

PRINCIPLES OF CAREGIVING

DEVELOPMENTAL DISABILITIES MODULE

CHAPTER 1:

KNOWLEDGE OF DEVELOPMENTAL DISABILITIES

CONTENT:

- A. Developmental Disabilities
- B. Introduction to Human Development
- C. The Four Developmental Disabilities
- D. Responding to Seizure Activity
- E. Sensory Integration
- F. General Guidelines for Working with People with Disabilities

Estimated time for this chapter: _____

Needed Materials:

1. Facilitator Guide
2. Participant Guides

COMPETENCIES:

(TO KNOW OR BE ABLE TO:)

1. What a developmental disability means.
2. Four conditions to qualify for the Division of Developmental Disabilities
3. Recognize affects of Autism
4. Recognize affects of Cerebral Palsy
5. Recognize affects of Cognitive Disability
6. Recognize affects of Epilepsy
7. Factors that contribute to seizure activity
8. Recognize when a person is having seizure activity
9. What to do when a person is having seizure activity
10. What not to do when someone is having a seizure
11. When to call 911 when a person is having a seizure
12. Document and report seizure activity
13. Ways to support a person after seizure activity
14. How “sensory integration challenges” may affect a person

KEY TERMS:

Autism	Epilepsy
Cerebral Palsy	Seizure Activity
Cognitive Disability	Sensory Integration Challenges
Developmental Disability	

Facilitator Note:

Review the following information with the larger group. You may want to read sections aloud, ask for volunteers to read it, or allow adequate time for the group to read it on their own. Whatever option you choose, be sure to spend some time discussing **bold** sections.

A. DEVELOPMENTAL DISABILITIES

Facilitator Note:

Introduce this section by discussing how the knowledge of areas of development helps us to recognize the areas of development affected when a person has a developmental disability. The person's Individual Support Plan summarizes strengths and support resources needed in each area of development.

In order to qualify for services through the Department of Economic Security, Division of Developmental Disabilities, a person must be diagnosed as having a developmental disability that meets certain criteria (as outlined in ARS 36-551).

Developmental Disabilities

Developmental disability is a broad term used to describe delays in one or more developmental category, and therefore may have no specific cause or cure. There are numerous causes of developmental delay including early brain or birth injuries, genetic disorders and environmental factors including poor maternal nutrition, exposure to toxins or infections passed from a mother to her baby during pregnancy.

Exercise: Which disabilities do you know?

For example: Down syndrome, blindness

Discussion: What is the difference between a developmental disability and other disabilities?

Developmental disabilities (DD) are severe, chronic disabilities attributable to mental and/or physical impairment, which manifest before age 18 and are likely to continue indefinitely. They result in substantial limitations in these areas:

- Self - care
- receptive and expressive language
- learning
- mobility

Chapter 1. Knowledge of Disabilities

- self-direction
- capacity for independent living
- economic self-sufficiency

Note: In order to receive services in Arizona, the Division of Developmental Disabilities recognizes four qualifying diagnoses for individuals age 6 and above:

1. Autism
2. Cerebral Palsy
3. Cognitive disability
4. Epilepsy

Who do we support?

Individuals with disabilities are infants, children, adolescents, young adults and older adults who have a life to live in the same respect as everyone else. Public concern and attention is directed toward providing the opportunities for life, liberty and the pursuit of happiness to all citizens. Direct Care Workers will be joining a large and distinguished group of parents, teachers, physicians, therapists, professionals and friends who are working to support individuals with disabilities as they lead their lives.

B. INTRODUCTION TO HUMAN DEVELOPMENT

FACILITATOR NOTE: Discuss the following topics related to human development.

