DOWNLOAD PDF DEVELOPMENTAL DISABILITIES-PSYCHOLOGIC AND SOCIAL IMPLICATIONS

Chapter 1 : Social and Emotional Problems Related to Dyslexia | LD Topics | LD OnLine

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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 3 : M.S. in Developmental Disabilities | NSU

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Following is a sample degree plan for full-time students. Students will have the opportunity to develop a working knowledge of the unique challenges faced by individuals with developmental disabilities, including problems associated with transitional periods in development. In addition, the course will provide an understanding of the assessment process in diagnosing developmental disabilities, as well as how to select the services that will meet the unique needs of individuals and assist them and their families in developing and implementing an individual plan. The course will also address cultural factors in the experience of developmental disabilities and in service provision. The course will also outline strategies for working with families in order to improve access and engagement in services. HSDD - Program Design and Evaluation 3 credits This course familiarizes students with the different components of program design such as developing a program philosophy, mission and vision, marketing and budgeting. In addition, the process of program evaluation, including needs assessment, formative research, process evaluation, impact assessment, and cost analysis will be covered. Students will gain practical experience through a series of exercises involving the design of a conceptual framework, development of indicators, and development of an evaluation plan to measure impact. In addition, the course covers experimental, quasi-experimental, and non-experimental study designs, including the strengths and limitations of each. HSDD - Disability and the Family Life Cycle 3 credits This course focuses on disability viewed from the perspective of lifespan development and the family life cycle. The course will discuss a wide range of issues in this area including: Transitional issues from youth to adult life for individuals with disabilities will also be discussed. Finally, the use of various treatment approaches and support options for individuals with disabilities will be discussed. HSDD - Legal and Ethical Issues in Disability 3 credits This course discusses current laws related to disabilities such as ADA and IDEA as well as contemporary issues affecting the lives of individuals with disabilities and the daily responsibilities of disability professionals. This course further examines the application of ethical principles to matters associated with genetics, treatment decisions, and competency. HSDD - Healthcare Issues in Developmental Disabilities 3 credits Provides an introduction to the health disparities experienced by individuals with developmental disabilities. Challenges faced by individuals with disabilities in access to appropriate medical, dental, and mental health services will be discussed as well as the importance of health promotion for those with developmental disabilities. The significance of attention to inclusion of the impact of developmental disability upon individuals, families, schools, and other organizations and agencies in the education of health professionals will be addressed. HSDD - Disability Services Administration 3 credits The application of management and leadership theory and research in non-profit and public agencies will be addressed. This course will focus on strategic planning, employee motivation, recruitment, retention, fiscal management, long-term planning, board development and succession planning. In addition, effective communication skills will be addressed and strengthened through interactive exercises with feedback. HSDD - Developmental Disabilities Masters Project 3 credits In this course, students are expected to work with a faculty member advisor to complete a research project in which they will design a social service program targeting individuals with developmental disabilities or will evaluate an existing program that serves developmentally delayed individuals. Program design and evaluation methodology, analytic thinking, and writing skills will be infused throughout the curriculum to prepare students to complete this research project. Specific deadlines will be provided so that the student can complete the project in a timely manner. HSDD - Leading for Change in Disability Services 3 credits This course will examine the role that public policies currently in place play in providing quality services to individuals with developmental disabilities, as well as analysis of the costs of these services. Organizational factors will examine the impact of program administration in public and private

