RESOURCE HANDBOOK FOR EMPLOYEES

Aleena Qasim

Introduction

My name is Aleena Qasim and I am a 4th year Psychology student at the University of Alberta. I decided to create this handbook as a term project for an independent study course, for which I will be receiving credit. Additionally, I am employed at Adaptabilities where my knowledge continually expands regarding the participants I work with. My goal was to create a handbook that would benefit other employees who support disabled people. This is meant to be a quick and convenient educational resource to browse through for those who are being assigned new participants. Each sections addresses around 7 questions pertaining to a specific disorder: A general overview of the condition, how it affects behaviors and routines of daily life, the different presentation of the disorder in both children and adults, the best way to help people affected, their communication strategies, their reading & writing skills, and the best way to engage with them during their time at the center. I chose the various disorders in this handbook by browsing through the Participant ERP and taking note of the most common conditions presented in the individuals we work for.

I included the most frequent disorders presented in the ERP, whether they were physical or mental conditions, then I tried to effectively create a list that would benefit as many participants as possible. What motivated me to create this handbook was reflecting on my own experience being employed at AdaptAbilities. Whenever I was assigned a new participant, I spent a lot of time googling different disorders and trying to see the best ways to support and engage with individuals affected by that disorder. I thought about how many employees likely do the same thing became inspired to create this handbook to better support our disabled participants and provide excellent respite care. I believe employees can help participants reach their full potential with effective resources put in place that ensure the success of both participants and employees at AdaptAbilities.

The content from this handbook is derived from medical websites, textbooks, published articles, and studies pertaining to disorders. Everything is thoroughly reviewed and dependable. In addition to the contents of this handbook, I have provided a table listing all the disorders in this handbook as well as hyperlinks that can help employees learn more regarding a particular disorder.

Chromosomal Diagnoses	**Intellectual disabilities**	**Motor impairments/ disabilities**	**Mood Dysregulation Disorders**	**Attention and Control**	**Anxiety Disorder**
Down Syndrome Resources- Canada Down Syndrome Society Resources- Down Syndrome Education International	Global Developmental Delay Strategies for Developmental Delay- Do2Learn Resource Guide for Families of Children with Disabilities for Developmental Delays	Ataxic cerebral palsy Cerebral Palsy in Adults- Cerebral Palsy Guide Ataxic Cerebral Palsy in Children- My Cerebral Palsy Child	DMDD Disruptive Mood Dysregulation Disorder: The Basics Disruptive Mood Dysregulation Resource Guide- The Children's Center	ADHD FAQ-ADHD Resource Guide Understanding ADHD- Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)	GAD GAD- Anxiety and Depression Association of America Worry & Rumination- Government of Western Australia
Muscular Dystrophy Adaptations manual: for children and adults with muscle wasting conditions Educational Materials- Muscle Dystrophy Association	Autism Spectrum Disorder Resource Materials- Autism Society 30 Activities, Teaching Strategies, and Resources for Teaching Children with Autism Materials and Links ASD- University of South California	Tourette's Syndrome Tics and Tourette's Syndrome- CDC Resource and Support- Tourette Association of America	Reactive Attachment Disorder Resources- RAD Advocates Reactive Attachment Disorder- Cleveland Clinic		Obsessive Compulsive Disorder Brochures, Fact Sheets, & Handouts- International OCD Foundation OCD- A Handbook for Patients and Families

		Epilepsy Epilepsy Handbook. A Guide to Understanding Seizure Disorders Epilepsy Fact Sheet- Epilepsy Foundation Minnoseta Lennox-Gastaut Syndrome LGS- Epilepsy Foundation Lennox-Gastaut Syndrome- Medline Plus			

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Down Syndrome

What is Down Syndrome? Provide a general Overview.

Down Syndrome, also known as trisomy 21, is a genetic disorder resulted from the presence of a portion or the entirety of a third chromosome 21. This is due to the inability of chromosome 21 to separate during gametogenesis, hence creating an extra chromosome in all the body cells. People with the syndrome usually have mild to moderate intellectual disability and present characteristics facial features. The presence of the third copy of chromosome 21 is the most common chromosomal abnormality in human beings. There are several hypotheses that discuss the genetic bases of the disorder. One of them is the theory that there is an increased number of the genes of HSA21 that cause gene expansion. It also predicts that the association of different genes results in different phenotypes of Down syndrome. The frequency of Down syndrome tends to be higher at the time of conception, however many of those fetuses do not tend to survive to term. In the past, many people believed a person with Down syndrome would not be able to live for a long time, go to school, or get married. Due to today's medicine, people with Down Syndrome have a life expectancy of 60 to even 80 years old which is in line with the rest of the population.

People with Down syndrome typically have different clinical conditions such as congenital heart defects, gastrointestinal abnormalities, developmental, and intellectual disabilities. The leading and most frequent cause of mortality and morbidity in people with Down syndrome is congenital cardiac defects, which are the most common within the first two years of life and occurs to half of babies who are born with Down syndrome. Atrioventricular Septal defect makes up 40 percent of congenital cardiac defects. Additionally, structural defects are common and can range from anywhere from the mouth to the anus; many which occurs in the GI tracts such as gastroesophageal reflux, intermittent diarrhea, and chronic constipation. People with Down syndrome are also likely to face neurological disorders, such as trisomy of HSA21 which is associated with reduced brain volumes in the cerebellum and the brain. Hypotonia is a disorder where there is reduced resistance to passive muscle stretch and causes delayed motor function; due to this, patients with Down syndrome have joint laxity that requires extra energy for physical exertion and decreased gait stability. People suffering from hypotonia are more likely to have reduced bone mass and are more likely to experience fractures.

People with Down syndrome are also very likely to experience seizures, especially during infant years where their seizures manifest as “infant spasms”; Lennox-Gestaut syndrome is also more prevalent in children with DS (National Library of Medicine, 2022).

How does this condition affect behavior and routines of daily life?

People with Down Syndrome are more likely to experience mental health conditions such as anxiety, OCD, and depression than the rest of the population, hence they are also is more likely to be experience bullying as well as the hardships of having Down. The disorder can affect their immune system and make them more vulnerable to illnesses and infections in early childhood. They are more likely to experience hearing problems, have issues with vision, gut problems, and bone problems. Despite these issues, most children with Down syndrome still live a normal life and grow to be independent with enough supports and assistance.

Does this condition affect adults and children differently?

In childhood, people with Down syndrome are more likely to suffer from muscle, throat, nose, and ear issues; in mid-life, people with DS suffer from pathological changes such as plaques, neurofibrillary tangles, degeneration of cholinergic basal forebrain neurons, neuroinflammation, and endosomal abnormalities. Children experience many learning, speech, and memory issues along with multiple organ abnormalities; as they age, people with DS show more changes associated with Alzheimer’s Disease and experience cognitive impairments that lead towards dementia. In adulthood, people with DS are likely to face sleep apnea, epilepsy, visual impairment, dysphasia, and cardiac valve disease; the brain, cardiovascular system, and immune system are the most affected in adulthood and aging processes appear to occur earlier for those with DS than the rest of the population. Dementia is one of the most common causes of mortality and morbidity in older adults with the disorder.

Cognitive and physical training can certainly improve the daily living of people with DS and medical advances have made it possible to treat comorbidities in the disorder, such as sleep apnea, deficits in immune response, and leukemia. As a result, people with DS experience a greater life span. The age expectancy for children with DS was only 9 years old in 1920, then it increased to 12 years old in 1946; currently it near 60 years old (Alldred et al., 2021).

What is the best way to help people who are affected by this condition?

Every person with DS is different and may require help with different things in their daily life; try to consult with their family about how you can support the participant in the best way. Speak to them in a calm and clear manner so they can learn from you and praise the participant when they learn something new. Use positive reinforcement techniques to reward healthy behavior and utilize routines and repetitive activities as often as possible, as this helps people with DS feel more settled and comfortable. Try to look out for any behavior or mood changes, as this can be indicative of a concern or a desire to talk about something they don't know how to express. Lend a listening ear while also providing them with space if that is something that they need. Assist them with their communication by using things such as Signalong or Makaton; these systems help strengthen communication and provide support for language abilities (National Health Service).