The stages of development will follow patterns that are based on basic principles typical of all people, whether they have disabilities or not. These principles state that development is:

- **Similar in all people. While every person is unique, development occurs in sequences that are predictable.**
- **An orderly process with stages (patterns) that can be predicted. Knowing the predictable sequences of behavior helps in recognizing typical (normal), patterns of behavioral change and growth and enables parents, educators, and other professionals to develop individualized programs.**
- **Proceeds at different rates from the general to the specific, from the upper portions of the body toward the lower portions –from head to toe, and from the center of the body to the outer body parts.**

FACILITATOR NOTE:

A developmental domain or area of development is a category of skill and growth in a particular area. Individuals don't develop in just one area in isolation. The skills in each domain or area affect the others, and a delay in one area can negatively affect development in other domains. For example, if a person is experiencing challenges in the area of emotional development, this could result in behavior that affects his/her ability to be in a classroom setting. Although the challenge is in the area of emotional development, the person's behavior may interfere with his/her attention to learning and affect cognitive development.

Human Development

It is important for Direct Care Workers to remember that no two individuals (with or without a disability) are alike. People with the same disability will learn and grow differently. Also, there are different types of development. Match these words to the text below.

social	physical
Speech / language	cognitive
Self-help	emotional

Physical development – is the gradual gaining of control of large and small muscles. It includes the development of large muscle skills such as sitting, crawling, walking, running, and throwing; and small muscle skills such as holding, pinching and flexing fingers and toes.

Cognitive development – is the process of learning to think and to reason.

Self-help development – is the development of daily living skills such as toileting, self feeding, dressing and so forth.

Speech/Language development – the process of learning to communicate with others through verbal or other communication means.

Social development – is the process of getting to know and value the other people. It involves being able to establish and maintain relationships, develop social skills, and gets along with others. It includes learning to share, cooperate, take turns, and negotiate with others.

Emotional development – refers to the feelings people have about themselves, other people in their lives and the environment in which they live. This includes their relationships with others and their emotional reactions to people and things in their environment.

C. THE FOUR DEVELOPMENTAL DISABILITIES

1. AUTISM

Affects Social and Communication Abilities

Autism is a condition characterized by severe disorders in communications and behavior resulting in limited ability to communicate, understand, learn and participate in social relationships. Some people may be mildly affected while others may be more significantly affected and require around the clock supports.

CHARACTERISTICS OF AUTISM

FACILITATOR NOTE:

Stress that this is general information about autism and that each individual is unique. They may or may not see some or all of these characteristics depending on the individual.

Social Interaction

The most obvious symptom of autism is impaired social interaction. Individuals with autism:

- may fail to respond to their names
- often avoid looking at other people
- difficulty interpreting tone of voice or facial expressions
- may not respond to others' emotions
- watch other people's faces for cues about appropriate behavior
- appear to be unaware of others' feelings toward them and of the negative impact of their behavior on other people.
- unaware of personal space

Communication

Problems with verbal and nonverbal communication which may include:

- repetitive speech, noises and phrases, unusual rate, pitch or rhythm of speech
- speech or vocalizations may be more for sensory stimulation than communication
- trouble with initiating or sustaining conversation
- may never develop spoken language (but they do communicate!)

Limited or Unusual Activities and Interests

People with autism may:

- may engage in repetitive movements (spinning, rocking, hand slapping)
- may be obsessive about routines
- may require their physical environment to be set up in a specific way

- may have intense and obsessive interests around specific subjects or objects (birthdates, time zones, spinning wheels, strings, etc)
- **Unusual Response to Sensory Stimuli (things experienced through the senses; sounds, textures, pressures, smells, sights, lights, etc.)**
Unusual sensitivities may contribute to behavioral symptoms such as resistance to being touched and may contribute to:
 - abnormal responses to light , sounds, touch, or other sensory stimulation
 - repetitive movements such as rocking and hair twirling, or in self-injurious behavior such as biting or head-banging.
 - reduced sensitivity to pain

In addition to the characteristics listed above, people with autism may have special dietary needs that will require reviewing the person’s plan and getting to know the individual.

2. CEREBRAL PALSY

AFFECTS BRAINS ABILITY TO COMMUNICATE EFFECTIVELY WITH THE MUSCLES

Cerebral Palsy results from a brain injury that may occur before or at the time of birth, or up until the age of six. “Cerebral” refers to the brain and “palsy” refers to muscle weakness/poor control. Injury to the brain affects the messages the brain sends to the muscles. The muscles affected may be a part of or side of the body, and sometimes it affects the entire body. Although permanent, the brain abnormality does not get worse over time. Uncontrolled movements and muscle tightness (spasticity) may occur with varying severity.

