DOWNLOAD PDF DEVELOPMENTAL DELAY AND INTELLECTURAL DISABILITY

Chapter 1 : The Arc | Intellectual Disability

Developmental disabilities are a group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime. 1.

These symptoms are presented herein to help identify patients who may benefit from a specific test. Acylcarnitine, Plasma Test Code: Diagnose organic aciduria or fatty acid disorder Individuals Suitable for Testing: Diagnose amino acid disorders in which CSF levels are elevated relative to other sample types eg, nonketotic hyperglycinemia Individuals Suitable for Testing: Diagnose primary aminoacidopathies or screen for secondary aminoacidopathies; monitor response to therapy Individuals Suitable for Testing: Diagnose primary and secondary aminoacidopathies Individuals Suitable for Testing: Those with variable symptoms that may include coma, seizures, tachypnea, poor feeding, failure to thrive, vomiting, lethargy Canavan Disease Mutation Analysisa Test Code: Diagnose Canavan disease; determine carrier status Individuals Suitable for Testing: Diagnose primary or secondary carnitine deficiency; monitor patients with carnitine deficiency Individuals Suitable for Testing: Diagnose organic aciduria, fatty acid disorder, primary or secondary carnitine deficiency Individuals Suitable for Testing: Those with cardiac arrhythmia or tachycardia, hepatomegaly, seizures, hypotonia, coma, lethargy Chromosome Analysis, Blood Clinical Use: Those with dysmorphic features, birth defects, growth abnormalities, behavior problems Chromosome Analysis, Follow-up Clinical Use: Diagnose a chromosomal abnormality Individuals Suitable for Testing: Diagnose Angelman syndrome Individuals Suitable for Testing: Diagnose Cri du chat syndrome Individuals Suitable for Testing: Diagnose Gaucher disease; determine carrier status Individuals Suitable for Testing: Those with hepatosplenomegaly, bone fractures and lesions, thrombocytopenia, or a family history of Gaucher disease Homocysteine Nutritional and Congenital Test Code: Diagnose homocystinuria; monitor homocysteine levels in patients with homocystinuria Individuals Suitable for Testing: Diagnose methylmalonic acidemia; monitor methylmalonic acid levels after diagnosis Individuals Suitable for Testing: Those with respiratory distress, hepatomegaly, lethargy, failure to thrive, vomiting, hypotonia, or with diagnosed methylmalonic acidemia Niemann-Pick Disease Mutation Analysisa Test Code: Diagnose organic aciduria Individuals Suitable for Testing: Those with variable symptoms that may include coma, liver disease, seizures, hypotonia, ataxia, failure to thrive, lethargy Organic Acids, Qualitative, Urine Test Code: Those with variable symptoms that may include coma, liver disease, seizures, hypotonia, ataxia, failure to thrive, lethargy Phenylalanine Test Code: Diagnose phenylketonuria; monitor phenylalanine levels after diagnosis Individuals Suitable for Testing: Those with seizures, poor feeding, vomiting, hyperactivity, eczema, hypopigmentation; those diagnosed with phenylketonuria Phenylalanine and Tyrosine Clinical Use: Monitor response to treatment of phenylketonuria Individuals Suitable for Testing: Those with severe hypotonia, poor feeding leading to gavage feeding, cryptorchidism males , hypoplastic labia females , strabismus, narrow bitemporal diameter, upslanting fissures, short stature, small hands and feet, obesity, hyperphagia, ataxic gate, paroxysmal laughter Rett Syndrome Mutation Analysisb Test Code: Diagnose Rett syndrome Individuals Suitable for Testing: Males with unexplained neonatal encephalopathy; those with Angelman-type symptoms with normal chromosome 15q Diagnose tryptophanuria; monitor tryptophan levels after diagnosis Individuals Suitable for Testing: Those with photosensitive skin rash, short stature, cerebellar-like ataxia; those with diagnosed tryptophanuria Tyrosine Test Code: Diagnose tyrosinemia; monitor tyrosine levels after tyrosinemia diagnosis and in phenylketonuric patients who are receiving treatment Individuals Suitable for Testing: Diagnose fragile X syndrome; determine carrier status Individuals Suitable for Testing: It has not been cleared or approved by the U. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test. Evaluation of mental retardation: Am J Med Genetics. American College of Medical Genetics guideline on the cytogenetic

evaluation of the individual with developmental delay or mental retardation. Chromosomal microarray is a first-tier clinical diagnostic test for individuals with developmental disabilities or congenital anomalies. Am J Hum Genet.

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Chapter 2 : NADD | An association for persons with developmental disabilities and mental health needs

Intellectual and Developmental Disabilities Intellectual disability refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions.

