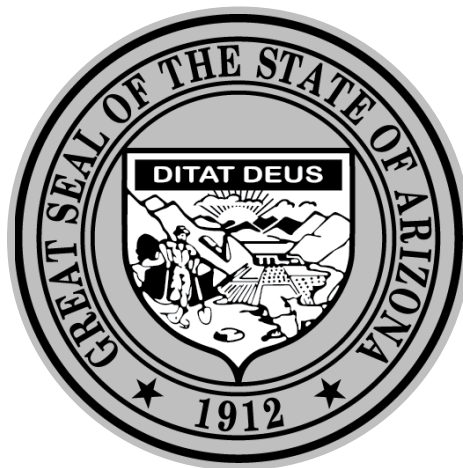


Introduction to the Four Developmental Disabilities

Division of Developmental Disabilities



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

I n s t r u c t o r G u i d e



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

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Contacts

Course Content

DDDSatatewideTraining@azdes.gov
 (602) 771-8125

Revisions				



Attention Trainers

provide the following information to your participants

Instructor Information	
	Date of Training
Instructor Name	
Phone	Email
Instructor Name	
Phone	Email
Instructor Name	
Phone	Email

Directions for Instructors

Course Description

This course introduces all DDD employees to the 4 division - eligible developmental disabilities including Autism / Autism Spectrum Disorder Spectrum Disorder, Epilepsy, Cerebral Palsy, Intellectual Disabilities, and "At-Risk" categories.

Course Length

4 hours

Audience

All New DDD employees

Assessment

Participants must score a minimum of 80% on assessment to pass the course

Forward to Instructor

As the leader of this training, your professional demeanor will play an important part in how an employee perceives the D

The quality of the training an employee receives may have far-reaching implications for both the individual employee and the organization as a whole; from job performance and on-the-job training time, to employee retention, and possibly turnover. As the **Instructor**, you are in a position to contribute to the success of this (and other) trainings.

Here are a few suggestions to help facilitate a successful class:

1. Do not stray from the curriculum provided in the class materials. Even if you may disagree with a policy or procedure, know a “shortcut”, or have worked at an office that did things in a different way than what is stated out in the material, **do not** alter the materials. To keep the training message consistent, please follow the policy and procedures cited as written in this manual as it has been approved by D Policy and management. If you do not agree with something, please bring it to attention of the D Training Manager and the Policy Department **before** training.
2. Be prepared and ready to welcome your class by having the room and materials ready to go at least 30 minutes prior to class start time.
3. Always start and resume class on time and follow the course agenda. Be firm about the length of breaks and lunch.
4. Dress professionally, even if it’s a “casual day”.
5. Know the material and study its origins and applications (See Appendices, if included, for further enrichment information).

Instructor Guide

The *Instructor Guide* is designed to be the comprehensive roadmap and script through this training module. Use it as your key navigation tool and your prompter. In order to fully utilize this document, carefully read the *Instructor Guide*.

Participant Guide

The *Participant Guide* is designed to be used as a desk aid beyond training. It also serves as the notes for the exam at the end of the class. Throughout the *Participant Guide* there are places for the learner to fill in the blanks. The corresponding *Instructor Guide* page contains all of the appropriate answers for these, as well as solutions to the various exercises.

PowerPoint Presentation and Hardware

A Power Point presentation is included as part of this training program. Follow the class set-up checklist on the following page and confirm that the required equipment (computer, projector, etc. is working properly.

Note: *While very helpful, the Power Point presentation is **not** a vital part of the training materials. This training can be facilitated solely from the Participant and Instructor Guides.*

Activity Materials

It is recommended that the instructor have a collection of dry-erase markers (if appropriate), blank paper, a selection of pens and pencils, and several flip chart pads with an easel to foster a culture of expression among the learners. Many of the class activities involve making lists or writing scenarios or solutions to share with the rest of the class.

Bring a selection of various note-taking and marking materials including highlighters, sticky notes and tabs, and bookmarks. Distribute all necessary materials to begin class before class begins. Start class promptly at assigned time.

Instructor Checklist

General Supplies

Pens and Pencils for Participants

- Highlighters for Participants
- Name Tents

Instructor Supplies

- PowerPoint Presentation
- Instructor Guide
- Computer w/Internet connection













Activity Supplies

- Flip Chart Paper
- Markers

Class Handouts – 1 per Participant

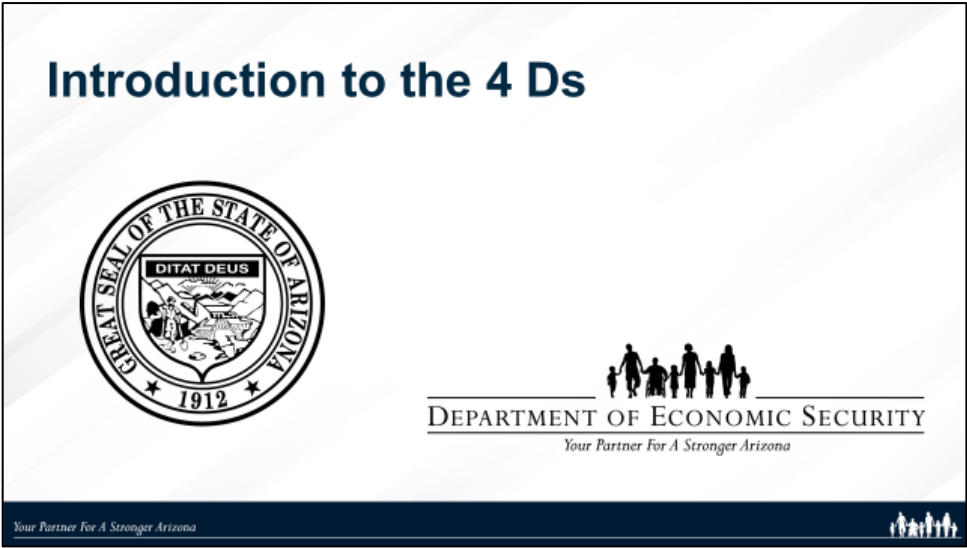

- Participant Guides
- Assessments



Icon Guide

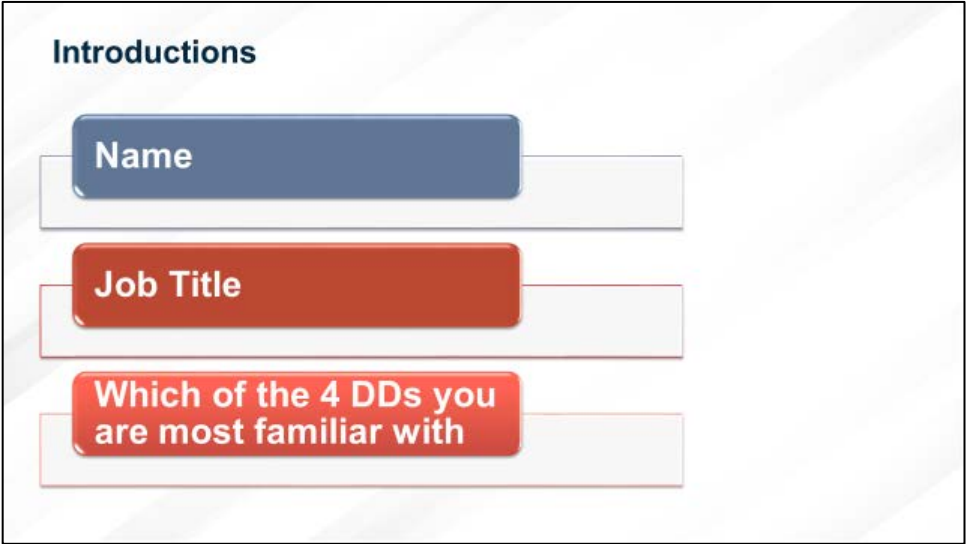


	Click for slide animation		Break
	Write on board		Lunch
	Question		
	Activity		
	Important		
	Advance slide		



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Introduction



PG#	N.A.
Slide	 <p>The slide features the title "Introduction to the 4 Ds" at the top. Below the title is the Great Seal of the State of Arizona, which includes the motto "DITAT DEUS" and the year "1912". To the right of the seal is the logo for the Department of Economic Security, which depicts a family silhouette and the text "DEPARTMENT OF ECONOMIC SECURITY" and "Your Partner For A Stronger Arizona". A blue footer bar at the bottom contains the slogan "Your Partner For A Stronger Arizona" and a small family silhouette icon.</p>
Say	<p>Welcome to Introduction to the Four Developmental Disabilities class. Today we will be discussing some fundamental information about the individuals we support.</p> <p>No matter what your role with the Division, you will be working with people who experience developmental disabilities. Some of you will be making eligibility determinations, some of you will be working directly with people who have been receiving supports for years.</p> <p>Today's class is not designed to make you an expert. It is designed to make sure we're all on the same page and have the same basic information about the people we support.</p> <p>Please use your participant guide to take notes. There will be an open note quiz at the end of the class. Before we get started today, I want to take a moment to introduce myself and go over some basic housekeeping.</p>
Do	<i>Give a brief (30 second) introduction of yourself</i>
	<i>Advance slide</i>

PG#	N.A.
Slide	<div data-bbox="461 226 1347 726" data-label="Image"> </div>
Do	<p><i>Share the following information with participants:</i></p> <ul style="list-style-type: none"> • <i>Location of:</i> <ul style="list-style-type: none"> ○ <i>Restrooms</i> ○ <i>Smoking Area</i> ○ <i>Breakroom</i> ○ <i>Emergency Exits</i> ○ <i>Any other building-specific information for participants</i> • <i>Cell Phone policy</i> <ul style="list-style-type: none"> ○ <i>Put on silent or vibrate</i> ○ <i>If you need to take call, excuse yourself</i>
	Are there any questions so far?
	<i>Advance slide</i>

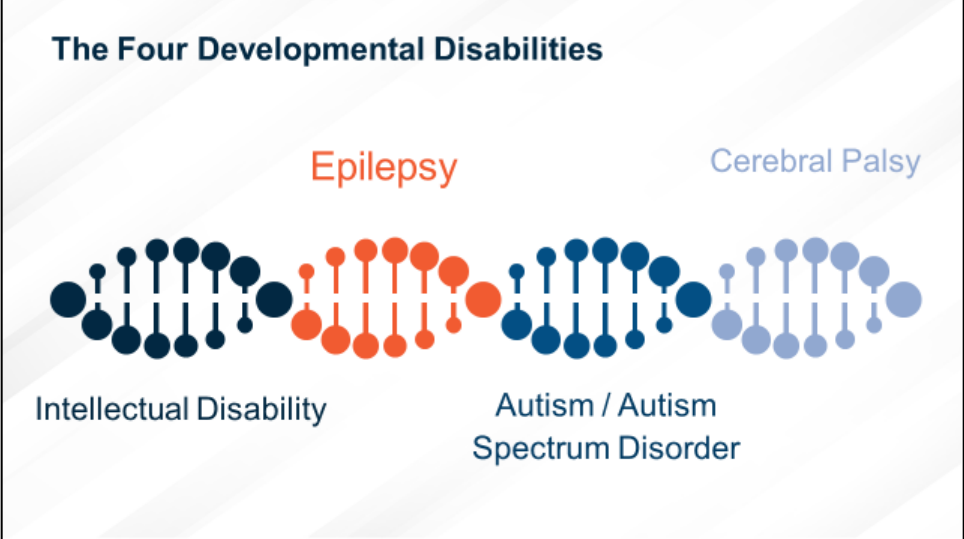






PG#	1
	
Say	<p>For introductions today, I want to hear a little from each of you. Please introduce yourself by telling the class:</p> <ul style="list-style-type: none"> • Your Name • The area you work in, such as which office or group home • Your role, such as a support coordinator or hab tech • Your supervisor's name • And which, if any, of the four developmental disabilities you are most familiar with
Do	<i>Pause for introductions.</i>
	Do I have a volunteer to go first?
	After introductions are complete, advance slide