How do people with this diagnosis communicate?

People with DS tend to develop communication differently from those that do not have the disorder, for instance, the development of speech in people with DS is impacted by muscle tone, facial shape differences, hearing, and difficulties with memory and learning. Additional diagnoses of neurological differences and epilepsy are also capable of complicating development. It takes people with DS longer to coordinate speech muscles and speak in a way that is understandable to others. Examples of this can include speech that is difficult to understand, missing sounds in certain words, stuttering or showing disfluencies in words by jumbling them, and struggling to pronounce certain letters. Children who are comfortable with sign language are often very capable of expressing whole and complex ideas, even if they find it difficult to express these ideas in person. Many people with DS rely on augmentative and alternative forms of communication to express their ideas in a clear manner. Augmentative and Alternative Communication is a term used to describe any communication system or device used to support or replace natural spoken speech; it is used when other people fail to understand the individual with DS and that individual changes their method of communication, Unaided AAC does not require physical tools or aids, while aided AAC does. Examples of aided AAC include writing, drawing, using communication boards, tablets, or speech-generating devices that support communication.

Additionally, people with DS have higher receptive abilities than expressive abilities; this means they can usually understand more than they can communicate with other people. They also show delayed language development skills and take longer to learn these skills than typically developing people. Speech-Language therapy is often extremely helpful for this as it supports the language development of children with DS and provides an enriching environment for children to learn in (Down Syndrome Resource Foundation, 2022)

What are the reading and writing habits of people with this diagnosis?

Children with DS benefit from comprehensive systematic approaches to reading as children with the disorder are likely to show strength in visual processing, but weakness in phonological processing. They often require more repetition and additional time to learn new concepts and materials than typically developing students; therefore it is beneficial to encourage and expose children with DS to reading at preschool age as it assists with developing their phonological awareness while giving instruction in letter-sound correspondence. It helps them strengthen the skills that they need to read later (Down Syndrome Resource Foundation, 2022). Typically, children with Down Syndrome possess equivalent nonword decoding skills and typically developing children but tend to show deficits in vocabulary and phonological awareness (Næss et al., 2012). Nonword reading refers to the interpretation and decoding of written text; it assesses how the child blends phonemes together. Children with DS present severe deficits in reading comprehension skills compared to typically developing children; these also tend to affect their phonological skills as well since reading is crucial for the phonological awareness to develop (Næss et al., 2012)

Children with DS have useful reading levels when provided with structured reading instructions, even despite poor memory and language skills. By designing individualized programs, parents of children with DS can strengthen reading areas that require it teaching the child how to apply complex reading skills and increasing their confidence (Down Syndrome Resource Foundation, 2022)

What are the best ways to engage with/support people with this diagnosis?

Supporting people with DS includes encouraging them to participate in activities just like other participants in the center. Because people with DS are more likely to experience physical

anomalies in adulthood, it is beneficial to encourage them to be active in order to continue building strength and preventing ligamentous laxity that affects the joints. Individuals are still capable of possessing a certain level of independence, so it is important to treat participants with DS as autonomous humans' beings; limited communication skills may make this difficult, but it is important to use non-verbal forms of communication when these struggles arise. As a support worker, try to effectively balance giving the participant independence and providing them with significant support throughout the day. Participants with DS are more likely to have comorbid disorders that affect their emotional and behavioral well-being; problem behaviors can be more common in adolescents with DS, whereas adults with DS experience more internalizing behaviors. Self -talk is also quite common with individuals with Down, as it is a coping strategy used to work through the processing of events, venting feelings, problem solving, or being entertained.

Loneliness is a significant issue for adolescents with DS, which is why it is important to fit recreation and leisure activities frequently into their schedules. Try to effectively increase socialization by planning outings in groups to places such as youth groups, community social events, athletics, or theater arts. Practice inclusion as often as you can and encourage meaningful bonds between the participants in order to increase their quality of life. Aggressive behavior can frequently be an escape or a method of trying to communicate needs and wants. Due to this, try to give participants with DS a choice in what they would like to do. Model appropriate behaviors if challenging behaviors do arise and integrate educational and social aspects of activities together to encourage friendships and meaningful connections; remember that many people with Down Syndrome are very social and motivated by interactions with their peers. They also perform very well with structure and repetitive activities (Baumer & Davidson, 2014)

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Muscular Dystrophy

What is Muscular Dystrophy? Provide a general Overview

Muscular dystrophies are a group of muscle diseases resulting from mutations in an individual's genes (Centers for Disease control and Prevention, 2022). As time passes, muscles in the body become weaker and cause a decrease in mobility; this makes performing everyday tasks difficult. Different muscle dystrophies affect different muscle groups and can vary in symptoms and severity. People with the same type of muscular dystrophy can still experience different symptoms. The disorder can run in families, or the individual can be the first one in their family to experience it. It is also an extremely rare muscle disorder but is still one of the most common genetic conditions. It is a progressive disease that results in loss of muscle mass; this is a result of mutations interfering with the development of healthy proteins required to build muscle (Mayo Clinic, 2022). Those who have a family history of the disorder are more likely to inherit it. There are eight types of muscular dystrophies, the first one being the most common:

1. *Duchenne muscular* dystrophy and *Becker muscular dystrophy* are produced by mutations in the same gene. Males are more likely to experience it than females and BMD symptoms can begin at a later time than DMD symptoms; BMD symptoms also tend to be less severe than DMD, but both dystrophies are extremely similar. DMD symptoms tend to manifest before 5 years of age, while BMD symptoms can manifest as late as into adulthood; initial weaknesses in the body are shown in the upper arms and upper limbs and can extend to affecting areas of the body such as the spine, intestines, throat, lungs, stomach, and heart.
2. Myotonic dystrophy is affected by males and females at a similar rate, with the face, arms, hips, hands, face, and lower legs showing weaknesses first. This dystrophy usually starts from between 10-30 years old, but can also range from birth to 70 years old. Hormone producing organs, the eyes, brain, stomach, heart, and lungs can also eventually show weakness.
3. Limb-Girdle dystrophy usually starts in childhood or in adulthood, depending on the type. Tthe upper legs and arms are typically the first body parts to show weakness first. Other parts of the body that can be affected are the calves, trunk, hips, heart, and spine. Both males and females are just as likely to experience it and this type of dystrophy tends to be extremely rare.

4. *Facioscapulohumeral dystrophy* affects the face, upper arms, and shoulders initially; it can also affect the lower legs, ears, and eyes. Males and females are affected by it the same and usually begins in young adulthood.
5. Congenital dystrophy is extremely rare, showing weakness in the body at first or in early infancy. It initially affects the lungs, upper legs, upper arms, and neck; it can also include the spine, heart, and brain and is affected males and females equally.
6. *Distal dystrophy* is also extremely rare and initially begins in adulthood, manifesting weakness in the lower legs and arms, hands, and feet. It can also affect the heart and manifests equally between males and females.
7. Oculopharyngeal dystrophy is extremely rare, affecting the eyes and the throat first while being able to spread to the hips, shoulders, and upper legs. It manifests itself after 40 years of age and is equal between the genders.
8. Emery-Dreyfuss dystrophy is also exceedingly rare, but manifests itself in childhood affecting the joints, heart, arms and legs initially while being able to affect the hips, shoulders, and throat. It is more likely to be affected by boys (Centers for Disease control and Prevention, 2022).

How does this condition affect behavior and routines of daily life?

