

# Developmental Disabilities

Medical and Psychosocial Aspects

Presented by:

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"Hello!  
I'm special  
not different."



Guaranty Trust Bank plc  
RC 102311

# Be a VOICE

## for children

Autism



**Managing Autism**

One-on-One Consultation

20th - 28th OF APRIL 2011

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# Themes

- Decreased Independence
- Social Barriers
- Communication Difficulties
- Sexual Issues
- Limited Vocational Opportunities
- Finances and Services

# Populations

- Mental Retardation
  - Down's Syndrome
  - Prader-Willi
  - Fetal Alcohol Syndrome
- Pervasive Developmental Disorders
  - Autism
  - Asperger's Syndrome





Cape Town  
**2016**  
18 - 22 Nov

World Psychiatric Association INTERNATIONAL CONGRESS



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# World Psychiatric Association

INTERNATIONAL CONGRESS



Hall **1b**

Business Centre





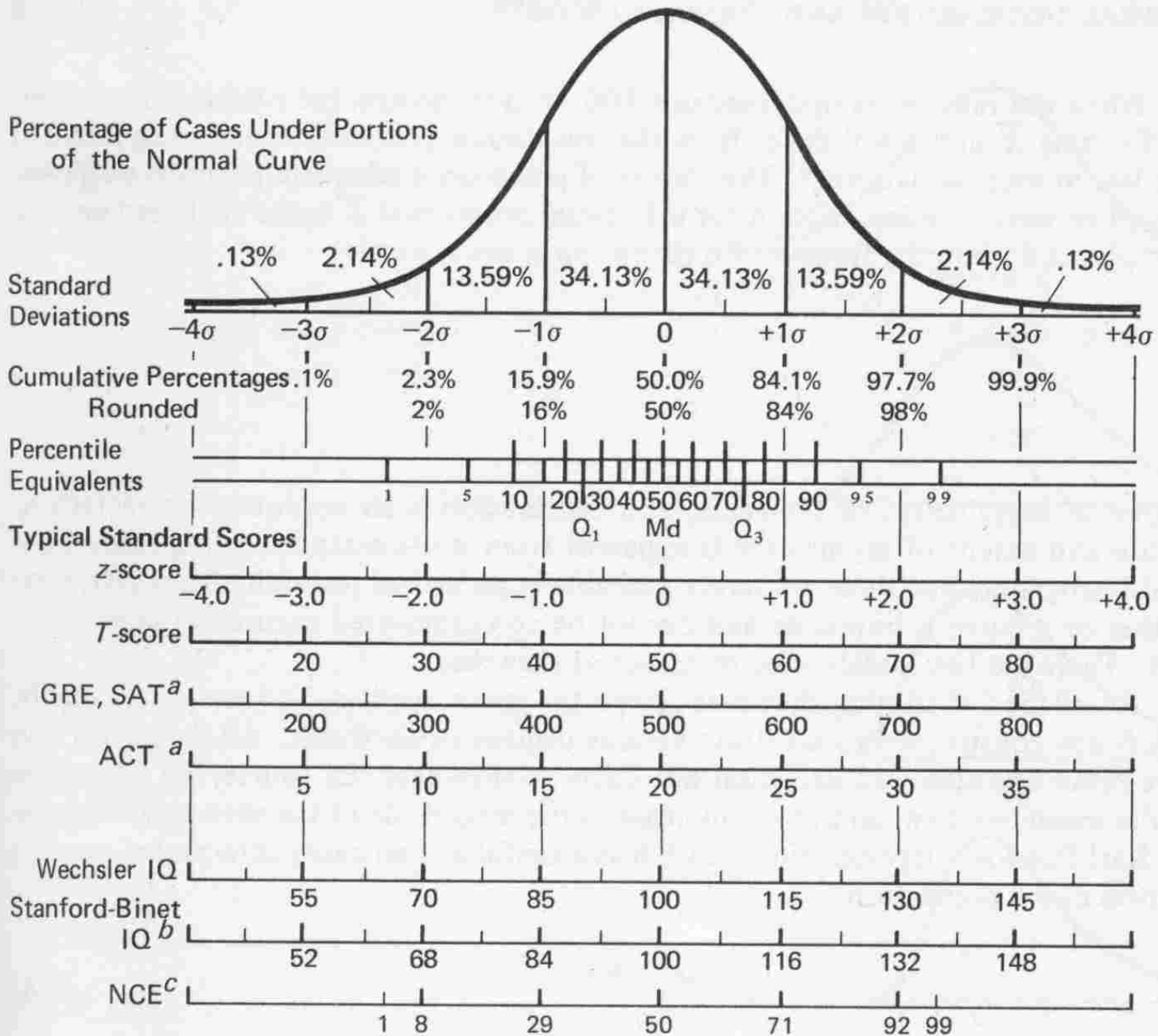
- **Department of Assistive and Rehabilitative Services (DARS)**
  - **Program Areas:**
    - Vocational Rehabilitation Services
    - Blind Services
    - Early Childhood Intervention Services
    - Disability Determination Services
  - **Key Budget Drivers in FY08-09:**
    - Vocational Rehabilitation Services
    - Early Childhood Intervention Services
    - Disability Determination Services