<p>PG#</p>	<p>1</p>
<p>Slide</p>	 <p style="text-align: center;">People with disabilities are FIRST, FOREMOST, and ALWAYS people.</p>
<p>Say</p>	<p>Today, we're going to be talking about diagnoses and how a diagnosis MIGHT impact the people you support. However, we need to remember that people with developmental disabilities are first, foremost, and always people.</p> <p>Diagnoses and things you may see are the subject today, but so is the importance of building relationships. There is no replacement for spending time talking with someone and building a relationship.</p> <p>We do not make assumptions about people, but we really get to know people once we build relationships with them.</p>
	<p><i>Advance slide</i></p>




PG#	2
Slide	<div style="border: 1px solid black; padding: 10px;"> <p>Objectives</p> <ul style="list-style-type: none"> • Define developmental disability • Distinguish between the four qualifying developmental disabilities • Recognize the symptoms of the four developmental disabilities • List the seven functional limitations  </div>
Do	<i>Go over course objectives</i>
	<i>Advance slide</i>



PG#	3
Slide	<div style="border: 1px solid black; padding: 10px;"> <p>Developmental Disabilities Arizona's Definition</p> <p>4 qualifying developmental disabilities</p> <p>Manifests before age 18</p> <p>Likely to continue indefinitely</p> <p>Limitations in 3+ life areas</p>  </div>
Say	<p>We will begin by defining the term developmental disabilities. On page 3 of your guide, you'll see Arizona's Statutory definition.</p> <p>Over the next few pages, we will break down that definition into three parts:</p> <ul style="list-style-type: none"> • Presents one of the four developmental disabilities • Manifest before the age of 18 and likely to continue indefinitely • Exhibit limitations in three or more major life activities: <ul style="list-style-type: none"> ○ Self-care ○ Receptive and expressive language ○ Learning ○ Mobility ○ Self-direction ○ Capacity for independent living ○ Economic self-sufficiency
	<i>Advance slide</i>






Lesson One: Eligibility Criteria





<p>PG# 4</p>	
<p>Slide</p>	<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>The Four Developmental Disabilities</p>  <p>Intellectual Disability Epilepsy Autism / Autism Spectrum Disorder Cerebral Palsy</p> </div>
	<p>Participants have “Fill in the Blank” activity for the 4 highlighted terms below.</p>
 <p>Say</p>	<p>We’ll get started by defining the four developmental disabilities that may result in eligibility for DDD. This information is on page 4 of your guide. The first developmental disability we will discuss today is, Intellectual Disability.</p> <p>Intellectual Disability used to be called Cognitive Disability and before that, Mental Retardation (MR). Arizona was one of the first states to pass legislation changing the language to Cognitive disability. Then, federal legislation was passed changing the language to Intellectual Disability.</p>
 <p>Say</p>	<p>The next disorder we will discuss is Epilepsy.</p>
 <p>Say</p>	<p>Then we will discuss Autism / Autism Spectrum Disorder Spectrum Disorder.</p>
 <p>Say</p>	<p>And finally, we will discuss Cerebral Palsy.</p>
	<p><i>Advance slide</i></p>






PG#	5
Slide	<p>The diagram, titled "Facts about the 4Ds", illustrates the timeline of developmental disabilities. It features a horizontal axis with five human figures representing different ages: Newborn, 2 yrs, 6 yrs, 12 yrs, and 18 yrs. The area under the axis is shaded in two colors: red for the first three figures (Newborn, 2 yrs, 6 yrs) and blue for the last two (12 yrs, 18 yrs). An orange arrow labeled "1. At Risk" points from the 6-year mark back to the Newborn. A blue arrow labeled "2. Manifests Prior" points from the 18-year mark back to the 6-year mark. A blue arrow labeled "3. Continue Indefinitely" points from the 18-year mark to the right. The text "Facts about the 4Ds" is at the top left.</p>
Say	<p>Please note, for children under the age of 6, they may not yet be diagnosed with one of the four developmental disabilities.</p> <p>In those cases, we also may support children who are “at risk” – meaning they do not have a diagnosis, but there is a strong likelihood they will without significant intervention.</p>
Say	<p>The second part of the Arizona Statutory definition for developmental disabilities has to do with the age of diagnosis. In Arizona, to be considered a developmental disability, a disability needs to be present before a person reaches the age of 18.</p> <p>This is important because not every state uses the same age. You’ll find some states use age 19, 21, or even 22. Some disabilities do not occur until later in life. At DDD, we only support developmental disabilities that occurred during the person’s developing years.</p>
Say	<p>The final requirement is that the disability is likely to continue indefinitely.</p> <p>This means it is not a matter of taking a medication or allowing a fever to pass. The disability will continue throughout the person’s life. The person will continue to learn and grow and develop more skills, but the disability is not going to just go away.</p>
Say	<p>Okay, so now that we’ve looked at the first 3 criteria, let’s look at a scenario.</p>





<p>PG#</p>	<p>5</p>
	<p>A 26 year old individual calls to apply for services after experiencing their first seizure 2 weeks ago, would this individual qualify for DDD?</p> <ul style="list-style-type: none"> • <i>No, this person would not qualify for services since their condition did not manifest before the age of 18. This is a very common experience among people with Epilepsy. Nearly half of the people with Epilepsy won't experience their first seizure until the age of 25.</i> • <i>Although this person would not qualify for services from DDD, should refer them to other community resources.</i>
<p>Slide</p>	<div data-bbox="399 590 1357 1129" style="border: 1px solid black; padding: 10px;"> <p>Review Question</p> <p>A 26 year old individual calls to apply for services after experiencing their first seizure 2 weeks ago.</p> <p>Would this individual qualify for DDD?</p>  </div>
	<p><i>Advance slide</i></p>



PG#	6-7
Slide	<div style="border: 1px solid black; padding: 10px; text-align: center;"> <h3>Substantial Functional Limitations</h3> </div>
Say	<p>In addition to being diagnosed with one of the four eligible diagnoses, that disability must have a substantial impact in the person’s life.</p> <p>As a result of the person’s developmental disability, to be eligible for the Division the person must have substantial limitations in at least 3 of 7 life areas. We’re going to go into more detail about these life areas.</p> <p>You do not need to be an expert on these areas. This is just an overview so you understand the reason some people are eligible for DDD while others with the same diagnoses may not be.</p> <p>For each of these 7 areas, we consider age and cultural factors.</p> <p>For example, for economic self-sufficiency, we would not expect a seven year old to go out and get a job. We would, however, expect the seven year old to be able to follow 1-2 step directions and pay attention to task.</p>
 Say	The first area is <u>self-care</u> .
	Can I have a volunteer read the description on page 6 of your guide?

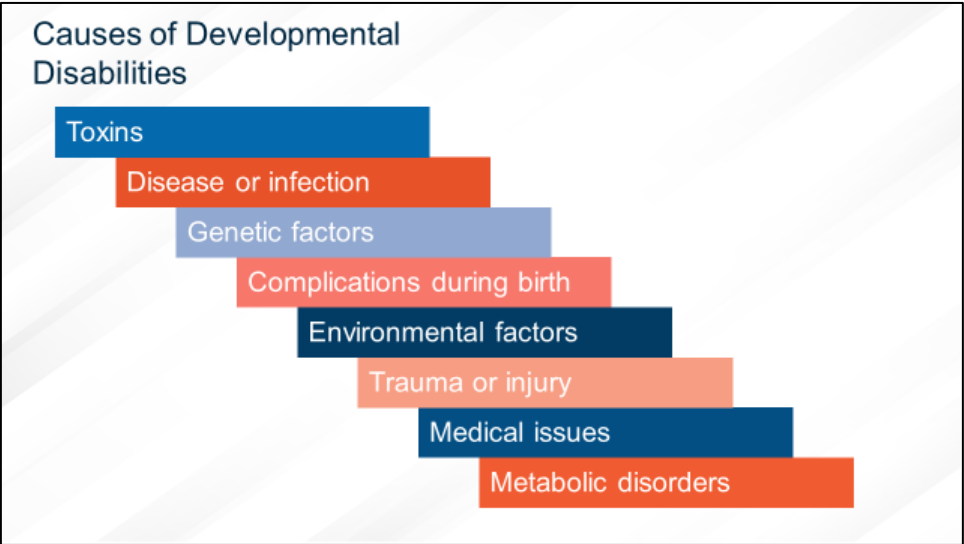

PG#	6-7, continued
Say	<p>When we're looking at self-care, please note we're not just looking at if the person can do the task, but we're also looking at how long it takes the person.</p> <p>For example, an instructor's friend has a diagnosis of Cerebral Palsy. He is able to complete all his self-care tasks, including getting dressed. However, due to his fine motor skills, getting dressed can take up to an hour.</p> <p>This is extraordinary by the division's standards, and would meet the qualifications for being a substantial functional limitation.</p>
	<p>Can anyone else think of what might be considered a substantial limitation in self-care?</p> <ul style="list-style-type: none"> • <i>Feeding</i> • <i>Bathing</i> • <i>Dressing</i>
 <p>Say</p>	<p>The next functional area is <u>receptive and expressive language</u>.</p>
	<p>Can I have a volunteer read this definition for us?</p>
	<p>What is the difference between receptive and expressive language?</p> <ul style="list-style-type: none"> • <i>Receptive language means understanding what is being said to you, while expressive language is the ability to communicate back to others.</i>
Say	<p>We need to remember that many of the people we support have extremely high receptive language skills, but may have challenges communicating back in a way that you might expect. Never make assumptions about how much a person understands.</p>
	<p>Based on the description on the slide, do you think a person who uses sign language would meet the criteria for a substantial functional limitation under receptive and expressive language?</p> <ul style="list-style-type: none"> • <i>Yes, they need a person who is skilled in sign language</i>

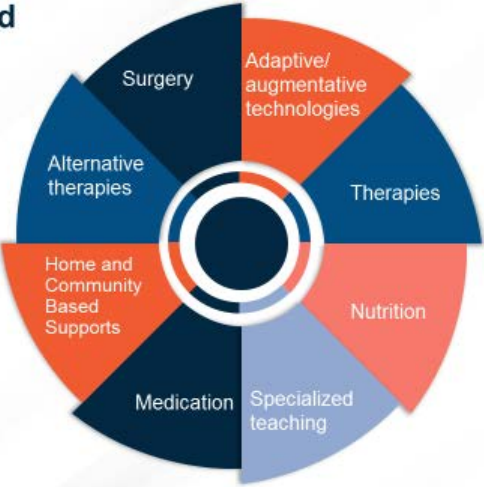


PG#	6-7, continued
	<p>What about if a person uses a communication device, such as a picture exchange system or an augmentative communication device?</p> <ul style="list-style-type: none"> • Yes, <i>mechanical device</i>
 Say	The next functional limitation is <u>learning</u> .
	Can I have a volunteer read this description for us?
Say	<p>We all learn differently. However, if learning is a particular challenge for a person, this may be a substantial functional limitation. If a person is in school and has an IEP or Individualized Education Plan, this can be a sign of a limitation in learning.</p> <p>If someone needs something repeated over and over, this can be a sign of difficulty with learning. For example, a class of kindergartners learning a new song have some expected ways of learning.</p> <p>For example, “The Wheels On the Bus”</p> <p>The first time the song is sung, most of the kids will kind of bounce / dance along.</p> <p>The second time, they may begin to sing the chorus or do some of the hand motions such as making a wheel motion or singing “All through the town”.</p> <p>The third time, they may get most of the hand motions or the chorus but not the verses.</p> <p>Some kids might need some additional time to practice, or wait until they’re in the privacy of their home.</p> <p>But a child with challenges in learning may be able to get the hand motions but not the words or vice versa. The child may need to hear the song twenty, thirty, forty times.</p>
 Say	Next, we’re going to talk about <u>mobility</u> .


