



# Disability Awareness



## INTRODUCTION TO DEVELOPMENTAL DISABILITIES

# An Overview of Disability



- How attitudes impact our views of people experiencing disabilities?
- Defining disabilities and demographics
- The importance of language
- Most common disabilities
- What we need to know about the families we serve

# How Attitudes Impact our Views



Some people feel uncomfortable in the presence of individuals who have disabilities.

These attitudes can be classified into seven types:

1. **Social uneasiness** : Not knowing how to act
2. **Rejection of intimacy**: Rejection of close familiar relations
3. **General rejection**: Feelings of revulsion
4. **Paternalism**: People with disabilities are helpless, in need of charity
5. **Assumptions about emotions**: Feel sorry for themselves
6. **Distressed identification**: Feeling of dread, as if it were contagious
7. **Assumptions about abilities**: Thinking you know what they can or cannot do.

# Defining Disability



The **ADA** defines a person with a **disability** as a person who has a physical or mental impairment that substantially limits one or more major life activity. This includes people who have a record of such an impairment, even if they do not currently have a **disability**.

*In 2014, Arizona Law (HB2667) changed the term “disabled” or “developmentally disabled” to a “person with a disability or person with a developmental disability” throughout the Arizona Revised Statutes. The term “handicap” has been replaced with “disability”. Effective July 24, 2014, the Arizona Division of Developmental Disabilities is required to use the term “person with a disability” or “person with a developmental disability” in all rules, programs, publications, policies, procedures and signage.*

# Disability Demographics



- 20% of the world's population has a significant physical or intellectual disability.
- It's a fact that if every American with a disability came together, they would equal the population of California and Florida combined.
- According to the Wall Street Journal, about 8 out of 10 people with disabilities are not in the labor force. The unemployment rate runs about 15% for people with a disability, versus 7% of people with no disability.

# Language is Powerful!



Language displays an important role in showing respect for persons with disabilities.

- People First Language (PFL) recognizes that an individual is a person first and that the disability is a part, but not all of them.
- Avoid hurtful terms. Don't use descriptions such as brain-damaged, slow learner or retarded. Rather, say “man with a brain injury” or “child with a learning difficulty.”

***The language we use reflects the attitudes we have toward any particular group of people.***

# What Do You Call People with Disabilities?

## Say This

- People with disabilities
- People without disabilities
- Person who has an intellectual disability
- Person who has (or has been diagnosed with....)
- Person who has downs syndrome
- Person who has autism
- Person of short stature
- People who are blind
- Person diagnosed with a mental health condition
- Accessible parking, restroom, etc.

## Not This

- The handicapped, disabled
- Normal, healthy
- Mentally retarded, slow
- Person afflicted with, suffers from, a victim of
- Downs person, mongoloid
- Autistic
- Dwarf, midget
- The blind
- Crazy, insane, psycho, mentally ill, emotionally disturbed
- Handicapped parking, restroom, etc.

# Most Common Disabilities



- ADD/ADHD – Attention Deficit and Hyperactivity Disorder
- Dyslexia
- ASD – Autism Spectrum Disorder (including Asperger's)
- PTSD – Post Traumatic Stress Disorder
- Sensory Processing
- Down Syndrome
- Cerebral Palsy
- Epilepsy
- Mental Illness
- Intellectual Disabilities
- Physical Disabilities
- Hearing/Visual/Speech Impairment



# ADD/ADHD



- ADD/ADHD symptoms usually appear before the age of 7.
- Acts without thinking (impulsive)
- Blurts out answers in class without waiting to be called on
- Often interrupts others
- Intrudes on other people's conversations
- Inability to keep powerful emotions in check, resulting in angry outbursts or temper tantrums
- Guesses, rather than taking time to solve a problem.

# The Positive Effects of ADD/ADHD



- **Creativity:** Individuals who have ADD/ADHD can be marvelously creative and imaginative. The individual who daydreams and has ten different thoughts at once can be a master problem solver, a fountain of ideas or an inventive artist. Sometimes they see things others don't see.
- **Flexibility:** Because individuals with ADD/ADHD consider a lot of options at once, they don't become set on one alternative early on and are more open to different ideas.

