



Developing Staff Competencies for Supporting People with Developmental Disabilities: An Orientation Handbook

By James Gardner "Ph.D. M.A.S.", Michael Chapman M.Ed.

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Formerly titled *Staff Development in Mental Retardation Services: A Practical Handbook*, this second edition, in an easier-to-use format, gives service providers helpful strategies for increasing effectiveness and maintaining well-being while working in the rewarding yet challenging field of human services. Filled with answers to pertinent questions about service development, delivery, and assessment, this intuitive guide also offers guidelines for working with families, coping with stress and burnout, and enhancing service management and quality.

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Editorial Review

Review

"a handbook in the best sense of the word...a guide to the process of learning and change in the direction of current trends such as inclusion and respectful philosophies of care" --.

About the Author

From 1977 to 1986, Dr. Gardner served as Director of Community Programs and then as Vice President for Community Program Development at The Kennedy Institute at The Johns Hopkins University. Dr. Gardner received his doctoral degree in a dual program of American Studies and American Social History from Indiana University. He was awarded a Joseph P. Kennedy, Jr., Post-doctoral Fellowship in Medical Ethics at the Harvard Medical School. Dr. Gardner later completed the Masters in Administrative Sciences program at The Johns Hopkins University. Dr. Gardner holds faculty appointments at The Johns Hopkins University and the University of Maryland. He has written and edited numerous publications in the field of human services. Dr. Gardner is a nationally recognized leader in the application of quality improvement methods to the field of human services. Through presentations at national conferences, in his teaching and writing, and during organizational consultations, Dr. Gardner argues that the measurement of quality must move from compliance with organizational processes to facilitating person-centered outcomes for people.

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Excerpted from chapter 1 of **Developing Staff Competencies for Supporting People with Developmental Disabilities: An Orientation Handbook, Second Edition**, by James F. Gardner, Ph.D., M.A.S., & Michael S. Chapman, M.Ed.

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Learning Objectives

Upon completing this chapter, the reader will be able to:

1. Define the categorical definition of developmental disabilities.
2. Define the functional definition of developmental disabilities.
3. Compare and contrast the categorical and functional definitions of developmental retardation.
4. Define mental retardation.
5. Define cerebral palsy.
6. Define epilepsy.
7. Define autism.
8. Define dyslexia.
9. State the importance of using labels in the design and implementation of services for individuals with

developmental disabilities

Introduction

You have chosen a career in human services for people with developmental disabilities at an important and exciting time. The past 3 decades have produced major advances in legislation, programs, and services in this area. New opportunities for and expectations of people with disabilities have occurred. Many individuals now live independently in the community and are no longer confined in isolated institutions. They are moving from activity centers to supervised employment settings and workstations in industry. They participate in community recreational activities and attend classes in community colleges.

Numerous innovative and exciting programs for persons with developmental disabilities have been developed in recent years. Successful parent training and in-home support programs enable families to raise children at home. Parent-to-parent support groups provide peer assistance. Children with severe disabilities, previously considered "beyond help," are now receiving a public education in community schools. Community colleges have developed special programs; such courses as money management, riding the bus, cooking, assertiveness training, and white-water rafting are designed with the assumption that individuals with developmental disabilities can learn. Like everyone else, they possess a range of skills and abilities.

The fact that an individual has a developmental disability does not, in itself, indicate what that person can or cannot do or what he or she likes to do. Applying the term developmental disabilities to an individual does not help to identify his or her strengths and needs. Because of these different capabilities, instruction, training, and counseling must be individualized for each person. Such an approach enables you to work on personal strengths and needs. It also allows you to concentrate on what each individual with developmental disabilities thinks is important.

The works of employees in the human services field should assist individuals with developmental disabilities to increase their functional independence and to make their own decisions. This does not mean that you or your agency should not provide the necessary supportive services to the individuals; in fact, they often need support. For instance, a person who fails to meet his or her own goals may need support. Whenever possible, however, the responsibility for the decision making should be returned to the individual with a developmental disability. As the person gains new skills and behaviors and exerts less influence and control.

You will encounter many labels, diagnoses, and other technical terms in your work. These are important in some situations, but the individual is more important than the diagnosis or label. His or her basic needs are the same as yours. In addition to the bare necessities of food, clothing, and shelter, each individual needs recognition, opportunity for self-expression, and friendships.

