Section 1, Module 5
Definitions and Characteristics of Several Common Disabilities

Foundations in Community Disability Studies
Section 1, Module 5
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Introduction

As you work in the field of community disability services, you will meet many people who have disabilities. Unit 1 in this module discusses the impact a disability label has on a person’s life. Units 2 to 5 describe four types of disabilities that you will encounter as a Community Disability Services Worker.

Learning Outcomes

After completing these modules, you should be able to:

1. Describe how having a disability label affects a person.
2. Describe three ways a disability label affects your work.
3. Identify four common disability groupings.
4. Describe ten disabling conditions.
Unit 1: Understanding a Disability Label

Introduction

It is important for you to know how disabilities are defined and how being “labelled” as someone with a disability affects a person’s life. This will help you to provide direct services to individuals with disabilities and help them to obtain the supports they need in the community. You should also be aware of your role in making sure that the disability label does not define a person’s whole-life experience.

This unit provides examples of the impact that labelling has on people, how new disability labels are created, and how the same disability label can be used to mean different things. It also explains some implications of disability labelling for your work in the field of community disability services.

Unit 1 Learning Outcomes

After completing this unit, you will be able to:

1. Describe the impact of a disability label on people identified as having an intellectual disability.
2. Give one example of a new disability label.
3. Give one example of a label that has different meanings.
4. Identify three implications of disability labels for your work.
5. Define terms used in classifying disabilities.

The Power of a Label

I hate the word disability. It is a label. I think that people should be treated the same no matter whether or not they are disabled, or what the color of their skin is, or their religion. People should be looked at for who they are as a person. Why does disabled have to mean something negative?

A disability does not define a person. A person is much more than a group of characteristics that identify someone as having a disability. However, a disability label has such a powerful influence on a person’s life that it may become very important in determining what happens to him or her. In too many situations, decisions about where individuals with

Disabilities will live, work, go to school, and participate in leisure activities are based mainly on their disabilities rather than on their unique interests and talents, as if “having a disability or chronic condition is the most important aspect of the person’s identity.” Being labelled as disabled can define the expectations we have of people and, as a result, the support they are given.  

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**Learning Activity**

Try this interesting activity on the effects of labels in a small group setting. [http://www.understandingprejudice.org/teach/activity/labels.htm](http://www.understandingprejudice.org/teach/activity/labels.htm)

Knowing the characteristics of different types of disabilities is crucial to your work. There are often specific physical characteristics and conditions associated with particular disabilities. When workers are aware of these common tendencies, they can be alert to their impact and consider the implications when supporting an individual’s medical, psychological, and educational needs.

People with Down syndrome, for example, often have specific physical characteristics (e.g., low muscle tone, enlarged tonsils, broadened tongue) that affect their ability to form words and sounds. This is an important consideration when designing and implementing a speech program for a person with Down syndrome.

However, do not let the physical characteristics blur the fact that the disability is only one part of the picture. Every person has many unique gifts and strengths. These positive factors should guide your work. Sarah, a woman with a disability, provides the following account to illustrate the importance of this principle.

> My experiences having a disability and being in need of hospital treatment for an illness or condition other than my Cerebral Palsy has been that I seemingly pose a “problem.” It seems that their dilemma is whether to relate to me solely in terms of my Cerebral Palsy, so that I am “the Cerebral Palsy Patient” even when I have, for example, a toothache! (...) It seems then, that if the physical disability is seen by the hospital staff as the patient’s point of definition and also the major problem in their view, then the patient, as in my case, is going to experience difficulties.

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4 Wehman, Maclaughlin, and Wehman, 124.

Research has shown that, when people define themselves in terms of their disability and take on the role of client or patient, it is often difficult for them to see their own strengths.6

Disability Assessment and Classification

Historically, people with intellectual disabilities were labelled according to the severity of their disability, using words such as “profound,” “severe,” “moderate,” and “mild.” In the 1980s in Alberta, these words were replaced with a new system of labels using levels from 1 to 4. Level 1 replaced the “mild” category and Level 4 replaced the “profound” category. The provincial government used this system of labelling to fund different levels of support and intervention for people with different disabilities.

It was common for individuals with disabilities in systems to be grouped together in living and working arrangements based on their level of disability. Sometimes adults with disabilities were not properly assessed using intelligence or other tests before being labelled.7 Children were assessed by teachers and/or psychologists and then labelled as “educable” or “trainable” and placed in classrooms with other children with the same label.8

Instead of using these types of classifications, we now focus on determining the individual strengths and needs of people and on designing services and supports to meet these needs. Progressive services focus on the individuals’ strengths and capacities and how we can support and enhance these strengths to empower individuals to live the life that they choose. This is known as a strengths-based approach.9 Of course, people are still diagnosed as having a specific type of disability, such as Down syndrome, but less emphasis is placed on the disabling condition as compared to the unique qualities of the people themselves.10

In your work, you may hear or read about a new disability being identified or the same disability label having more than one meaning. New disability labels are often created as researchers learn more about the causes and effects of disabilities.

For example, in *Teaching students with fetal alcohol syndrome and possible prenatal alcohol-related effects*, published in 1997 by Alberta Education, Special Education Branch, the Institute of Medicine divides the term *fetal alcohol syndrome* into two categories:

- Alcohol-related birth defect (ARBD) refers to physical characteristics or effects.
- Alcohol-related neurodevelopmental disorder (ARND) refers to effects such as behavioural problems.

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7 Wehman, Maclaughlin, and Wehman, 114-115.
8 Lord, 27.
9 Lord, 135.
More recently, the diagnostic label was changed to *Fetal Alcohol Spectrum Disorder* (FASD) to more accurately reflect the range of effects that this disability has on people.\(^{11}\)

When disability labels are changed, this can affect your work and cause confusion in communicating with individuals, families, and other professionals. People who are labelled incorrectly may not receive the right type of support. If workshops or training programs on disabilities are offered, try to attend them in order to keep up with changes in this area of your work.

In your work as a Community Disability Services Worker, you may hear unfamiliar disability labels. Don’t worry! The labels could apply to disabilities you are already familiar with or they could refer to disabilities you haven’t learned about yet. Ask questions. Information on disabilities can be obtained from many sources. You can discuss the disability with the person, his or her family, or health care professionals, or do some research at the library or on the internet.

A disability may have more than one definition. This occurs because there is not a widely-accepted classification system for most disabilities. The term *developmental disability* is an example of a disability label that has different meanings.\(^{12}\)

Much of the literature on developmental disabilities uses the term as a broad description of disabilities that occur before adulthood. Conditions covered by this broad definition of developmental disabilities may include physical disabilities, chronic illnesses, birth defects, sensory disorders, cognitive disabilities, behavioural and emotional disorders, and conditions that may be caused by a child’s environment.