agencies servicing individuals with disabilities. Also, the design and evaluation of community-based services are addressed. HSDD - Trends and Issues in Disability Advocacy 3 credits This course provides insight into disability policy through the examination of policy making. In addition, examines how the federal government addresses discrimination against individuals with disabilities in public e. Participants will gain basic skills and knowledge in: The dynamics of aging across the lifespan will be addressed and specific challenges faced by young adults, middle age individuals, and older adults with developmental disabilities will be reviewed. Students will be able to apply knowledge obtained to specialized population and be able to assume leadership roles and engage in support efforts for these individuals as demonstrated through paper and presentations. HSDD - Students with Disabilities in Higher Education 3 credits Examines the experience of students with developmental disabilities in higher education and crucial components related to their full participation in college life. Knowledge of demographic trends of students with developmental disabilities in higher education, awareness of important transition issues of students from K to postsecondary education, strategies for increasing retention, and understanding the different types of accommodations typically required of students with developmental disabilities will be covered. HSDD - Employment and Independent Living 3 credits This course provides an analysis of the integration of individuals with developmental disabilities into the community and within institutions. Challenges faced by individuals with developmental disabilities in obtaining and maintaining employment and independent living will be addressed as well as strategies for promoting successful community integration. Early Childhood HSDD - Early Identification and Assessment of Developmental Disabilities 3 credits This course will provide students with the opportunity to obtain knowledge of the assessment, evaluation, and diagnostic skills of young children with developmental disabilities from an interdisciplinary perspective. Risk factors and early warning signs of atypical development will be reviewed. Students will be exposed to commonly used assessments to identify developmental delays in various fields and will be exposed to different diagnostic approaches such as the DSM-IV, ICD, and Zero to Three. HSDD - Early Intervention in Developmental Disabilities 3 credits This course helps students apply their knowledge of challenging behaviors such as aggression, self-injury, tantrums, etc. Factors that contribute to treatment success will be addressed. HSDD - Integrating Children with Disabilities in Educational Settings 3 credits This course will focus on historical approaches to the education of children with disabilities. It will address current models utilized in educational settings such as inclusion, mainstreaming, and self-contained classrooms. Supports that can be provided to children with developmental disabilities to promote successful educational outcomes will be assessed. The common approaches to providing supports including individualized education plans, frequency assessments of behavior, behavioral intervention plans, and the role that they each play in the educational system will be critiqued. Please check with an advisor about course selection. Click here for more information about BCBA examination pass rate. HSDD - Principles of Applied Behavior Analysis 3 credits This course will focus on the basic tenets of the science of applied behavior analysis that are the underpinnings of effective teaching strategies. Students will study the philosophy and science of applied behavior analysis, an overview of the areas of the field of ABA and its relation to education and psychology, basic vocabulary and concepts in the field, strategies for measuring behavior, and basic strategies for increasing and decreasing behaviors of students in a variety of settings. It will focus on assessment strategies, behavioral intervention strategies and change procedures, and methods of accountability in ABA interventions. In addition, focus will be placed on making decisions regarding treatment for individuals with a variety of challenges. HSDD - Behavioral Assessment Models in Applied Behavior Analysis 3 credits This course will focus on conducting behavior analytic assessments in order to identify targets for behavior change programs. Additionally, the class with cover the variety of delivery models for services within the ABA model. Principles and research in each area will be addressed and participants will employ a variety of strategies from each area in the course assignments. HSDD - Evaluating Interventions in Applied Behavior Analysis 3 credits This course will focus on evaluation strategies used in both research and in the ethical provision of interventions. It will cover a variety of measurement and assessment strategies for