PG#	6-7, continued
	Can I have a volunteer read this?
	<p>Can anyone tell me the difference between fine and gross motor skills?</p> <ul style="list-style-type: none"> • <i>Fine – small muscle movements, such as picking up a pencil</i> • <i>Gross – large muscle movements, such as walking or jumping</i>
Say	This is another example where it's not just being able to do the task, but it's the amount of time it takes. For example, a person may be able to walk a block but needs to sit down every few feet to take a break.
	<p>Based on this description, if a person uses a wheelchair or a walker for mobility, would that be a substantial limitation?</p> <ul style="list-style-type: none"> • Yes
	<p>What's the next functional limitation in your guide?</p> <ul style="list-style-type: none"> • <i>Self-direction</i>
 Say	<p>Self-direction might seem a little vague – you may read them and start to think “oh wait, I’ve made some questionable decisions about my finances” or “my partner forgot to pay a bill” and begin to think you might qualify. But here we are talking about substantial limitations as a result of a diagnosed developmental disability.</p> <p>With self-direction, we are looking at someone’s ability to make decisions and know what factors to consider when making the decision. It doesn’t mean the person always makes decisions we agree with.</p> <p>For example, a young woman the Division supported called her Support Coordinator one day, really mad at her group home staff. The young woman said, “They won’t let me go out on a date.”</p> <p>The support coordinator asked for more information, and the woman said “Well, we’re going on a motorcycle and I won’t wear a helmet.”</p> <p>The support coordinator talked about it more, and the woman said “But I looked it up and there isn’t a helmet law in Arizona so I don’t have to.”</p> <p>The support coordinator asked the young woman the reason she thought the staff wanted her to wear a helmet.</p> <p>“Well, he’s a new motorcycle driver and so we’re more likely to get in an accident. And if we get in an accident and I’m not wearing a helmet, my head is the first thing to go and I could even die.”</p>

PG#	6-7, continued
	<p>Based on this conversation, does the young woman have substantial limitations in self-direction?</p> <ul style="list-style-type: none"> <i>No. We may not agree with her decision, but she was able to weigh the pros and cons and make a decision for herself.</i>
	Okay, what's next? Can I have a volunteer read this?
 Say	<p><u>Capacity for independent living.</u></p> <p>This isn't talking about the dirty dishes in my kitchen sink. This is looking at the supports a person needs to live on his or her own. Does he need verbal prompts throughout his day? Does she need physical assistance for various critical parts of the day?</p> <p>This is looking at the type of support a person needs to live on his or her own.</p> <p>Clearly, we use different criteria for children. We wouldn't expect a four year old to be living on her own. But we would expect that they can swallow a medication or help brush her teeth.</p>
Say	The final functional limitation is economic self-sufficiency.
	Can I have a volunteer read this?
Say	<p>We are supporting the most under-employed population in our society.</p> <p>We have a responsibility to advocate for people to work, and to refer people to work supports as the least restrictive option.</p> <p>However, some people we support need a lot of supports to work. For example, someone may only be able to work 2-3 hours a day.</p> <p>Or, a person might have a challenge staying on task or have physical limitations. Even with the support of adaptive equipment, he or she might not be able to work. Again, this is another area that we greatly modify depending on the person's age.</p>

PG#	7
	That takes us through the 7 life areas. Does anyone have any questions at this point?
Say	Next we will discuss some of the causes of developmental disabilities. Several different factors can lead to a developmental disability.
	<i>Advance slide</i>



PG#	8
Slide	<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>Causes of Developmental Disabilities</p>  </div>
Say	<p>On this slide and page 8 of your guide is a list of some common causes of developmental disabilities.</p> <p>Please note, the number one preventable cause of developmental disabilities is exposure to alcohol and drugs.</p> <p>However, there are many other causes that are not preventable and in some cases, the cause of the disability is unknown. We do know that lead poisoning or certain infections during infancy and childhood can lead to intellectual disabilities and that certain genetic conditions are strongly linked to intellectual disabilities, such as Down syndrome and fragile X.</p> <p>From a division standpoint, we are not concerned with the cause. Our role is to focus on supporting the family in finding the best way to support the person with the diagnosis or the person at risk.</p> <p>When the parents and families that you work with ARE concerned about the cause, it is important to empathize while still encouraging them to look to the future.</p>
	<i>Advance slide</i>

<p>PG# 9</p>	
<p>Slide</p>	<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>Interventions and Supports</p>  </div>
<p>Say</p>	<p>On page 9 you have a listing of some common interventions for developmental disabilities. Please note, this is not a complete listing and does not mean every single person needs to use every single support.</p> <p>Adaptive equipment such as wheelchairs, bath chairs, lifts and standing frames are extremely important as are augmentative technologies such as devices that synthesize speech.</p>
	<p>If the person can do something independently with adaptive equipment, would there be any benefit to make them dependent on another person?</p> <ul style="list-style-type: none"> • <i>No</i>
<p>Say</p>	<p>Occupational, physical, and speech therapies can teach the person how to eat with adaptive utensils, help decrease muscle atrophy or stiffness or help someone effectively communicate</p> <p>Proper nutrition is essential for all of us but special diets may be helpful in improving the general health in someone who has complex medical issues or complex behavioral issues. Specialized teaching can be helpful in helping someone learn independent living skills or to help them learn appropriate social behaviors so they can make friends easily.</p>
	<p>What are some examples of specialized teaching the Division provides?</p> <ul style="list-style-type: none"> • <i>Habilitation that can teach a person a new skill</i> • <i>Work programs with the goal that the person can gain or maintain competitive employment</i> • <i>Early Childhood Autism / Autism Spectrum Disorder Masters/Bachelors</i>




PG#	9
Say	<p>Medications can be useful when combined with other supports. Someone with Epilepsy can live a seizure free life if their medication is effective. Individuals with CP can sometimes benefit from medications that can decrease spasticity.</p> <p>Home and community based services can greatly improve a person's quality of life. Attendant care may assist the person with showering so they can go to work or school, day programs so the person has an opportunity to learn social skills and respite so the primary caregiver can take a break and recharge themselves.</p> <p>Many families utilize alternative or nontraditional therapies such as acupuncture or herbal supplements.</p> <p>Finally, in some circumstances, surgery may be appropriate. Sometimes spasticity and stiffness are severe enough to limit the ability for an individual with Cerebral Palsy to move, or enough to make pain too severe for an individual to walk or have full range of motion in their limbs. In this situation surgery may help to lengthen muscles and tendons that are proportionately too short, or release muscles that have retracted. This can improve mobility and lessen pain.</p>
Say	<p>While Early Intervention is not a separate category of supports and interventions, studies consistently show the more supports we can put in place to give the primary caregivers tools to support the child, and the earlier those supports are put in place, the better the outcome. Early intervention focuses on babies up until 3 years of age.</p> <p>We'll go into more detail about these interventions and supports when we discuss the different disabilities.</p>
	Are there any questions about anything we've covered so far?
Say	On page 10 of your guide are some statements about people with developmental disabilities. Based on what you've learned today and your experience, decide if each statement is true or false.


PG#	10
Do	<i>Pause for participants to read the statements.</i>
Do	<i>Go over answers.</i>

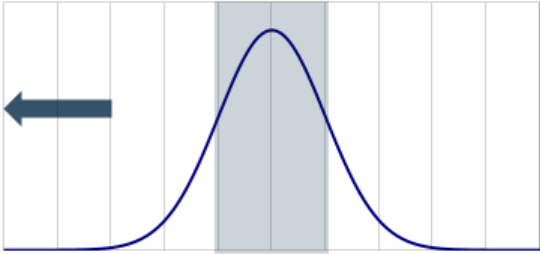




1.	A developmental disability is the same as a mental illness.	True	OR	False
2.	When diagnosing a person’s functional limitations, age and cultural factors are considered.	True	OR	False
3.	Some developmental disabilities are contagious diseases.	True	OR	False
4.	There are no cures for any developmental disabilities.	True	OR	False
5.	Educational and vocational training will not help people who have developmental disabilities.	True	OR	False
6.	It is safe to assume the physical limitations of people with developmental disabilities based on their diagnosis.	True	OR	False
7.	At DDD, we only support people with developmental disabilities if they diagnosed prior to the age of 18.	True	OR	False



	Are there any questions?
Say	<p>In this lesson we discussed the 4 diagnoses, the 7 functional limitations, some causes of developmental disabilities, and interventions or treatments for developmental disabilities.</p> <p>We will be going into more depth about the 4 diagnoses but before we do, let’s take a break.</p>
	<i>15 minute break</i>

Lesson Two: Intellectual Disability





PG#	11
	<p>Welcome back, everyone. Just to review, what are the 4 qualifying developmental disabilities?</p> <ul style="list-style-type: none"> • <i>Autism / Autism Spectrum Disorder</i> • <i>Cerebral palsy</i> • <i>Intellectual disability</i> • <i>Seizure disorder / Epilepsy</i> • <i>At –risk under age 6</i>
	<p>How about the 7 areas of life activities?</p> <ul style="list-style-type: none"> • <i>Self-care</i> • <i>Receptive and expressive language</i> • <i>Learning</i> • <i>Mobility</i> • <i>Self-direction</i> • <i>Capacity for independent living</i> • <i>Economic self-sufficiency</i>
	<p>To be considered a developmental disability, there must be substantial functional limitations in how many of these areas?</p> <ul style="list-style-type: none"> • <i>At least 3</i>
Say	<p>Great job. In the next lesson we will be discussing Intellectual Disability in more detail. Intellectual disability is a developmental disability that primarily has to do with learning the way a person processes information.</p>
Do	<p><i>Have a participant read the definition of Intellectual Disability on page 11.</i></p>
Say	<p>DDD supports approximately 15,000 people with intellectual disabilities.</p>
Do	<p><i>For the 4 diagnoses, you will write a list on flip chart paper with the diagnosis and number of people DDD supports with the diagnosis. Write “Intellectual Disability 15,000” on chart paper.</i></p>
Say	<p>When it comes to diagnosing intellectual disabilities, Arizona looks at the following criteria to make a diagnosis:</p> <ul style="list-style-type: none"> - Adaptive behavior - Intellectual functioning <p>Adaptive behavior is looking at how someone behaves in relationship to others of their age and cultural group.</p>

PG#	11, continued
	Intellectual functioning involves looking at a person's IQ. When it comes to Intellectual Disability, IQ becomes extremely important. To explain this we need to look at the bell curve.
	<i>Advance slide</i>



PG#	11-12																																								
Slide	<div style="border: 1px solid black; padding: 10px;"> <h3 style="text-align: center; margin: 0;">Intellectual/Cognitive Disability</h3> <p style="text-align: center; color: red; font-size: small;">IQ Normal Curve</p>  <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small; margin-top: 10px;"> <tr> <td style="text-align: left;">Standard Deviation</td> <td>-4</td><td>-3</td><td>-2</td><td>-1</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td> </tr> <tr> <td style="text-align: left;">Wechsler IQ</td> <td>40</td><td>55</td><td>70</td><td>85</td><td>100</td><td>115</td><td>130</td><td>145</td><td>160</td> </tr> <tr> <td style="text-align: left;">Stanford-Binet IQ</td> <td>36</td><td>52</td><td>68</td><td>84</td><td>100</td><td>116</td><td>132</td><td>148</td><td>164</td> </tr> <tr> <td style="text-align: left;">Cumulative %</td> <td>0.003</td><td>0.135</td><td>2.275</td><td>15.866</td><td>50</td><td>84.134</td><td>97.725</td><td>99.865</td><td>99.997</td> </tr> </table> </div>	Standard Deviation	-4	-3	-2	-1	0	1	2	3	4	Wechsler IQ	40	55	70	85	100	115	130	145	160	Stanford-Binet IQ	36	52	68	84	100	116	132	148	164	Cumulative %	0.003	0.135	2.275	15.866	50	84.134	97.725	99.865	99.997
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	<p>Does anyone know the average IQ?</p> <ul style="list-style-type: none"> • 100 																																								
 Say	<p>That means the average IQ of people is 100, plus or minus 15 points.</p>																																								
 Say	<p>Therefore for someone to be diagnosed with an Intellectual Disability, they would need to have an IQ below 70. For those of you statistics people, that is 2 standard deviations below the mean.</p> <p>We need to keep in mind that just because we have the privilege of knowing someone's IQ, that doesn't mean we know anything about what the person is good at and what the person likes to do. We still need to build a relationship with the person.</p>																																								
	<p>We're going to talk more about intellectual disabilities, but does anyone have any questions at this point?</p>																																								