Having two diagnoses is often referred to as a **dual diagnosis**. Individuals who have both a developmental disability and significant mental health problems often have complex and highly challenging issues. For these people, effective support requires collaboration among multiple organizations, the individuals, and their support networks. You can see that it is important to understand how disabilities are defined. Funding and the type and amount of support a person receives are often based on the person’s disability label. When you know what the labels mean, you can help individuals and families to get the support they need.

In Alberta, the Persons with Developmental Disabilities (PDD) Community Boards use the term *developmental disability* to determine eligibility for funding for certain services. The PDD definition focuses on significant limitations in both intellectual capacity and functioning in major life activities.\(^{13}\) However, the PDD definition is also more limited than the broader definition in the previous paragraph because it does not include physical conditions. As a result, people who have physical disabilities or sensory impairments are often excluded from receiving funding unless they also have an intellectual disability.

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\(^{12}\) Batshaw, Shapiro, and Farber, 247.

Terms and Definitions

This module uses two terms to categorize disabilities:

**Disability grouping** refers to the common name for a broad category of disabilities. Four disability groupings are described in this module.

1. Developmental disabilities
2. Physical disabilities
3. Emotional and behavioural disorders
4. Health conditions

**Disabling conditions** describe specific symptoms or characteristics of specific disabilities. Within the four disability groupings, ten disabling conditions are discussed in this module.

- Developmental disabilities
  - Intellectual disabilities
  - Autism
  - Fetal Alcohol Spectrum Disorder (FASD)
- Physical disabilities
  - Cerebral palsy
  - Spina bifida
- Emotional and behavioural disorders
  - Anxiety disorder
  - Major depression
  - Bipolar disorder
  - Schizophrenia
- Health Conditions
  - Asthma

Descriptions of disabling conditions generally include their definition, aetiology (cause), incidence or prevalence (how many people have the condition), prevention strategies, and key characteristics.

**Learning Activity**

Look in one or more newspapers until you find an article about an individual with a disability. Read the article and then answer the following questions.

1. What labels are used to describe the person identified as disabled?
2. How do these labels influence what you or other readers might think about the abilities, strengths, and skills of the person?
3. Does the article emphasize the person’s positive qualities or the limitations or problems caused by the disability?
4. In your opinion, how does labelling affect individuals with disabilities?

**Prevalence** is “The total number of cases of a disease in a given population at a specific time.”

**Incidence** is “The extent or rate of occurrence, especially the number of new cases of a disease in a population over a period of time.”

Unit 2: Developmental Disabilities

Introduction

According to the PDD Community Boards in Alberta, people with developmental disabilities have significant limitations in both intellectual capacity and functioning in major life activities (e.g., self-care, communication, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency). Developmental disabilities usually last throughout the person’s entire life.

This unit focuses on three disabling conditions in the disability grouping of developmental disabilities.

- Intellectual disabilities
- Autism
- Fetal Alcohol Spectrum Disorder (FASD)

The term intellectual disabilities is used in this module; however, it is important to note that the term developmental disability is interchangeable with intellectual disability.

Unit 2 Learning Outcomes

After completing this unit, you will be able to:

1. Define the disabling conditions of intellectual disabilities, autism, and FASD;
2. Identify the aetiology, incidence, and prevention strategies for each condition; and
3. Identify the key characteristics of each condition.

Intellectual Disabilities

Definition

According to the American Association on Intellectual and Developmental Disabilities, an intellectual disability is “characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behaviour, which covers a range of everyday social and practical skills. This disability originates before the age of 18.”

Adaptive behaviour can be defined as “the collection of conceptual, social, and practical skills that all people learn in order to function in their daily lives.”

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14 PDD (PDF removed).
These skills include:

- **Conceptual skills**: literacy; self-direction; and concepts of number, money, and time.

- **Social skills**: interpersonal skills, social responsibility, self-esteem, gullibility, naïveté (i.e., wariness), social problem solving, following rules, obeying laws, and avoiding being victimized.

- **Practical skills**: activities of daily living (e.g., personal care), occupational skills, money skills, safety, health care, travel/transportation, schedules/routines, and telephone skills.\(^{17}\)

A new Diagnostic Adaptive Behaviour Scale (DABS), which will provide a comprehensive standardized assessment of adaptive behaviour, will be released soon. DABS is intended to be used with individuals from four to 21 years of age.\(^{18}\)

**Cause of the Disability (Aetiology)**

Intellectual disability is really a number of conditions that result from a number of different causes.\(^{19}\) Circumstances that result in a person being born with an intellectual disability can occur before birth, during the birth process, within the first few days of life, and during childhood. Causes can be biological (e.g., chromosomal disorders), social, or environmental.\(^{20}\) Environmental factors include poor nutrition before and after birth, abuse or neglect, and environmental contaminants such as lead in paint or mercury in food.\(^{21}\)

**How Often the Disability Happens (Incidence)**

The lack of standard definitions of disability, age of occurrence, and reporting mechanisms make it difficult to identify how often an intellectual disability occurs.\(^{22}\) Burge et al estimate the incidence of intellectual disabilities at 1-3% of the population of Canada.\(^{23}\)

**Prevention**

Efforts to prevent intellectual disabilities are focused on the care and education of pregnant women. They emphasize good nutrition, prenatal care, and the reduction or elimination of smoking, drugs, and alcohol. After a child is born, strategies to decrease the effects of disabilities include early screening, early intervention, and appropriate parent and child education and support programs.

\(^{17}\) Ibid.

\(^{18}\) Ibid.

\(^{19}\) Batshaw, Shapiro, and Farber, 249.

\(^{20}\) Batshaw, Shapiro, and Farber, 250.

\(^{21}\) Batshaw, Shapiro, and Farber, 64-65.

\(^{22}\) Batshaw, Shapiro, and Farber, 251.

\(^{23}\) Philip Burge et al, “Medical students’ views on training in intellectual disabilities,” *Canadian Family Physician* 54, no. 4 (2008), [http://www.cfp.ca/cgi/content/full/54/4/568](http://www.cfp.ca/cgi/content/full/54/4/568).
**Characteristics**

People with intellectual disabilities may have difficulties in the following areas. An awareness of potential problems can help you to provide the support they need.

**Social Interactions**

Many people with intellectual disabilities have not been exposed to a wide variety of social experiences and have challenges with social functioning (i.e., social skills). Some find it difficult to pay attention to and understand social “clues,” which results in behaving inappropriately. The more opportunities a person with a disability has to interact socially with different people and in different situations, the better his or her social skills will become.

**Memory**

People with intellectual disabilities may have a problem with short-term memory – the ability to recall something read or heard from a few seconds to a few hours earlier – is sometimes a problem for people with intellectual disabilities. For example, following directions to the corner store or following a series of steps to complete a work task can sometimes be difficult for them.