Complications of progressive muscle weakness usually includes having issues walking, causing individuals with dystrophy to eventually require the use of a wheelchair. Weakness in the arms also creates extreme difficulty in performing daily activities; contractures, which involve the shortening of the tendons around the joints or the muscles usually further impair mobility. When affecting the lungs, progressive muscle weakness can result in difficulty breathing on one's own, thus causing them to eventually require a ventilator. The ventilator is initially used only at night; eventually, the individual also needs it during the day at some point. When muscles involving swallowing become weaker, the person may need feeding tubes and is more likely to develop aspirational pneumonia and nutritional problems; weakness of the heart can reduce the efficiency of blood flow and the weakening of the spine can make a person unable to stand or sit up straight (Mayo Clinic, 2022).

The weakening of the muscles over time severely affects one's ability to perform tasks such as walking or brushing their teeth; a person might waddle while they walk or develop heart

problems such as cardiomyopathy and arrhythmia. They may require the assistance of loved ones to be able to perform very minor tasks and eventually may require medical devices, respiratory care, heart assist device, or surgery to relieve the severity of symptoms. The disorder can produce a massive loss of an independent lifestyle, causing a person to become reliant on family members and devices for a good quality of life

Does this condition affect adults and children differently?

Because the disorder is progressive, the person's condition tends to become worse as time passes; however, the type of dystrophy affects people more significantly than the prognosis of the disease because some dystrophies can be more benign than others. Duchenne muscular dystrophy is the most common dystrophy in childhood, resulting in a loss of ambulation near age 10 with insufficient respiratory strength near age 20. The disorder tends to cause pain and decreases in access to education. Adolescents with muscular dystrophy tend to report better physical functioning, with worst motor functioning and autonomy; they also experience a decrease in social functioning and emotional functioning. Children with the disorder report better functioning and this can be due to emotional differences adapted by the illness, causing a shift in values. Adult patients express more negative emotions than children, likely because they have not had the chance to accept the disorder emotionally in the same way children have (Grootenhuis et al., 2007).

Performance IQ tends to go unchanged when there is an increase in age due to loss of speed and motor agility combined with progression of the disease; some people are still able to show improvements, however performance IQ typically remained the same despite increase in age and functional severity. DMD is associated with reading disability, impaired auditory selective attention, verbal short-term memory, reduced verbal fluency and decreases expressive and receptive language abilities. Studies show that these language impairments are more associated with children with DMD than adults, as children can learn to compensate for their language abilities later in adulthood (Cotton et al., 2005).

What is the best way to help people who are affected by this condition?

The most effective way to help people with muscular dystrophy is to invest in occupational and physical therapies that assist with the strengthening and stretching of the muscles while having the disease; this helps maintain some level of function and a range of motion as the disease progresses. Secondly, speech therapy can be beneficial to those who demonstrate issues with swallowing and surgery can relieve the tension on contacted muscles and correct scoliosis, which is curvature in the spine. Corticosteroids like deflazacort and prednisone are effective in slowing the progression of muscle dystrophy. Heart assistance devices, for instance pacemakers, can assist with heart failure and heart rhythm while respirators and cough-assist devices can aid with respiratory care when lungs become weaker (Cleveland Clinic, 2022).

How do people with this diagnosis communicate?

Dysarthria is a speech disorder characterized by muscle weakness, making it more difficult to talk; facial, oral, and pharyngeal weaknesses may make it difficult to be articulatorily precise as slow progressive muscle loss is taking place. Individuals who have Oculopharyngeal muscular dystrophy have reduced tongue strength compared to people who do not have it; speech and language deficits are also very common in children with DMD, hence impairing their ability to be understood by other people when they speak.

Speech therapy is the most effective tool to solve this problem, until then people with this issue may use tablets, visual expressions of communication, or writing.

What are the reading and writing habits of people with this diagnosis?

Children with DMD appear to show a reading age much lower than children without DMD; this is due to a deficit in verbal intelligence, particularly word repetition, phonological abilities, and digital span score. DMD children also are significantly more impaired in reading non-words, meaning their reading disability is similar to dysphonic dyslexia as errors in speech were oversimplifications likely related to a reduction in short term memory; their deficits are produced from difficulties reading graphophonological processing. Verbal IQ as well as memory deficits are also common in people with DMD and produce similarities to adults with developmental dyslexia. In both, speech processing is an issue. Difficulties in phonological production may contribute to the hardship in converting graphemes into phonemes (Billard et al., 2008).

What are the best ways to engage with/support people with this diagnosis?

Try to assist individuals with muscular dystrophy to exercise the range of motions that they can perform in order to keep those joints flexible; do not treat them like they are fully incapable of motion, instead try to acknowledge what they are capable of doing and make an effort to perform activities in their range of motion. Add ramps outside to prevent unnecessary struggle with outside steps; it may also be beneficial to keep a wheelchair or a cane at hand when the individual becomes too exhausted to walk or perform other daily tasks; this gives them the option to choose what they are more comfortable doing. Ensure that the participant knows that they can ask for assistance whenever needed and try to reduce struggling in any way possible. If they require assistance with toileting, make sure to accompany them.

Try to educate yourself and others on areas in the neighborhood that are friendly for disabled people, for instance, gyms and parks that are wheelchair accessible and tend to not be very crowded. Keep the participants engaged in activities they enjoy while also trying to introduce them to other activities in a healthy and appropriate manner. Ensure inclusivity and modify the environment as much as possible to make them feel safe and included (Doherty, 2021).

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Autism Spectrum Disorder

What is Autism? Provide a general Overview

Autism is a pervasive neuro-developmental disorder to which the most beneficial mediation is early intervention (Kukoff, 2016, p. 6) Every 20 minutes, a child is diagnosed with autism somewhere in the world; therefore it is vital for us to understand how to best support people who struggle with this diagnosis. Those with autism present themselves more idiosyncratically than their neurotypical counterparts and are less confined to social pressures of conformity; consequentially they are likely to respond in unpredictable ways to situations in their daily lives. (Ripley, 2015, p. 9). The manifestation of the disorder depends on the learning profile and maturation of that individual. It changes depending on the environmental demands and because those demands tend to be high, most people with autism struggle with high levels of anxiety.

Levels of autism

Level 1 ASD is the lowest classification characterized by needing support with inhibited social interactions as well as deficits in planning and organization skills (Lane Regional Medical Center, 2021). Without support provided, noticeable impairment can be caused by deficits in social communication. Individuals with this level can show difficulty initiating social interaction and may show a decreased interest in social interactions; conversation-making skills may come across odd and unsuccessful. Individuals may have a challenging time switching from one activity to the next and show issues with organization and planning (Alpert, 2020).

Level 2 ASD is where individuals require substantial support with verbal communication and show more obvious, repetitive behaviors that interfere with daily functioning. They also have restricted interests (Lane Regional Medical Center, 2021). Social impairments are obvious, even with social support in place and both verbal and nonverbal communication can be difficult for these individuals. Abnormal responses to socialization from others can be common, as communication remains simple, limited, and narrowed to specific interests. These individuals also have difficulty cooperating with change and present inflexibility of behavior (Alpert, 2020).

Level 3 ASD is characterized by needing substantial support with social interactions, planning, communication, and repeated behaviors; these symptoms are more noticeable and intense compared to the first and second levels of ASD. They're accompanied by other complications and these individuals present a more limited ability to communicate and interact socially with other people (Lane Regional Medical Center, 2021). Repeated behaviors are extreme, and the individual can be incredibly stressed by changing focus and action; they also

have an extremely limiting initiation of social interactions and minimally respond when interacting with others. They make a few words of intelligible speech and usually only initiate interaction when their needs must be met (Alpert, 2020).

How does this condition affect behavior and routines of daily life?