PG#	12
Say	Take a few minutes to read the CDC fact sheet on page 12 and highlight 3 interesting facts. We will come together as a group in a few minutes and discuss our findings.
Do	<i>Give participants a few minutes to read independently.</i>
	It's okay if you're still reading, but can I have a volunteer share one of the facts you highlighted?
Do	<i>Have 3-4 people share their facts. Validate participant responses.</i>
	<i>Advance slide</i>




PG#	13-15																				
Slide	<div style="text-align: center;"> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Severity</th> <th>IQ Level</th> <th>Frequency</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Profound</td> <td>≈ 25 and below</td> <td>Pervasive</td> <td>1-2%</td> </tr> <tr> <td>Severe</td> <td>≈ 20-40</td> <td>Extensive</td> <td>3-4%</td> </tr> <tr> <td>Moderate</td> <td>≈ 35-55</td> <td>Limited</td> <td>10%</td> </tr> <tr> <td>Mild</td> <td>≈ 50-70</td> <td>Intermittent</td> <td>85%</td> </tr> </tbody> </table> </div>	Severity	IQ Level	Frequency	Percentage	Profound	≈ 25 and below	Pervasive	1-2%	Severe	≈ 20-40	Extensive	3-4%	Moderate	≈ 35-55	Limited	10%	Mild	≈ 50-70	Intermittent	85%
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Say	<p>When talking about the severity of Intellectual Disability, the individual's IQ plays a greater role. If you look at the chart provided on page 13 you can see the different levels of severity, their corresponding IQ level, and the percentage of people with an Intellectual Disability at each level.</p> <p>It is also important to take note of the frequency - as you can see mild severity accounts for 85% of individuals with Intellectual Disability.</p>																				
 Say	<p>So what does this mean for the people we support? Not much. We have to build a relationship and get to know a person.</p> <p>However, some things we do know: if someone has a higher IQ and is considered to be in the mild range, their support may be intermittent. That simply means support providers may come and go.</p> <p>As an adult, the person possibly lives on their own and someone stops in from time to time – maybe weekly, maybe daily – to check in and offer support as the person needs.</p> <p>Many people in the “mild” range do not meet the requirements for 3 of 7 substantial life limitations. For Support Coordinators, you may see more people who are Targeted or DD-Only eligible in the mild range, because they may not meet ALTCS requirements.</p>																				
 Say	<p>If someone's IQ is in the moderate range, that person may need limited supports. As an adult, he or she may live alone or with other people. He or she may need daily support or someone providing regular prompts.</p>																				


PG#	13-15
	<p>For an individual whose IQ is in the severe range, the person likely needs extensive supports.</p> <p>Say As an adult, he or she most likely live with family or other people with round the clock supports. The person may or may not need close supervision for safety, but is probably not alone for long periods of time and probably needs more prompts than someone with a higher IQ.</p>
	<p>For an individual whose IQ is in the profound range, they likely need pervasive supports. That means the person probably always has someone with them and they need round the clock supports.</p> <p>Say</p> <p>Note, at no point talking about these did we compare someone with a particular age. That’s because if someone is 5 years old, he or she is 5 years old. If someone is 55 years old with a profound Intellectual Disability, he or she is still 55 years old. Respecting a person’s chronological age and treating the person with respect is critical.</p>
Say	<p>On page 14 in your participant guide there is a listing of some causes of intellectual disabilities. Like before, the number one preventable cause is exposure to drugs or alcohol.</p> <p>However, there are many other causes that are not preventable. Certain genetic conditions are strongly linked to intellectual disabilities, such as Down syndrome and Fragile X. Lead poisoning or infections during infancy and childhood can lead to intellectual disabilities.</p> <p>Again, we are not concerned about the cause – just wanting to be sure you are aware there are many different ways a person can come by an Intellectual Disability.</p> <p>Today is not designed to make you an expert on the 4 developmental disabilities - it is merely to give you a starting point for you to build your own experience and body of knowledge. Therefore we have provided you with additional resources for your own self-study on 15.</p>
	Are there any questions about Intellectual Disability?
Say	The next area we will be talking about is Epilepsy or Seizure Disorder.
	<i>Advance slide</i>

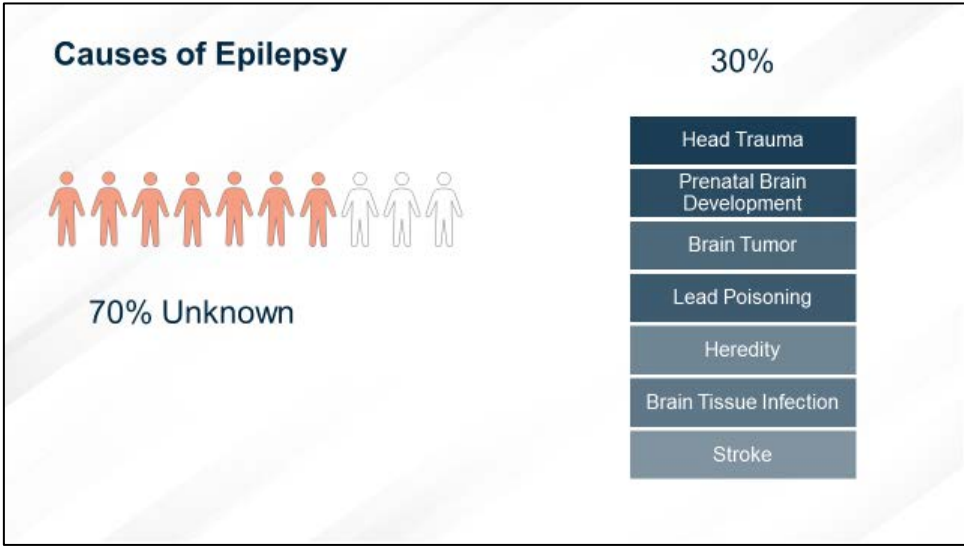



Lesson Three: Epilepsy

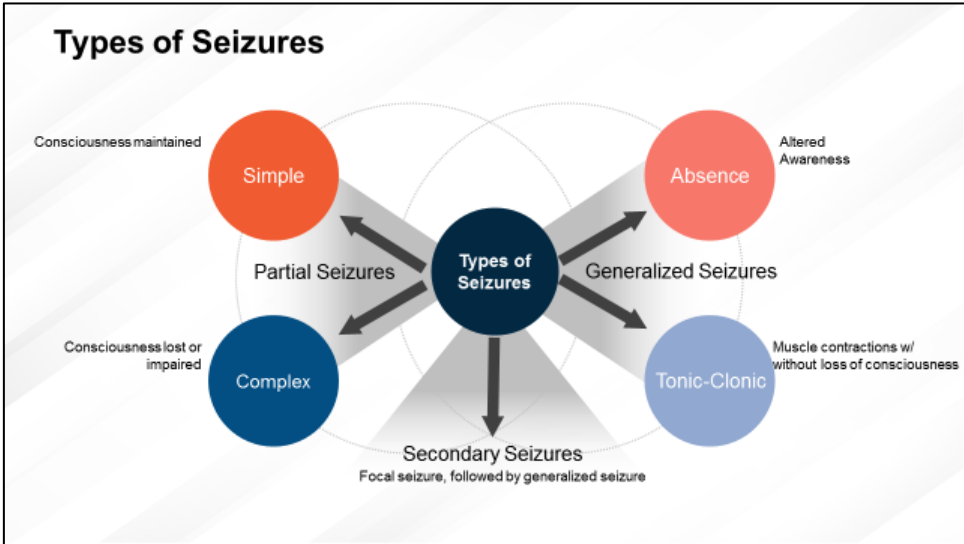




PG#	16
Slide	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;">Epilepsy and Seizures</p> <div style="display: flex; justify-content: space-around; align-items: center;">  <div style="text-align: right;"> <p>Characterized by recurring seizures.</p> <p>Seizure is a <u>symptom</u> of Epilepsy.</p> </div> </div> </div>
	What is Epilepsy?
Do	<i>Have a participant read the Arizona definition and another participant read the CDC Definition.</i>
Say	As you can see, Epilepsy is a broad term that defines a variety of disorders characterized by recurring seizures.





PG#	17
Slide	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;">Epilepsy and Seizures</p> <div style="display: flex; justify-content: space-around; align-items: center;">  <div style="text-align: left;"> <p>Seizure is a <u>symptom</u> of epilepsy.</p> <p>Characterized by recurring seizures.</p> </div> </div> </div>
Say	So what is the difference between a seizure and Epilepsy?
 Say	Seizures are a symptom of Epilepsy.
Say	<p>Epilepsy is a disorder characterized by recurring seizures.</p> <p>A seizure is a brief, temporary disturbance in the electrical activity of the brain.</p> <p>So Intellectual Disability was about how a person learns and processes information, and Epilepsy is about disturbances in electrical activity in the brain.</p>
Do	<i>Have the participants write down the definitions of Epilepsy and seizures on page 17 in their guide.</i>
Say	<p>It is important to remember that a seizure does not necessarily mean a person has Epilepsy. Seizures can also be caused by:</p> <ul style="list-style-type: none"> • <i>High fever</i> • <i>Kidney failure</i> • <i>Lack of oxygen</i>

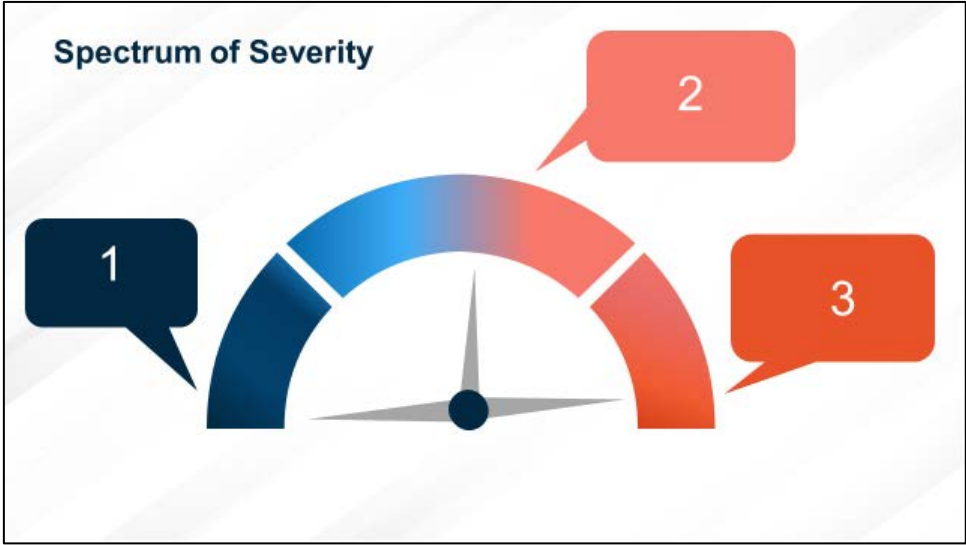

PG#	17
Slide	<div style="text-align: center;">  <p style="color: red; margin-top: 10px;">https://youtu.be/peov8jYRJw4</p> </div>
Say	We're now going to watch a video on Epilepsy. While you're watching, consider how the information applies to your role in supporting individuals with a diagnosis of Epilepsy.
Do	<i>Click on the link to play video.</i>
	<p>What key points stood out for you from the video?</p> <ul style="list-style-type: none"> • <i>Pause for 3-5 answers</i>
Say	<p>Roughly 3 million people in the United States have Epilepsy. Anyone can develop Epilepsy at any time; 50% of people with Epilepsy will not have their first seizure until after they are 25. Epilepsy affects people of all ages.</p> <p>That also means the individual you are supporting may be eligible through another diagnosis, but may be diagnosed with Epilepsy later in life.</p>
	<p>In Arizona, Epilepsy is the smallest percentage of the population we support. Can anyone guess why that is?</p> <p>Many people with Epilepsy have their seizures controlled through medication, which means they often would not meet the criteria requirement for functional limitation. Compared to the 15,000 people that are eligible through Intellectual Disability, only 1,600 are eligible through Epilepsy.</p>