**Generalization**

Generalization is the ability to apply knowledge learned from one task to another task and to use this information in different settings. For example, a teenager without intellectual disabilities who learns how to use a saw and hammer to build a bench in a woodworking class at school should find it fairly easy to use the same tools and skills to build a birdhouse at home. However, people with intellectual disabilities are not always able to transfer learning from one situation to another, particularly when the two settings involve different cues, expectations, people, and environmental arrangements. It is important for Community Disability Services Workers to teach skills in the settings where people are likely to use them. Skills can also be taught in several different places in order to help people to generalize them.

**Motivation**

The life experience of many people with intellectual disabilities has involved frequent failure and constant supervision by parents, professionals, siblings, and non-disabled peers. They often have problems solved for them instead of being encouraged to learn from experience and solve problems on their own. As a result, they may have low expectations for themselves. They have learned to wait for directions from others. In your work with people who have intellectual disabilities, encourage and guide them to do as much as possible on their own. Be patient and avoid “taking over.”

Down Syndrome

Definition

Down syndrome is one of the most common conditions associated with intellectual disability. It is described as a chromosomal disorder where individuals have specific characteristics as a result of being born with an extra chromosome 21.\(^{25}\)

Cause of the Disability (Aetiology)

There are three types of chromosomal abnormalities that can result in Down syndrome, but the one that is responsible for 95% of individuals born with this condition is called trisomy 21. Trisomy 21 occurs at conception when a sperm (or egg) containing 23 chromosomes joins with a cell containing 24 (i.e., one extra) chromosomes. The resulting embryo contains three copies of chromosome 21 instead of two, and the child who develops from this embryo will have Down syndrome.\(^{26}\) In most situations, trisomy 21 occurs spontaneously in families that do not have a history of Down syndrome.\(^{27}\)

How Often the Disability Happens (Incidence)

Fewer than 1 in 1,000 babies are born with Down syndrome.\(^{28}\) At age 20, a woman has a 1 in 2,000 chance of giving birth to a child with Down syndrome. At age 45, the chances increase considerably, to 1 in 20.\(^{29}\)

Prevention

Prevention of Down syndrome is not possible at this time, as the underlying conditions that cause it are not known.\(^{30}\) However, Down syndrome is easily detected by a test called amniocentesis.\(^{31}\)

\(^{25}\) Dictionary of Developmental Disabilities, 125.


\(^{27}\) Ibid.


\(^{30}\) Ibid.

\(^{31}\) Ibid.
Physical Characteristics

People with Down syndrome commonly have the following distinct features:32

- Short stature;
- Eye slits;
- Small ears;
- Short fingers;
- Speckling of the iris in the eye;
- Flat face;
- Almond-shaped eyes due to a skin fold on the upper eyelid; and
- One crease in the palm of the hand (simian crease) as compared to two, which is the usual.

Medical Conditions Associated with Down syndrome

People with Down syndrome have an increased risk of developing a number of medical conditions.33 As a support worker working with someone who has Down syndrome, it is important that you be aware of potential complications so that you can be alert to early signs that may require medical attention.

Congenital Heart Defects

In a study of infants with Down syndrome, researchers found that 44% of the children were born with congenital heart defects, which can lead to congestive heart failure. Congestive heart failure is the inability of the heart to pump sufficient amounts of blood to meet the body’s needs.34 Research has shown that that congestive heart failure develops more rapidly in people with Down syndrome than in the general population.35

Sensory Impairments

Problems with hearing and vision occur more frequently among people with Down syndrome than in the general population.36 In a random survey of children with Down syndrome, it was found that 60% had vision problems that required treatment.37 Approximately two thirds of children with Down syndrome have hearing loss, which can result in problems with communication.38 They can also develop sleep apnea, which is

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32 Dictionary of Developmental Disabilities, 125.
33 Roizen, 265.
35 Roizen, 265.
36 Ibid.
37 Ibid.
38 Ibid.
difficulty breathing while sleeping. This is often caused by enlarged tonsils and adenoids, which are common among people with Down syndrome.\textsuperscript{39}

**Endocrine Abnormalities**

Newborns with Down syndrome are 28-54 times more likely to develop thyroid problems than are children in the general population.\textsuperscript{40}

People with Down syndrome also have a lower rate of metabolism, so they are at a greater risk of becoming overweight.\textsuperscript{41} They also have higher rates of diabetes than do those in the average population.\textsuperscript{42} People with diabetes are at a greater risk of developing heart disease, blindness, kidney failure, and nerve damage. You can learn more about diabetes by consulting the website for the Canadian Diabetes Association, at [http://www.diabetes.ca/](http://www.diabetes.ca/).

**Dental Problems**

It is very important that people with Down syndrome receive good, regular dental care, as dental problems are common in this population. The most common dental concerns are periodontal disease, abnormal bite, and missing, small, or fused teeth.\textsuperscript{43}

**Epilepsy**

Epilepsy is more common in people with Down syndrome than in the general population. Approximately 6\% of people who have Down syndrome also have epilepsy.\textsuperscript{44} Seizures tend to occur most often in individuals under age three and over age 13. The majority of seizures are a result of heart disease.\textsuperscript{45}

**Many Gastrointestinal Problems**

People with Down syndrome are often born with malformations in the digestive system that result in eating problems, vomiting, and aspiration (i.e., sucking food particles into the lungs by accident).\textsuperscript{46}

**Skin Problems**

People with Down syndrome are at greater risk than those in the general population of developing skin conditions, including eczema, inflammation of the lips, dandruff, dry, scaly skin, fungal infections of the nails, and dryness in the eyes.\textsuperscript{47}

\textsuperscript{39} Ibid.
\textsuperscript{40} Roizen, 266.
\textsuperscript{41} Ibid.
\textsuperscript{42} Ibid.
\textsuperscript{43} Roizen, 267.
\textsuperscript{44} Ibid.
\textsuperscript{45} Ibid.
\textsuperscript{46} Ibid.
\textsuperscript{47} Roizen, 267-268.
Learning Activity

View a film about Down syndrome entitled *Then and Now*, produced by the Canadian Down Syndrome Society (CDSS). It can be purchased at CDSS’ online store or check with your tutor for a copy of the film.

Spectrum Disorders:

A spectrum disorder is made up of a group of conditions or characteristics that are linked together as one disorder. The linked conditions are representing a range in severity of a specific disorder (e.g., mild, moderate, severe or level 1, 2, 3)

Autism Spectrum Disorder

*Definition*

As with many disabilities, there are several definitions of autism. Some of the definitions are broad and inclusive; others are very specific. This module provides two definitions of autism, one from a person who has autism and the other from the Autism Society of Canada.

