DEVELOPMENTAL DISABILITIES
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- Developmental Disability – a diverse group of severe chronic conditions due to mental and or physical impairments.
- People with developmental disabilities have problems with major life activities, such as language, mobility, learning, self-help and independent living.
- Developmental disabilities begin anytime from birth to 22 years of age and usually last throughout the person’s lifetime.
DEVELOPMENTAL DISABILITIES

- Attention Deficit Hyperactivity Disorder (ADHA) 40 per 1,000 children 3-5%
- Mental Retardation 9.7 per 1,000 children 1%
- Autism 3.4 per 1,000 children 0.3%
- Cerebral Palsy 2.8 per 1,000 children 0.3%
- Hearing Loss 1.1 per 1,000 children 0.1%
Attention Deficit Hyperactivity Disorder (ADHA)

- 3-5% of all children
- 40 children per 1,000 children
- 4.4 million youth age 4 to 17
- 2.5 million youth medicated for ADHD
- 7.8% school age youth as reported by parents
- 4:1 to 9:1 boys : girls
Attention Deficit Hyperactivity Disorder (ADHA)

- Chronic level of inattention and/or Impulsive hyperactivity to the extent that daily functioning is compromised
- Above occurs at levels higher than expected for the person’s developmental stage and must interfere with ability to function in different settings, such as home and school
- A person with ADHD may struggle in important areas of life, such as peer and family relationships and school or work performance.
Attention Deficit Hyperactivity Disorder (ADHA)

- Short attention span
- Impulsive actions
- Distractibility
- Hyperactivity
- Low frustration tolerance
- Tendency to become bored

- Lack of motivation
- Inability to recognize future consequences of behavior
- Inability to learn from mistakes
- Socialization problems
MENTAL RETARDATION

Three conditions:

1. Significantly sub average general intellectual functioning (IQ of 70 or below on an individually administered IQ test)

2. Concurrent deficits or impairments in present adaptive functioning in at least two of these areas, (compared to standards expected for his or her age by his or her cultural group)

- communication skills
- social/interpersonal skills
- use of community resources
- functional academic skills

self-care         home living
work             safety
leisure          health
self-direction

3. Onset before age 18
The most useful approach for children with mental retardation consists of multidisciplinary efforts directed at many aspects of the child’s life – education, social, and recreational activities; behavior problems; and associated impairments.
MENTAL RETARDATION

- School systems vary from state to state in their classification of persons who are mentally retarded.
- 1 to 3% of the population is mentally retarded
- 1% when persons who have mild mental retardation due to cultural and/or social disadvantages are excluded,
- More common in boys than girls
  - 2:1 among those requiring intermittent support
  - 1.5:1 among those requiring extensive supports
- Due to sex-linked disorders, ex. fragile X syndrome
MENTAL RETARDATION

Number of persons classified with moderate, severe and profound mental retardation (requiring extensive supports) has not changed in recent decades.

- although research has lessened the effects of mental retardation for some
- other causes have increased mental retardation
  - prenatal exposure to drugs of abuse, ex. alcohol
  - congenital human immunodeficiency virus infection.
MENTAL RETARDATION

- **Mild** 80% of MR population  IQ 50-70

- Can develop social and communicative skills, able to achieve in academic subjects to a minimal level, able to adjust socially to point where can function independently in the community; can develop occupational adequacies to a degree so that they can support themselves partially or totally at the adult level;

- Often no longer classified as mentally retarded when they become adults

- Often classified as Educable Mentally Retarded

- Most can function with intermittent supports or do not require supports

- Nearly all are main-streamed in the classroom
MENTAL RETARDATION

- Moderate 12% of MR population IQ 35-49
- Can communicate; poor social awareness; has potential to learn self-help skills, social adjustment, economic usefulness in the home, residential school or sheltered workshop
- Often classified as Trainable Mentally Retarded
- Most would require extensive supports
- Most would be in special education classes
MENTAL RETARDATION

- Severe 7% of MR population IQ 20-40
- Poor motor development; minimal speech
- All would require extensive supports
MENTAL RETARDATION

- Profound  < 1% of MR population  IQ  < 20
- Gross retardation with minimal capacity to function in the sensori-motor area
- All would require extensive supports
American Association on Mental Retardation (AAMR) classifies persons based on their degree of abilities rather than their degree of disabilities.