# The Positive Effects of ADD/ADHD



- **Enthusiasm and Spontaneity:** Individuals with ADD/ADHD are rarely boring. They're interested in a lot of different things and have lively personalities.
- **Energy and drive:** When motivated, they work or play hard and strive to succeed. It actually may be difficult to distract them from a task that interests them, especially if the activity is hands on or interactive.

*Keep in mind that ADD/ADHD has nothing to do with intelligence or talent. Many individuals with ADD/ADHD are intellectually or artistically gifted.*

# ASD Autism Spectrum Disorder



- Condition that can cause significant social, communication and behavioral challenges. Can range from mild to severe.
- People with autism handle information in their brain differently.
- Many people with autism also have different ways of learning paying attention or reacting to things.
- The disorder typically begins during early childhood and lasts throughout a person's life.

# ASD Autism Spectrum Disorder



## Characteristics:

- Impaired social interactions
- Problems with communication
- Unusual interests and behaviors

## How can we provide support?

- Provide clear verbal instructions
- Be sensitive the environment: sound, light, touch
- Provide opportunities for movement

# Myths About Autism



- **Myth 1:** *We know the causes and cures for autism. FALSE!* Medical research has yet to successfully identify the root cause of autism or offer a successful cure.
- **Myth 2:** *All people with autism are not able to learn. NOT TRUE!* They learn differently, but they can all learn. Some have high IQ's and excel in areas of interest.
- **Myth 3:** *All people with autism behave the same. FALSE!* People on the autism spectrum exhibit a wide range of behaviors and characteristics.
- **Myth 4:** *Autism is caused by poor parenting. NOT TRUE!* Many parents of children with autism display exceptional tenacity and patience in rearing their children.

***Autism is a language disorder. Severe behavior disorders are due to the inability to communicate.***

# PTSD – Post Traumatic Stress Disorder



A mental illness that is triggered by a disturbing outside event. Many Americans experience individual traumatic events ranging from car and airplane accidents to sexual assault and domestic violence.

Other experiences, including those associated with natural disasters, such as hurricanes, earthquakes, and tornadoes, affect multiple people simultaneously. Simply put, PTSD is a state in which you "can't stop remembering."

# PTSD – Post Traumatic Stress Disorder



- To be diagnosed with PTSD, you must have been in a situation in which placed you at risk for death, serious injury, or sexual violation.
- PTSD is an environmental shock that changes your brain, and scientists do not know if it is reversible.
- The most severely affected may have trouble working, maintaining relationships, and effectively parenting their children.



# PTSD – Post Traumatic Stress Disorder



- Five million children are exposed to a traumatic event in the United States every year, amounting to 1.8 million new cases of PTSD.
- The younger a child is at the time of the trauma, the more likely he or she is to develop PTSD.
- By age 18 years, one in four children has experienced a personal or community act of violence.

# PTSD – Post Traumatic Stress Disorder



## Possible Signs and Symptoms: (in children)

- Helplessness and passivity, lack of usual responsiveness
- Generalized fear
- Heightened arousal and confusion
- Cognitive confusion
- Difficulty talking about the event
- Difficulty identifying feelings
- Nightmares, sleep disturbances
- Separation fears and clinging to caregivers

# PTSD – Post Traumatic Stress Disorder



- Nightmares, other sleep disturbances
- Concerns about safety, preoccupation with danger
- Aggressive behavior, angry outbursts
- Fear of feelings, trauma reactions
- Close attention to parents' anxieties
- Worry/concern for others
- Behavior, mood, personality changes
- Separation anxiety
- Loss of interest in activities

# Sensory Processing



Sensory Processing is a condition where the brain has trouble receiving and responding to information that comes through the senses. Characteristics may include:

- Find common sounds painful or overwhelming
- Be oversensitive to things in their environment (lighting)
- Be uncoordinated
- Bump into things
- Be unable to tell where their limbs are in space
- Be hard to engage in conversation or play

# Sensory Processing



- Sensory processing may affect one sense, or multiple senses.
- The symptoms exist on a spectrum.
- In some children, the sound of a leaf blower can cause them to vomit. Others may scream when touched. They may recoil from textures of certain foods.
- Others may seem unresponsive to anything around them. They may fail to respond to extreme heat or cold.