Learning Activity


Self-Description

Autism is something I cannot see. It stops me from finding and using my own words when I want to. Or makes me use all the words and silly things I do not want to say.

Autism makes me feel everything at once without knowing what I am feeling. Or it cuts me off from feeling anything at all.

Autism makes me hear other people’s words but be unable to know what the words mean. Or autism lets me speak my own words without knowing what I am saying or even thinking.

Autism cuts me off from my own body, and so I feel nothing. Autism also can make me so aware of what I feel that it is painful.

The most important thing I have learned is that AUTISM IS NOT ME.

To learn more about Donna Williams, her life, and how her views of autism have changed over time, visit her website, at [http://www.donnawilliams.net/](http://www.donnawilliams.net/).
myself. Autism tries to rob me of a life, of friendship, of caring, of sharing, of showing interest, of using my intelligence, of being affected... it tries to bury me alive.48

Autism Society of Canada

According to the Autism Society of Canada, people with autism often have challenges communicating with others. They have difficulty reading social cues from others and consequently may respond in rather unusual ways, particularly when they experience changing environments.49 They often experience challenges in the following areas:

- Social interactions: People with autism may exhibit repetitive behaviours that can be challenging to others;
- Verbal and non-verbal communication;
- The ability to learn under usual circumstances and in the usual settings; and/or
- Engagement with their environment: People with autism may have a very limited (and sometimes unusual) range of activities and interests.50

Many people with autism are also assessed as having an intellectual disability. However, autism is considered a “spectrum disorder,” meaning that it is defined by a wide variety of characteristics ranging from mild to severe; therefore, not all persons with autism have intellectual disabilities.51

The Autism Society of Canada briefly describes the new 2013 diagnostic criteria called Autism Spectrum Disorder that replaced the previous diagnoses of Autistic Disorder, Asperger’s Disorder, and PDD-NOS (Pervasive Developmental Disorder Not Otherwise Specified).

A diagnosis of Autism Spectrum Disorder recognizes individuals with a wide range of needs, strengths and challenges. People on the autism spectrum depend on lifelong supports and services.


50 Ibid.

The term “spectrum” refers to a continuum of severity or developmental impairment. Children and adults with ASDs usually have particular communication, social and behavioural characteristics in common, but the conditions cover a wide spectrum, with individual differences in:

- Number and particular kinds of symptoms;
- Severity: mild to severe;
- Age of onset;
- Levels of functioning; and
- Challenges with social interactions.

When speaking of ASDs, most people are referring to the most common ones.

- Autistic Disorder (also called “autism” or “classic autism” or “AD”)
- PDD-NOS (Pervasive Developmental Disorder - Not Otherwise Specified)
- Asperger's Disorder (also called “AS”, “Asperger's Syndrome” and “Asperger Syndrome”)

**Cause of the Disability (Aetiology)**

The exact cause of autism has not been determined; however, there is strong evidence that genetics plays a major role. Some current research is examining a link to environmental factors, but this is not conclusive at this point.

**How Often the Disability Happens (Incidence)**

The rate of autism varies widely, depending on whether a narrow or broad definition is used in collecting the information. However, according to the Autism Society of Canada, it “is the most common neurological disorder affecting children and one of the most common developmental disabilities affecting Canadians in general.” Approximately 1 in 68 children are born with Autism Spectrum Disorders; the estimated prevalence of ASD has increased roughly 29% since 2008, 64% since 2006, and 123% since 2002.

**Prevention**

Because the causes of autism and associated disorders are not yet known, specific prevention strategies have not been identified. However, comprehensive intervention approaches include a combination of support for families, individualized education, behavioural support, and language development. Experts believe that earlier diagnosis is

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53 Ibid.


56 Hyman and Towbin, 335.
a key factor in improving outcomes for children with autism.\textsuperscript{57} Due to increased awareness among doctors, teachers and parents, children are now being diagnosed earlier.\textsuperscript{58}

\textbf{Characteristics}

People with a diagnosis of autism or autistic tendencies can exhibit unusual behaviour in communication and social interactions.

Language development is often delayed for people with autism. Some people have difficulty developing communication skills that allow them to have conversations with others, and communication may be limited to indicating what they want or don't want. You may also work with autistic people who repeat what they have just heard. This is called \textit{echolalia}.\textsuperscript{59} It can be difficult to know if people who use echolalia understand what they are saying.

People with autism should be assessed by a speech-language pathologist (SLP). An SLP can suggest how they can be helped and encouraged to communicate successfully with others. If you are working with an individual who has autism, getting to know the person will help you to understand what he or she is trying to communicate.

\textbf{Social Interactions}

Social situations can be very challenging for people with autism. It is often hard for them to make personal connections with others.\textsuperscript{60} Difficulties with communicating and making eye contact, the inability to understand or express their feelings, and by sensitivities to aspects of the environment (e.g., noise, light, touch,\textsuperscript{61} the texture of clothing).

People with autism often repeat specific actions such as rocking, head banging, pacing, and hand flapping.\textsuperscript{62} This behaviour may be caused by boredom, pain, or stress, or it may indicate an interest in something. It is important to pay attention to repetitive actions. When you understand what they mean for the person you support, you can meet the needs expressed by these actions.

It is not unusual for people with autism to focus on a particular item or topic for a very long time.\textsuperscript{63} This is called a \textit{perseveration} and may appear to have no purpose. However, a fixation can reveal interests or strengths that you can use to help someone to develop.

\textsuperscript{57} Ibid.
\textsuperscript{58} Hyman and Towbin, 332.
\textsuperscript{59} Hyman and Towbin, 328.
\textsuperscript{60} Ibid.
\textsuperscript{61} Ibid.
\textsuperscript{62} Hyman and Towbin, 329.
\textsuperscript{63} Ibid.
Learning Activity

Take time to read more about the characteristics of autism, how autism is identified, and intervention approaches from the Autism Society of Canada website at http://www.autismsocietycanada.ca.
Fetal Alcohol Spectrum Disorder (FASD)

Definition

Fetal Alcohol Spectrum Disorder (FASD) is a term used to describe a specific cluster of abnormalities observed in children born to women who consumed alcohol during their pregnancy.\(^\text{64}\)

Learning Activity

Review the following information to expand your knowledge of FASD at http://fasd.alberta.ca/. (This is not part of the Foundations evaluation process.)

Cause of the Disability (Aetiology)

As already indicated, FASD is caused by drinking alcohol during pregnancy.