Signs and symptoms A historical image of a person with intellectual disability Intellectual disability ID begins during childhood and involves deficits in mental abilities, social skills, and core activities of daily living ADLs when compared to same-aged peers. Some of the early signs can include: People with mild ID are capable of learning reading and mathematics skills to approximately the level of a typical child aged nine to twelve. They can learn self-care and practical skills, such as cooking or using the local mass transit system. As individuals with intellectual disability reach adulthood, many learn to live independently and maintain gainful employment. Speech delays are particularly common signs of moderate ID. People with moderate intellectual disability need considerable supports in school, at home, and in the community in order to fully participate. While their academic potential is limited, they can learn simple health and safety skills and to participate in simple activities. As adults, they may live with their parents, in a supportive group home , or even semi-independently with significant supportive services to help them, for example, manage their finances. As adults, they may work in a sheltered workshop. They may learn some ADLs, but an intellectual disability is considered severe or profound when individuals are unable to independently care for themselves without ongoing significant assistance from a caregiver throughout adulthood. X-linked intellectual disability Down syndrome is the most common genetic cause of intellectual disability. Among children, the cause of intellectual disability is unknown for one-third to one-half of cases. Examples of such accidents are development of an extra chromosome 18 trisomy 18 and Down syndrome , which is the most common genetic cause. The most common are: Sometimes disability is caused by abnormal genes inherited from parents, errors when genes combine, or other reasons. The most prevalent genetic conditions include Down syndrome , Klinefelter syndrome , Fragile X syndrome common among boys , neurofibromatosis , congenital hypothyroidism , Williams syndrome , phenylketonuria PKU , and Praderâ€”Willi syndrome. Intellectual disability can result when the fetus does not develop properly. A pregnant person who drinks alcohol see fetal alcohol spectrum disorder or gets an infection like rubella during pregnancy may also have a baby with intellectual disability. If a baby has problems during labor and birth, such as not getting enough oxygen , he or she may have developmental disability due to brain damage. Exposure to certain types of disease or toxins. Diseases like whooping cough , measles , or meningitis can cause intellectual disability if medical care is delayed or inadequate. Exposure to poisons like lead or mercury may also affect mental ability. Iodine deficiency also causes goiter , an enlargement of the thyroid gland. More common than full-fledged cretinism , as intellectual disability caused by severe iodine deficiency is called, is mild impairment of intelligence. Certain areas of the world due to natural deficiency and governmental inaction are severely affected. Among other nations affected by iodine deficiency, China and Kazakhstan have instituted widespread salt iodization programs, whereas, as of , Russia had not. In general, people with intellectual disability have an IQ below 70, but clinical discretion may be necessary for individuals who have a somewhat higher IQ but severe impairment in adaptive functioning. Until the most recent revision of diagnostic standards, an IQ of 70 or below was a primary factor for intellectual disability diagnosis, and IQ scores were used to categorize degrees of intellectual disability. It encompasses intellectual scores, adaptive functioning scores from an adaptive behavior rating scale based on descriptions of known abilities provided by someone familiar with the person, and also the observations of the assessment examiner who is able to find out directly from the person what he or she can understand, communicate, and such like. IQ assessment must be based on a current test. This enables diagnosis to avoid the pitfall of the Flynn effect , which is a consequence of changes in population IQ test performance changing IQ test norms over time. Distinction from other disabilities Clinically , intellectual

disability is a subtype of cognitive deficit or disabilities affecting intellectual abilities , which is a broader concept and includes intellectual deficits that are too mild to properly qualify as intellectual disability, or too specific as in specific learning disability , or acquired later in life through acquired brain injuries or neurodegenerative diseases like dementia. Cognitive deficits may appear at any age. Developmental disability is any disability that is due to problems with growth and development. This term encompasses many congenital medical conditions that have no mental or intellectual components, although it, too, is sometimes used as a euphemism for intellectual disability. To assess adaptive behavior, professionals compare the functional abilities of a child to those of other children of similar age. Certain skills are important to adaptive behavior, such as: Daily living skills , such as getting dressed, using the bathroom, and feeding oneself Communication skills, such as understanding what is said and being able to answer Social skills with peers, family members, spouses, adults, and others Management By most definitions, intellectual disability is more accurately considered a disability rather than a disease. Intellectual disability can be distinguished in many ways from mental illness , such as schizophrenia or depression. Currently, there is no "cure" for an established disability, though with appropriate support and teaching, most individuals can learn to do many things. Causes, such as congenital hypothyroidism, if detected early may be treated to prevent development of an intellectual disability. They include state-run, for-profit, and non-profit, privately run agencies. Within one agency there could be departments that include fully staffed residential homes, day rehabilitation programs that approximate schools, workshops wherein people with disabilities can obtain jobs, programs that assist people with developmental disabilities in obtaining jobs in the community, programs that provide support for people with developmental disabilities who have their own apartments, programs that assist them with raising their children, and many more. There are also many agencies and programs for parents of children with developmental disabilities. Beyond that, there are specific programs that people with developmental disabilities can take part in wherein they learn basic life skills. These "goals" may take a much longer amount of time for them to accomplish, but the ultimate goal is independence. This may be anything from independence in tooth brushing to an independent residence. People with developmental disabilities learn throughout their lives and can obtain many new skills even late in life with the help of their families, caregivers, clinicians and the people who coordinate the efforts of all of these people. There are four broad areas of intervention that allow for active participation from caregivers, community members, clinicians, and of course, the individual s with an intellectual disability. These include psychosocial treatments, behavioral treatments, cognitive-behavioral treatments, and family-oriented strategies. Results indicated that by age 2, the children provided the intervention had higher test scores than control group children, and they remained approximately 5 points higher 10 years after the end of the program. By young adulthood, children from the intervention group had better educational attainment, employment opportunities, and fewer behavioral problems than their control-group counterparts. Typically, one-to-one training is offered in which a therapist uses a shaping procedure in combination with positive reinforcements to help the child pronounce syllables until words are completed. Sometimes involving pictures and visual aids, therapists aim at improving speech capacity so that short sentences about important daily tasks e. The first goal of the training is to teach the child to be a strategical thinker through making cognitive connections and plans. Then, the therapist teaches the child to be metastrategical by teaching them to discriminate among different tasks and determine which plan or strategy suits each task. In general, this includes teaching assertiveness skills or behavior management techniques as well as how to ask for help from neighbors, extended family, or day-care staff. Although there is no specific medication for intellectual disability, many people with developmental disabilities have further medical complications and may be prescribed several medications. For example, autistic children with developmental delay may be prescribed antipsychotics or mood stabilizers to help with their behavior. Use of psychotropic medications such as benzodiazepines in people with intellectual disability requires monitoring and vigilance as side effects occur commonly and are often misdiagnosed as behavioral and psychiatric problems. About a quarter of cases are caused by a genetic disorder. Throughout much of human history,