PG#	17, continued
Do	<p><i>For the 4 diagnoses, you will write a list on chart paper with the diagnosis and number of people DDD supports with the diagnosis.</i></p> <p><i>Write "Epilepsy 1,600" on the chart paper.</i></p>
	<i>Advance slide</i>

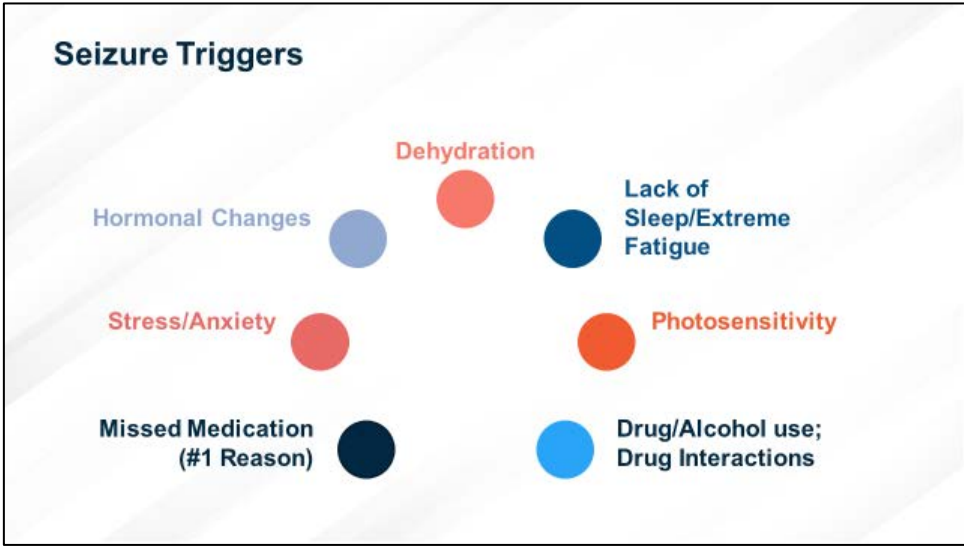
<p>PG# 18</p>	
<p>Slide</p>	<div style="border: 1px solid black; padding: 10px; text-align: center;"> <h3 style="margin: 0;">Causes of Epilepsy</h3>  <p style="margin: 5px 0;">70% Unknown</p> <p style="margin: 5px 0;">30%</p> <ul style="list-style-type: none"> <li style="background-color: #1a3d4d; color: white; padding: 2px 5px;">Head Trauma <li style="background-color: #1a3d4d; color: white; padding: 2px 5px;">Prenatal Brain Development <li style="background-color: #1a3d4d; color: white; padding: 2px 5px;">Brain Tumor <li style="background-color: #1a3d4d; color: white; padding: 2px 5px;">Lead Poisoning <li style="background-color: #1a3d4d; color: white; padding: 2px 5px;">Heredity <li style="background-color: #1a3d4d; color: white; padding: 2px 5px;">Brain Tissue Infection <li style="background-color: #1a3d4d; color: white; padding: 2px 5px;">Stroke </div>
<p> Say</p>	<p>In the majority of cases, 70%, the cause of the person’s Epilepsy is not known. That means 7 out of 10 people’s Epilepsy will not have a known cause.</p>
<p> Say</p>	<p>For the remaining 30%, causes include:</p> <ul style="list-style-type: none"> • Head trauma • Tumors • Stroke • Prenatal disturbance of brain development • Lead poisoning • Heredity • Infection
<p></p>	<p><i>Advance slide</i></p>





PG#	19
Slide	<div style="text-align: center;">  <p>The diagram, titled "Types of Seizures", shows a central dark blue circle labeled "Types of Seizures". Four arrows point outwards to four colored circles: <ul style="list-style-type: none"> Simple (orange circle): "Consciousness maintained" Absence (red circle): "Altered Awareness" Complex (dark blue circle): "Consciousness lost or impaired" Tonic-Clonic (light blue circle): "Muscle contractions w/ without loss of consciousness" Two larger arrows point from the center to "Partial Seizures" (left) and "Generalized Seizures" (right). Below these, an arrow points to "Secondary Seizures" with the text "Focal seizure, followed by generalized seizure".</p> </div>
Say	As you saw in the video, there are different types of seizures. Page 19 describes the two main categories of seizures: Generalized and focal or partial seizures.
	What are the two main categories of seizures?
	<ul style="list-style-type: none"> • <i>Partial</i> • <i>Generalized</i>
	Anyone remember from the video what part of the brain is affected with partial seizures? <ul style="list-style-type: none"> • <i>A specific portion of the brain, not crossing both hemispheres.</i>
 Say	Partial or focal seizures are the most common type of seizure. They can either be <u>simple</u> , where the person is conscious or <u>complex</u> which can impair a person's consciousness.
Say	Generalized seizures on the other hand, affect the entire brain and are what you are most likely to see portrayed on television shows or in movies. A person may have generalized absence seizures, which will affect a person's awareness, or they may have convulsive seizures or they may have tonic-clonic seizures in which they will have muscle contractions with or without losing consciousness.



PG#	19, continued
 Say	The final type of seizure is referred to as <u>secondary</u> . This is when a person first has a focal seizure that is followed by a generalized seizure.
	Are there any questions so far?
Say NOTE: 	<p>Remember, every person's seizures are different and if you are supporting an individual, you need to describe what that person's seizures look like.</p> <p>For example, "Sarah has seizures with rapid eye blinking and failure to respond to you for 30 seconds to two minutes".</p> <p>Or, "Mitch has seizures that lead to convulsions lasting 10-30 seconds".</p> <p>The description is very important.</p>
Say	Additionally, a person may experience more than one type of seizure. Again, the documentation of these situations is extremely important so a provider knows what to watch for and how to support the person.
	<i>Advance slide</i>


PG#	19, continued
Slide	 <p>The diagram, titled "Spectrum of Severity", features a semi-circular arc with a color gradient from dark blue on the left to dark red on the right. A central vertical line with a circular base and a horizontal line with a central dot are positioned at the center of the arc. Three callout boxes are present: a dark blue box with the number "1" on the left, a light red box with the number "2" at the top right, and a dark red box with the number "3" on the right.</p>
Say	<p>Just like Intellectual Disability impacted people’s lives in different ways, Epilepsy can have a variety of degrees of severity.</p> <p>For some individuals, the degree of severity may be very minor. The individual may just have one seizure every few years that has minimal impact on the person’s life.</p> <p>Someone else may have multiple seizures every day, with significant impact to the person’s quality of life.</p>
	<i>Advance slide</i>





PG#	20
Say	<p>On page 20 in your participant guide, you'll see symptoms that MAY let you know someone could have a seizure disorder.</p> <p>This list does not include every possible symptom of Epilepsy, and there can be many other medical causes that lead to these symptoms.</p> <p>It is important that when you recognize these symptoms you encourage the person to follow up with their primary care doctor, so the doctor can determine if additional follow-up is needed.</p> <p>I particularly want to point out the episodes of blank staring in children. If you are supporting a child whose teachers say they've started daydreaming, it MAY be a sign of a seizure disorder.</p>
	Any questions on seizure disorder symptoms?
	<i>Advance slide</i>



<p>PG#</p>	<p>20</p>
<p>Slide</p>	 <p>Seizure Triggers</p> <ul style="list-style-type: none"> Hormonal Changes Dehydration Lack of Sleep/Extreme Fatigue Stress/Anxiety Photosensitivity Missed Medication (#1 Reason) Drug/Alcohol use; Drug Interactions
<p>Say</p>	<p>So what causes someone with Epilepsy to have a seizure? As you can see on the bottom of page 20 in your participant guide, there are many different “triggers” that can lead to someone having a seizure.</p> <p>As you can see, The number 1 trigger for seizures is missing a dose of anti-seizure medication. Think about it – if a person is supposed to take medication to prevent seizures, and they miss their medication, what’s going to happen?</p> <p>The more stress a person is experiencing, the more likely a person is to have a seizure. Remember, seizures are when electrical impulses in the brain are “misfiring.” Our brains do not function as well when we are stressed.</p> <p>Hormonal changes also can make a difference. For women, depending on cycles and pregnancy, seizures may increase or decrease. Adolescence is a time a person’s seizures may stop or begin.</p> <p>Another trigger that I want to talk about is dehydration. Arizona is known for having to issue “Excessive Heat” warnings throughout summer, therefore you may see an increase of seizures in the summertime.</p> <p>If they are aware of what makes a seizure more likely to occur for a person you’re supporting, make sure it is documented. On the flip side, we may also see an increase of seizures for the opposite of dehydration.</p>


PG#	20
	<p>If a person drinks a lot of water, what may happen with their medication?</p> <ul style="list-style-type: none"> • <i>“Flushing” – the medications may become diluted or flushed out, making them ineffective.</i>
Say	<p>Many people are familiar that lights – flickering lights – might lead to a seizure. In Arizona, also consider driving up north under the trees may lead to a seizure, from the light/dark caused by driving through the trees.</p> <p>Finally, different medications and over the counter medications can lead to seizures, along with illegal drugs.</p>
	<p>Where would this be documented?</p> <ul style="list-style-type: none"> • <i>Risk Assessment</i>
	<p>Does anyone have any questions about seizure triggers?</p>
	<p><i>Advance slide</i></p>


<p>PG#</p>	<p>21</p>
<p>Slide</p>	<div data-bbox="399 247 1357 789" style="border: 1px solid black; padding: 10px; text-align: center;"> <p>Seizure Support</p>  </div>
	<p>Based on the video and the information on 21 of your participant guide, What are the most important things to remember if someone is experiencing a seizure?</p> <ul style="list-style-type: none"> • <i>Time is important. Time can seem to move at a different pace when someone is having a seizure, particularly if it's the first time you've witnessed it.</i> • <i>Typical time a person's seizure lasts should be documented on the Risk Assessment.</i> • <i>Don't restrain the person – this could cause harm to the person or yourself.</i> • <i>Make the situation as safe as possible by removing sharp or dangerous objects.</i> • <i>Loosen clothing and remove glasses if necessary.</i> • <i>Stay with the person; do not leave them.</i> • <i>Be sure to turn the person on their side if possible; keeping them on their back may lead to choking or suffocation.</i> • <i>Don't put anything in the person's mouth. This poses a risk of injury to the person, from broken bones or choking on an object in their mouth (you cannot swallow your own tongue), broken teeth or jaws, torn muscles.</i> • <i>Don't try to hold the person down.</i> • <i>Don't attempt to give oral anti-seizure medication.</i> • <i>Don't keep the person on their back face up.</i>



PG#	21
Say	Remember, there is nothing you can do to stop a seizure, except if the person has approved medications to be given during a seizure or uses a Vagus nerve stimulator with a magnet. For both medications and Vagus nerve, you would need to be trained on how to support the person. We'll talk about this in a little bit.
	<i>Advance slide</i>