Many factors affect the degree of disability and the resulting birth defects, including the amount of alcohol consumed, how often the drinking occurred and at what stage of the pregnancy, as well as the health of the pregnant woman.\(^\text{65}\) Health Canada cautions that “no amount or type of alcohol during pregnancy is considered safe.”\(^\text{66}\)

The most severe effects to the brain and thinking processes have been associated with binge drinking (four or more drinks), which increases the blood alcohol level.\(^\text{67}\)

How Often the Disability Happens (Incidence)

It is estimated that of every 1,000 babies born in Canada, nine have FASD. About 3,000 babies are born with FASD in Canada each year.\(^\text{68}\)

Prevention

FASD is totally preventable. Education about the effects of drug and alcohol use during pregnancy is the primary strategy for prevention.

Characteristics

Persons with FASD often have unique physical characteristics and information processing difficulties.

\(^{64}\) Davidson and Myers, 65.


\(^{66}\) Health Canada, “Fetal Alcohol Spectrum Disorder.”

\(^{67}\) Jacobson et al, 1998; Streissguth, Barr; Olson et al, 1994; quoted in Davidson and Myers, 66.

\(^{68}\) Health Canada, “Fetal Alcohol Spectrum Disorder.”
Physical Characteristics

The particular characteristics associated with FASD are usually more pronounced during infancy and early childhood. Some of these features include:69

- Impairment of the central nervous system (e.g., brain damage);
- Much slower growth than average (e.g., height and weight below normal, head circumference smaller than normal); and possibly
- Unique facial characteristics (e.g., short opening between the eye lids and flattened vertical grooves between the upper lip and nose).

It is important to note that the physical features are not always apparent in someone who has FASD. A person can have FASD without the unique facial characteristics.

Cognitive Impairment

Most people with FASD have some form of permanent and incurable impairment that is part of the brain damage caused by their birth mother’s consumption of alcohol during pregnancy.70 These people often process information differently than other people and many of their characteristics are similar to those of people with intellectual disabilities. For example, the damage to the brain can affect their ability to focus on a task or to get along with others.

Common Cognitive Challenges of People with FASD

- They may not appear to listen to what is being said.
- They may move constantly and wander around touching things in their environment.
- They may be distracted easily.
- They may be unable to organize themselves to get even a simple task completed.
- They may be unable to learn from past mistakes or understand what they did wrong.
- They may have difficulty controlling and accepting their own behaviour. Instead, they may get angry and blame others for their actions.
- They may be easily manipulated and led by others

Mental Health Issues

People with FASD also experience a higher degree of mental health issues than do individuals in the general population. The most common mental health issues among people with FASD are attention deficit/hyperactivity disorder (ADHD), conduct disorder, depression, alcohol or drug dependency, and psychotic episodes. 71

69 http://pediatrics.ucsf.edu/blog/fetal-alcohol-spectrum-disorders#.VQrrFeFyS4M
71 Nulman et al, 221.
Learning Activity

1. Do you think setting up a play store to teach money skills to an adult with a developmental disability is the best strategy for developing an understanding of money? Why or why not?

2. Temple Grandin is a woman with a disability. She describes the effects of her disability this way:

   “Up to this time, communication had been a one-way street for me. I could understand what was being said, but I was unable to respond. Screaming and flapping my hands was my only way to communicate”

   “My voice was flat with little inflection and no rhythm. I was well into adulthood before I could look people in the eye.”

   “I enjoyed twirling myself around or spinning coins or lids round and round and round. Intensely preoccupied with the movement of the spinning coin or lid, I saw nothing or heard nothing. People around me were transparent. And no sound intruded my fixation.”

   “Constantly asking questions was another of my annoying fixations, and I’d ask the same question and wait with pleasure for the same answer – over and over again.”

   What disability do you think Temple Grandin might have been diagnosed with? Why?

If you are interested in learning more about Temple Grandin, you might like to watch the recent film, Temple Grandin, starring Clare Danes as the lead role. It was produced by HBO in 2010 and won several Golden Globes and five Emmys. It can be purchased from Amazon.ca, at [http://www.amazon.ca/Temple-Grandin-Claire-Danes/dp/B0038M2AZA/ref=sr_1_1?ie=UTF8&qid=1314766958&sr=8-1](http://www.amazon.ca/Temple-Grandin-Claire-Danes/dp/B0038M2AZA/ref=sr_1_1?ie=UTF8&qid=1314766958&sr=8-1).

3. Since many individuals with FASD also have an intellectual disability, what challenges might they have in a social situation?

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74 Grandin and Scariano, 27.

75 Grandin and Scariano, 39.
Unit 3: Physical Disabilities

Introduction

Physical disabilities include a wide range of conditions that can affect a person’s movement. This unit focuses on two disabling conditions in the disability grouping of physical disabilities.

- Cerebral palsy
- Spina bifida

Unit 3 Learning Outcomes

After completing this unit, you will be able to:

1. Define the disabling conditions of cerebral palsy and spina bifida.
2. Describe how you will support people with these physical disabilities.

Cerebral Palsy

Definition

Cerebral palsy is a disorder that affects a person’s voluntary movement and/or posture. It is most often a result of an injury to the brain, but can also be caused by genetically-based conditions that impair brain development. Cerebral palsy does affect the brain’s ability to control the muscles even though there is no damage to the individual’s muscles or to the nerves that connect the muscles to the spinal cord. The resulting lack of muscle control affects a person’s ability to move and to maintain balance and posture.

Cause of the Disability (Aetiology)

Cerebral palsy usually occurs before or during the birth process. Research suggests that it can be caused by a number of events such as infections from viruses (especially cytomegalovirus, rubella and toxoplasmosis), genetic factors, coagulation abnormalities, birth complications, and oxygen deprivation.

Premature infants are at an increased risk of being diagnosed with cerebral palsy, particularly if they are born before 28 weeks gestation or have a birth weight that is less than 1,500 grams. Multiple births (i.e., twins, triplets, quadruplets) also present a higher risk of being born with cerebral palsy.

76 Percy, 125.
79 Yeargin et al, 237.
80 Pellegrino, 388.
81 Yeargin et al, 236.
How Often the Disability Happens (Incidence)

It is estimated that 1.2 to 2.8 babies born per 1,000 live births will have cerebral palsy.\(^{82}\)

Prevention

The best prevention for cerebral palsy includes good prenatal care and skilled medical support during labour and delivery and in the first few months after birth. Depending upon individual needs, best practices for supporting the person with cerebral palsy include early intervention, therapies (e.g., occupational, physiotherapy, drugs), adaptive aids, assistive technology, and surgery.\(^{83}\)

Characteristics

Cerebral palsy is a condition that does not get worse, although complications (e.g., scoliosis, hip dislocation) can further impair the individual’s mobility.\(^{84}\) People with cerebral palsy may have muscle tightness, causing parts of the body to be very rigid.\(^{85}\) They may also have sudden involuntary movements or have difficulty with balance when walking or standing.\(^{86}\) The specific challenges of each person with cerebral palsy depend on which part of the brain was damaged. Spoken communication can be difficult if the muscles of the mouth and throat have been affected. Not all people with cerebral palsy have an intellectual disability; however, their intellect can be affected since cerebral palsy is due to brain damage.