The condition may cause difficulties in understanding the motivations, feelings, and thoughts of people around the individual with Autism; children with autism may possess difficulties in predicting what other people may be thinking and how they may act, thus making the person with autism feel blind sighted to the behaviors of others (Ripley, 2015, p.12). As result, this may cause elevated levels of social anxiety and individuals with autism may choose to spend less time around others. They also display difficulty in using contextual information to create coherent interpretations, such as using surrounding objects to understand the interpretation of a particular setting, or unspoken social rules (Ripley, 2015, p.14). They are more likely to respond in a habitual way to every scenario they face, for instance, if they usually lash out, this is something they will continue to do. Autistic individuals also tend to struggle with associative reasoning. Meaning events and sequencing can become difficult in everyday life (Ripley, 2015, p.34). An example of this can be not knowing that the individual is supposed to put on his trunks before exiting the restroom or not knowing to dry themselves off after getting out of the shower (Ripley, 2015, p.37). Girls with autism may be more likely to struggle with engaging in conversations with others, as it frustrating to keep up with the continually changing nature of social conversations (McKibbin, 2016, p. 23); it can be increasingly difficult to be in social settings where multiple people are trying to communicate at the same time. This difficult on the individual's sensory system and their ability to understand how to respond. They may also have difficulty learning how to produce quick and articulate replies during conversations (McKibbin, 2016, p. 25). Understanding hand gestures can also be difficult for people with autism, as they may feel like they need to understand two languages at once.

Does this condition affect adults and children differently?

The core symptoms of autism seem to improve when autistic children walk into adulthood, however, repetitive behaviors and social impairments tend to continue into adulthood. Major

improvements can be seen in communication skills. Autistic adults are more likely to struggle with neuropsychological functioning, such as memory, social cognition, motor coordination, executive functioning, and motor control; this can make it increasingly tricky to manage the intricacies of adult life. The greatest predictors of outcome for autistic adults were cognitive functioning and communication skills. Due to a lack of solid social institution in their lives, it can be difficult for autistic adults to make and keep healthy bonds in their lives. Social cognition issues and tendency for rigid behaviors can put off connections with neurotypical adults (Volkmar and Wolf, 2013) Both autistic children and adults display reduced articulatory precision when compared to their neurotypical peers (Wynn et al, 2021).

What is the best way to help people who are affected by this condition?

Aiding with daily tasks is the best way to help participants who have autism. For instance, toilet training is one of the most important skills for children to gain; people with autism are less likely to learn toilet training at the same timeline as their peers are (Luiselli, 2011, p. 65). Rapid Toilet Training is a program that can be implemented by both parents and support staff to increase the generalization of toileting across many different settings; even a person who is 28 years old is still able to learn these important skills. Before considering aiding, It is important consult family members regarding the appropriateness of certain degrees of intervention.

Toilet Training

Firstly, It is important to take the individual to the bathroom on a regular schedule to prevent accidents (Luiselli, 2011, p. 69). Secondly, identifying positive reinforcers eases the process of toilet training; items such as toys, foods, or items of clothing can greatly decrease the resistance of participant when toilet training. While accidents can be unavoidable at times, moving the participant quickly to a toilet seat mid-accident can strengthen the reinforcement process (Luiselli, 2011, p. 69). if the family has already invested in something similar to a urine alarm, this can help prevent complete voiding in the underwear or diaper. When beginning the program, increasing the participants fluid intake through sips of water every few minutes can promote a regular toileting schedule. Prompting the participant to check their pants and ask “wet or dry pants?” provides an opportunity to either provide positive reinforcement (such as praise)

or to further mitigate the accident and teach the participants steps of toileting (Luiselli, 2011, p. 70). Reinforcement should be provided as soon as the individual is done releasing and self-initiation to the toilet should also be rewarded with praise. Prompting appropriate communication is essential after an accident to ensure that the participant does not view them as reinforcements, for instance, saying "no wet pants" or "we keep our pants dry" signals to the participant that accidents are to be avoided (Luiselli, 2011, p. 71). Another great skill is to teach the child to say "potty" or "toilet" by signaling this every time they step on the toilet; this way they learn how to communicate self-initiation when they need to use the toilet Before using this method, it is important to assess the individuals prerequisite skills and teach them accordingly when using toilet training (Luiselli, 2011, p. 72).

Feeding

Feeding participants with ASD can be tricky at times due to the fact that people with the disorder are more likely to reject entire food groups, such as fruits and vegetables than their neurotypical counterparts (Luiselli, 2011, p. 74); they are also more likely to prefer certain kinds of foods from certain food groups and present challenging behaviors when given foods they do not like. Gagging or trying to vomit when being presented with foods they dislike are common as people with ASD tend to show resistance to new stimuli. This fear of new foods can be reduced by manipulating environmental factors using systematic intervention (Luiselli, 2011, p. 75). Each approach needs to be tailored to the participant's individual needs. Firstly, noting down that person's feeding schedule helps to track their regular eating patterns. Secondly being aware of the presentation of foods, the participant's behavior, and the location helps to gauge what they are more likely to eat. Thirdly, identifying foods that can function as positive reinforcements assists with manipulating eating patterns (Luiselli, 2011, p. 76). Setting reasonable short-term goals can help with food selectivity, for instance, simply presenting the participant with new foods without trying to feed them is a great first step; food should delivered on a regular basis when the child is more likely to be hungry. Making sure that the participant has not eaten in the last two hours and ensuring that they are seated in an area where they can accept new foods builds an environment of consistency (Luiselli, 2011, p. 77). When the participant demonstrates refusal to accept the food, it is important to not become emotionally reactive as this can be an unintentional reinforcer for challenging behavior; simple state "we will try again later" and

revisit the setting and the food. Make sure that the participant does not have access to highly preferred foods, as this can unintentionally reinforce challenging behaviors. Feeding sessions should take between 5-30 minutes and should be done at least once a day for consistency. It is best to consult family and make sure this pattern is happening at home too. Taking baby steps shapes positive feeding behaviors, for instance, rewarding the participant for firstly touching the food, then in the next session rewarding them for tasting the food, then rewarding them in the third session for eating the food is the most effective way to promote healthy feeding habits (Luiselli, 2011, p. 78). Adults with ASD may require longer periods of intervention to change unhealthy eating patterns.

Self-Care

Participants with ASD are more likely to struggle with grooming activities, such as brushing hair, getting dressed, buttoning up their shirts, and washing their hands (Luiselli, 2011, p. 81). Such skills are necessary for independent living, and it is important for caregivers to teach life skills to the participants rather than simply performing the task for them. Teaching self-care skills can be done in several ways: firstly, analyzing their current skill level. Secondly, constructing a systematic plan to address deficits in self-care (Luiselli, 2011, p. 82). A behavioral chain is the best way to accomplish this, as each motion in the chain serves as a reinforcer for the following step and promotes the completion of the entire task to reach the overall goal. Breaking down a skill into small, easily teachable steps assists and rewarding each step with praise is a great skill; both prompts and reinforcements help with the learning of self-care skills. Mastering the first step before continuing onto the next step is known as forward chaining, while mastering the last step and moving backwards is known as backwards chaining. Identify which method works best for the participant to learn. Developing a data recording sheet can also help identify patterns and improvements in learning and are especially useful for more complex tasks (such as buttoning up a shirt) (Luiselli, 2011, p. 88).

After choosing a chaining method, identify how to catch the participants attention to prompt correct behavior; verbal, gestural, and physical prompts are the most used. It is best to use prompting methods that are the least intrusive and if additional intervention is needed, move towards prompts that are more intrusive. Eventually, fading the prompt slowly until you no longer use it helps promote participant independence (Luiselli, 2011, p. 88). Examples of useful

prompting include video modelling, picture cues, or a list of steps; these help the participant see what the next step is. Make sure to deliver reinforcements after each response and after the completion of the overall task. When the task has been mastered, fading the frequency of praise helps the participant become less reliant on the caregiver.

How do people with this diagnosis communicate?