society was unkind to those with any type of disability, and people with intellectual disability were commonly viewed as burdens on their families. Greek and Roman philosophers, who valued reasoning abilities, disparaged people with intellectual disability as barely human. Until the Enlightenment in Europe, care and asylum was provided by families and the church in monasteries and other religious communities , focusing on the provision of basic physical needs such as food, shelter and clothing. Negative stereotypes were prominent in social attitudes of the time. In the 13th century, England declared people with intellectual disability to be incapable of making decisions or managing their affairs. In the 17th century, Thomas Willis provided the first description of intellectual disability as a disease. According to Willis, the anatomical problems could be either an inborn condition or acquired later in life. In the 18th and 19th centuries, housing and care moved away from families and towards an asylum model. People were placed by, or removed from, their families usually in infancy and housed in large professional institutions, many of which were self-sufficient through the labor of the residents. Some of these institutions provided a very basic level of education such as differentiation between colors and basic word recognition and numeracy , but most continued to focus solely on the provision of basic needs of food, clothing, and shelter. Conditions in such institutions varied widely, but the support provided was generally non-individualized, with aberrant behavior and low levels of economic productivity regarded as a burden to society. Individuals of higher wealth were often able to afford higher degrees of care such as home care or private asylums. Services were provided based on the relative ease to the provider, not based on the needs of the individual. A survey taken in in Cape Town, South Africa shows the distribution between different facilities. Out of persons surveyed, 1, were in private dwellings, in jails, and in asylums, with men representing nearly two thirds of the number surveyed. In situations of scarcity of accommodation, preference was given to white men and black men whose insanity threatened white society by disrupting employment relations and the tabooed sexual contact with white women. This led to forced sterilization and prohibition of marriage in most of the developed world and was later used by Adolf Hitler as a rationale for the mass murder of people with intellectual disability during the holocaust. Eugenics was later abandoned as an evil violation of human rights, and the practice of forced sterilization and prohibition from marriage was discontinued by most of the developed world by the midth century. In , Alfred Binet produced the first standardized test for measuring intelligence in children. Their earliest efforts included workshops for special education teachers and daycamps for children with disabilities, all at a time when such training and programs were almost nonexistent. This book posited that society characterizes people with disabilities as deviant , sub-human and burdens of charity, resulting in the adoption of that "deviant" role. Wolfensberger argued that this dehumanization, and the segregated institutions that result from it, ignored the potential productive contributions that all people can make to society. He pushed for a shift in policy and practice that recognized the human needs of those with intellectual disability and provided the same basic human rights as for the rest of the population. The publication of this book may be regarded as the first move towards the widespread adoption of the social model of disability in regard to these types of disabilities, and was the impetus for the development of government strategies for desegregation. Successful lawsuits against governments and an increasing awareness of human rights and self-advocacy also contributed to this process, resulting in the passing in the U. From the s to the present, most states have moved towards the elimination of segregated institutions. Normalization and deinstitutionalization are dominant. In most countries, this was essentially complete by the late s, although the debate over whether or not to close institutions persists in some states, including Massachusetts. Some causes of intellectual disability are decreasing, as medical advances, such as vaccination, increase. Other causes are increasing as a proportion of cases, perhaps due to rising maternal age, which is associated with several syndromic forms of intellectual disability. This affects the names of schools, hospitals, societies, government departments, and academic journals. This phenomenon is shared with mental health and motor disabilities, and seen to a lesser degree in sensory disabilities. This means that whatever term is chosen for this condition, it eventually becomes perceived as an insult. The terms mental retardation and mentally retarded were invented in the middle of the 20th century to replace the previous set of terms, which

included " imbecile " [42] [43] and " moron " [44] and are now considered offensive. By the end of the 20th century, these terms themselves have come to be widely seen as disparaging, politically incorrect , and in need of replacement. In the next revision, the ICD, this term have been replaced by the term "disorders of intellectual development" codes 6A00â€”6A04; 6A Z for the "unspecified" diagnosis code.

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Chapter 3 : Developmental delay and intellectual disability | Sydney Children's Hospitals Network

Developmental delay can be temporary or permanent â€" persistent developmental delays are also called developmental disabilities and can be signs of more serious conditions such as cerebral palsy or developmental disorders that include autism, intellectual disability and hearing impairment.