# Mental Retardation

- Severity of Mental Retardation
  - 317 Mild MR: IQ levels 50-55 to approx 70
  - 318.0 Moderate MR: IQ levels 35-40 to 50-55
  - 318.1 Severe MR: IQ levels 20-25 to 35-40
  - 318.2 Profound MR: IQ levels below 20 or 25.



Percentage of Cases Under Portions of the Normal Curve





# Mild Mental Retardation

- Roughly equivalent to what used to be referred to as “educable.”
- Largest segment of MR population (85%)
- Typically develop social & communication skills during preschool years.
- Minimal impairment in sensorimotor areas and are often not distinguishable for non MR until a later age.
- Can generally acquire academic skills to approx. 6<sup>th</sup> grade level.
- As an adult - can achieve social & vocational skills adequate for minimum self-support, but may need supervision, guidance and assistance - especially with unusual social and/or economic stressors.



# Moderate Mental Retardation

- Roughly equivalent to what used to be referred to as “Trainable.” Should not be used today because it wrongly implies that people with Moderate MR cannot benefit from educational programs.
- Constitutes 10% of MR population
- Communication skills acquired in early childhood.
- Profit from vocational training with moderate supervision can attend to personal care.
- Unlikely to progress past the 2<sup>nd</sup> grade level in academic subjects.
- Difficulties can arise during adolescence in recognizing social conventions thus interfering with peer relationships.
- Adult years: most are able to perform unskilled or semiskilled work under supervision in workshops or in general workforce. Adapt well to life in community, usually in supervised settings.



# Severe Mental Retardation

- Constitutes 3-4% of individuals with mental retardation
- Early childhood years they acquire little or no communicative speech.
- School-age period - may learn how to talk and can be trained in elementary self-care skills. Limited profit is seen in instruction in pre-academic skills (e.g. familiarity with alphabet), but can master skills such as learning sight reading of some “survival” words.
- Adult years: May be able to perform simple tasks in closely supervised settings.
- May adapt well to life in the community - living in group home or with families (unless there is an associated disability)



# Profound Mental Retardation

- Makes up 1-2% of the MR population
- Most individuals with this condition have an identifiable neurological condition that accounts for their mental retardation.
- Early childhood: considerable impairments in sensorimotor functioning.
- Optimal development may occur in highly structured environments with constant aid and supervision and an individualized caregiver.
- Motor development, self-care, and communication skills may improve if appropriate training is provided. Some can perform simple tasks in closely supervised and sheltered settings.



# Down's Syndrome

- Characterized by
  - Low muscle tone
  - Small stature
  - Short fingers and toes
  - Wide spread eyes
  - Friendliness and pleasant mood



# Issues

- Decreased life span
- Decrease in muscle tone
- Susceptibility to abuse
- Other issues similar to mental retardation



# Prader-Willi

- Characterized by
  - Insatiable appetite
  - Obesity
  - Behavior issues
  - Low muscle tone
  - Short stature
  - Physical immaturity
  - High pitched voice



# Issues

- Life threatening weight gain
- Rigid Behavior Program / Diet
- Independence



# Fetal Alcohol Syndrome

- Characterized by
  - Difficulty maintaining focus
  - Slow to learn and retain knowledge
  - Wide set eyes & narrow chin
- Issues
  - Issues often extend to the entire family



# Autism

- Characterized by
  - Marked decrease in development around age two.
  - Stereotypic movements
  - Decreased social interaction
  - Restricted interests
  - Limited verbal skills
  - Long periods of withdrawal and isolation