Cerebral Palsy is not progressive; however secondary conditions such as muscle control may get better or worse over time, or stay the same.

Note: Although communication may be difficult, a person with cerebral palsy may not have any intellectual challenges

Depending on the areas of the brain affected, one or more of the following may occur:

- muscle tightness
- involuntary movement
- gait or mobility problems
- difficulty swallowing and feeding
- difficulty with vision, hearing, or articulation of speech
- problems with breathing due to postural difficulties
- skin disorders due to pressure sores

3. COGNITIVE DISABILITY

AFFECTS HOW A PERSON LEARNS

Cognitive disability, also referred to as intellectual disability, is characterized by challenges in learning which causes limitations in areas of daily life. These limitations can cause problems in school, work, and leisure activities, social and communication skills, and activities of daily living. People with a cognitive disability can and do learn new skills but may need additional support or adapted teaching strategies.

In Arizona a person needs to have an IQ score below 70 to qualify for services through the Division of Developmental Disabilities.

4. EPILEPSY (SEIZURES)

AFFECTS ELECTRICAL/CHEMICAL IMPULSE IN THE BRAIN

Epilepsy is a long-term, condition that causes repeated seizures if it is not treated (and sometimes despite treatment). There are many kinds of seizures, but all involve abnormal electrical activity in the brain that causes an involuntary change in body movement or function, sensation, awareness, or behavior.

A seizure is a sudden surge of electrical activity in the brain that usually affects how a person feels or acts for a short time. Seizures are not a disease in themselves. Instead, they are a symptom of many different disorders that can affect the brain. Some seizures can hardly be noticed. Others may involve the entire body and affect a person in many aspects of their life.

Seizures may be related to a brain injury or a family tendency, but often the cause is completely unknown. The word "epilepsy" does not indicate anything about the cause of the person's seizures or how severe they are. Epilepsy affects people in varying degrees. In most cases, they can be controlled by treatment such as medication, surgery, or nerve stimulation. For some people, treatment does not adequately control the seizures.

D. RESPONDING TO SEIZURE ACTIVITY

RECOGNIZING A SEIZURE

How a seizure affects a person, and what it may look like depends on the part of the brain that is involved in the seizure. A seizure is caused by an electrical disturbance in the brain. Seizures can vary in how they look depending on the individual.

RESPONDING TO SEIZURES

Facilitator Note:

There are many misconceptions and fears about supporting a person who experiences seizures. Be sure to ask the group to share their knowledge and experiences in this area. This will give you the opportunity to address any misconceptions that the participants may have. Allow plenty of time for the participants to ask questions. Incorporate a current video about epilepsy or other visual training tools in this section if possible.

If a person you are supporting is experiencing a seizure, respond the way that you have been trained in your individual orientation to that person and your First Aid training. **ALWAYS FOLLOW THE INDIVIDUAL PERSON'S SEIZURE PROTOCOL.**

FACILITATOR NOTE:

Emphasize this point! Be sure that the participants know where to find a copy of the plan, or who to ask for it.

Each person served by DDD has an Individual Support Plan that includes a listing of "risks" that may affect the person. A person with seizures should have a risk assessment that outlines specific steps to follow when this person has a seizure.

Some general guidelines for responding to seizures include:

For convulsive type seizures: (define convulsive as uncontrollable movement of the muscles)

- Stay calm and time the seizure.
- If the person is having a convulsive type seizure, loosen any tight clothing and remove eyeglasses if they wear them.
- Clear the area of any potential hazards that could cause an injury to the individual such as hard, sharp, or hot objects, but do not interfere with their movements
- if you can do so safely, turn the person's body to the side to permit the draining of fluids.
- Something soft should be placed under the head.

- Stay with the person. Continue to monitor the person after the seizure.
- If the person is tired, assist him/her to a quiet comfortable place and allow time to rest.

For non-convulsive type seizures (seizures that may involve the person's senses or behavior, but that do not involve convulsions.)