Global developmental delay means that your child is developing more slowly than other children of the same age in all areas of development. Areas of development is a term used by professionals to talk about different types of learning. Some major areas of development are communication talking and listening , movement gross and fine motor movement , feeding and self care, thinking, social, emotional and sensory development. Sensory development is the development of the different senses of touch, taste, smell, vision and hearing as well as movement awareness. For example, as children get older, they come to understand that all food does not taste the same. Lollies are sweet and lemons are sour. Over time, children combine information from the senses to get a better idea of what is happening around them. Children need to be able to organise and respond to sensory information before they can develop more complex thinking skills and behaviours. Delayed intellectual development is a term used to describe slow learning in a young child usually below the age of five. This term is often used when professionals are not sure if the slowness is temporary or permanent. Intellectual disability means that a child is expected to be a slow learner for life. Usually, this type of assessment is done by a psychologist. What is intellectual disability? Intellectual disability means that a child learns more slowly than other children of the same age and has difficulties learning the range of skills that will be needed to live and work in the community. These include communication, self-care, social and personal safety skills. Children with an intellectual disability will have limitations in thinking skills, including the ability to reason working things out and remember. They will have difficulties with attention and organising information. Children with an intellectual disability have trouble seeing how things or how events relate to each other. For example, they may find it difficult to understand that forks, knives and spoons all belong to a bigger category called cutlery. In order to learn effectively, children with an intellectual disability will need certain types of structure and support. Professionals usually talk about intellectual developmental delay , rather than intellectual disability, when a child is very young. But these children may later catch up on learning and then continue to develop as other children of the same age. This means that they expect the child to continue to learn at a slower rate than other children of the same age into adulthood. It is good practice for professionals to formally assess the child before diagnosing an intellectual disability. Causes of intellectual disability It is not always possible to explain why a person has an intellectual disability. However, some of the causes of intellectual disability include: These links are to topics on the Raising Children Network site. In addition, there is a higher rate of intellectual disability associated with some medical conditions, such as epilepsy. Signs of intellectual disability Children with an intellectual disability need more structure and support to develop basic skills, such as understanging, talking and dressing. Many parents notice that their children take longer to remember familiar people or show an interest in the things around them. Children develop at different rates and in different ways. They usually develop simple skills before they learn more complex skills. For this reason, an intellectual disability might not be obvious until a child gets older. These assessments will show problems in different developmental areas. Certain types of developmental problems are signs of developmental delay or intellectual disability. As a guide, children should develop the following skills at about these ages: By 6 months, babies will: Between 6 months to 1 year, babies begin to move about to explore the world around them and: Between 1 to 2 years, children: Between 2 to 3 years, children: Between 3 to 4 years, children:

Chapter 4 : Developmental Delay/Intellectual Disability (DD/ID)

The term "developmental delay" means that a child is not meeting developmental milestones at the expected age. An example of this would be not talking or walking by 2 years of age. An example of this would be not talking or walking by 2 years of age.

Intellectual and Developmental Disabilities Intellectual disability refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. Developmental disability is a severe, long term disability that can affect cognitive ability, physical functioning, or both. These disabilities appear before age 22 and are likely to be life-long. Some developmental disabilities may be solely physical, such as blindness from birth. Others involve both physical and intellectual disabilities stemming from genetic or other causes, such as Down syndrome and fetal alcohol syndrome. Children often died because their condition could not be diagnosed. It was common for people with intellectual disabilities to be institutionalized, and treatments were either nonexistent, ineffective, or harmful. Until the s, screening methods to test newborns for many developmental disabilities were not yet available. For example, in the mid s, more than 1, U. Although the hormone could be supplied artificially, the condition typically went undiagnosed until after permanent brain damage had occurred. A large study funded by NIH in the early s showed that hypothyroidism could be easily detected, and treated within two weeks after birth, before any brain damage resulted. Soon, every state required thyroid hormone screening. Each year in the United States, roughly 1, cases of intellectual disability due to insufficient thyroid hormone are prevented. In the s, Haemophilus Influenzae Type B Hib , a bacterial disease that causes meningitis, was the leading cause of acquired intellectual disability. No means existed to prevent infection from Hib, which most often struck children from 6 months to 2 years old. On average, 1 in 10 infected children died from Hib meningitis, 1 in 3 became deaf, and 1 in 3 was left with an intellectual disability. Researchers at NIH developed a vaccine for Hib. Their work has virtually eliminated Hib meningitis from the developed world. Intellectual disability also can be acquired from environmental exposure. It was not known in the early s that exposure to even small amounts of lead in the environment could have an adverse effect on the developing brain. At the time, more than 10 million children had blood lead levels high enough to affect their cognitive functioning. NIH-funded research linking elevated lead levels to lower intelligence test scores led to federal laws banning lead as an ingredient in paint and as an additive in gasoline, which reduced the chances that children would be exposed to this toxic metal. TODAY Testing for thyroid hormone is one example among dozens of screening tests to identify and treat babies at risk of a congenital disorder. In , 35 percent of states screened for fewer than five conditions; by , 49 states screened for 21 conditions or more. NIH supported researchers have shown that therapy and training techniques that focus on communication and behavior can be effective tools for people living with intellectual disabilities. In the first scientific evaluation of a behavioral therapy for toddlers with autism spectrum disorders, researchers compared two groups of children 18 to 30 months old. One received intensive, therapy emphasizing interaction and language skills, the other group received therapy available at community care centers. After two years, children in the intensive intervention group had increased their IQ scores by 17 points, compared with 7 in the other group; they were also less likely to be diagnosed with autism on reassessment. The goals are to develop fast, reliable, and cost-effective means to screen newborns and to expand the number of conditions these tests can assess. Such screening makes it possible to begin treatment early, when chances for success are greatest. Researchers affiliated with these centers conduct studies to better understand the causes of such disorders and to pursue new avenues for treatment. Investigators at one center, for example, identified a source of adult stem cells in the brain. Such cells, which can develop new tissue, could one day be used to delay or prevent developmental diseases. Health disparities in survival and access to

care are another priority for NIH research. People from disadvantaged backgrounds are less likely to receive screening services, diagnostic evaluations, or treatment interventions. Future studies will seek to identify factors that contribute to these disparities and develop new approaches that ensure equal access to early screening, therapeutic services, and treatment. Fragile X syndrome affects one in 2, births, resulting in intellectual disability, sleep problems, attention deficit disorder, aggression, and compulsive behavior. NIH-funded scientists working with mice having the same genetic mutation found in Fragile X syndrome learned that the mice have increased activity in the metabotropic glutamate receptor mGluR , which sits atop brain cells. Advances in screening for this disorder also may one day give doctors a cheaper, more precise test for diagnosing the condition. NIH is supporting studies to learn how best to use this new technique so that it soon may be used routinely. Duchenne muscular dystrophy occurs in about 1 in every 3, males. Symptoms include muscle weakness and difficulty walking and talking. Death usually occurs by age In dogs with a canine form of Duchenne muscular dystrophy, researchers used DNA-like molecules called morpholinos to cover up the genetic error that causes the disease. Researchers are now seeking more effective ways to deliver the treatment to the heart. Robert Bock, bockr mail.