# Issues

- Prevalence: approx 5:10,000
- Autism is not defined by IQ
  - While many persons with autism have low IQ, normal and above normal IQ is also common.
- Language skills and IQ are strongest factors related to overall prognosis.
- Frustration and trauma of having a child decrease in developmental milestones.
- Limited ability to communicate needs
- Need for social interaction on own terms
- Developmental gains are common in school-age and adolescents
  - Some individuals deteriorate during adolescence
- Follow-up studies suggest that only a small percentage of individuals with this disorder go on as adults to live and work independently.
  - Highest functioning adults with Autistic Disorders typically continue to exhibit problems in social interaction and communication along with markedly restricted interest and activities.

# Working with Persons with Mental Retardation

- Create a plan specific to the individual
  - IEP
- Work at own pace
- Be patient
- Use concrete terms



# Asperger's Disorder

- Primarily a Social Disability....
- Characterized by
  - Severe and sustained impairment in social interaction
  - Development of restricted, repetitive patterns of behavior, interests, and activities
  - The disturbance must cause clinically significant impairment in social, occupational, or other important areas of functioning.
  - No clinically significant delays in early language
  - No clinically significant delays in cognitive development or in age-appropriate self-help skills, adaptive behavior and curiosity of the environment
  - Person does not meet other PPD or Schizophrenia diagnoses.

# Asperger's Disorder

- Similarity to Autism
- Desire for friendships, but limited means
- Increased knowledge in specific areas, often non-academic (e.g.: flight schedules, cars)
- MR is usually not observed in Asperger's.
- Cognitive strengths usually in verbal ability (vocabulary, rote auditory memory), with weakness in non-verbal areas (visual-motor and visual-spatial skills)
- Motor clumsiness and awkwardness may be present, but mild. Nevertheless these can contribute to peer rejection and social isolation
- Individuals with Asperger's are frequently diagnosed with ADHD due to attention deficits and hyperactivity.
- Males > Females (5 to 1)



# Issues

- Continuous and lifelong disorder.
- Barriers to social interaction
- Difficult to diagnosis
  - Access to services
- Desire for independence

# Vocational Habilitation

- Sheltered Workshops
- Supported Employment
  - [http://www.aamr.org/Policies/faq\\_supported\\_employ.shtml](http://www.aamr.org/Policies/faq_supported_employ.shtml)



# Individual Plan ...



The Individual Plan for Employment (IPE) is developed cooperatively with the VR Counselor. The IPE should include your chosen Vocational Goal and VR services you will receive.

- You have the option of developing it alone or with the assistance of the VR Counselor or designated assistance
- The IPE must be realistic and all services must relate to your documented disability and the level of intervention you would need to become employed
- The IPE process can take up to 120 days to develop due to the coordination and discovery of Services

## Types of Services

- Vocational Evaluation/ Counseling
- Transportation
- Vehicle Modification
- Job Placement
- Rehabilitation Technology
- Interpreter Services
- Tuition, books and fees
- Physical Restoration
- Mental Restoration
- Services to Family Members

# Working with Adults with Autism Spectrum Disorders

- Go with their Strengths
- Structure
  - Schedules
- Strategies
  - Verbal
  - Gesture
  - Demonstrate
  - Hand over hand
    - Only use hand over hand with people you know well



# Links

- American Association on Mental Retardation (AAMR): <http://www.aamr.org/index.shtml>
- The Arc <http://www.thearc.org>
  - Alachua County chapter: <http://www.arcalachua.org/>
  - CDC National Center on Birth Defects and Developmental Disabilities: <http://www.cdc.gov/ncbddd/>
- Online Asperger Syndrome information and support: <http://www.udel.edu/bkirby/asperger/>
- JAN: Accommodation Ideas for Mental Retardation or other Developmental Disabilities: <http://www.ian.wvu.edu/media/ment.htm>

# Concept of Vocational Rehabilitation



The Concept of Vocational training & rehabilitation itself has come in just about 40 – 45 years ago in India.

Even among the Developed Nations the concept dates back to the end of Second World War (1945)

- **Focus has always been on medical or surgical intervention and education**
- **While teaching and learning are disability oriented, do not forget that the jobs are not created for the disabled, nor are they designed to suit the disabled.**



# Individual Career Planning