- Time the seizure.
- Be available if they need assistance.

FACILITATOR NOTE:

Psychomotor or Temporal Lobe Seizures are an example of a non-convulsive seizure. During these types of seizures a person may smell strange odors that aren't actually present, have unexplained feelings, or have a sudden taste in their mouth.

WHAT NOT TO DO DURING A SEIZURE:

- Do **NOT** attempt to stop the seizure!
- Do **NOT** restrain the person or try to hold them down in any way!
- Do **NOT** force anything between their teeth or put anything in their mouth!
- Do **NOT** give the person anything to eat or drink until s/he has fully recovered consciousness!

WHEN TO CALL 911:

- **FOLLOW THE PERSON'S SEIZURE PROTOCOL**
- If the person does not have a known seizure disorder call 911
- If the seizure or recovery is different than what is typical for that person, call 911
- If a seizure lasts longer than 5 minutes call 911! (unless you have been instructed otherwise in the individual orientation to the person)
- If a person is having repeated seizures call 911
- If the person's well being is in question, call 911
- If a person has trouble breathing after the seizure (lips or nail beds turning blue), call 911
- If a person is injured or seems to be in pain, call 911
- If you think the person's health, well-being, or life are in danger, call 911

Repeated Seizures

Can be life-threatening!
CALL 911!

Almost all seizures end naturally with no intervention within a few minutes. The person may be tired and confused following a seizure and need to sleep. If however a person does not completely recover from one seizure before beginning another one, it's possible that they are experiencing status epilepticus, a life- threatening seizure. If in question, call 911!

SUPPORTING A PERSON AFTER A SEIZURE

- Provide any needed first aid for minor injuries or call 911 if necessary
- Be calm, friendly and reassuring
- Help the person to an area where they can rest comfortably
- The person will likely be very tired. Allow them to rest. They may sleep very deeply for a period of time following a seizure.
- The person may seem confused or disoriented following a seizure.

AFTER A SEIZURE

Once the seizure is over, and the person is safe and comfortable, you will need to document some information about the seizure. When completing your documentation of the seizure:

- Note the time the seizure started and ended
- Note the characteristics of the seizure
 - Did the person lose consciousness?
 - Were they incontinent?
 - Did they experience convulsions?
 - What body parts were involved?
 - Was there a change in the coloring of the skin, or a blue tint to the lips or nail-beds?
 - What was the individual's condition following the seizure, i.e. were they confused, did they have a headache, were they aware of their environment?
- When it is safe to do so, write a seizure report and/or incident report following your agency's policy.
- After a seizure, a person is often very tired. Assist them as necessary to a place where they can rest.

FACTORS THAT MAY CONTRIBUTE TO A SEIZURE

There are many factors that may increase the likelihood that a person with epilepsy will experience a seizure. The triggers that may affect a person will depend on their particular type of epilepsy, and many other factors. Some things to consider include:

- Changes in medication or missing a dosage of a seizure medication
- Lack of sleep / exhaustion
- Stress
- Alcohol or drug use (including prescription medications, recreational drugs and over-the-counter medications)
- Hormonal changes
- Exposure to toxins
- Nutritional changes or deficiencies
- becoming overheated or dehydrated

E. SENSORY INTEGRATION CHALLENGES

Many people with developmental disabilities also experience sensory integration challenges. Individuals process sensation from the environment or from their bodies (e.g. what they feel or hear) in an inaccurate way.

FACILITATOR NOTE:

Sensory integration is the neurological process of organizing information from one's body and from the outside world for use in daily life. Sensory integration is an important foundation for more complex learning and behavior. For most people, sensory integration develops in the course of typical development as the ability to adapt to incoming sensations. When sensory integration does not proceed fully, a number of problems in learning, development, or behavior may emerge. These challenges may affect a person's self-esteem, self control and attention span.

A professional therapist may develop a specific program to address sensory problems that include activities for a direct care worker to follow.

Signs of sensory integration challenges MAY include:

- problems with movement such as difficulty walking on uneven surfaces
- poor spatial awareness – (awareness of things in the space around us).
- overly sensitive to touch, movements, sights, or sounds
- sensitivity to types of fabric used in clothing, etc.