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Chapter 5 : Developmental Disabilities: MedlinePlus

A developmental disability is a chronic problem resulting from mental or physical impairments, or both. People with developmental disabilities may find it difficult to perform major life activities such as moving, learning, communicating with language, taking care of themselves and living independently.

Associated issues[edit] Physical health issues[edit] There are many physical health factors associated with developmental disabilities. For some specific syndromes and diagnoses, these are inherent, such as poor heart function in people with Down syndrome. People with severe communication difficulties find it difficult to articulate their health needs, and without adequate support and education might not recognize ill health. Epilepsy , sensory problems such as poor vision and hearing , obesity and poor dental health are over-represented in this population. Mental health issues dual diagnoses [edit] Mental health issues, and psychiatric illnesses , are more likely to occur in people with developmental disabilities than in the general population. A number of factors are attributed to the high incidence rate of dual diagnoses: With this information psychological diagnoses are more easily given than with the general population that has less consistent monitoring. Access to health care providers: With consistent visits to health care providers more people with developmental disabilities are likely to receive appropriate treatment than the general population that is not required to visit various health care providers. These problems are exacerbated by difficulties in diagnosis of mental health issues, and in appropriate treatment and medication, as for physical health issues. Common types of abuse include: Physical abuse withholding food, hitting, punching, pushing, etc. Neglect withholding help when required, e. Psychological reactions to abuse were similar to those observed in the general population, but with the addition of stereotypical behaviour. The more serious the abuse, the more severe the symptoms that were reported. In addition to abuse from people in positions of power, peer abuse is recognized as a significant, if misunderstood, problem. Rates of criminal offense among people with developmental disabilities are also disproportionately high, and it is widely acknowledged that criminal justice systems throughout the world are ill-equipped for the needs of people with developmental disabilitiesâ€”as both perpetrators and victims of crime. Challenging behaviour Some people with developmental disabilities exhibit challenging behavior, defined as "culturally abnormal behaviour s of such intensity, frequency or duration that the physical safety of the person or others is placed in serious jeopardy, or behaviour which is likely to seriously limit or deny access to the use of ordinary community facilities". A lot of the time, challenging behavior is learned and brings rewards and it is very often possible to teach people new behaviors to achieve the same aims. Challenging behavior in people with developmental disabilities can often be associated with specific mental health problems. This is especially the case where the services deliver lifestyles and ways of working that are centered on what suits the service provider and its staff, rather than what best suits the person. In general, behavioral interventions or what has been termed applied behavior analysis has been found to be effective in reducing specific challenging behavior. Until the Enlightenment in Europe, care and asylum was provided by families and the Church in monasteries and other religious communities , focusing on the provision of basic physical needs such as food, shelter and clothing. Stereotypes such as the dimwitted village idiot , and potentially harmful characterizations such as demonic possession for people with epilepsy were prominent in social attitudes of the time. Early in the twentieth century, the eugenics movement became popular throughout the world. This led to the forced sterilization and prohibition of marriage in most of the developed world and was later used by Hitler as rationale for the mass murder of mentally challenged individuals during the Holocaust. The eugenics movement was later thought to be seriously flawed and in violation of human rights and the practice of forced sterilization and prohibition from marriage was discontinued by most of the developed world by the mid 20th century. The movement towards individualism in the 18th and 19th centuries, and the opportunities afforded by the Industrial Revolution , led to housing and care using the asylum model. People were placed by, or removed from, their

families usually in infancy and housed in large institutions of up to 3, people, although some institutions were home to many more, such as the Philadelphia State Hospital in Pennsylvania which housed 7, people through the s , many of which were self-sufficient through the labor of the residents. Some of these institutions provided a very basic level of education such as differentiation between colors and basic word recognition and numeracy , but most continued to focus solely on the provision of basic needs. Conditions in such institutions varied widely, but the support provided was generally non-individualized, with aberrant behavior and low levels of economic productivity regarded as a burden to society. Heavy tranquilization and assembly line methods of support such as "birdfeeding" and cattle herding [clarification needed] were the norm, and the medical model of disability prevailed. Services were provided based on the relative ease to the provider, not based on the human needs of the individual. Their earliest efforts included workshops for special education teachers and daycamps for disabled children, all at a time when such training and programs were almost nonexistent. This book posited that society characterizes people with disabilities as deviant , sub-human and burdens of charity, resulting in the adoption of that "deviant" role. Wolfensberger argued that this dehumanization, and the segregated institutions that result from it, ignored the potential productive contributions that all people can make to society. He pushed for a shift in policy and practice that recognized the human needs of "retardates" and provided the same basic human rights as for the rest of the population. The publication of this book may be regarded as the first move towards the widespread adoption of the social model of disability in regard to these types of disabilities, and was the impetus for the development of government strategies for desegregation. From the s to the present, most U. Along with the work of Wolfensberger and others including Gunnar and Rosemary Dybwad, [28] a number of scandalous revelations around the horrific conditions within state institutions created public outrage that led to change to a more community-based method of providing services. In most countries, this was essentially complete by the late s, although the debate over whether or not to close institutions persists in some states, including Massachusetts. Services and support[edit] Today, support services are provided by government agencies, non-governmental organizations and by private sector providers. Support services address most aspects of life for people with developmental disabilities, and are usually theoretically based in community inclusion, using concepts such as social role valorization and increased self-determination using models such as Person Centred Planning. There also are a number of non-profit agencies dedicated to enriching the lives of people living with developmental disabilities and erasing the barriers they have to being included in their community. Special education Education and training opportunities for people with developmental disabilities have expanded greatly in recent times, with many governments mandating universal access to educational facilities, and more students moving out of special schools and into mainstream classrooms with support. Post-secondary education and vocational training is also increasing for people with these types of disabilities, although many programs offer only segregated "access" courses in areas such as literacy , numeracy and other basic skills. There are also some vocational training centers that cater specifically to people with disabilities, providing the skills necessary to work in integrated settings, one of the largest being Dale Rogers Training Center in Oklahoma City. See also Intensive interaction At-home and community support[edit] Many people with developmental disabilities live in the general community, either with family members, in supervised-group homes or in their own homes that they rent or own, living alone or with flatmates. At-home and community supports range from one-to-one assistance from a support worker with identified aspects of daily living such as budgeting , shopping or paying bills to full hour support including assistance with household tasks, such as cooking and cleaning , and personal care such as showering, dressing and the administration of medication. The need for full hour support is usually associated with difficulties recognizing safety issues such as responding to a fire or using a telephone or for people with potentially dangerous medical conditions such as asthma or diabetes who are unable to manage their conditions without assistance. The DSP works in assisting the individual with their ADLs and also acts as an advocate for the individual with a developmental disability, in communicating their needs, self-expression and goals. Supports of this type also include assistance to identify and undertake new