determining the effectiveness of interventions on a single-subject and small group design. Additional focus will be placed on the interpretation of the research literature to make sound decisions about assessment and intervention strategies for a variety of populations. HSDD - Professional Issues in Applied Behavior Analysis 3 credits This course will focus on issues of professionalism for the practice of applied behavior analysis in research and clinical settings. It will also address issues of working with systems to effect positive change in organizations and for individuals through consultation and collaboration with other professionals. Using applied behavior analysis to provide systems support and change and to enhance work as a consultant will be the underlying basis for the course. HSDD - Ethical Conduct for Applied Behavior Analysts 3 credits This course will focus on the ethical practice of applied behavior analysis across clinical, research and professional settings. Additional focus will be given to common ethical dilemmas that may arise during clinical research and practice in applied behavior analysis and strategies and guidelines for resolving ethical issues. As such, it is designed to prepare students for this type of professional certification. Students will enhance their knowledge and skills of the following areas of applied behavior analysis ABA: This course will focus on the ethical practice of applied behavior analysis across clinical, research and professional settings. Students must be engaged in practicum activities at least 20 hours per week in a job that requires the application of ABA principles. Supervision will take place weekly in both group and individual formats and will address both increasing and decreasing behaviors. Students will be expected to collect and share data on their cases and employ strategies of behavioral assessment and intervention with input from their supervisor. Students will be expected to provide written reports and intervention plans as part of their supervision. Students must be engaged in practicum activities at least 20 hours per week in a position that requires the application of ABA principles. Supervision will take place weekly in both group format and individual formats and will address both increasing and decreasing behaviors. Students must be engaged in a position requiring the application of ABA principles at least 20 hours per week. Supervision will take place weekly or bi-weekly in a group or individual format and will address both increasing and decreasing behaviors. Following completion of academic coursework and supervision, students will still need to pass the certification exam offered by the Behavior Analysis Certification Board. More information about certification requirements can be found at Behavior Analysis Certification Board.

Chapter 4 : Developmental disability - Wikipedia

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Research indicates that dyslexia is caused by biological factors not emotional or family problems. According to his research, the majority of dyslexic preschoolers are happy and well adjusted. Their emotional problems begin to develop when early reading instruction does not match their learning style. Over the years, the frustration mounts as classmates surpass the dyslexic student in reading skills. Recent research funded by the National Institute of Health has identified many of the neurological and cognitive differences that contribute to dyslexia. The vast majority of these factors appear to be caused by genetics rather than poor parenting or childhood depression or anxiety. Why is dyslexia discouraging and frustrating? The frustration of children with dyslexia often centers on their inability to meet expectations. Their parents and teachers see a bright, enthusiastic child who is not learning to read and write. This is particularly true of those who develop perfectionistic expectations in order to deal with their anxiety. They grow up believing that it is "terrible" to make a mistake. However, their learning disability, almost by definition means that these children will make many "careless" or "stupid" mistakes. This is extremely frustrating to them, as it makes them feel chronically inadequate. The dyslexic frequently has problems with social relationships. These can be traced to causes: Dyslexic children may be physically and socially immature in comparison to their peers. This can lead to a poor self-image and less peer acceptance. Many dyslexics have difficulty reading social cues. Dyslexia often affects oral language functioning. Affected persons may have trouble finding the right words, may stammer, or may pause before answering direct questions. This puts them at a disadvantage as they enter adolescence, when language becomes more central to their relationships with peers. My clinical observations lead me to believe that, just as dyslexics have difficulty remembering the sequence of letters or words, they may also have difficulty remembering the order of events. For example, let us look at a normal playground interaction between two children. A dyslexic child takes a toy that belongs to another child, who calls the dyslexic a name. The dyslexic then hits the other child. In relating the experience, the dyslexic child may reverse the sequence of events. He may remember that the other child called him a name, and he then took the toy and hit the other child. This presents two major difficulties for the dyslexic child. First, it takes him longer to learn from his mistakes. Second, if an adult witnessed the events, and asks the dyslexic child what happened, the child seems to be lying. Unfortunately, most interactions between children involve not three events, but 15 to With his sequencing and memory problems, the dyslexic may relate a different sequence of events each time he tells the tale. Teachers, parents, and psychologists conclude that he is either psychotic or a pathological liar. I once worked with a young adult who received a perfect score on the Graduate Record Exam in mathematics. He could do anything with numbers except remember them. The graduate students he tutored in advanced statistics or calculus had great difficulty believing that he could not remember their telephone numbers. These great variations produce a "roller coaster" effect for dyslexics. At times, they can accomplish tasks far beyond the abilities of their peers. At the next moment, they can be confronted with a task that they cannot accomplish. Many dyslexics call this "walking into black holes. This will help them predict both success and failure. Dyslexics also perform erratically within tasks. That is, their errors are inconsistent. For example, I once asked a dyslexic adult to write a hundred word essay on television violence. As one might expect he misspelled the word "television" five times. However, he misspelled it a different way each time. This type of variation makes remediation more difficult. On some days, reading may come fairly easily. However, another day, they may be barely able to write their own name. This inconsistency is extremely confusing not only to the dyslexic, but also to others in his environment. Few other handicapping conditions are intermittent in nature. A child in a wheelchair remains there; in fact, if on some days the child can walk, most professionals