Individuals with autism can communicate the best with one individual at a time, as difficulties with communication tend to arise when adding additional people to a conversation. This creates an environment that can be overwhelming and frustrating for an individual with autism (Ripley, 2015, p.27). They also communicate in a way that is very direct and specific; they are much less likely to understand unspoken social cues and gestures as this overly-complicates social interactions for them (Ripley, 2015, p.28). Women with autism may be more likely to find gossip and small talk unnecessary and irritating because they are not "enjoyable" social interactions; social interactions for individuals with autism are the most beneficial when they are blunt and directly to the point. For this reason, many autistic individuals may find social interactions to be more work than it is worth and may withdraw as a result. Girls with autism are more likely to enjoy storytelling and may use that a primary method of bonding with those they wish to be emotionally close with (Ripley, 2015, p.28).

What are the reading and writing habits of people with this diagnosis?

People with autism can master spatial and visual abilities to best understand the world, due to this research. picture books are proven to be a great tool for supporting reading and writing skills (Tabernano and Calvo, 2020); they assist people with autism in developing appropriate verbal and communication skills. Using images such as pictograms, individuals can organize and give meaning to the world in a more effective manner than they would be verbally. Pictures are much more concrete and visual supports aid in understanding cultural and social foundations of communication. Language, image, physical support, and verbal texts are especially important to the aid of autistic children. Studies show that children with autism have a tough time interpreting text, as they interpret it in a very literal sense and struggle with understanding abstract thoughts and metaphors (Tabernano and Calvo, 2020). Understandings of empathy can be improved

through picture books where a character can be related to; children with autism have a more associative way of thinking which flourishes the best through visual learning.

What are the best ways to engage with/support people with this diagnosis?

Due to the introverted nature of most children with autism, they tend to lack social skills and are unsure of how to navigate social settings. Encouraging social interactions, especially peer tutoring, can be extremely beneficial to children with autism as it teaches appropriate social skills between both autistic and non-autistic students (Kukoff, 2016, p. 6); interactions between students with and without autism should be maximized as it will generalize social skills to everyone, including allowing neurotypical children to learn how to best communicate with their autistic peers. Secondly, because students with autism tend to get confused in group environments (such as classrooms), it is best to practice healthy guidance that allows children to express their independence and individuality, while also being able to ask for help and clarification when needed. Reading the participant's ERP and learning about their outward manifestations of autism is vital; it helps to be able to apply basic techniques of applied behavioral analysis when collaborating with the participant (Kukoff, 2016, p. 9). Methods of applied behavioral analysis include many factors, the first one including noticing "stims." Stims are self- stimulating behavior and occur the most when the individual with autism is unengaged or feels overwhelmed by external stimuli (Kukoff, 2016, p.24). Sometimes self-stimulating behaviors can occur in an environment where it is disruptive or dangerous for those around that individual, for instance, flapping arms on public transport. In such situations, it is best to use counting exercises to grab the participant's attention and divert it to a different activity. Refocusing the participant's attention on the task can help with improving social and academic skills; using the "calm hands" method involves asking the participant to keep their hands calm for a certain number of seconds and then quickly diverting attention to a different activity An example of this can be demonstrated in "Autism Ambassadors (Kukoff, 2016, p. 24):

AMBASSADOR: You can flap your hands, but once I say "ready, set, go," we are going to keep our hands calm for ten seconds this time. Okay?

STUDENT: Okay.

AMBASSADOR: Okay, ready, set go—calm hands.

The Ambassador counts to ten, then the student flaps her hands.

AMBASSADOR: Good job waiting! Okay, now we're going to add a different part of the game: You're going to look right at me and pay attention for ten seconds. Ready, set, go—pay attention.

STUDENT: [flaps hands and looks away]

AMBASSADOR: Calm hands—one, two, three, four, five …

This method helps with moderating self-stimulating behaviors; however, it is important to realize it is not your job to try to stop them altogether. This method should only be practiced when self-stimulating behaviors are disrupting those around the participant. Participating in a rewards system is also greatly beneficial, for instance, providing a sticker to the individual every time they can avoid an outburst. This method also teachers the participant to best manage the anxiety of overwhelming external stimuli; when removing the participant from that environment is not possible, then this method can be the most beneficial (Kukoff, 2016, p. 29).

A second method of behavior analysis includes overcoming isolation so that the participant can learn healthy levels of independence. It can start by bringing the participants favorite object to the library so that they can be kept occupied without needing someone engaging with them the entire tine. Saying things such as “you can sit here and play with your puzzle and I will be standing over there if you want to come” promotes healthy levels of independence for the participant, which is something that ends up being a vital life skill down the line. Firmly setting boundaries is also a good next step for this technique; telling the participant “play with your puzzle and only come to me if you really need something” helps establish healthy boundary setting and prevents the participant from being over-dependent on the support worker. Again, rewarding positive skills is a wonderful way to reinforce the continuation of healthy behavior, It helps the participant learn that someone is there who cares about their safety but doesn’t need their constant presence in order to function (Kukoff, 2016, p. 32).

The third method is logical sequencing exercises, which is used to prompt individuals with autism to understand what to do next in a particular task. Using photos, cue cards, stories, and photos to represent sequences of a task can be helpful; this can be started by using the

participant's favorite story that will resonate with them deeply. By ordering these cards correctly, autistic individuals will learn story-telling skills that can be generalized to other multi-stepped tasks in their lives. It can be used to learn essential life skills, such as washing dishes, learning how to play a particular game, or learning the etiquette of a social activity (Kukoff, 2016, p. 33). Using cue cards to assist the participant in telling a story also elevates their social skills, allowing them to create healthy and meaningful bonds with others through the process of telling a story. The logic of this exercise is to help autistic individuals understand progression through repetition, it is incredibly meaningful in children who are still developing and improves their memory skills (Kukoff, 2016, p. 37).

Encouraging real and sustainable friendships teaches social and emotional skills which assists in lowering the barriers that discourage autistic children from socializing (Kukoff, 2016, p. 9). It is also important to remember to explain tasks and exercises to the individual, as this alone can be great leap in the goal of quelling their anxiety regarding a certain task. For instance, washing hands can be a distressing task for individuals with autism as any external stimuli can become overwhelming for them, however it is necessary to train these skills as participant need to be able to learn how to wash their hands without the assistance of others (Kukoff, 2016, p. 38). Utilizing counting exercises can be extremely beneficial at this stage, as it will help the individual calm down and direct their attention back to the task in front of them; explaining that water is not dangerous and that it is encountered in daily life provides reassurance. An example of this can be shown in Autism Ambassadors: "whenever we are about to eat, or any time after we use the bathroom, or anytime we get our hands dirty playing, we need to wash our hands. It is okay; water won't hurt you. We all drink water, we take a shower or bath in water, and we wash our hands with water" (Kukoff, 2016, p. 38). Again, providing rewards when the participant is showing engagement and improvement further reinforces positive behavior.

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Global Development Delay

What is Global Developmental Delay? Provide a general Overview

Global Developmental Delay is significant developmental delays present in two or more developmental domains; the developmental domains consist of speech and language, gross and

fine motor functions, personal and social development, cognition, or activities of daily living (McDonald, 2006).The etiology of GDD is divided into genetic and nongenetic causes; genetic defects appear to be the most common etiology which is present in around 30-50% of cases. Genetic causes can be further divided into syndromic and non-syndromic GDD (Juneja et al., 2022). Syndromic delay presents itself as a phenotype, such as Down Syndrome, congenital anomalies, and dysmorphisms. If a pathology is unknown with GDD being the only obvious feature, it is known as non-syndromic delay (Juneja et al., 2022). GDD tends to only be diagnosed in children younger than 5 years old. To diagnose, a complete physical examination is required that consists of examinations for visceromegaly via the abdomen, dysmorphic features, the occipitofrontal circumference, neurocutaneous stigmata, eyes, spine, reflexes, and gait (McDonald, 2006). The degree of developmental delay can be classified as either mild, moderate, or severe (Mithyantha et al., 2017); it is considered a significant deficit when performance reaches minimum two standard deviations below the age-appropriate mean on standardized assessment tests. Delays in development can potentially be short term and can be overcome with therapy or additional support; for more severe circumstances, the child may need ongoing support. Typical symptoms of GDD include limited conceptual abilities, aggressive behaviors, being late in crawling, walking, or sitting up, fine/gross motor difficulties, or poor social skills (Think Psychological Services, 2022).