hobbies or to access community services such as education , learning appropriate behavior or recognition of community norms, or with relationships and expanding circles of friends. Residential accommodation[edit] Some people with developmental disabilities live in residential accommodation also known as group homes with other people with similar assessed needs. These homes are usually staffed around the clock, and usually house between 3 and 15 residents. The prevalence of this type of support is gradually decreasing, however, as residential accommodation is replaced by at-home and community support, which can offer increased choice and self-determination for individuals. Support to access or participate in integrated employment, in a workplace in the general community. This may include specific programs to increase the skills needed for successful employment work preparation , one-to-one or small group support for on-the-job training, or one-to-one or small group support after a transition period such as advocacy when dealing with an employer or a bullying colleague, or assistance to complete an application for a promotion. The provision of specific employment opportunities within segregated business services. Although these are designed as "transitional" services teaching work skills needed to move into integrated employment , many people remain in such services for the duration of their working life. The types of work performed in business services include mailing and packaging services, cleaning, gardening and landscaping, timberwork, metal fabrication, farming and sewing. Workers with developmental disabilities have historically been paid less for their labor than those in the general workforce, although this is gradually changing with government initiatives, the enforcement of anti-discrimination legislation and changes in perceptions of capability in the general community. They include heightened placement efforts by the community agencies serving people with developmental disabilities, as well as by government agencies. Additionally, state-level initiatives are being launched to increase employment among workers with disabilities. The Committee has been examining additions to existing community employment services, and also new employment approaches. Committee member Lou Vismara, chairman of the MIND Institute at University of California, Davis , is pursuing the development of a planned community for persons with autism and related disorders in the Sacramento region. Day services[edit] Non-vocational day services are usually known as day centers, and are traditionally segregated services offering training in life skills such as meal preparation and basic literacy , center-based activities such as crafts, games and music classes and external activities such as day trips. Some more progressive day centers also support people to access vocational training opportunities such as college courses , and offer individualized outreach services planning and undertaking activities with the individual, with support offered one-to-one or in small groups. Traditional day centers were based on the principles of occupational therapy , and were created as respite for family members caring for their loved ones with disabilities. This is slowly changing, however, as programs offered become more skills-based and focused on increasing independence. Advocacy[edit] Advocacy is a burgeoning support field for people with developmental disabilities. Advocacy groups now exist in most jurisdictions, working collaboratively with people with disabilities for systemic change such as changes in policy and legislation and for changes for individuals such as claiming welfare benefits or when responding to abuse. Most advocacy groups also work to support people, throughout the world, to increase their capacity for self-advocacy , teaching the skills necessary for people to advocate for their own needs. Other types of support[edit] Other types of support for people with developmental disabilities may include: Studies have been done testing specific scenarios on how what is the most beneficial way to educate people. Interventions are a great way to educate people, but also the most time consuming. With the busy schedules that everybody has, it is found to be difficult to go about the intervention approach. Another scenario that was found to be not as beneficial, but more realistic in the time sense was Psychoeducational approach. They focus on informing people on what abuse is, how to spot abuse, and what to do when spotted.

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Chapter 6 : Developmental disability - Wikipedia

This test guide provides an algorithm for the laboratory evaluation of developmental delay and intellectual disability. It provides additional information (ie, clinical use and individuals suitable for testing) for relevant tests.