FACILITATOR NOTE:

If a person shows signs and symptoms of having a sensory integration challenges, an assessment can be completed by a qualified occupational therapist. Based on the assessment, the therapist will make recommendations for appropriate therapy and treatment. The therapist will provide specific directions on the implementation of specific therapeutic interventions that can be used by the person on a day-to-day basis.

Source: www.sensory-processing-disorder.com

F. General Guidelines for Working with People with Developmental Disabilities

Get to know the person you support – Just like anyone else, the people who are most supportive to us are those who know us best. We want to take the time to develop that knowledge.

Provide clear verbal instructions - It is best to provide clear simple verbal instructions. Use the name of the person to get his/her and then the present the instruction or direction.

Provide opportunities for growth –Do not assume that because someone has a disability they cannot do things for themselves. Encourage the person to try new things and to do tasks with as little assistance as possible.

Model correct behavior - the person will learn from watching you. Use proper behaviors so the individual can follow. Sometimes a task or behavior must be repeated many times until the person learns it. Be patient and positive.

Many people will need assistance in learning and in other areas. They may be accessing physical, occupational and speech therapy services. Always speak clearly and follow through with any activities provided by the therapist. Supporting therapy goals through informal or formal practice of goals is essential.

Use a consistent approach— Consistency provides a sense of security.

Be aware of how the environment affects the person you are supporting. Some people tend to be sensitive to sound, light, touch and/or other factors.

Plan for transitions – changes can be difficult, by giving cues about the change ahead of time the transition from one activity to another will go smoother. Transitions are difficult for many people.

Instructor Resource Material

MEDICATIONS COMMONLY USED TO TREAT EPILEPSY - INSTRUCTOR RESOURCE MATERIAL

FACILITATOR NOTE:

This list is NOT inclusive. New medications are being developed / used all the time!

Tegretol or Carbatrol (carbamazepine)

First choice for partial, generalized tonic-clonic and mixed seizures.

Common adverse effects include fatigue, vision changes, nausea, dizziness, and rash.

Zarontin (ethosuximide)

Used to treat absence seizures.

Adverse effects include nausea, vomiting, decreased appetite, and weight loss.

Felbatol

Treats partial and some generalized seizures.

Side effects include decreased appetite, weight loss, inability to sleep, headache, and depression. The drug can rarely cause bone marrow or liver failure. Therefore the use of the drug is limited and patients taking it must have blood cell counts and liver tests regularly during therapy.

Gabitril

Used with other epilepsy drugs to treat partial and some generalized seizures.

Common side effects include dizziness, fatigue, weakness, irritability, anxiety, and confusion.

Keppra

Used with other epilepsy drugs to treat partial seizures.

Side effects include tiredness, weakness, and behavioral changes.

Lamictal

Treats partial and some generalized seizures.

Has few side effects, but rarely people report dizziness, insomnia, or rash.

Lyrica

Used to treat partial seizures.

Side effects include dizziness, sleepiness (somnolence), dry mouth, peripheral edema, blurred vision, weight gain, and difficulty with concentration/attention.

Neurontin (Gabapentin)

Used with other epilepsy drugs to treat partial and some generalized seizures.

Few lasting side effects. During the first weeks of treatment you may experience tiredness and dizziness.

Dilantin (Phenytoin)

Controls partial seizures and generalized tonic-clonic seizures. Also can be given by vein (intravenously) in the hospital to rapidly control active seizures.

Side effects include dizziness, fatigue, slurred speech, acne, rash, and increased hair (hirsutism). Over the long term the drug can cause bone thinning.

Topamax

Used with other drugs to treat partial or generalized tonic-clonic seizures.

Side effects include sleepiness, dizziness, speech problems, nervousness, memory problems, visions problems, weight loss.

Trileptal

Treats partial seizures.

Most common side effects are tiredness, dizziness, headache, blurred vision, or double vision.

Depakene, Depakote (valproate, valproic acid)

Used to treat partial, absence, and generalized tonic-clonic seizures.