<p>PG# 22</p>	
<p>Slide</p>	
<p>Say</p>	<p>It is important to know when to call an ambulance. Page 22 outlines some basic guidelines for when you should make that call. Be sure to check the member’s Risk Assessment for any possible directions on how to react. Some member’s Risk Assessment may notate the need to Call 911 even if any of the other conditions have not been met.</p>
	<p>As support coordinators, what documentation do you need to complete if a person has a history of seizures?</p> <ul style="list-style-type: none"> • <i>Document on Team Assessment Summary</i> • <i>Risk Assessment</i> • <i>Be sure medications are on the medication listing with support information on the ISP</i>
<p>Say</p>	<p>As a direct support provider, you want to make sure you read the current ISP including the Reassessment and follow any protocol provided by management.</p>
	<p>For those of you providing direct support, if you need to call an ambulance for a person you support, considering the limitations of HIPPA, are we allowed to give medical information to the emergency responders?</p> <ul style="list-style-type: none"> • <i>YES! You can provide information that is relevant, such as how long the seizure lasts, what medication the member takes, and how the member communicates best.</i>
	<p><i>Advance slide</i></p>





<p>PG# 23</p>	
<p>Slide</p>	<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>Epilepsy Treatments</p>  </div>
<p>Say</p>	<p>Treatment has come a long ways for people who experience Epilepsy.</p> <p>The majority of people with Epilepsy can fully or partially control their seizures. Medication is the most popular treatment for individuals with Epilepsy. Anticonvulsants can make a tremendous difference in many people’s lives.</p> <p>When medications fail, particularly with partial/focal seizures, surgery may be an option. Typically when someone has surgery, it means the specific location of the brain where the seizures were occurring could be identified. Surgery can completely eliminate or just reduce the seizures. It can also reduce or eliminate the need for medications, which is beneficial because sometimes the side-effects to these medications can be disruptive.</p> <p>The type of surgery we are talking about here is neurosurgery. It is not a type of behavior altering surgery prohibited by Article 9.</p>
<p>Say</p>	<p>Another option can be a ketogenic diet.</p>
	<p>Has anyone worked with someone who has been on a ketogenic diet?</p> <ul style="list-style-type: none"> • <i>If yes, ask “Would you be willing to share what you know or remember about it?” If the person hesitates, be prepared to jump in.</i>
<p>Say</p>	<p>The ketogenic diet is a special medical diet that is high in fat but restricts calories. Usually it is only used with children who do not respond to standard medications. It’s typically started in a hospital setting, and then monitored closely at home. They are still researching why this diet is so effective, but it is known to reduce the intensity and frequency of the seizures.</p>

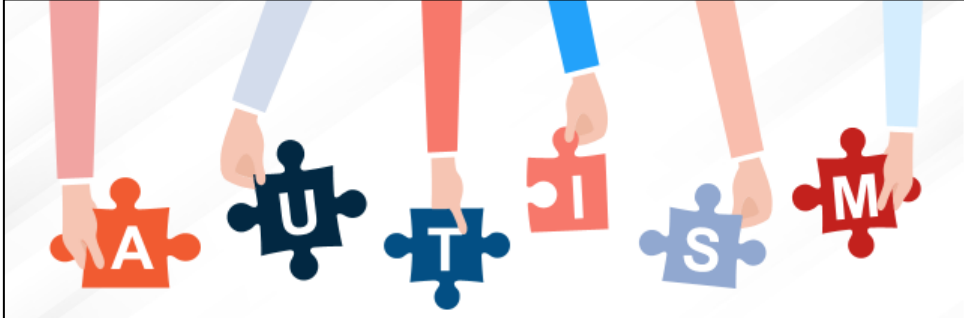

PG#	23
Say	<p>Vagus nerve stimulation is a fourth option.</p> <p>Using technology similar to a pacemaker, a device is surgically placed in a person’s chest that connects to a major nerve in their neck. The device is programmed by a doctor to deliver regular electrical impulses to the brain. During a person’s seizure, a magnet may be used to interrupt the seizure.</p> <p>Finally, lifestyle modifications can make a huge difference. If someone knows they only have seizures when they haven’t had 8 hours of sleep, they need to make sure they are getting enough sleep.</p> <p>If someone’s seizures are more likely when it’s hot outside, they can limit their amount of time in the heat.</p>
	<i>Advance slide</i>











<p>PG# 24</p>	
<p>Slide</p>	<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>Safety Concerns</p>  </div>
<p>Say</p>	<p>The frequency and severity of a person’s seizures will influence what type of safety concerns affect the person. In general, individuals with Epilepsy can do anything and everything a person without Epilepsy does.</p> <p>However, common sense does need to be used with certain activities. No one should swim alone, and when riding bikes, a helmet should be worn. Depending on the activity and the severity of a person’s Epilepsy, they might need supervision around water or during physical activities.</p> <p>Additionally, a person might want to consider wearing a medical alert bracelet.</p> <p>These bracelets can help give first responders and health professionals a 360-degree view of the person’s health, which can reduce medical errors and ensure optimal health care during their emergency.</p>




PG#	24-25
Say	<p>Concerns about driving is only relevant for a very small population that we support. However you may be asked occasionally about driving restrictions.</p> <p>Arizona is a self-reporting state. This means the person with Epilepsy is responsible for letting the DMV know if they have had a seizure. In Arizona you need to be seizure free for 3 months before you can get your license back.</p> <p>A few exceptions are:</p> <ul style="list-style-type: none"> - If you experience a breakthrough seizure as a result of medication - If you only have nocturnal seizures (seizures at night) - If you have a long aura (feeling/sensation you are about to have a seizure)
	Does anyone have any questions?
Say	Just like Intellectual Disability, the list of resources for Epilepsy is extensive. On page 25 you'll see some more resources if you're interested in conducting your own research.
	Does anyone have any questions about Epilepsy?
Say	<p>Before we move on to the next developmental disability, Autism / Autism Spectrum Disorder, we're going to take a break.</p> <p>Be back at _____ (<i>15 minutes</i>).</p>








Lesson Four: Autism / Autism Spectrum Disorder Spectrum Disorder





PG#	26
Say	Welcome back from break. We've talked about Intellectual Disability, and Epilepsy. Now we're going to talk about Autism / Autism Spectrum Disorder.
	<i>Advance slide</i>
Slide	
	Show of hands, how many of you have worked with someone or have personal experience with someone who experiences Autism / Autism Spectrum Disorder?
Do	<i>Allow folks to raise their hands - most of the room will raise their hands- however adjust the following statement if needed.</i>
Say	Great! That means we have a lot of experience in the room that we can build on and use during this section!
Say	Autism / Autism Spectrum Disorder Spectrum Disorder (ASD) is the name for a group of developmental disorders caused by differences in the brain. It impacts a person socially and in communication.
	<i>Advance slide</i>


PG#	26
Say	There are 2 definitions for Autism / Autism Spectrum Disorder Spectrum Disorder on this slide. They are also on page 26 of your guide.
Do	<i>Have a volunteer read each definition.</i>
Slide	<div style="border: 1px solid black; padding: 10px; text-align: center;">  <p data-bbox="464 751 1292 835">"A condition characterized by severe disorders in communication and behavior resulting in limited ability to communicate, understand, learn and participate in social relationships."</p> <p data-bbox="464 867 1308 926">A developmental disability that can cause significant social, communication and behavioral challenges.</p> </div>
	<i>Advance slide</i>



<p>PG# 27</p>	
<p>Slide</p>	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;">Signs and Symptoms of Autism / ASD</p> <ul style="list-style-type: none">  Not respond to name  Not point to objects  Play differently  Avoid eye contact  Have difficulty understanding feelings  </div>
<p>Say</p>	<p>On page 27 you'll see some behavioral and communications signs and symptoms of Autism / Autism Spectrum Disorder</p> <p>As you look at the list on page 27, you may think “oh, this describes my friend” or “my partner does almost all of these!” Just because someone has a few of the symptoms does not mean the person has Autism / Autism Spectrum Disorder.</p> <p>We're going to go over the signs and symptoms on page 27. The next several pages in your guide have more in - depth information on the signs and symptoms of ASD as a reference for you.</p>
<p> Say</p>	<p>A person may not respond to their name. Some children have been mistaken as being deaf until it was determined that the person has Autism / Autism Spectrum Disorder.</p>
<p> Say</p>	<p>We typically will point things out that we're interested in, involving other people. A person with Autism / Autism Spectrum Disorder may or may not do that.</p>
<p> Say</p>	<p>Children with Autism / Autism Spectrum Disorder may play differently.</p>
<p></p>	<p>If you give a child a toy car, what will they typically do?</p>



PG#	27
Say	<p>Right, they'll pretend to drive. They may even drive over you, making you the road.</p> <p>A child with Autism / Autism Spectrum Disorder might lick the wheels or line the car up with other cars. The child may be very literal and not get involved in pretend games.</p>
 Say	<p>Many individuals with ASD struggle with eye contact and social interactions. Members with ASD frequently have ISP goals concerning eye contact or socialization.</p> <p>Other people with ASD may be overly literal. Again, that is why it is so important for us to get to know all of our members so we can properly support them.</p>
 Say	<p>Some individuals with Autism / Autism Spectrum Disorder may have a difficult time understanding feelings. Often, individuals with Autism / Autism Spectrum Disorder are taught social scripts that can help them understand how a person might be feeling.</p>
	<i>Advance slide</i>


<p>PG# 27</p>	
<p>Slide</p>	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;">Signs and Symptoms of ASD</p> <ul style="list-style-type: none">  Speech / Language delays  Obsessive interests  Need for routine  Sensory Regulation/Input  </div>
<p> Say</p>	<p>Because Autism / Autism Spectrum Disorder affects communication, it definitely can lead to challenges with speech and language. The person may talk differently, if they talk at all.</p> <p>They may only use simple words and phrases.</p> <p>They may use extremely complex words but use them out of context. Someone may echo back what is said to them.</p> <p>Conversations may only revolve around topics the person is interested in.</p> <p>Many people the Division supports who experience Autism / Autism Spectrum Disorder have communication goals.</p>
<p> Say</p>	<p>Someone may also have obsessive interests. Note the word “may.” Just because someone has Autism / Autism Spectrum Disorder does not mean you need to figure out their special topic. Not everyone has one – it’s just more likely with someone with Autism / Autism Spectrum Disorder.</p> <p>We all have different things we’re passionate about. For someone with Autism / Autism Spectrum Disorder, it may be more difficult to transition to other topics.</p>







PG#	27
 Say	Routine can be very important for someone with Autism / Autism Spectrum Disorder.
	Does that sound familiar to anyone in the room? <ul style="list-style-type: none">• <i>Pause, usually a few people will share examples.</i>
Say	<p>We're all creatures of habit. We like to know what to expect and what's coming next. For someone with Autism / Autism Spectrum Disorder that need may be heightened.</p> <p>That can be a challenge for the people around someone with Autism / Autism Spectrum Disorder. Going to a movie or a concert or road construction may be extremely difficult if it's a change in the person's routine.</p> <p>For example, a person supported by the division had a challenge with substitute bus drivers. This member knew who drove the bus and would not get on a bus with another driver.</p> <p>The support coordinator and the team worked with the school to get pictures of all the substitute bus drivers, and arranged for the bus company to call as soon as they knew someone else would be driving that day.</p> <p>This gave the member's parents or providers enough time to prep the member for the challenge.</p>
	<p>Sensory regulation and input can be a large challenge for some people with Autism / Autism Spectrum Disorder. A person may flap their hands or spin in circles.</p> <p>One individual with Autism / Autism Spectrum Disorder describes spinning as a very natural reaction to her environment. She compares it to being at a comedy show that is the funniest thing you have ever seen.</p>
	If you're at a funny show, what's your natural reaction?
Say	<p>She compares her spinning with laughing – it's her natural reaction to what's going on around her. However she also works in a professional environment where it's not okay to start spinning during meetings. She has had to learn to control her reactions.</p> <p>If someone is struggling with sensory needs, having an occupational therapist evaluate the person can be extremely beneficial.</p>