would consider it a hysterical condition. However, for the dyslexic, performance fluctuates. This makes it extremely difficult for the individual to learn to compensate, because he or she cannot predict the intensity of the symptoms on a given day. What does the dyslexic person feel? Anxiety Anxiety is the most frequent emotional symptom reported by dyslexic adults. Dyslexics become fearful because of their constant frustration and confusion in school. These feelings are exacerbated by the inconsistencies of dyslexia. Because they may anticipate failure, entering new situations can becomes extremely anxiety provoking. Anxiety causes human beings to avoid whatever frightens them. The dyslexic is no exception. However, many teachers and parents misinterpret this avoidance behavior as laziness. Anger Many of the emotional problems caused by dyslexia occur out of frustration with school or social situations. Social scientists have frequently observed that frustration produces anger. This can be clearly seen in many dyslexics. However, it is also common for the dyslexic to vent his anger on his parents. Often, the child sits on his anger during school to the point of being extremely passive. However, once he is in the safe environment of home, these very powerful feelings erupt and are often directed toward the mother. However, this becomes very frustrating and confusing to the parent who is desperately trying to help their child. As youngsters reach adolescence, society expects them to become independent. The adolescent dyslexic uses his anger to break away from those people on which he feels so dependent. Because of these factors, it may be difficult for parents to help their teenage dyslexic. Instead, peer tutoring or a concerned young adult may be better able to intervene and help the child. According to Erik Erikson, during the first years of school, every child must resolve the conflicts between a positive selfâ€”image and feelings of inferiority. If children succeed in school, they will develop positive feelings about themselves and believe that they can succeed in life. If children meet failure and frustration, they learn that they are inferior to others, and that their effort makes very little difference. Instead of feeling powerful and productive, they learn that their environment controls them. They feel powerless and incompetent. Researchers have learned that when typical learners succeed, they credit their own efforts for their success. When they fail, they tell themselves to try harder. However, when the dyslexic succeeds, he is likely to attribute his success to luck. When he fails, he simply sees himself as stupid. Research also suggests that these feelings of inferiority develop by the age of ten. After this age, it becomes extremely difficult to help the child develop a positive selfâ€”image. This is a powerful argument for early intervention. Depression Depression is also a frequent complication in dyslexia. Although most dyslexics are not depressed, children with this kind of learning disability are at higher risk for intense feelings of sorrow and pain. Perhaps because of their low selfâ€”esteem, dyslexics are afraid to turn their anger toward their environment and instead turn it toward themselves. However, depressed children and adolescents often have different symptoms than do depressed adults. The depressed child is unlikely to be lethargic or to talk about feeling sad. Instead he or she may become more active or misbehave to cover up the painful feelings. In the case of masked depression, the child may not seem obviously unhappy. However, both children and adults who are depressed tend to have three similar characteristics: First, they tend to have negative thoughts about themselves, i. Second, they tend to view the world negatively. They are less likely to enjoy the positive experiences in life. This makes it difficult for them to have fun. Finally, most depressed youngsters have great trouble imagining anything positive about the future. The depressed dyslexic not only experiences great pain in his present experiences, but also foresees a life of continuing failure.