Common side effects include dizziness, nausea, vomiting, tremor, hair loss, weight gain, depression in adults, irritability in children, reduced attention, and a decrease in thinking speed.

Over the long term, the drug can cause bone thinning, swelling of the ankles, irregular menstrual periods. More rare and dangerous effects include hearing loss, liver damage, decreased platelets (clotting cells), and pancreas problems.

Zonegran

Used with other drugs to treat partial seizures.

Adverse effects include drowsiness, dizziness, unsteady gait, kidney stones, abdominal discomfort, headache, and rash.

Valium and similar tranquilizers such as Klonopin or Tranxene

Effective in short-term treatment of all seizures. Used often in the emergency room to stop a seizure.

Tolerance develops in most within a few weeks, so the same dose has less effect over time.

Side effects include tiredness, unsteady walking, nausea, depression, and loss of appetite. In children they can cause drooling and hyperactivity.

Source: "Epilepsy Health Center". WebMD. 6/1/10
<<http://www.webmd.com/epilepsy/medications-treat-seizures>>.

OTHER TREATMENTS FOR EPILEPSY - INSTRUCTOR RESOURCE MATERIAL

Surgery

There are two types of surgery commonly used to treat epilepsy

- **Resection** – in a resection, the surgeon removes the part of the brain that is causing the seizure.
- **Disconnection** – in disconnection the surgeon interrupts the nerve pathways that allow for the spread of the seizure across the brain.

Source: "Types of Surgery". Epilepsy.com. 5/15/10
<http://www.epilepsy.com/EPILEPSY/types_surgery>.

Vagus Nerve Stimulation

Vagus nerve stimulation (VNS) is designed to prevent seizures by sending regular, mild pulses of electrical energy to the brain via the vagus nerve. These pulses are supplied by a device something like a pacemaker.

The VNS device is sometimes referred to as a "pacemaker for the brain." It is placed under the skin on the chest wall and a wire runs from it to the vagus nerve in the neck.

The VNS will send an automatic pulse to the brain at regularly scheduled intervals. Additional pulses can be activated if necessary by passing a magnet across the area of the body where the VNS has been implanted.

Source: "Vagus Nerve Stimulation". Epilepsy.com. 5/15/10 <
<http://www.epilepsy.com/EPILEPSY/vns>>.

FETAL ALCOHOL SYNDROME – INSTRUCTOR RESOURCE MATERIAL

Fetal Alcohol Syndrome (FAS)

FAS is a lifelong, yet completely preventable set of physical, mental and neurobehavioral birth defects. FAS is the leading known preventable cause of cognitive disability and birth defects.

What is the cause?

Consumption of alcohol prior to conception by either the father or the mother, and or consumption by the mother during pregnancy.

What are the symptoms?

Some people with FAS have only a few of these traits, while others have many. Among the most common traits are:

Growth deficiencies: small body size and weight, slower than normal development and failure to catch up.

Skeletal deformities: deformed ribs and sternum; curved spine; hip dislocations; bent, fused, webbed, or missing fingers or toes; limited movement of joints; small head.

Facial abnormalities: small eye openings; skin webbing between eyes and base of nose; drooping eyelids; nearsightedness; failure of eyes to move in same direction; short upturned nose; sunken nasal bridge; flat or absent groove between nose and upper lip; thin upper lip; opening in roof of mouth; small jaw; low-set or poorly formed ears.

Organ deformities: heart defects; heart murmurs; genital malformations; kidney and urinary defects.

Central nervous system handicaps: small brain; faulty arrangement of brain cells and connective tissue; cognitive disability -- usually mild to moderate but occasionally severe; learning disabilities; short attention span; irritability in infancy; hyperactivity in childhood; poor body, hand, and finger coordination.

DDD Eligibility Criteria for Children Birth to Age 6:

Chapter 1. Knowledge of Disabilities

In Arizona, a child under the age of six years may be eligible for services if there is a strongly demonstrated potential that the child has or will have a developmental disability as determined by appropriate tests.

Developmental delays begin in childhood and occur when children have not reached predictable developmental milestones by the expected time period. For example, if the normal range for learning to walk is between 9 and 15 months, and a 24-month-old child is still not walking, this could be considered a developmental delay.