PG#	27-32
	<p>As you can see, ASD includes a wide range of symptoms, skills, and levels of disability. Some people are mildly impaired by their symptoms while others are severely disabled.</p> <p>To highlight how important is to consider these differences, we're going to watch a video created by a person with ASD.</p>
	<i>Advance slide –show video</i>

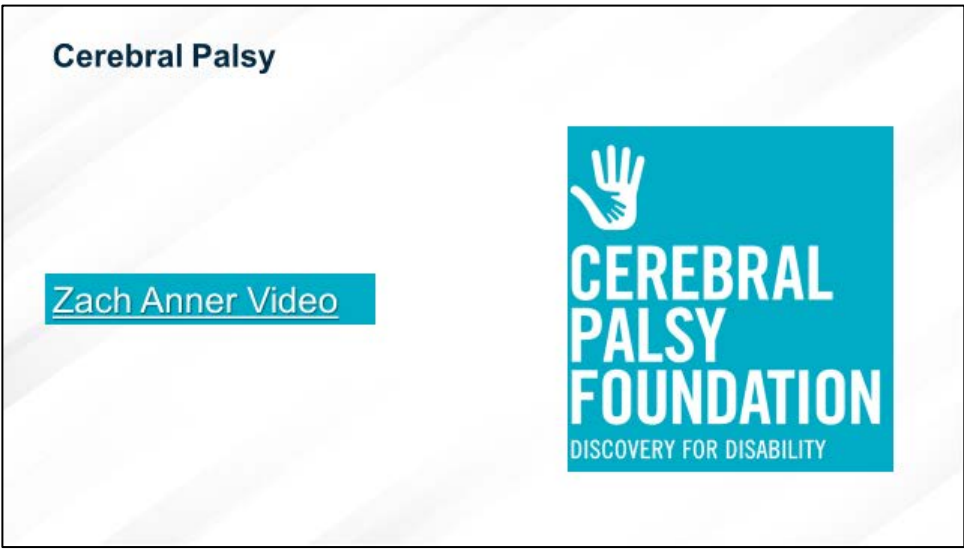



PG#	33-34
Slide	
	<p><i>After video ask:</i></p> <p>How was it was it to hear someone with ASD to articulate how it feels to have ASD? If you want to hear more from this man, he has a series of videos on You Tube. The link is listed on page 37 of your guide.</p> <p>You may have noticed that we have been using the term Autism / Autism Spectrum Disorder Spectrum Disorder –not Autism / Autism Spectrum Disorder.</p>
Say	<p>In the past, Asperger’s syndrome and autistic disorder were separate diagnoses. They were listed as subcategories within the diagnosis of “pervasive developmental disorders.”</p> <p>In recent years, the American Psychiatric Association has shifted to include a range of characteristics and severity within one category. People whose symptoms were previously diagnosed as Asperger’s syndrome or Autistic disorder are now included as part of the category called Autism / Autism Spectrum Disorder spectrum disorder (ASD).</p> <p>I want to talk a little about how this change affects DDD. Formerly, only Autism / Autism Spectrum Disorder was an accepted diagnosis for DDD. This was referred to as diagnosis code 299.0 in the Diagnostic and Statistical Manual (DSM) IV.</p> <p>299.0 is now Autism / Autism Spectrum Disorder Spectrum Disorder. To be considered an accepted diagnosis for DDD, a person must have a diagnosis of ASD and experience 3 of the 7 functional limitations.</p>
Say	<p>The Division supports approximately 9,300 individuals with a diagnosis of Autism / Autism Spectrum Disorder Spectrum Disorder.</p>






PG#	34
Do	<p><i>For the 4 diagnoses, you will write a list on chart paper with the diagnosis and number of people DDD supports with the diagnosis.</i></p> <p><i>Write “Autism / Autism Spectrum Disorder 9,300” on the chart paper.</i></p>
Say	In addition to the change in diagnosis, the prevalence of Autism / Autism Spectrum Disorder Spectrum Disorder has slowly but steadily increased between 2000 and 2012 as you can see by the graph on page 34.
	<p>How does this increase impact your job?</p> <ul style="list-style-type: none"> • <i>Increased workload</i> • <i>Shortage of providers</i> • <i>Increased numbers of DD Only-Targeted eligible members (increased need for community supports)</i>
	<i>Advance slide</i>





<p>PG#</p>	<p>35-36</p>
<p>Slide</p>	<div style="text-align: center;"> <p>Treatments and Interventions</p> </div>
<p>Say</p>	<p>Supporting someone with Autism / Autism Spectrum Disorder can be very different for each person. There is a broad range of treatments and interventions for Autism / Autism Spectrum Disorder.</p>
<p> Say</p>	<p>Behavior and communication approaches that help individuals with ASD are those that provide structure, direction, and organization in addition to family participation.</p> <p>Some of these approaches are:</p> <ul style="list-style-type: none"> - Applied Behavior Analysis – which is the encouragement of positive behaviors and the discouraging of negative behaviors - Occupational Therapy – which can help teach a member to live as independently as possible - Sensory Integration Therapy – which helps a member with sights, sounds, and smells - Speech Therapy – which can help a person’s communications skills <p>For children birth to five years of age that are diagnosed with Autism / Autism Spectrum Disorder, or are at risk, habilitation can provide a variety of special developmental skills, behavior intervention, and sensorimotor development. Additionally, this service is designed to teach and strengthen the skills of the parent/caregiver through participation when this service is provided.</p>
	<p>Medical treatment can be in place, and co-occurring medical needs must be considered. Individuals with ASD may lack nutrients due to their limited diet so many of the families we support utilize natural supports through vitamins and supplements. A lot of people with Autism / Autism Spectrum Disorder benefit from regulated diets such as gluten-free or red-dye free.</p>

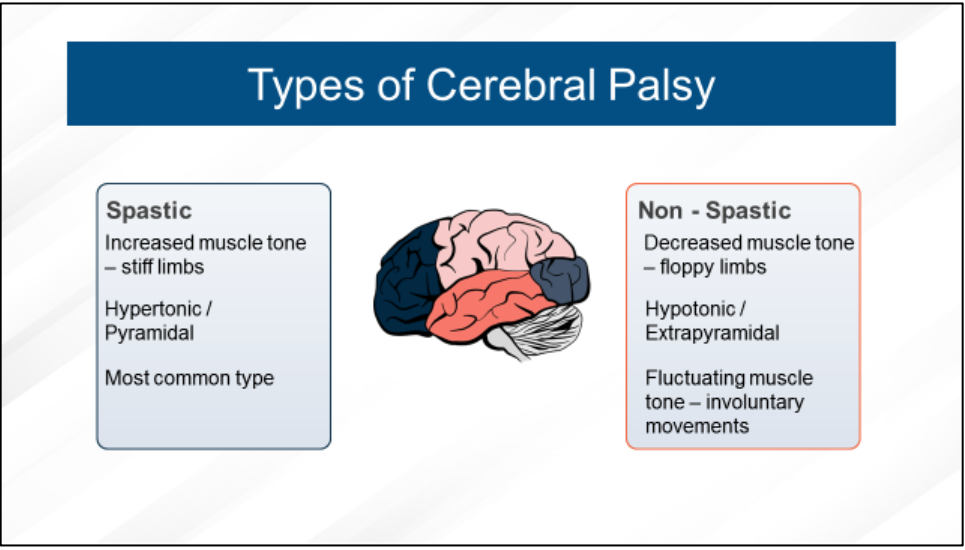






PG#	35-37
 Say	<p>Some dietary treatments have been developed by reliable therapists. But many of these treatments do not have the scientific support needed for widespread recommendation.</p> <p>If a member's parent or guardian expresses interest in any dietary approaches to manage ASD symptoms, please advise them to first talk with their doctor before trying any major switches in their diet.</p>
 Say	<p>Another intervention technique is with medication. Though this won't cure ASD or any of the major symptoms, it can help manage associated conditions such as:</p> <ul style="list-style-type: none"> • High energy levels • Inability to focus • Sleep disturbances • Depression • Seizures
 Say	<p>The final method is through complementary and alternative treatments. Because of the vast array of different behaviors associated with ASD, some parents and health professionals branch out from the normative treatments to help with some of the associated conditions.</p> <p>If a member's parent or guardian expresses interest in any alternative treatments to manage ASD and the associated symptoms, please refer them to their Primary Care Provider.</p>
Say	<p>On page 37 of your participant guide are resources for more information on Autism / Autism Spectrum Disorder Spectrum Disorder along with the link to the video we watched earlier.</p>
Say	<p>Autism / Autism Spectrum Disorder is a disorder that affects the way a person interacts with the world.</p>
	<p>In a few words, how would you summarize Intellectual Disability?</p> <ul style="list-style-type: none"> • <i>Impacting a person's ability to learn or acquire new information</i>
	<p>How would you describe Epilepsy?</p> <ul style="list-style-type: none"> • <i>A seizure disorder, with interruptions in the electrical impulses to the brain</i>
	<p>Next, we are going to talk about Cerebral Palsy. As we move to Cerebral Palsy, we are looking at the brain's ability to communicate with muscles.</p>

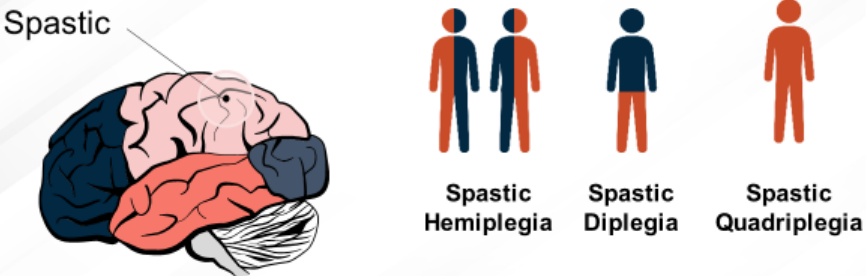




Lesson Five: Cerebral Palsy

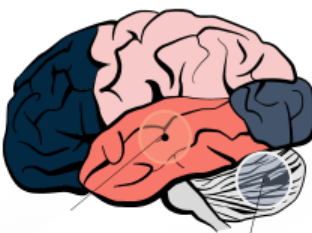


PG#	38
Slide	
Say	On 38 of your guide you'll see some statistics about Cerebral Palsy and the Arizona Statutory definition. Take a minute to read the page.
Do	<i>Pause for reading.</i>
Say	We're going to talk about this in a few minutes but first, let's watch a video.
 Do	<i>Do click on link to Zach Anner video. Play video.</i>
	<i>After the video: What are some things that stood out for you in the reading and video?</i>
	<i>Advance slide</i>