Some of the common types are: The disorders are characterized by disturbance of mood as a predominant feature. Depression, bi-polar and mania are the major sub-categories of mood disorders. This group of disorders is indicated by the presence of excessive fears, frequent somatic complaints and excessive nervousness that can interfere with functioning. Panic attack, agoraphobia, obsessive-compulsive and post traumatic stress disorder are some of the major sub-categories of anxiety disorders. This group of disorders is characterized by any of the following signs and symptoms: Schizophrenia, schizoaffective disorder and schizophreniform are some of the major sub-categories of psychotic disorders. The group of disorders refers to enduring patterns of dysfunctional behavior. Symptoms typically present as personality traits that are inflexible, maladaptive and cause significant impairment or subjective distress. Paranoid, anti-social, borderline and avoidant are some of the major sub-categories of personality disorders. The essential feature of these disorders is the development of clinically significant emotional or behavioral symptoms in response to an identifiable psychosocial stressor s. The clinical significance of the reaction is indicated by either marked distress that is beyond that which is expected or by impairment in social or occupations functioning. Sub categories of adjustment disorders include adjustment disorder with depressed mood, with anxiety, with disturbance of conduct and with mixed disturbance of emotions and conduct. Other psychiatric disorders include: Persons with a dual diagnosis can be found at all ages and levels of intellectual and adaptive functioning. The full range of psychopathology that exists in the general population also can co-exist in persons who have intellectual or developmental disabilities. In short, the presence of behavioral and emotional problems can greatly reduce the quality of life of persons with intellectual or developmental disabilities. It is thus imperative that accurate diagnosis and appropriate treatment be obtained in a timely manner. The causes of the increased vulnerability to mental health problems in persons with intellectual or developmental disabilities are not well understood. Several factors have been suggested. Stress is a risk factor for mental health problems. Persons with intellectual or developmental disabilities experience negative social conditions throughout the life span that contribute to excessive stress. These negative social conditions include social rejection, stigmatization, and the lack of acceptance in general. Social support and coping skills can buffer the effect of stress on mental health. In persons with intellectual or developmental disabilities, limited coping skills associated with language difficulty, inadequate social supports, and a high frequency of central nervous system impairment, all contribute to the vulnerability of developing mental health problems. Another explanation for the increased prevalence of mental health problems in this population relates to behavioral phenotypes. In addition to the characteristic physiological signs associated with genetic syndromes, many syndromes have characteristic behavior and emotional patterns. These behavioral phenotypes may contribute to the increased rate of behavioral and mental health problems among persons with intellectual or developmental disabilities. Is This a New Phenomenon? The identification of psychiatric disorders in persons with intellectual and developmental disabilities is not a new phenomenon, but it has received much more attention in recent years. The process of deinstitutionalization, by which many individuals with intellectual and developmental disabilities were released from institutions and placed in community residences, has increased the visibility of dual diagnosis. Although psychiatric disorders have been observed in persons with intellectual and developmental disabilities for many years, there have been impediments to more widespread professional recognition of dual diagnosis. The psychiatric disorder may be overlooked because it is considered less debilitating than intellectual disability or because it is thought to be a result of intellectual deficits. Another impediment to the recognition of mental illness in persons with intellectual disabilities has been the tendency for the administration and funding of mental health and intellectual or developmental

disability services to be separate. Each system may expect the other to serve the person with a dual diagnosis. In addition, staff at both types of agencies may feel ill equipped to provide adequate services. There is a great need to train qualified personnel in the diagnosis and treatment of psychiatric disorders among individuals with intellectual or developmental disabilities. What Treatments are Available? Most experts agree that treatment requires a comprehensive plan with several components. An interdisciplinary evaluation of the individual is necessary to obtain an accurate diagnosis and to establish habilitation and treatment needs. A thorough medical and neurological evaluation should be included to identify acute or chronic conditions that may need attention. A psychiatric evaluation can determine if medication is appropriate. Medication treatment is appropriate for many psychiatric disorders i. Medication treatment should not be a total treatment approach per se, but rather part of a comprehensive bio-psycho-social-developmental treatment approach. Psychotherapists may draw techniques from many theoretical orientations, including behavioral, cognitive, cognitive-behavioral, gestalt, psychodynamic, nondirective, or systems. Group therapies include skills training groups such as social skills, dating skills, assertiveness, and anger management training. Other therapy groups may focus on specific developmental tasks such as independence or bereavement. The groups may be structured or unstructured, time-limited or ongoing. Verbal psychotherapies are most appropriate for persons with mild to moderate intellectual disabilities. Behavior management plans are developed to deal with inappropriate behaviors and to teach adaptive skills. A functional analysis of behavior is conducted to determine the best approaches to use in the behavior plan. The person who is dually diagnosed may participate in the design of the behavioral program. Many treatment modalities and approaches have been tried, with varying degrees of effectiveness, with persons with intellectual and developmental disabilities. Evidence-based treatment approaches are those that have been empirically tested and proven effective for persons with intellectual and developmental disabilities. It is considered best practice to use evidence-based treatments. What Other Services might be needed? Day treatment, or partial hospitalization, programs for persons who are dually diagnosed have been established in many communities. The programs serve individuals with intellectual or developmental disabilities who have difficulty functioning in a traditional school or vocational program due to behavioral or psychiatric problems. Day treatment programs are generally designed for both rehabilitation and education, and include small group activities that focus on independent living skills, interpersonal skills, vocational preparation, and enrichment activities. Small group and individual psychotherapy are usually scheduled as part of the weekly program. Social skills training is usually a time limited approach that helps persons to improve the quality of their life by enhancing interpersonal interactions. Individuals are taught effective and appropriate social behaviors. Residential treatment programs have also been developed. These include inpatient units with intensive treatment programs for those individual who require hour supervision in a secured environment. In community settings, a range of residential options is available, although the demand often exceeds the available supply. Community placements include group homes, foster care, and supervised apartments, as well as programs that provide in-home family services and respite care. Additional services may be called upon in emergency situations. These services are designed for short-term use to stabilize immediate crises. Other services provided to individuals with intellectual and developmental disabilities and mental health problems may include physical therapy, speech therapy, art therapy and occupational therapy, among others, depending on individual needs. The coordination of services is an essential task. American Psychiatric Association Definition, classification, and system of supports. Not only did it help us assess and monitor team performance, but we now have solid, ongoing processes that ensure we are consistently following industry best practices for helping those most in need.