Developmental delays can occur in all five or the areas of development listed below or may just happen in one or more of the areas. Because growth in each area of development is related to growth in other areas, a difficulty in one area is likely to influence development in other areas. For example, if a child has a delay in speech and language development, it may very likely affect the child's social and emotional development. Additionally, some children with developmental delay will have other associated problems, such as problems with vision or hearing, behavioral problems or seizures.

To be eligible, a child age 0-6 shall meet at least one of the following criteria:

- a. Have a diagnosis of cerebral palsy, epilepsy, autism or cognitive disability.
- b. There is a strong demonstrated potential that a child is or will have a developmental disability (i.e. the parent or primary caregiver has a developmental disability and there is likelihood that without early intervention services the child will have a developmental disability.)
- c. Have demonstrated a significant developmental delay which indicates that the child has a 50% delay in one of the following five developmental domains or that the child has a 25% delay in two or more of the following five domains (0-3):
 1. Physical (fine and/gross motor, vision or hearing)
 2. Cognitive
 3. Communication
 4. Social Emotional
 5. Self Help

DDD Eligibility Criteria for People Age 6 and Above:

Chapter 1. Knowledge of Disabilities

Developmental disability is a broad term used to describe delays in one or more developmental category, and therefore may have no specific cause or cure. There are numerous causes of developmental delay including early brain or birth injuries, genetic disorders and environmental factors including poor maternal nutrition, exposure to toxins or infections passed from a mother to her baby during pregnancy.

In Arizona, the Division of Developmental Disabilities recognizes four qualifying diagnoses for individuals age 6 and above:

1. Cognitive Disability (formerly Mental Retardation)
2. Epilepsy
3. Autism
4. Cerebral Palsy

Developmental disabilities (DD) are severe, chronic disabilities attributable to mental and/or physical impairment, which manifest before age 18 and are likely to continue indefinitely. They result in substantial limitations in three or more of the following areas:

- self-care
- receptive and expressive language
- learning
- mobility
- self-direction
- capacity for independent living
- economic self-sufficiency

SELF-CARE: Self Care means the performance of personal activities that sustain health and hygiene appropriate to age and culture. This includes bathing, toileting, tooth brushing, dressing and grooming.

Examples include:

- Assistance to shower/bathe without assistance
- Assistance to dress / undress without assistance
- Assistance to prepare or eat meals without assistance

RECEPTIVE AND EXPRESSIVE LANGUAGE: Receptive and expressive language means the process of understanding and participating in conversations in the person's primary language, and expressing needs and ideas that can be understood by others.

Examples include:

- Assistance to participate in a conversation without visual cues like communication boards, captioning or sign language
- A person with receptive language challenges may require assistance to interpret or understand incoming messages or instructions
- A person with expressive language challenges may require assistance, coaching or interpretation to express themselves.

LEARNING: Learning means the ability to acquire, retain and apply information and skills.

Examples include:

- Inability to read and write
- Inability to retain new information
- Inability to learn new information

MOBILITY: Mobility means the skill necessary to move safely and efficiently from one location to another within the person's home, neighborhood and community.

Examples include:

- Assistance from others is regularly required to get around in the community
- Modifications or the use of adaptive technology are required to get around
- Range of travel is severely limited.

SELF-DIRECTION: Self-Direction means the ability to manage one's life.

Examples include:

- Inability to begin and carry through on tasks without intense supervision
- Inability to monitor their own behavior
- Inability to make decisions or follow through on them

CAPACITY FOR INDEPENDENT LIVING: Capacity for Independent Living means the performance of necessary daily activities in one's own home and community.

Examples include:

- Inability to identify medical / health needs
- Inability to perform housekeeping tasks
- Inability to access community resources (shopping, medical, entertainment etc)

ECONOMIC SELF-SUFFICIENCY: Economic self-sufficiency means the ability to independently locate, perform and maintain a job that provides income above the federal poverty level.

Examples include:

- Inability to get a job
- Inability to hold a job
- Inability to perform work at a level that results in adequate compensation