How does this condition affect behavior and routines of daily life?

Children with early global developmental delay present poor performance across all developmental and functional domains, such as cognitive, communication, motor, gross-motor, fine-motor, adaptive and personal-social domains; on the other hand, children older than 5 years old show a more stable IQ over time (Shevell et al., 2005). Children with reading difficulties appeared to be delayed in neurodevelopmental milestones in language and motor domains; this results in children with GDD having a challenging time accommodating to academic settings as well as social settings due to their inability to pick up and exercise language abilities. Early cognitive and motor delays resulted in difficulty with reading and handwriting during primary school years (Shevell et al., 2005). Developmental delays affect the area of target; if a child has defects with motor skills, mobility issues will limit the things they can do as well as the places

they can access; language and communication defects impair socialization skills, making children with GDD more likely to be isolated.

Does this condition affect adults and children differently?

No, the disorder affects both adults and children the same way depending on areas of impairment.

What is the best way to help people who are affected by this condition?

A person with developmental disabilities may be impaired physically or cognitively and may need assistance accordingly depending on aspects of their lives that are facing deficits in, such as cognitive, physical, learning, or behavioral. Providing appropriate support with speech, developments, self-care, communication, or cooperating with stressors may be necessary. As a support worker, it is your job to promote self-determination and assist that person in being as independent as they can. Children with developmental disabilities may require extra care, as they may not have reached the same developmental milestones as people their age. On the other hand adults with developmental disabilities may not be able to do things the same way as other adults their age, for instance, having their own family, living independently, or going to work; they may be able to do these things with additional supports. When working with adults facing developmental disabilities, it is important to remember that they are adults and not children; they must be provided with opportunities to make choices and to be as independent as they can be. There should also be significant efforts put into place to integrate them with other adults as best as it is possible (McLain, 2022).

How do people with this diagnosis communicate?

If they do not have language or speech delays, they can communicate as well as other people their ages; however, if they do have speech deficits, they have likely not developed to that stage yet and will require supports depending on their level of development.

What are the best ways to engage with/support people with this diagnosis?

Provide them with interactive activities that keep them stimulated and engaged in a way that is appropriate for their developmental level. Visual cues are an excellent resource that help children with global developmental delay stay engaged; reducing the amount of information provided helps the individual only focus on information that is important. For instance, when reading lengthy instructions, it is best to cut out parts that appear to be unnecessary or unimportant.

Participants with Physical Development delays

Developmental milestones are events that occur around a certain age in a child's life; for instance, at around 18 months a child starts to walk, say several words, and begins feeding themselves (McLain,2022). The lack of these milestones occurring strongly indicate a developmental disability. The best way to engage and support individuals with physical delays is to try your best to include them in group activities by accommodating their presence; an example of this can be pushing the participant's wheelchair around so they are still able to play tag with their friends. Bending rules for a game to accommodate their presence also helps make them feel included. It is important to provide support to the individual and create attainable goals; support them in taking them to the washroom on a regular schedule and ensure that their basic needs are being met. Make sure that they are not isolated from their peers who are not disabled and foster an environment of friendship, cooperation, and respect amongst all participants. When witnessing any form of bullying or hostility, address concerns directly to decrease discriminatory thinking in the center. It may also be helpful to plan physical activities for when the participant has the most energy (Supporting children with disabilities or suspected delays, 2021).

Cognitive Developmental Delays

Try to adhere to the participant's level of understanding, for instance, if they are a visual learner enhance communication techniques and activities by incorporating drawings, visual cue cards, charts, and hands-on materials. Use short, simple, and understandable sentences when speaking to them. Try to effectively break down lengthy tasks into smaller and more manageable steps and

use age-appropriate materials. Try to prevent complicating directions so as not overwhelm the individual and give the participant enough time to think about their responses so they do not feel like they are on a time limit. Be as clear and concise as possible and repeat information or directions as frequently as needed. Routines are especially important for cognitive development; try to engage in the same healthy habits every time you see your participant and use their personal preferences to build meaningful activities. Additionally, providing a schedule can be very beneficial as the participant knows what to expect and is not surprised by new information. Ease into new activities and provide necessary support along the way.

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Ataxic Cerebral Palsy

What is Ataxic Cerebral Palsy? Provide a general Overview

Ataxic cerebral palsy is a permanent, nonprogressive developmental disorder that affects motor function; it is the least generic form of cerebral palsy and is characterized by movements that are

imprecise, instable or disorganized. It is usually seen when the individual attempts to perform movements that are voluntary, for instance picking up an object or walking. The lack of balance and coordination results from ataxia, which causes an interruption of muscle control in the legs and the arms. The depth perception of people with this disorder is extremely affected, causing them to appear shaky and unsteady.

The condition is manifested from injury occurring in the cerebellum; the cerebellum is the balance center of the brain which fine tunes movements when an individual attempts to shift into different postures. The cerebellum also considers the level of force being produced by different parts of the body. Ataxic cerebral palsy can present itself differently depending on the area of the injury; it typically affects movements that are needed for fine-tuning activities of daily life, for instance, an individual's swallowing, legs, arms, fingers, eye movements, or speech.

When ataxia affects the arms and hands (upper limbs), it can cause a tremor manifested by inaccurate movements being over-corrected. For instance, a person may reach for an object and overshoot the target; they likely also have difficulty with precise finger movements that allow them to engage in activities such as cutlery, playing an instrument, or handwriting. Hand movements requiring precise and repetitive movements are usually extremely difficult for people with this disorder.

When affecting the legs (lower limbs), the individual is unstable and is more likely to fall as they attempt to walk with the width of their feet spread further across than their hips; this is called "the wide-base gait" and is done to attempt to compensate for the lack of balance and poor stability. The person is also typically unable to estimate bumps and variations on the ground correctly, resulting in them being more likely to fall.

When affecting swallowing and speech, a person uses a monotone voice with a breathy sound added with occasional accelerations or pauses between the syllables; this phenomenon is known as "scanning speech."

The disorder's effect on the eyes can create slow eye movement; the person attempts to change their eye-gaze quickly and their eyes miss the target as they underestimate or overshoot

the target. They then try to compensate for this by making "catch-up" movements (Cerebral Palsy Alliance, 2022).

How does this condition affect behavior and routines of daily life?

People with ataxic cerebral palsy are more likely to experience pain and fatigue in their daily lives and experience restricted motor control depending on where they are affected; people who experience ataxia in their upper limbs are unable to effectively participate in activities using fine motor controls with their fingers; for instance, painting, playing the piano, cooking, or brushing their teeth. It can severely impact a person's ability to perform normal daily tasks and they likely require assistance to complete tasks, as they are not able to do them independently. Those who experience deterioration of walking functioning were more likely to have higher pain frequency and intensity that impacts their participation in daily life activities (OPHEIM et al., 2009) Activity limitations include gross motor delays, altered gait patterns, difficulty performing tasks without assistance, mobility limitations. This can severely impact a person's ability to take part in family recreational activities, playing in the community, taking part in community events, school functions, sports, and youth functions. The disorder can severely reduce a person's quality of life. (Ludwig, 2020)

Does this condition affect adults and children differently?

This disorder can change its manifestations as a person goes from being a child to an adult; the disorder is still non-progressive, meaning it does not get worse on its own. The deterioration of locomotion is common in adults and is associated with older age, delayed walking debut, as well as severe neurological impairment (OPHEIM et al., 2009).

What is the best way to help people who are affected by this condition?