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Chapter 7 : Global Developmental Delay and Mental Retardation/Intellectual Disability | Clinical Gate

Intellectual disability (now the preferred term for mental retardation) is a disorder characterized by cognitive delays. Get the facts from WebMD about its symptoms, causes, and treatments.

This disability originates before the age of Is intellectual disability the same as mental retardation? Why do some programs and regulations still say mental retardation? The term intellectual disability covers the same population of individuals who were diagnosed previously with mental retardation in number, kind, level, type, duration of disability, and the need of people with this disability for individualized services and supports. Furthermore, every individual who is or was eligible for a diagnosis of mental retardation is eligible for a diagnosis of intellectual disability. While intellectual disability is the preferred term, it takes time for language that is used in legislation, regulation, and even for the names of organizations, to change. Developmental disabilities are severe chronic disabilities that can be cognitive or physical or both. The disabilities appear before the age of 22 and are likely to be lifelong. Some developmental disabilities are largely physical issues, such as cerebral palsy or epilepsy. Some individuals may have a condition that includes a physical and intellectual disability, for example Down syndrome or fetal alcohol syndrome. Because intellectual and other developmental disabilities often co-occur, intellectual disability professionals often work with people who have both types of disabilities. Is intellectual disability determined by just an IQ test? The evaluation and classification intellectual disability is a complex issue. There are three major criteria for intellectual disability: The IQ test is a major tool in measuring intellectual functioning, which is the mental capacity for learning, reasoning, problem solving, and so on. A test score below or around 70â€”or as high as 75â€”indicates a limitation in intellectual functioning. Other tests determine limitations in adaptive behavior, which covers three types of skills: Definition, Classification, and Systems of Supports. There are a number of causes. Our understanding of the causes of intellectual disability focuses on the types of risk factors biomedical, social, behavioral, and educational and the timing of exposure prenatal, perinatal, and postnatal to those factors. The overarching reason for evaluating and classifying individuals with intellectual disability is to tailor supports for each individual, in the form of a set of strategies and services provided over a sustained period. Some of this enhancement is thought of in terms of self-worth, subjective well being, pride, engagement in political action, and other principles of self-identity. In fact, the Association, founded in , has published 11 editions of its definitional manual between and , each edition containing the latest scientific understanding of the condition. The first definitions of the condition focused on a failure to adapt socially to the environment. Later definitions added a medical approach that considered heredity and pathology and called for individuals with intellectual disability to be segregated. Then the rise of the cognitive testing movement brought an emphasis on measuring intellectual functioning by IQ test. The IQ test became the way to define the group and classify the people within it. The definition was refocused in to reflect a new way of understanding and responding to the condition.. AAIDD moved away from a diagnostic process that identified deficits solely on the basis of an IQ score, and began considering social, environmental, and other elements as well. Most crucially, the emphasis shifted from providing programs to people with intellectual disability to designing and delivering support tailored to each individual to help them reach their highest level of functioning. The third element of the definition involves age of onset. Since , the Association has worked to further develop and refine this paradigm shift. Definition, Classification, and Systems of Supports, published in

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Chapter 8 : Intellectual disability - Wikipedia

Professionals usually talk about intellectual developmental delay, rather than intellectual disability, when a child is very young. Sometimes a child's learning will be slow for a while due to a serious illness, a change in family circumstances or a temporary hearing loss.

Minus Related Pages Developmental disabilities are a group of conditions due to an impairment in physical, learning, language, or behavior areas. Children reach milestones in how they play, learn, speak, behave, and move for example, crawling and walking. However, the developmental milestones give a general idea of the changes to expect as a child gets older. As a parent, you know your child best. At each well-child visit, the doctor looks for developmental delays or problems and talks with the parents about any concerns the parents might have. This is called developmental monitoring. Any problems noticed during developmental monitoring should be followed up with developmental screening. Developmental screening is a short test to tell if a child is learning basic skills when he or she should, or if there are delays. If a child has a developmental delay, it is important to get help as soon as possible. Most developmental disabilities begin before a baby is born, but some can happen after birth because of injury, infection, or other factors. Most developmental disabilities are thought to be caused by a complex mix of factors. These factors include genetics; parental health and behaviors such as smoking and drinking during pregnancy; complications during birth; infections the mother might have during pregnancy or the baby might have very early in life; and exposure of the mother or child to high levels of environmental toxins, such as lead. For some developmental disabilities, such as fetal alcohol syndrome, which is caused by drinking alcohol during pregnancy, we know the cause. Following are some examples of what we know about specific developmental disabilities: Some of the most common known causes of intellectual disability include fetal alcohol syndrome ; genetic and chromosomal conditions, such as Down syndrome and fragile X syndrome ; and certain infections during pregnancy. Children who have a sibling with autism are at a higher risk of also having autism spectrum disorder. Low birthweight, premature birth, multiple birth, and infections during pregnancy are associated with an increased risk for many developmental disabilities. Untreated newborn jaundice high levels of bilirubin in the blood during the first few days after birth can cause a type of brain damage known as kernicterus. Children with kernicterus are more likely to have cerebral palsy, hearing and vision problems, and problems with their teeth. Early detection and treatment of newborn jaundice can prevent kernicterus. It is currently the largest study in the United States to help identify factors that may put children at risk for autism spectrum disorders and other developmental disabilities.

Chapter 9 : NIH Fact Sheets - Intellectual and Developmental Disabilities

Intellectual Disability. ID is a developmental disability presenting in infancy or the early childhood years, although in some cases, it cannot be diagnosed until the child is older than â^¼5 years of age, when standardized measures of developmental skills become more reliable and valid.