the person's present functioning: Is it typical with respect to their age, peers, and the culture of their community environment?
- Assessment tools & approaches that are adapted to cultural and language diversity, communication methods, and sensory, motor and behavioral factors.
- Recognition that strengths co-exist with limitations.
- Identification of limitations requiring supports for the individual.
- Knowledge that functioning and adaptive behavior will improve with appropriate and personalized supports over a sustained period of time.
- Belief that persons with DD can lead satisfying lives in the community with appropriate and personalized supports.

Classification of an DD Diagnoses

- **Borderline Intellectual Functioning:** IQ range of 67-85
- **Mild:** IQ range of 52-68
 - Ability to speak, learn social skills, work and live in the community with help in unusual situations.
- **Moderate:** IQ range of 36-51
 - Possesses self-care skills, likely to require supervision in adulthood, may be capable of employment in unskilled job.
- **Severe:** IQ range of 20-35
 - Limited language and basic self-help skills and requires intensive support.
- **Profound:** IQ range of 19 and below
 - Requires pervasive support.

Associated Issues with DD

Physical Health Issues

- Physical health factors associated with DD may be inherent in specific syndromes (i.e., heart disease in Down Syndrome).
- Lack of access to medical services or misunderstanding by medical professionals may be a concern.
- Persons with DD may experience difficulty expressing their health needs or recognizing poor health.

Associated Issues with DD

Mental Health Issues

- More likely to occur in persons with DD due to:
 - Traumatic events occurring within lifetime: abandonment, harassment, abuse.
 - Social restrictions: limited social, educational, and economical opportunities.
 - Biological factors: brain injury, drug and/or alcohol abuse.
 - Developmental factors: lack of understanding of social norms, appropriate behaviors, and human emotions.

Associated Issues with DD

Greater Risk for Abuse

- Individuals with DD are more likely to:
 - Experience violence, more incidents of violence, and repeated acts of violence (will adversely affect physical, mental, emotional, and behavioral health).
 - Experience abuse four to ten times more than the general population.
 - Experience abuse that is more severe and prolonged.

Associated Issues with DD

Challenging Behavior

- Culturally abnormal behavior of such intensity, frequency or duration that the physical safety of the person or others is placed in serious jeopardy, or behavior which is likely to seriously limit or deny access to the use of ordinary community facilities.
- Common types include:
 - Self-injurious behaviors: hitting, biting, head butting (directed at self).
 - Aggressive behaviors: hitting, kicking, slapping, spitting, screaming (directed at others).
 - Property destruction: breaking or throwing objects, stealing.
 - Stereotyped behaviors: repetitive rocking, echolalia (repetition of words or phrases), elective incontinence.

Services and Supports for Persons with DD

- Support services are provided by government agencies, non-governmental agencies, and by private sector providers.
- Concepts such as Self-Determination are employed, using models such as Person-Centered Planning.
- Government block funding, individualized funding packages, or private payment secure needed supports.

Array of Supports

- Education.
- Vocational training.
- At home or community support.
- Residential living programs.
- Employment support.
- Day programs.
- Advocacy.
- Therapeutic services (i.e., speech therapy).
- Respite services.
- Transportation services.
- Behavioral support services.
- Specialist relationships.
- Sex education services.

Historical References of Developmental Disability

- 45,000 yrs ago: “Shandar I,” 40 yr. old Neanderthal with physiological evidence of multiple disabilities. Burial suggests esteem, perhaps respect, for the man.
- 7,000 BC: Early treatment for physical and mental ills (i.e., bloodletting, “trephination”, and herbs).
- 2500 BC: Disease and mental disorders viewed as punishment from God, evil spirits, or the devil. Impure or taboo conditions.
- 1500 BC (Egypt) – 1600’s: Treatment based on external evidence, ignoring symptoms that were not physiological in nature.
- 500 – 400 BC: References in the Torah directing care for disabled and those in need.

Historical References of Developmental Disability

- Greece & Rome: Prior to the 1st Century, only the strongest & brightest were to procreate. Infanticide of girls & deformed children took place. Children perceived as liabilities were often sold into slavery. Medicine began to move into the hands of man, not God.
- 1st – 2nd century: First hospital for humane treatment of persons with MH, some MR. Any “defective” person became a source of amusement. The influence of Christianity diminished killing children.
- Antiquity – Enlightenment: Distinguished between MH and MR, first multi-level descriptions of MR. Most persons with MR lived in monasteries, prisons, almshouses, workhouses, warehouses or charitable facilities. The exception – GHEEL, BELGIUM, a refuge & haven for the “mentally afflicted,” with a focus on family care.

Historical References of Mental Retardation/DD

The Colonies and Early America

- **1660:** First Almshouse, Boston.
- **1727:** First House of Corrections.
- **1751:** First Hospital in Philadelphia, separate section for those with Mental Illness and Mental Retardation.
- **1771:** Philadelphia's first workhouse.
- **1773:** First hospital in Virginia for "these miserable Objects who cannot help themselves."
- **1773:** First Poorhouse.
- **1818:** American Asylum for the Deaf and Dumb, Hartford, Connecticut. The first residential service specifically for persons with Mental Retardation.

Conclusion

- People with developmental disabilities are entitled to the same rights as all citizens.
- Inclusion allows for a broader understanding of the needs and responses of people with developmental disabilities.
- With individualized supports, people with DD can fully participate and contribute to life within the community.

Congratulations!

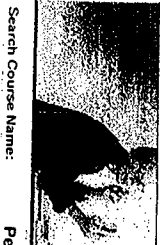
- You are now ready to take the post-test.
- Once you have submitted the post-test and evaluation, you can print your certificate.
- Just make sure all information is entered correctly so that you can receive your certificate.

References

- American Association on Intellectual and Developmental Disabilities. (2005). Definition of mental retardation. Washington, DC.
- Batshaw, ML. Children with Disabilities (4th edition). Baltimore, MD: Paul H. Brookes Publishing Co.; 1997.
- Scheerenberger, R.C. A History of Mental Retardation. Baltimore, MD: Brookes Publishing Co.; 1983.
- Shilov, Steven, and Hannermann (2004). Caring for Your Baby and Young Child: Birth to Age 5. American Academy of Pediatrics. Bantam Books.

Resources

- Arc website www.thearc.org
- Developmental Disabilities Nurses Association (www.ddna.org/) Resource site. Help with finding resource information for people with developmental disabilities.
- The Kennedy Krieger Institute: www.kennedykrieger.org
- National Dissemination Center for Children with Disabilities (NICHCY): www.nichcy.org



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Questions

- 1. A developmental disability is may be formerly known as mental retardation. True False
- 2. Developmental disabilities include physical disabilities. True False
- 3. Developmental disabilities are twice as prevalent among females as in males. True False
- 4. Child abuse is a common cause of developmental disability. True False
- 5. Lack of curiosity in a small child may indicate a developmental disability. True False
- 6. There are certain physical health factors that are associated with specific syndromes of a developmental disability. True False
- 7. Persons with a developmental disability is more likely to experience mental health issues. True False
- 8. Acts of violence and/or abuse are seldom experienced by adult persons with developmental disabilities. True False
- 9. Historically persons with developmental disabilities have been treated humanely. True False
- 10. Individuals with challenging behaviors and a developmental are best treated with the least restrictive measures. True False

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