The most effective way to help people with this diagnosis is to provide them with tools that compensate for their limited mobility; for instance, using crutches or a wheelchair to prevent falling due to imbalance. Physical therapy interventions are the most beneficial for those facing ataxic cerebral palsy as it produces the most impactful positive outcome. Supporting individuals

under your care at the center involves assisting them with their physical movement. Examples of this can be helping the person to shift their weight from one tool to the next while moving locations, or assisting them in moving positions, such as from a kneel to a stand (Ludwig, 2020). Allow people with the disorder to be able to rest without setting unreasonable expectations on them and allow other people to help you when taking care of the participant as to make sure nobody is entirely alone when responsible for the participant. Delegating duties to multiple people can make caring for individuals with cerebral palsy less overwhelming. The individual may require assistance with tasks such as dressing, toileting, or bathing (Chiluba & Moyo, 2017). Children with cerebral palsy may need a high-quality diet rich in healthy foods, fruits, and vegetables for the purpose of their specific dietary needs; make sure to consult with the parent/guardian about what is appropriate to feed the participant and whether they can consume certain snacks at the center (Cerebral Palsy Guide, 2022).

How do people with this diagnosis communicate?

Participants with physical and speech impairments due to cerebral palsy may have a challenging time expressing themselves and likely use an Alternative and Augmentative Communication device to participate (Kulik, 2003). Communication impairment is experienced between 38-55% of individuals with cerebral palsy (Zhang et al., 2014). Additionally, people with cerebral palsy are likely to have health problems that resulted in them missing school and the development of important literacy skills and may also have concomitant visual, perceptual, or cognitive impairment. These may cause them to have a more difficult time with communication (Kulik, 2003). While not all individuals with cerebral palsy have communication issues, many do, and some may be unable to speak at all. In such cases it is best to use assistive equipment such as communication boards which provide words, pictures, and letters for the purpose of making communication easier. Tablets are another alternative used by individuals with speech impairments (Cerebral Palsy Guidance, 2022).

Regarding ataxic cerebral palsy in general, most individuals experience problems with speech and are likely to use “scanning speech;” this refers to a monotonous voice used by people with ataxic cerebral palsy. They are likely to speed up their cadence and slow it down later during their speech. It is measured by equal syllable duration. Individuals with ataxic cerebral palsy were more likely to increase syllable directions and decrease intrauterine variability

(Hartelius et al., 2000). It is common for children with cerebral palsy to have extremely limited or no speech capabilities; sign communication and graphic communication may also be common for individuals with the disorder, such as writing, using pictures, or using pictograms (Andersen et al., 2010).

What are the reading and writing habits of people with this diagnosis?

Individuals with cerebral palsy are more likely to experience cognitive issues, which can affect their ability to read and write. Learn about the interventions set in place for the individual's academic needs from their family members and enforce them whenever activities regarding reading or writing occur (Cerebral Palsy Guidance, 2022). Using reassurance and continuous practice is the best way to enhance the skills of an individual with cognitive issues; go over words, letters, and images on communication boards repeatedly to assist the participant with expanding their imagination and enhancing their vocabulary. Show examples and try to use visual learning as frequently as possible.

Most children with cerebral palsy experience issues with spelling, reading, and writing; handwriting can be very difficult due to a lack of fine motor coordination and individuals with the disorder can usually write one or two words before the quality and accuracy of their writing decreases (Critten, 2014). Mistakes in writing include forgetting to put spaces in between words or simply being too tired and lacking the concentration to do so; children with the disorder can use grammar and syntax to read passages of text and are also capable of learning phonological strategies to improve speech, however this is uncommon with younger children experiencing cerebral palsy. It can also be difficult for children to move past the first phenome or grapheme before they learn how to blend letters and sound. Episodic buffer in the working memory system can create difficulty in multi-syllabic words while poor auditory encoding or auditory memory can create difficulties with phoneme processing (Critten, 2014).

What are the best ways to engage with/support people with this diagnosis?

Make sure to fulfill daily activities with the participant with cerebral palsy; despite their physical disabilities it is important to still try to incorporate them with other participant and foster those bonds whenever possible (Kulik, 2003). Try to assist them with physical movements they cannot do themselves while also allowing them to be as independent as they can

comfortably be for instance, if a person with cerebral palsy affecting their upper limbs wants to be able to paint with the other participants, allow them to do so and provide them companionship and assistance when they express it. They may overshoot the target, in that case set up paper towels under the canvas or paper so they can participate in the activity without policing their actions an over-criticizing manner. Only when instructed by the family, encourage the individual to do certain tasks without assistance such as changing their clothes by holding onto something sturdy; this promotes healthy levels of independence while providing aid wherever it is required. Building on these skills earlier in life allows the child to learn how to do things on their own and built confidence as they are growing into adulthood (Cerebral Palsy Guidance, 2022).

Encourage the participant to participate in activities they are capable of performing; for instance, some people with cerebral palsy can toss a ball back and forth or be able to kick it. Use their abilities to determine what they can do and incorporate these activities in your daily schedule as often as possible. Make sure to attend to the individual's mental and physical needs while engaging in these activities (Cerebral Palsy Guidance, 2022). Make sure to always try to make the participant feel included with other people; advocate for their inclusion and alter the environment and rules as much as it is safely possible to ensure they are still having a positive and engaging experience. Additionally, people with disabilities are more likely to be bullied; as a support worker, it is your job to make sure the participant is being treated fairly and with respect during their time at the center (Cerebral Palsy Guidance, 2022). When situations of learning arise, teach the participant life skills and social skills while supporting them at the same time; this fosters their growth and allows the center to continue to be a place of learning and fun activities. Try to engage in storytelling, drawing, low intensity sports, or crafts with the individual.

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Tourette's Syndrome

What is Tourette's Syndrome? Provide a general Overview

Tourette's disorder is a brain condition of motor and phonic tics which starts in childhood, causing the child to make movements or sounds that they cannot control; these

sounds or movements are known as “tics” and can include things such as coughing, twitching, or saying certain words. Tics can start at the age of 2 and usually worsen up until the age of approximately 12. Typically, they decrease during teenage years and are much less severe in adulthood. The disorder usually runs in the family and can increase in risk if the mother smoked cigarettes, drank alcohol, drank lots of coffee, or experiences severe stress, nausea, or vomiting during the first semester of pregnancy. Failing to have enough blood or oxygen supply during birth also increases the likelihood of the child developing Tourette’s syndrome.

Children usually display different patterns of tics, and some can be more subtle, while others are more noticeable and obvious; they are usually bursts of movements that last anywhere from a few seconds to a few minutes and are caused by the person experiencing an urge in some parts of their body that builds up. This urge can only be relieved by performing the tic, but each person with the disorder is not likely to experience this. Examples of tics include the jerking of the neck, twitching of the eyes, throat clearing or coughing, or a mix of sounds and movements. Children with Tourette’s syndrome are also likely to have disorders alongside, such as OCD or ADHD (Pope et al., 2021). Coprolalia is known as involuntary speech of socially inappropriate or obscene words, while copropraxia is involuntary act of obscenity or gestures that are inappropriate; it is important to remember that these only occur in a small number of people with Tourette’s syndrome.

How does this condition affect behavior and routines of daily life?

Tics can play a significant part in shaping a child’s experiences, interactions, and perceptions of the environment; those with a milder form of the disorder are more likely to adapt to their symptoms and still manage to live a good quality of life; on the other hand those with more severe symptoms are more likely to experience negative impacts on their well-being and overall health. An example of this can be an individual who suffers from physical consequences, such as discomfort and pain caused from repetitive movements as well as experiencing backlash in social settings when acting in ways that are unacceptable to other people. Socially inappropriate vocalizations or behaviors can result in the person with the disorder feeling anxious and being unable to enjoy going in public or experiencing life the way people without

the disorder do. People with the disorder may also experience depressed mood from being unable to make friends, perform well in school, or attain employment opportunities due to the extent of their symptoms. Side-effects from medications trying to treat the disorder can also create difficulties.