- Intermittent Supports to function in community [mild]
- Limited Supports to function in community [moderate]
- Extensive Supports to function in community [severe]
- Pervasive Supports to function in community [profound]
MENTAL RETARDATION

Number of persons classified with mild mental retardation (needing intermittent supports) is constantly being reduced
- standards of classification are being changed
- recognition of and elimination of causes of mental retardation
- early intervention in working with children diagnosed as mentally retarded is expanding their potential
FACTORS ASSOCIATED WITH MILD MENTAL RETARDATION

- No specific cause is associated with majority of individuals in category
- Psychosocial factors are more commonly associated with individuals in category
- Environmental factors identified with category
  - Maternal factors (IQ <80, limited education, little positive involvement with child)
  - Poverty (low socioeconomic status)
  - Family factors (disorganization, large size)
  - Poor prenatal care
  - Spoken language patterns of lower complexity
FACTORS ASSOCIATED WITH MODERATE, SEVERE OR PROFOUND MENTAL RETARDATION

Biological / pathological factors can be identified in 60-75% with IQ <50

- Infections and toxicants (rubella, syphilis, toxoplasmosis, bacterial and viral infections, drugs, smoking, caffeine, alcohol, lead)
- Trauma or physical agents (irradiation, trauma)
- Metabolism or nutrition (lipid storage diseases, carbohydrate disorders, amino acid disorders, etc.)
- Gross brain disease (tuberous sclerosis)
- Unknown prenatal influence (anencephaly, microcephaly, meningomyelocele, hydrocephalus)
- Chromosomal abnormality (Down syndrome, Klinefelter syndrome, Fragile X)
- Conditions during prenatal period (prematurity, postmaturity, low birth weight)
Persons who have mental retardation are *individuals*, they differ from each other in many ways. Generalizations are shared by a number of persons who are mentally retarded, but not by most.
MENTAL RETARDATION

Generalizations: Physical Characteristics
(Problems mentioned above are more common and more severe the greater the degree of retardation)

- Hearing, sight, speech and sensory perception may be inferior
- Height, weight and skeletal maturity may be reduced; some may be obese
- Inadequate diet, inadequate health care and dental problems are more common
- Coordination, fitness and overall motor performance is below the average
MENTAL RETARDATION

Generalizations: Sociobehavioral Characteristics

- Students with mild retardation have more adjustment problems, especially self-concept, attention deficit problems and anxiety.
- Mildly retarded individuals often have poor interpersonal relationships, are more frequently rejected than accepted by their peers, the more inappropriate their behavior, the greater the degree of rejection.
- Mildly retarded individuals may be impatient, lose interest if goals are out of reach, may respond with fear and aggression.
- Due to continued failure, they may have elaborate defense mechanisms that result in apathy; these can be reduced by successful experiences that result in praise.
MENTAL RETARDATION

Generalizations: Intellectual Characteristics

- Subaverage cognitive functioning, but able to learn
- Learning is at a slower rate than persons who are not affected
- Problems with memory, especially short term memory
- Problems with verbal ability, mathematics, logical reasoning, etc.
- Difficulty in attention span, recall, transfer, conceptualization and symbolization
## MENTAL RETARDATION

Percentages of children with mental retardation who have associated developmental disabilities

<table>
<thead>
<tr>
<th>Condition</th>
<th>Extensive Support (%)</th>
<th>Intermittent Support (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>63%</td>
<td>17%</td>
</tr>
<tr>
<td>Cerebral palsy</td>
<td>6%</td>
<td>19%</td>
</tr>
<tr>
<td>Seizure impairments</td>
<td>11%</td>
<td>21%</td>
</tr>
<tr>
<td>Sensory impairments</td>
<td>24%</td>
<td>55%</td>
</tr>
<tr>
<td>Psychological/behavioral</td>
<td>25%</td>
<td>50%</td>
</tr>
</tbody>
</table>
AUTISM

- A physical disorder of the brain, characterized by impaired communication, extreme self-absorption, detachment from reality, and abnormal responses to sensory stimulation
- Aggressive behavior is typically displayed toward oneself, with such actions as head banging
- One in four persons with autism have seizures
- 7% have diagnosis of mental retardation
- Blindness and/or deafness are common
CEREBRAL PALSY

- Muscular weakness and difficulty in coordinating voluntary movement owing to developmental or congenital damage to the brain
- 50% are prone to seizures
- Respiratory problems, hearing loss, visual impairment and contractures are other physical impairments common.
- 25% have mental retardation
- ADHD, Language disorders and learning disabilities also common
DOWN SYNDROME

- A genetic disorder associated with the presence of an extra chromosome 21
- Delayed physical, intellectual and language development
- Wide variation in physical, intellectual and language abilities
- Most have mild, moderate or severe mental retardation
- Heart defects and gastrointestinal tract abnormalities common
Persons who have developmental disabilities are *individuals*, they differ from each other in many ways.

Generalizations are shared by a number of persons, but not by most.

All persons deserve to be related to as the individuals that they are.