Implications for Your Work

It is important for you to be aware of the lifestyle or program plan for an individual with cerebral palsy. Your knowledge about different assistive devices (e.g., wheelchairs, walkers, communication aids) is crucial to assisting people you support to participate in learning, community, work, and daily life activities. By learning about appropriate ongoing treatment, you can help prevent the person’s overall functioning from becoming worse. Physical, occupational, and speech-language therapists can show you exercises that will help to keep the person’s muscles toned and stretched properly.

Spina Bifida

Definition

Spina bifida is a malformation of the spinal cord that occurs for unknown reasons during the very early days of pregnancy.\(^{87}\) Spina bifida is pronounced *spine-ah biff-id-ah*, with the accent on the first syllable of each word.

\(^{82}\) Clark and Hanks, 2003, quoted in Yeargin et al, 237.
\(^{83}\) Pellegrino, 396-403.
\(^{84}\) Pellegrino, 388.
\(^{85}\) Pellegrino, 391.
\(^{86}\) Ibid.
Cause of the Disability (Aetiology)

There is some evidence that spina bifida is caused by an interaction between genes and environmental factors such as exposure to specific drugs and medications, excessive alcohol use, nutrition, and exposure to high temperatures.\(^{88}\) Maternal diabetes and obesity have also been associated with the development of spina bifida.\(^{89}\) In addition, there seems to be some tendency for more than one member of a family to be affected by spina bifida.\(^{90}\)

Prevention

Research has shown that adding folic acid to the diets of pregnant women reduces the likelihood of a baby being born with spina bifida by at least 50%.\(^{91}\)

Characteristics

Spina bifida does not worsen as a person ages. Physical and occupational therapy are often beneficial to fully develop and maintain muscle movement and control.

There are three common types of spina bifida, with symptoms ranging from mild to severe. One type has no disabling effects and is often discovered only through a routine x-ray. Other forms can cause physical symptoms ranging from partial loss of movement in the lower extremities and loss of skin sensation to full paralysis. The majority of people born with spina bifida do not have intellectual disabilities; however, many have challenges with attention span, perception, organization, and executive function (i.e., the ability to pace work, plan, initiate, and implement actions).\(^{92}\)

Implications for Your Work

People with spina bifida often need assistive devices such as wheelchairs, standing-tables, arm crutches, or walkers. Since loss of feeling in their skin may make them less sensitive to heat, cold, and pain, make sure they are not exposed to environmental hazards. For example, check that bath water and food is not too hot in order to prevent burns and skin damage. Also make sure they are dressed appropriately for the weather and do not spend too much time in the sun. If skin sores develop, ensure that the individual consults a physician immediately.

Some people with spina bifida also have difficulty with bladder and bowel control.\(^{93}\) The person you support must receive professional medical treatment to ensure proper treatment of bowel and urinary dysfunction.

\(^{88}\) Liptak, 421.
\(^{89}\) Ibid.
\(^{90}\) Liptak, 422.
\(^{91}\) Ibid.
\(^{92}\) Liptak, 427.
\(^{93}\) Liptak, 431.
Unit 4: Emotional and Behavioural Disorders

Introduction

Many types of emotional disorders are found in the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association. These conditions are often referred to as mental illness. Unit 4 describes four of the more common emotional and behavioural disorders: anxiety disorders, major depression, bipolar disorder, and schizophrenia.

Unit 4 Learning Outcomes

After completing this unit, you will be able to:

1. Identify key characteristics of anxiety disorders, major depression, bipolar disorder, and schizophrenia.
2. Identify the aetiology and incidence for anxiety disorders, major depression, and schizophrenia.

Anxiety Disorders

Definition

These disorders are characterized by excessive fear, worry, or uneasiness that interferes with daily functioning.

Cause of the Disability (Aetiology)

There are several theories regarding the cause of anxiety disorders in people with intellectual disabilities. Recent theories link anxiety disorders to biological and environmental factors such as trauma, abuse, and physical illness.

How Often the Disability Happens (Incidence)

While anxiety disorders are among the most common psychological disorders within the general population, depression, anxiety, and adjustment disorders are more prevalent among individuals with disabilities than in the general population. This is also the case

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95 Psychiatric and Behavioural Disorders, 119.
96 Psychiatric and Behavioural Disorders, 118.
for most psychiatric disorders.\textsuperscript{98} According to the Anxiety Disorder Association of Canada, over a period of one year, approximately 12\% of the Canadian population will experience anxiety disorders.\textsuperscript{99}

**Prevention**

Anxiety disorders are not preventable; however, like most mental illnesses, they are often treatable.\textsuperscript{100} Cognitive behavioural therapy and the use of medications are often effective in reducing anxiety symptoms and improving the person's quality of life.

**Characteristics**

The type of behaviour a person with an anxiety disorder demonstrates depends on the type of disorder the person has. You may notice the following types of behaviours:

- Unrealistic, overwhelming fear of an object or situation;
- Excessive, overwhelming worry not caused by any recent experience;
- Overwhelming panic attacks that result in rapid heartbeat, dizziness, or other physical symptoms;
- Recurring and upsetting images or thoughts such as repetitive thoughts about death or illness;
- Constant repetition of a behaviour, such as constant hand-washing or counting; and/or
- Recurring flashbacks to a traumatic event that the individual witnessed or experienced.

**Major Depression**

**Definition**

Major depression is characterized by ongoing and overwhelming feelings of sadness and worthlessness.

**Cause of the Disability (Aetiology)**

It is unlikely there is any one cause for depression. It is the result of interactions between a number of factors, including life events and biological or biochemical factors. Depressive disorders in people with intellectual disabilities and in the general population are caused by similar factors.\textsuperscript{101}

\textsuperscript{98} Richards et al, quoted in *Psychiatric and Behavioural Disorders*, 113.


\textsuperscript{100} Ibid.

\textsuperscript{101} *Psychiatric and Behavioural Disorders*, 113.
**How Often the Disability Happens (Incidence)**

The Canadian Mental Health Association indicates that about 10% of the population will at some time in their lives be affected by a mood disorder.\(^{102}\) The association includes depression, bipolar disorder, and seasonal affective disorder in this estimate.

**Prevention**

Although attitudes vary as to the degree to which depression can be prevented, it is clear that the use of anti-depressant and anti-anxiety medications can reduce depressive symptoms and improve a person’s ability to function in daily life. Other forms of therapy such as counselling may help people deal with life issues that may be making the depression worse.