# Sensory Processing



How can you provide support?

- If possible, prepare the environment.
- Be considerate and aware of loud noises, bright lights, etc.
- Be supportive, calm and patient.

# Down Syndrome



Down syndrome is a genetic disorder that changes the body's and brain's normal development and causes intellectual and physical disabilities.

What is the cause?

Occurs when an individual has full or partial extra copy of chromosome 21. The cause of the errors that produce the extra chromosome are not known.

# Down Syndrome



## Characteristics:

- Down syndrome can range from mild to severe.
- IQ in the mild to moderate range of intellectual disabilities.
- Delayed language development.
- Difficulties with physical coordination.



# Down Syndrome



## **Common physical signs include:**

- A flat face with an upward slant to the eye, a short neck, small ears and a large tongue.
- Tiny white spots on the iris.
- Small hands and feet.
- A single crease across the palm of the hand.
- Small pinky fingers that sometimes curve toward thumb
- Poor muscle tone or loose ligaments.

# Down Syndrome



## **Physical problems associated with Down Syndrome:**

- A birth defect of the heart
- Stomach problems such as blocked small intestine
- Celiac disease
- Problems with memory, concentration, judgement
- Hearing problems
- Thyroid and skeletal problems
- Eye problems

# Down Syndrome



How can you provide support?

- Provide learning opportunities with the support of pictures, gestures, or objects.
- Be aware of any medical concerns or issues.
- Learn the individual's interests so you can create opportunities for the individual to be successful.

# CP - Cerebral Palsy



Cerebral Palsy results from brain injury that may occur before or at the time of birth, or up until the age of six.

What causes Cerebral Palsy?

After birth, other causes include toxins, severe jaundice, lead poisoning, physical brain injury, shaken baby syndrome, near drowning, and choking on toys and pieces of food. Some children who develop cerebral palsy were born prematurely.

# CP - Cerebral Palsy



What are the characteristics?

- A leg that turns out
- A hand and arm that is curled up to their body
- Difficulty speaking due to slurred speech
- Difficulty walking/involuntary body movements
- Irregular posture
- The intellectual level among people with CP varies from genius to varying degrees of intellectual disability.

# CP - Cerebral Palsy



How can we provide support?

- Do not underestimate the capabilities of a person with CP and give them every opportunity to learn.
- Provide assistance as needed for activities of daily life skills.

# Epilepsy



Epilepsy is a chronic disorder of the central nervous system.

What causes epilepsy?

- Electrical problems with the brain which causes seizures, involuntary change in body movement or function, sensation, awareness or behavior.
- It is often the result of closed head injury, tumors, lack of oxygen to the brain or infectious diseases.

# Epilepsy



What are the characteristics:

- Seizures can cause a short loss of consciousness or changes in how a person acts.
- Seizures may be noticeable (falling on the ground, severe trembling) or barely or not noticeable (eye movements, blank stare).



# Epilepsy



How can we provide support?

- Follow the individual person's seizure protocol
- Respond the way you have been trained
- Be calm, friendly and reassuring
- Allow them to rest and be comfortable
- Call 911, when the person is not known for a seizure disorder, seizure or recovery is different, lasts longer than 5 minutes, repeated seizures, person's well being is in question, trouble breathing, person is injured, in pain, or life is in danger.

# Mental Illness



A condition that impacts a person's thinking, feeling or mood may affect and his or her ability to relate to others and function on a daily basis. Each person will have different experiences, even people with the same diagnosis.

What is the cause?

- Multiple interlinking causes, genetics, environment and lifestyle combine to influence whether someone develops a mental health condition.
- A stressful job or home life makes some people more susceptible, as do traumatic life events like being the victim of a crime.
- Biochemical processes and circuits as well as basic brain structure may play a role as well.

# Mental Illness



What are the common diagnoses?

Schizophrenia, Bipolar, Anxiety, Phobia, PTSD, Personality disorders, Anti-Social and Obsessive Compulsive Disorder

What is a dual diagnosis?