This book offers insight into working with individuals with developmental disabilities. It is important for the employee to have a clear understanding of the term developmental disability. In exploring the term, this chapter begins by defining it and describing the changes in its definition that have occurred during recent years. The chapter includes a discussion of the shift from the former categorical approach in defining developmental disabilities to the current functional approach.

Also provided are definitions and overviews of disabilities — mental retardation, cerebral palsy, epilepsy, autism, and dyslexia.

DEFINITIONS OF DEVELOPMENTAL DISABILITY

Categorical approach

The definition of developmental disability has changed over time from a categorical definition to a functional one. The categorical approach to developmental disability was evident in this 1973 definition by the American Association on Mental Deficiency:

A disability attributable to mental retardation, cerebral palsy, epilepsy, or another neurological condition of an individual which is closely related to mental retardation or to require similar treatment, and which originates in childhood, is likely to continue and constitutes a substantial handicap to the individual. (Grossman, 1973 p.132)

A developmental disability, as defined above, must have three critical features: 1) the condition becomes manifested before the age of 18, 2) it continues indefinitely, and 3) it represents a significant limitation for the individual.

The definition and subsequent revisions refer to mental retardation, cerebral palsy, epilepsy, autism, and dyslexia as specific categorical conditions. It is important to understand that mental retardation may be a developmental disability, but a developmental disability may not be mental retardation. Individuals with developmental disability may not be mental retardation. Individuals with developmental disabilities do not necessarily have mental retardation. For example, a person with cerebral palsy has a developmental disability but may not have an intellectual impairment.

The first requirement of the 1973 definition, that the disability has to originate in childhood, refers to the period from birth through 18 years. the second requirement indicates that the disability is likely to continue indefinitely, even though the individual learns skills and behaviors and has supports in achieving increased independence. The final requirement that the developmental disability must constitute a substantial disability refers to its severity and its impact on the individual's ability to function in daily life,. The disability must be severe enough to interfere with daily living.

Functional Approach

The categorical definition of developmental disabilities above resulted in an emphasis on the person's condition or label. The labeling process stigmatized the individual. Rather than being a person or being viewed a person first, the individual became the disability. Terms such as "spastic quad," "the Down's baby," "slow learner," or "retardate" were common descriptive terms used by professionals in the field when describing with developmental disabilities.

In addition, such terms provide no information about the person. "Retardate" does not describe the person's likes, interests, and abilities. The term does not indicate what supports are needed to assist the individual to achieve his or her goals.

In order to de-emphasize the label, the definition of developmental disabilities has changed. PL 101-496, The Developmental Disabilities Assistance and Bill Rights Act of 1990, defines developmental disabilities as:

a severe, chronic disability of a person 5 years of age or older which is attributable to a mental or physical impairment or combination of mental and physical impairments; is manifested before the person attains age 22; is likely to continue indefinitely; results in substantial functional limitations in three or more major life activities; and reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatments, or other services which are of lifelong or extended duration and are individually planned and coordinated; except that such term, when applied to infants and young children, means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

The seven major life activities defined in PL 101-496 include: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency. On this basis, Table 1 further refines the definition of developmental disabilities.

The definition above, with its categorical labels of mental retardation, cerebral palsy, epilepsy, autism, and dyslexia, was abolished in favor of a functional definition. It has become more important to understand, rather than label, the individual with a developmental disability. The assessment process and the subsequent intervention strategies now focus on the strengths and abilities of the individual.

Although the functional definition has replaced the categorical definition in federal legislation, the diagnostic terms mental retardation, cerebral palsy, epilepsy, dyslexia, and autism remain. These terms can provide information about the possible cause of the disability, some of its general characteristics, and classification systems for the disability. Knowledge of the general terms of mental retardation, cerebral palsy, epilepsy, dyslexia, and autism helps human services employees to identify differences and similarities.

The diagnostic category of the disability, however, does not provide any information about an individual's capabilities or needs. Diagnostic labels do not indicate what the individual wants to do, can do, or cannot do. In fact, differences among individuals within a single diagnosis can be as great as those among individuals in different categorical groups.

Users Review

From reader reviews:

Eileen Lopez:

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Bobbie Wallace:

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