**Characteristics**

The following changes in a person's behaviour are possible signs of major depression.\(^{103}\)

- The person expresses feelings of sadness, worthlessness and/or guilt and often looks like he or she might cry.
- The person loses interest in activities she or he used to enjoy.
- There is a change in a person’s physical activities, especially changes in sleeping patterns (e.g., sleeping much more or being unable to sleep) and eating patterns (e.g., eating too much or losing interest in food).
- The person loses interest in his or her appearance and can spend days without washing or combing his or her hair.
- The person criticizes her or his appearance or abilities and says the future is hopeless.
- The person has difficulty concentrating and/or making decisions.
- The person experiences a reduced sex drive and tends to avoid others.
- The person is more tired than usual.

Major depression can lead to a person actively seeking death through self-injury or suicide, or passively through losing the will to live.

**Bipolar Disorder**

**Definition**

Bipolar disorder, formerly referred to as manic-depressive illness, is characterized by extreme mood swings.

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Prevalence
Point 6 to 1% of the general population experiences symptoms of bipolar disorder.\textsuperscript{104}

Prevention
Until the biochemistry of this disorder is better understood, it will likely remain unpreventable. Like other mental health disorders, the symptoms of bipolar disorders can be improved by the use of medications, particularly lithium therapy.\textsuperscript{105}

Characteristics
A person with a bipolar disorder experiences major mood changes, from feelings of sadness and worthlessness to feelings of extreme well-being and high levels of physical energy.\textsuperscript{106} Symptoms of the first phase are similar to those of major depression. During the other phase, the person often sleeps very little, talks constantly, and gets excited about plans that may be unrealistic.

Schizophrenia
Definition
Schizophrenia is a brain disorder that affects a person’s thinking, language, emotions, social behaviour, and ability to accurately perceive reality. A person who has schizophrenia experiences distorted thinking and perception, and their moods are often inappropriate for the context (e.g., laughing at sad events) or are “flat and unchanging.”\textsuperscript{107}

Cause of the Disability (Aetiology)
The causes of schizophrenia appear to be complex with many factors attributed to increasing a person’s risk of developing schizophrenia (e.g., inherited genetics, brain injury, substance abuse, excessive anxiety, maternal nutrition, dementia).\textsuperscript{108} Combinations of these factors either injure the brain directly or cause the brain not to develop properly. The age of onset is usually late adolescence or early adulthood.\textsuperscript{109}

\textsuperscript{104} Psychiatric and Behavioural Disorders, 132.
\textsuperscript{106} Percy, Brown, and Lewkis, 319.
\textsuperscript{107} Psychiatric and Behavioural Disorders, 132.
\textsuperscript{108} Percy, Brown, and Lewkis, 323.
\textsuperscript{109} Percy, Brown, and Lewkis, 322.
Prevalence

The prevalence of schizophrenia is estimated at 1% worldwide\textsuperscript{110} and is more common among people with intellectual disabilities than among the general population.\textsuperscript{111}

Schizophrenia is not preventable at present. However, many people with this illness lead productive lives with the use of anti-psychotic medications. New drugs have resulted in significant improvements in the quality of life and productivity of many people who were previously severely disabled by this illness.

Characteristics

People with schizophrenia can demonstrate the following symptoms:\textsuperscript{112}

- Withdrawal from friends, family members and regular activities;
- Unusual responses to friends and family members (e.g., fear, anger, irrational reactions);
- Sleep difficulties;
- Deterioration in language, studies, or personal hygiene;
- Sudden extremes in activity or ideas;
- Difficulty concentrating and turning off thoughts and delusions;
- Constant feelingly that they are being watched; and/or
- Increases in anxiety and mood swings.

Implications for Your Work

As a Community Disability Services Worker, you are not in a position to diagnose an emotional or behavioural disorder. If someone you give care to is showing symptoms of an anxiety disorder, major depression, bipolar disorder, or schizophrenia, you must get assistance from others to make sure the person gets the help he or she needs.

\textsuperscript{110} Psychiatric and Behavioural Disorders, 132.

\textsuperscript{111} Ibid.

\textsuperscript{112} Schizophrenia Society of Alberta, “What is Schizophrenia?” \texttt{http://www.schizophrenia.ab.ca/index.php/resources/what-is-schizophrenia.html}.
Unit 5: Health Conditions

Introduction

Individuals with disabilities may also have other health conditions that may not be caused by specific disabilities but may occur at the same time. Health conditions can limit a person's strength, vitality, or alertness. They can be short-term, such as pneumonia or pressure sores, or ongoing, such as asthma or diabetes. A brief description of asthma and diabetes are provided as examples.

Another health condition, epilepsy, is described in detail in Promoting Wellness.

Unit 5 Learning Outcomes

After completing this unit, you will be able to:

1. Define the term health condition.
2. Describe the characteristics of asthma.
3. Describe the characteristics of diabetes

Asthma

Definition

Asthma is a chronic condition characterized by cough, shortness of breath, chest tightness, and wheezing.\(^{113}\) It may improve or become worse as a person ages.

Prevalence

According to the Government of Canada, approximately three million Canadian adults, infants, toddlers, children and teens have asthma.\(^{114}\)

Prevention

Asthma is not a preventable health condition. However, many acute asthma episodes are caused by environmental triggers such as viral infections (e.g., a cold), exercise, cold air, or allergens (e.g., cat dander, dust mites, moulds, smoke, strong odours, exposure to certain fumes and gases). Asthma can be improved or controlled by avoiding or limiting triggers, by taking medication, and by following a personalized asthma management plan.\(^{115}\)

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\(^{114}\) Ibid.

\(^{115}\) Ibid.
**Characteristics**

The severity of asthma varies greatly among individuals. In general, an acute asthma attack makes a person unable to breathe easily. People having an asthma attack may experience wheezing, coughing, shortness of breath, and tightness in the chest. This is both frightening and dangerous. Immediate medical treatment should be obtained. The person may have been prescribed a medication to use during the asthma attack. There are two asthma medicines that are commonly prescribed:

1. **Controllers** help prevent asthma attacks by decreasing the swelling in a person's airway. These medications are usually inhaled through a puffer or inhaler, but can also be taken in pill form or through injection.
2. **Reliever medications** are used during an asthma attack to quickly reduce symptoms.

People die from acute asthma attacks every year. If the person you are caring for has a severe asthma attack, call 911 and follow the operator’s instructions.

**Diabetes**

**Definition**

Diabetes is an inadequate production or utilization of insulin that results in excessive amounts of glucose in the blood and urine, excessive thirst, weight loss and, in some cases, progressive destruction of small blood vessels leading to such complications as blindness or infections and gangrene of the limbs.