- Within the field of developmental disabilities, people with a dual diagnosis are those who have both a developmental disability along with a mental illness.
- Persons with a dual diagnosis can be found at all ages and levels of intellectual functioning.
- The dual diagnosis is often missed because the person's behavior is attributed to the developmental disability.

# Mental Illness



Treatments for dual diagnosis can include?

**Medication:** Appropriate for many disorders, but should only be part of a comprehensive plan.

**Therapy:** Individual or group therapies can include skills training such as social skills, assertiveness and anger management training.

**Behavior Management:** Behavior management plans are developed to deal with problem behaviors and to teach adaptive skills.

# Mental Illness



How can we provide support?

1. Educate yourself about the illness
2. Seek out resources
3. Have realistic expectations
4. Reach out for support
5. Work closely with their treatment team
6. Let them have control
7. Encourage them to talk to their mental health professional
8. Set appropriate limits
9. Establish equality
10. Convey hope

# Intellectual Disabilities



Intellectual disability is defined as low intelligence (determined by the use of IQ tests) with impairment in adaptive behavior.

Some people with intellectual disability may:

- Have limited intellectual functioning
- Learn new things more slowly
- Have limited physical coordination
- Have increased medical issues

# Intellectual Disabilities



The general types and levels of intellectual disability you may encounter are described below:

TERM:

EQUIVALENT IQ RANGE:

Mild

50-55 to about 70

Moderate

35-40 to 50-55

Severe

20-25 to 35-40

Profound

Below 20-25

# Intellectual Disabilities



Mild: Typically, individuals in this category:

- Usually can attain academic skills up to about the sixth grade.
- Can usually achieve vocational skills necessary for minimum self support.
- Takes care of all personal grooming needs.
- Can get around their neighborhood without difficulty, but cannot travel to another unfamiliar area of town by himself/herself.
- May need guidance handing money.
- Can have a career or hold a job.



# Intellectual Disabilities



Moderate: Typically, persons in this category:

- Can learn to talk or communicate, but have poor awareness of social conventions.
- Can take care of themselves with moderate supervision or less.
- Can feed, wash and dress themselves, select own clothing, comb/brush own hair, prepare simple food.
- Can speak clearly or distinctly, carry on simple conversations
- Interact cooperatively with others.
- Prepare foods that require mixing.

# Intellectual Disabilities



Severe: Typically persons in this category:

- Have deficits in motor development and speech
- Have little or no communication skills
- Uses spoon/fork adequately
- Can indicate need to use the restroom
- Can wash hands/face but needs assistance with bathing
- Recognizes words, but does not really read
- Knows money has value, doesn't know value of different coins
- Can help with simple household tasks

# Intellectual Disabilities



Profound: Typically persons in this category:

- Have sensory motor deficits that are obvious at an early age
- Develop minimal self care and communication skills
- Require a highly structured environment with constant support and supervision.
- Can use spoon, fork but often spills food
- May need assistance with using the restroom
- Uses gestures for communication
- Understands simple verbal communications
- Participates in group activities
- Does not know that money has value

# Intellectual Disabilities



Some causes of intellectual disability:

- Problems before birth
- Lack of adequate prenatal care
- Problems during pregnancy
- Diseases
- Alcohol/drug use/smoking by mothers and fathers
- Birth and delivery complications
- Low birth weight
- Premature delivery
- Spinal meningitis

# Intellectual Disabilities



How we can provide support:

- Provide clear verbal instructions
- Get to know the person's strength and desires
- Provide opportunity for growth
- Model correct behavior and techniques, encourage independence.

# Physical Disabilities



A physical disability is an impairment that causes difficulty in mobility.

What are the characteristics?

Inability to gain access to a building or room

Decreased hand-eye coordination

Decreased physical stamina and endurance

What is the cause? Congenital, result of injury, muscular dystrophy, multiple sclerosis, cerebral palsy and others.

# Physical Disabilities



How can we provide support?

- A wheelchair or other assistive device is part of that person, be respect of that.
- Don't be afraid to use words like walk or run.
- Ask before helping or assisting.

# Impairments: Hearing



Hearing impairment or someone who is deaf has the inability to hear or to discriminate between sounds and speech.