Chapter 5 : Facts About Developmental Disabilities | CDC

Developmental Disabilities--Psychologic and Social Implications: Conference Sponsored by the Johns Hopkins Medical Institutions, School of Hygiene and Public Health, Held at Baltimore, Maryland, March , by Professor Daniel Bergsma starting at $

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 6 : Graziano, Developmental Disabilities: Introduction to a Diverse Field | Pearson

developmental disabilities; the developmental trajectories of cognitive and social skills in a range of developmental disabilities and whether these are quantitatively or qualitatively different from typical development; the implications of developmental.

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 ; however lack of access to health services and lack of understanding by medical professionals is also a major contributing factor. People with severe communication difficulties find it difficult to articulate their health needs, and without adequate support and education might not recognise 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: Common types of abuse include: Physical abuse withholding food, hitting, punching, pushing, etc. Neglect withholding help when required, e. In addition to abuse from people in positions of power, peer abuse is recognised as a significant, if misunderstood, problem. Rates of criminal offending 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 disabilities as both perpetrators and victims of crime [9] [10] [11]. Challenging behaviour See main article: Challenging behaviour Some people with developmental disabilities exhibit challenging behaviour, 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" [12]. Common types of challenging behaviour include self-injurious behaviour such as hitting, headbutting, biting , aggressive behaviour such as hitting others, screaming, spitting, kicking , inappropriate sexualised behaviour such as public masturbation or groping , behaviour directed at property such as throwing objects and stealing and stereotyped behaviours such as repetitive rocking, echolalia or elective incontinence. Challenging behaviour in people with developmental disabilities may be caused by a number of factors, including biological pain, medication, the need for sensory stimulation , social attention-seeking, the need for control, lack of knowledge of community norms , environmental physical aspects such as noise and lighting, or gaining access to preferred objects or activities or simply a means of communication. A lot of the time, challenging behaviour is learned and brings rewards, and it is very often possible to teach people new behaviours to achieve the same aims. Societal attitudes towards developmental disabilities Edit Throughout history, people with developmental disabilities have been viewed as incapable and child-like in their capacity for decision-making and development. 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 yokel , and potentially harmful characterisations such as demonic possession for people with epilepsy were prominent in social attitudes of the time. The movement towards individualism in the 18th and 19th centuries, and the opportunities afforded by the Industrial Revolution, lead 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 labour of the residents. Some of these institutions provided a very basic level of education such as differentiation between colours 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-individualised, with

aberrant behaviour and low levels of economic productivity regarded as a burden to society. Services were provided based on the relative ease to the provider, not based on the human needs of the individual. He argued that this dehumanisation, 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 recognised 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. 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 US of the Civil Rights of Institutionalized Persons Act in By the mids, most governments had committed to de-institutionalisation, and had started preparing for the wholesale movement of people into the general community, in line with the principles of normalization. In most countries, this was essentially complete by the late s. Services and support Edit Today, support services are provided by government agencies, non-governmental organisations 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. Support services are funded through government block funding paid directly to service providers by the government , through individualised funding packages paid directly to the individual by the government, specifically for the purchase of services or privately by the individual although they may receive certain subsidies or discounts, paid by the government. Education and training See main article: 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. At-home and community support Edit Many people with developmental disabilities live in the general community, either with family members, 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 recognising 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 developmentally disabled individual, 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 behaviour 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. 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 labour 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. Day services Edit Non-vocational day services are usually known as day centres, and are traditionally segregated services offering training in life skills such as meal preparation and basic literacy , centre-based activities such as craft, games and music classes and external activities such as day trips. Some more progressive day centres also support people to access vocational training opportunities such as college courses , and offer individualised outreach services planning and undertaking activities with the individual, with support offered one-to-one or in small groups. Traditional day centres 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 Other types of support for people with developmental disabilities may include:

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Interventions specific to promoting early social and communicative development focus on joint attention between infants and adults. Research is currently being conducted to determine what interventions impact joint attention, leading to a decrease in delays of social and communications skills.