There are three main types of Diabetes:

- **Type 1 (Juvenile or Insulin-dependent)** is an autoimmune disease in which the body’s immune system attacks and destroys the insulin-producing cells of the pancreas, thereby leaving the individual dependent on an external source of insulin for life.
- **Type 2 (Adult onset)** is a metabolic disorder that occurs when the pancreas does not produce enough insulin and when the body does not properly use the insulin it makes. It is usually seen in people who are overweight or obese, physically inactive and of certain ethnic populations. Prediabetes is a wakeup call that you may be on the path to being diagnosed with type 2 diabetes.
- **Gestational diabetes** occurs during pregnancy and typically disappears following delivery. Females diagnosed with gestational diabetes are at increased risk of developing type 2 diabetes within five to ten years.

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116 Ibid.
117 Ibid.
Prevalence

According to Health Canada approximately 6.8% of population under the age of 20 have diabetes and 8.7% of the population over the age of 20 have diabetes.\(^{119}\)

Prevention

There is currently no way to prevent Type 1 diabetes.

Type 2 is preventable through controlling weight and diet, by exercising and by not smoking. Moderate consumption of alcohol similar to the suggestions for heart disease is also thought to reduce the risk of type 2 diabetes.

Characteristics

Onset of diabetes can be characterized by increased urination, thirst, weight loss or weight gain, fatigue, blurred vision, slow healing of sores on the body (particularly the feet), frequent or recurring infections, and tingling or numbness in the hands and feet.

Learning Activity for Units 3, 4, and 5

Read each of the following descriptions and identify the type of disabling condition the person may have.

1. Michael locks all of his doors, keeps his curtains closed, and has put masking tape over the light sockets in his apartment. He is certain that people are spying on him. It is very difficult to get Michael to leave his apartment to, for example, get his mail or buy groceries.

2. Jane has limited use of her arms and legs. She speaks clearly and is very capable of letting her support staff know what she wants to do. Staff were surprised when she got badly sunburned when they took her to the Fringe Festival. They didn't understand why she didn't tell them she was getting too hot.

3. Jeff must not come into contact with cats. If support workers have cats in their homes, they must change into freshly washed clothes after leaving their homes and before entering Jeff’s home.
References for Module 5: Definitions and Characteristics of Several Common Disabilities


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Foundations in Community Disability Studies: Definitions and Characteristics of Several Common Disabilities

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Self-Assessment

This activity will help you to determine whether you have accomplished the learning outcomes for Definitions and Characteristics of Several Common Disabilities. Please answer the following questions and then compare your responses to the answer key that follows the self-assessment.

1. List and describe each of the four disability groupings described in this module.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

2. Identify the disability grouping for each of these disabling conditions.

<table>
<thead>
<tr>
<th>Disabling Condition</th>
<th>Disability Grouping</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Fetal Alcohol Spectrum Disorder</td>
<td>____________________</td>
</tr>
<tr>
<td>b. Asthma</td>
<td>____________________</td>
</tr>
<tr>
<td>c. Bipolar disorder</td>
<td>____________________</td>
</tr>
<tr>
<td>d. Autism</td>
<td>____________________</td>
</tr>
<tr>
<td>e. Cerebral palsy</td>
<td>____________________</td>
</tr>
<tr>
<td>f. Anxiety disorder</td>
<td>____________________</td>
</tr>
</tbody>
</table>

3. Identify two characteristics of each of the following conditions:

a. Intellectual disabilities

______________________________________________________________________________

______________________________________________________________________________

b. Autism

______________________________________________________________________________

______________________________________________________________________________

c. Fetal Alcohol Spectrum Disorder

______________________________________________________________________________

______________________________________________________________________________

Foundations in Community Disability Studies:
Definitions and Characteristics of Several Common Disabilities

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4. Identify the disabling condition described in each of the following sentences.
   a. People lose interest in activities they used to enjoy.
   b. Hallucinations occur.
   c. Breathing is difficult.
   d. Major mood swings occur; from extreme sadness to extreme joy.
   e. Echolalia is a speech pattern.

5. Indicate whether each of the following statements is true or false.
   a. It is often difficult for a person with a developmental disability to learn something in one environment, such as the home, and then use it in another environment, such as the school.
      _____ True  _____ False
   b. People’s life experiences are affected by the type of disability label they are given.
      _____ True  _____ False
   c. People with autism are generally good at communicating their feelings.
      _____ True  _____ False
   d. Disability labels are never changed.
      _____ True  _____ False
   e. You can tell what people are going to be like if you know the type of disability they have.
      _____ True  _____ False
   f. A person with schizophrenia usually also has a developmental disability.
      _____ True  _____ False
   g. Panic attacks can indicate a person has a major depression.
      _____ True  _____ False
   h. People always mean the same thing when they use a disability label.
      _____ True  _____ False
   i. Controlling anger is often a problem for people with Fetal Alcohol Spectrum Disorder.
      _____ True  _____ False
6. Circle the support strategy that might be helpful for people who have the following disabilities.

a. Asthma
   i. Remove known allergens from their environment.
   ii. Protect them from hot water that could damage their skin.

b. Fetal Alcohol Spectrum Disorder
   i. Teach strategies for self-management.
   ii. Help support staff understand what they are communicating by flapping their hands over and over again.

c. Spina bifida
   i. Help them to use communication devices.
   ii. Help them to use mobility devices.

d. Major depression
   i. Talk to them about how they are feeling and refer them to a mental health clinic.
   ii. Introduce strategies that will help them to learn new information.
Answer Key for Self-Assessment

If your answers do not include most of the following points, you may want to review this material before taking the test on Definitions and Characteristics of Several Common Disabilities.

1. The four disability groupings are listed below. Compare your descriptions with the information on the pages identified.
   a. Developmental disabilities pages 8-20
   b. Physical disabilities pages 21-25
   c. Emotional or behavioural disorders pages 24-28
   d. Health conditions pages 29 & 30

2. Disability Groupings
   a. Developmental disabilities
   b. Health conditions
   c. Emotional or behavioural disorders
   d. Developmental disabilities
   e. Physical disabilities
   f. Emotional or behavioural disorders

3. Characteristics of conditions
   a. Intellectual disabilities: Compare your answers with the characteristics on page 9.
   b. Autism: Compare your answers with the characteristics on page 16.
   c. Fetal Alcohol Spectrum Disorder: Compare your answers with the characteristics on pages 18 & 19.

4. Identify the conditions
   a. Major depression
   b. Schizophrenia
   c. Asthma
   d. Bipolar disorder
   e. Autism

5. True or false
   a. True
   b. True
   c. False
   d. False
   e. False
   f. False
   g. False
   h. False
   i. True

6. Support strategies
   a. i
   b. i
   c. ii
   d. i