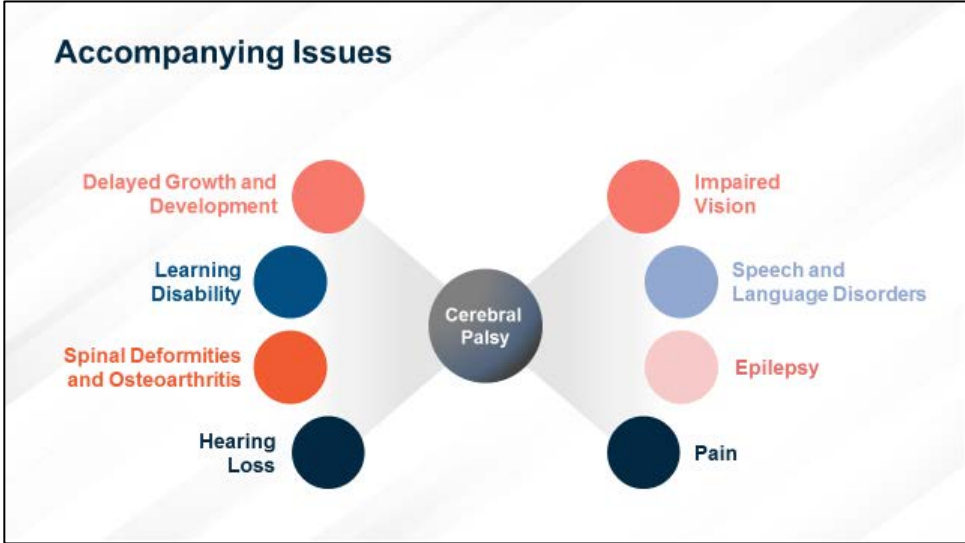

<p>PG#</p>	<p>39</p>
<p>Slide</p>	<div data-bbox="402 247 1360 793" style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;">Causes of Cerebral Palsy</p> <div style="display: flex; justify-content: space-around; text-align: center;"> <div data-bbox="500 415 669 457"> <p>Congenital</p> </div> <div data-bbox="782 415 1058 499"> <p>Brain injury in the birthing process</p> </div> <div data-bbox="1182 415 1328 457"> <p>Acquired</p> </div> </div> <div style="text-align: center; margin-top: 20px;">  </div> </div>
<p>Say</p>	<p>If you turn to page 39, you'll see that most of the time, the cause of Cerebral Palsy is unknown.</p>
<p> Say</p>	<p>70% of the individual's with Cerebral Palsy have what's termed as congenital Cerebral Palsy, which is present at birth.</p>
<p> Say</p>	<p>Another 20% of individuals have challenges during the birthing process that lead to Cerebral Palsy.</p>
<p> Say</p>	<p>Only about 10% of people with Cerebral Palsy have acquired Cerebral Palsy, where it develops during the developing years.</p>
<p></p>	<p><i>Advance slide</i></p>

PG#	40
Slide	<div style="border: 1px solid black; padding: 10px;"> <h3 style="text-align: center;">Early Signs</h3> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>0-6 months</p> <ul style="list-style-type: none"> • Head Lags when picked up from lying on back • Feels Stiff • Feels "Floppy" • Legs get stiff and cross when picked up  </div> <div style="text-align: center;"> <p>6-10 months</p> <ul style="list-style-type: none"> • Doesn't roll in either direction • Cannot bring hands together • Difficulty bringing hands to mouth • Legs get stiff and cross when picked up  </div> <div style="text-align: center;"> <p>10+ months</p> <ul style="list-style-type: none"> • Crawls in a lopsided manner, pushing off with one hand and leg while dragging the opposite hand and leg • Scoots around on buttocks or hops on knees, but does not crawl on all fours  </div> </div> </div>
Say	Cerebral Palsy, except in its mildest forms, becomes evident in the first few months of a child's life. On page 40, you'll see the early signs and symptoms of a child with CP.
Do	<i>Point out the different signs of CP in the various age group.</i>
Say	You do not need to memorize these signs, however be aware that the signs and symptoms can look different in each individual person with CP.
	<i>Advance slide</i>


PG#	41
Slide	
Say	Doctors categorize CP into 2 types, depending on the various muscle movement disorder involved. The first type of CP is spastic CP.
 Say	With Spastic Cerebral Palsy, an individual experiences increased muscle tone and stiff limbs.
 Say	Spastic Palsy is also referred to as Hypertonic or Pyramidal CP.
 Say	Spastic Palsy is the most common type of CP. 80% of people diagnosed with CP have Spastic CP.
 Say	With Non-Spastic CP, there is decreased muscle tone and floppy limbs.
 Say	Non-Spastic CP is also referred to as Hypotonic or Extrapyramidal.
 Say	In addition, there may be fluctuating muscle tone and involuntary movements.




<p>PG# 42</p>	
<p>Slide</p>	<div data-bbox="418 226 1377 768" style="border: 1px solid black; padding: 10px;"> <p style="text-align: center; background-color: #0056b3; color: white; padding: 5px;">Spastic Cerebral Palsy</p>  <p>The diagram illustrates the types of spastic cerebral palsy. On the left, a brain is shown with a line pointing to the word 'Spastic'. To the right, three human figures represent different types: 'Spastic Hemiplegia' (one side of the body affected), 'Spastic Diplegia' (both legs affected), and 'Spastic Quadriplegia' (all four limbs affected).</p> </div>
<p> Say</p>	<p>Spastic CP usually is described by what parts of the body are affected.</p>
<p> Say</p>	<p>Spastic Hemiplegia affects only one side of a person's body. The arm is usually more affected than the leg.</p>
<p> Say</p>	<p>With Spastic Diplegia, muscle stiffness is mainly in the legs. People with spastic Diplegia might have difficulty walking because tight hip and leg muscles cause their legs to pull together, turn inward, and cross at the knees (also known as scissoring).</p>
<p> Say</p>	<p>Spastic Quadriplegia is the most severe form of spastic CP and affects all four limbs, the trunk, and the face. People with spastic Quadriplegia usually cannot walk and often have other developmental disabilities such as Intellectual Disability; seizures; or problems with vision, hearing, or speech.</p>

PG#	43
	<div style="border: 1px solid black; padding: 10px;"> <div style="background-color: #0056b3; color: white; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">Non-Spastic Cerebral Palsy</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p style="text-align: center; font-weight: bold;">Dyskinetic</p> <p>Slow and uncontrollable movements of extremities</p> <p>Muscle hyperactivity in face/ tongue</p> <p>Intelligence rarely affected</p> </div> <div style="width: 10%; text-align: center;">  </div> <div style="width: 45%;"> <p style="text-align: center; font-weight: bold;">Ataxic / Ataxia</p> <p>Impaired balance and coordination</p> <p>Wide and irregular gait</p> <p>Impaired eye movements/vision</p> <p>Affects fine motor skills</p> </div> </div> </div>
Say	There are 2 types of Non-Spastic CP; Dyskinetic and Ataxic.
 Say	<p>Dyskinetic CP is characterized by slow and uncontrollable movements of the hands, feet, arms, and legs.</p> <p>Hyperactivity in the muscles of the face and tongue can make some children grimace or drool. However, intelligence is rarely affected in this type.</p>
 Say	<p>Ataxic Cerebral Palsy affects coordinated movements. Balance and posture are involved. Walking gait is often very wide and sometimes irregular. Control of eye movements and depth perception can be impaired. Often, fine motor skills requiring coordination of the eyes and hands, such as writing, are difficult. Does not produce involuntary movements, but instead indicates impaired balance and coordination.</p>





<p>PG# 44-45</p>	<div style="text-align: center;">  </div>
<p>Say</p>	<p>Just as CP types can look different for different people, CP also has many accompanying issues. Starting on pages 44 and 45 you'll find the most common issues that can accompany a diagnosis of CP.</p> <p>It is important to remember that just because these are the most common accompanying issues, it does not mean that it does accompany the diagnosis.</p>
<p>Say</p>	<p>I want to talk about an accompanying issue, Learning Disability.</p>
	<p>What percent of people with CP have intellectual impairment?</p> <ul style="list-style-type: none"> • 30-50%
<p>Say</p>	<p>So, just because someone has Cerebral Palsy, do not assume the person has an Intellectual Disability.</p> <p>Their speech may be slower or slurred, impacting their ability for expressive language. However, that does not necessarily mean the person has any challenges with receptive language, meaning the person understands everything that is said to them.</p>
<p>Say</p>	<p>Learn from one instructor's mistake. When she was in school, the only people she had met with CP lived in a group home she worked at, and all of the individuals with CP also had intellectual disabilities.</p> <p>On the first day of one semester, she was getting coffee in a coffee shop run by individuals with developmental disabilities. One man was there in a wheelchair and appeared to have CP. The instructor assume the gentleman worked at the coffee shop. She also assumed he had an Intellectual Disability.</p>





PG#	44-45
	<p>Since the coffee shop was very casual, and often the cashier was out with the customers, she paid this man and left for class.</p> <p>She says in retrospect she used a slightly condescending tone when she was talking to him and definitely used smaller words.</p> <p>As it turns out the man did not work at the coffee shop, and he ended up being the professor for the class she was on her way to.</p> <p>Again, it is important not to assume any of these conditions when working with someone with CP. This story is an example of one of the many reasons why building a relationship is so important. You must get to know the people you support so you can know what their strengths are and the areas in which a person may need support.</p>

<p>PG#</p>	<p>46</p>
<p>Slide</p>	<div data-bbox="431 247 1336 758" style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;">Treatment Types</p>  </div>
<p>Say</p>	<p>As previously mentioned, there is no cure for Cerebral Palsy, so treatments aim to improve capabilities and quality of life.</p> <p>The four main type of treatments are:</p> <ul style="list-style-type: none"> - Therapeutic - Drug therapy - Surgery - Complementary and Alternative Treatments <p>There is no standard of treatment that works for each member with CP, so you may notice members utilizing a variety of these treatments.</p>

PG#	47-48
Say	<p>Of these four treatments, therapeutic treatments tend to be the most common types of support we will see.</p> <p>If you are providing direct support, you may have home programs written by therapists. The therapists may write a plan of how you can support the person. Be sure to follow the therapist's plan AS WRITTEN. For example, if someone has spastic Cerebral Palsy, they have tense contracted muscles and the therapist may have you do exercises with the person to stretch their muscles.</p> <p>The same type of exercises would not necessarily be appropriate for a person with rigid Cerebral Palsy because their muscles will resist movement.</p>
Say	<p>Also, please note that habilitation is usually not appropriate for a person with Cerebral Palsy who does not also have an Intellectual Disability.</p> <p>Attendant care is usually more appropriate.</p>
	<p>Why do you think that's true?</p> <ul style="list-style-type: none"> • <i>Cerebral Palsy does not affect a person's ability to learn, simply the brain's ability to communicate with muscles.</i>
	<p><i>If someone asks:</i></p> <p><i>Someone with Cerebral Palsy can have habilitation and attendant care. The following are some answers to common questions:</i></p> <p><i>Habilitation could still be appropriate to help the person learn, it's just not as likely.</i></p> <p><i>Sometimes, habilitation is appropriate if someone has new equipment they need to learn to use. Therapy may also teach the person to use new equipment.</i></p>
Say	<p>Pages 47-48 list several types of treatment for Cerebral Palsy.</p> <p>On pages 49-50 we have provided you with additional resources to conduct your own research.</p> <p>The United Cerebral Palsy resource is especially valuable, as this organization does a lot of work in Arizona.</p>
	<p>Any questions about Cerebral Palsy?</p>
Say	<p>We've covered a lot of information so let's take a few minutes to review.</p>

Review and Conclusion

PG#	N.A.
Slide	<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>Review</p>  </div>
	<p>So, what are our four eligible diagnoses?</p> <ul style="list-style-type: none"> • <i>Autism / Autism Spectrum Disorder</i> • <i>Cerebral Palsy</i> • <i>Intellectual Disability</i> • <i>Epilepsy/Seizure Disorder</i>
	<p>The diagnoses need to manifest before what age?</p> <ul style="list-style-type: none"> • 18
	<p>What are the 7 major areas of life activities:</p> <ul style="list-style-type: none"> • <i>Self-care</i> • <i>Receptive and expressive language</i> • <i>Learning</i> • <i>Mobility</i> • <i>Self-direction</i> • <i>Capacity for independent living</i> • <i>Economic self-sufficiency</i>

PG#	N.A.
	<p>For DDD purposes, the disability must cause functional limitations in how many areas of major life activities?</p> <ul style="list-style-type: none"> • 3
	<p>How does knowing about these diagnoses help you with your job?</p> <ul style="list-style-type: none"> • <i>Pause for a few answers</i>
	<p>If you know a person's diagnosis, do you still need to spend time getting to know the person?</p> <ul style="list-style-type: none"> • Yes
Say	Knowing a person's diagnosis is a privilege, and does not tell you about that person's hopes, dreams, strengths, and challenges.
	Does anyone have any questions about anything we've talked about today?
Say	Now it's time to demonstrate what you've learned today. This test is open book and open note. When you have completed your test, bring it up for me to review. Then you may quietly pick up your area and leave.
Do	<i>Pass out tests</i>