What are the characteristics?

- It is difficult to gain a person's attention
- They ask you to repeat things often
- Will often mouth things that you are saying as you talk to them.



# Impairments: Hearing



What is the cause?

Genetic, environmental, injury or illness.

How can we provide support?

- Communication is the life activity most affected by hearing impairment.
- Get to know the person and how they communicate.
- Utilize a variety of techniques
- Be aware of your physical closeness to a person when speaking to them (don't turn your head or walk in another direction when talking to them).

# Impairments: Visual



A visual impairment is the inability to see or inability to see clearly.

What are the characteristics/signs?

- Squinting or difficulty seeing
- Headaches
- Difficulty with depth perception

What is the cause?

- Genetics, degenerative, medical condition or accidental

# Impairments: Visual



How can we provide support?

- Announce your presence so you don't startle them
- Use normal tone of voice
- Let me know you are leaving the room

# Impairments: Speech



A speech impairment is a condition in which to produce speech sounds that are to communicate with others is impaired.

What are the characteristics?

Slurred, slowed, hoarse, stuttered or rapid speech. Other characteristics may include stiff facial muscles, drooling, accessibility of words and not being able to produce speech sounds.

# Impairments: Speech



What is the cause?

- Damage in parts of the brain that control speech
- Hearing loss
- Intellectual disabilities and developmental disorders
- Genetic disorders
- Physical or verbal abuse
- Neurological disorders
- Structural impairments in muscles and bones

# Impairments: Speech



How can we provide support?

- Refer individual for speech therapy services
- Assist individual with augmentative devices
- Sometimes reading can help reinforce what a speech therapist may be working on with them.

# Things You Need to Know About Your Families



## ***They may be tired***

It takes a lot of energy to manage their family member's conditions. Their schedules are jam packed with doctor and therapy appointments, ISP meetings and trips to the pharmacy. On top of it all, they still go to work and keep up with their household duties.

## ***Their brains are constantly busy***

They're always considering possible triggers in every situation, wondering how to explain their family members unique needs to others.

## ***They may be lonely***

Friends and family have often stepped away because their family member's needs made them uncomfortable. Or perhaps they had to step way from them because they refused to respect the parent's boundaries and parenting decisions. Most individuals with disabilities don't respond well to traditional parenting or guidance methods.

# Things You Need to Know About Your Families



## *They know more about their family member's condition than most doctors*

Some mental health professionals have very limited knowledge of certain conditions, so the parents become the expert.

## *They may be fragile*

They feel judged all the time. They want what's best for their family member like any other parent or caregiver and worry if they're doing enough for them. They often don't have enough time or energy left to take care of themselves.



# The Do's of Disability



- DO remember that people with disabilities have **abilities**.
- DO ask people with disabilities what terminology they prefer.
- DO familiarize yourself with appropriate ways of communicating with people with disabilities.
- DO ask first before assisting a person with a disability.
- DO use common sense and apologize if you offend someone.
- DO identify yourself verbally to a person who is blind or visually impaired.
- When you meet someone seated in a wheelchair, **DO** extend your hand to shake if that is what you normally do. A person who cannot shake hands will let you know.

# What **NOT** to Do



- Do **NOT** refer to individuals by their disability. A person is not a condition.
- Do **NOT** block ramps or park in a disability designated parking space.
- Do **NOT** emphasize disability over other characteristics when describing a person with a disability.
- Do **NOT** use “normal” to describe someone who is not disabled. Use “non-disabled or person without a disability.”
- Do **NOT** speak loudly when speaking to a person with a disability. Just because a person has a disability doesn't mean they cannot hear.

# Disability in the Media



Name	Occupation	Disability
Beethoven	Composer	Deaf
Christopher Reeve	Actor	Quadriplegia
Marli Matlin	Actress	Deaf
Napoleon	General	Epilepsy
Tom Cruise	Actor	Dyslexia
Bruce Willis	Actor	Speech Impediment
Stephen Hawking	Physicist	ALS
Agatha Christie	Author	Epilepsy
Franklin Roosevelt	US President	Polio
Stevie Wonder	Singer	Blind

# Introduction to Developmental Disabilities



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