Around ⅓ % of people with the disorder experience social problems because of coprophenomena and socially inappropriate behaviors. Patients may also perform self-injurious behaviors that are challenging to treat and are also more likely to experience shame, difficulties socializing, and embarrassment; such factors make it increasingly difficult to create a meaningful life outside of the home and may negatively affect interpersonal relationships. Young people with the disorder are more likely to have poor relationships with their peers than people without the disorder and experience high levels of self-consciousness and shame due to their symptoms (Eapen et al., 2016).

Does this condition affect adults and children differently?

As the child grows, the disorder tends to become more manageable depending on their age; however, symptoms and management may also get worse. The child may also develop new tics, lose a tic and have it reappeare later in life. In adulthood, people with Tourette's learn how to manage and live with their tics (Pope et al., 2021). The disorder is not as exaggerated as it may look on television. While a majority of adults with the disorder experience better management of symptoms, this is not always the case; adult-onset of TS may also occur as a "reactivation" of childhood symptoms or psychiatric or genetic diseases (Versace et al., 2019); however this is extremely rare because childhood-onset tics are likely to spontaneously remit in adulthood (Jankovic et al., 2010). This is usually caused by levels of dysfunction in childhood and sometimes congenital and structural environmental factors Adult patients with the disorder were more likely to experience more truncal and facial tics, but fewer phonic tics than children with the disorder; adults are also more likely to show a greater prevalence of substance abuse and mood disorders, but lower rates of ADHD and oppositional behavior compared to children with TS (Jankovic et al., 2010).

When the disorder progresses with age, self-injurious behaviors. phonic tics, and motor tics typically improve; however, facial, trunk, and neck tics dominate adults with the disorder.

Self-injurious behavior may cause more physical harm in adulthood when attempting to suppress the premonitory urges that manifest tics. Many children go into their adult years still continuing to experience tics; comorbid OCD symptoms that are common in people with TS and are more likely to impact their overall performance than just tics alone (Jankovic et al., 2010).

What is the best way to help people who are affected by this condition?

The best treatment for children with the disorder is helping the child learn how to cooperate with tics and helping them know what to expect, such as knowing when they occur and what may trigger them (Pope et al., 2021). Children who are severely affected by their tics to the point where it is affecting their quality of life may take medications, attend counseling, or attend behavioral therapy to help them reduce their tics. Educating staff members and participants about the disorder helps enable prosocial behavior and decreases the stigmatization faced by people with the disorder (Eapen et al., 2016). Being flexible with the person and embracing their condition, showing unconditional acceptance can improve the self-esteem of those experiencing symptoms. Many people with the disorder state that they struggle to fit into society's expectations of normal behavior and express that the disorder is a part of who they are (Eapen et al., 2016). Showing people with the disorder that they are loved and cared for goes a long way to assisting in improving their social lives as well as their overall well-being.

How do people with this diagnosis communicate?

Depending on symptoms experienced by the person, the severity of it may interfere with communication significantly; for instance, vocal tics and motor tics can be a barrier to effective or socially-desirable communication (Mayo Foundation for Medical Education and Research, 2021). Common vocal tics include grunting, coughing, throat clearing, or barking. Grunting is when the person repeats their own phrases or words, coughing is the repetition of other people's words or phrases, and throat clearing is the use of obscene, vulgar, or swear words (Mayo Foundation for Medical Education and Research, 2021). People with the disorder are more likely to experience social anxiety and have expressed that learning problems, as well as behavior difficulties, have contributed more to their life than tics on their own; they are also more likely to have poor ratings in the classroom than their classmates without the disorder. Children with the

disorder are more likely to experience bullying and rejection because of their disorder, hence contributing to higher anxiety levels that discourage them from communicating and create relationships with people outside of the immediate family. When diagnosed later in life, people with the disorder are less likely to understand their symptoms and disorder and experience stigma from their families, as parents of the child tend to blame doctors for "exaggerating" their symptoms or stating that it is just a genetics issue; such reactions are usually a result of fear and stigma around the disorder. Many teachers and caregivers tend to be unfamiliar with the disorder, making it difficult for people with TS to have close and open relationships with adults in their life (Rivera-Navarro et al., 2009).

What are the reading and writing habits of people with this diagnosis?

A study by Burd et al.(1992) shows that 51% of people Tourette's Syndrome met the criteria for a learning disability in at least one academic area; other studies have also shown that in some children, the onset of learning problems tends to coincide with the onset of tics, hence the onset of tics appeared with the onset of more learning problems including letter and number reversals that were not present before tic onset. Neuropsychological impairments are common in people with the disorder and children with TS are more likely to be below expectancy in reading comprehension, spelling, and math. The severity of learning disabilities tends to lessen over time due to the fact that TS tends to be a marker for the improvement of other developmental conditions. Tics as well as other symptoms of the disorder combined with poor academic achievement are usually caused by disruptive behaviors; these behaviors are even more likely to occur when the child also has ADHD. Children with ADHD and TS experience fluctuations in math skills as well as handwriting the most (Burd et al., 1992).

Handwriting problems are also very common amongst people with TS; for this, allowing the child to type instead of writing by hand appears to be the most beneficial as most computer programs also have spell-checks that helps the child avoid errors (Burd et al., 1992).

The best way to support a child with TS (who likely also has a learning disability) is to accommodate their individual needs, such as using beneficial compensation skills like long-term positive reinforcement and behavior management programs; an example of this can be showing a child only 2 math problems at once, instead of 20; this helps to create a work environment where the child can complete the problems without feeling overwhelmed (Burd et al., 1992)

What are the best ways to engage with/support people with this diagnosis?

Because children with Tourette's syndrome are more likely to experience bullying due to their condition, one of the most effective ways to support them would be educating people who interact with them every day on the condition; humanize the person with TS and encourage others to treat them with the dignity and respect that they deserve. Raising awareness and providing education about tics creates a healthy environment where people with tics feel accepted and empowered (Centers for Disease Control and Prevention, 2022). Inform others around you that a person with tics cannot just "stop ticing." Additionally, try to recognize and note situations where the participant's tics may get worse and create frustration for them; apply this to your schedule and try to effectively reduce situations that may frustrate the child by triggering tics. Remember that while the participant cannot control their tics, it is still uncomfortable and can be painful to experience them when they can simply be away from environments where they are more likely to increase their tics (Tourette Association of America).

Try to help the participant cooperate with their tics and provide emotional and social support whenever needed; allow the child to leave to go to the bathroom or be excused without tension or hostility, as they need to privacy and want to be in an independent space if tics do occur (Wadman et al., 2014). Acknowledge that participants with tics may have a tough time concentrating on instructions or activities due to the fact that they may be trying to control their tics. Create an environment where the person does not feel embarrassed or ashamed by their tics and allow them the freedom to go to a more private space whenever needed. Have conversations with the participant that are open and honest, allowing them to express the best ways they would like to be supported with their condition (Wadman et al., 2014).

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Seizure Disorder

What is a Seizure Disorder? Provide a general Overview

Epilepsy is a central nervous system disorder which causes brain activity to be abnormal; loss of awareness, periods of unusual behavior and sensations are a routine part of disorders coupled with seizures. Because epilepsy is caused by abnormal activity in the brain, it can affect any process of brain coordination and create symptoms such as stiff muscles. It is characterized by

symptoms such as uncontrollable jerking of the legs and arms, fear, anxiety, temporary confusion, or staring spells (Mayo Foundation for Medical Education and Research, 2021).

Epilepsy is the tendency of the brain to create abnormal surges of electrical energy that disturbs other brain functions; when a person has two or more unprovoked seizures, this is epilepsy (Epilepsy Foundation, 2022). A person who experiences seizures usually has the same kind of seizure repeatedly, meaning the symptoms will usually be similar. Seizures can be divided into two categories based on the area of the brain where abnormal activity stems. Focal seizures occur when abnormal brain activity occurs in one part of the brain and can occur with either loss of consciousness or impaired awareness. Seizures occurred without the loss of awareness are known as "simple partial seizures" and they can alter emotions and alter the way things smell, look, or sound. The person experiencing the seizure may also experience déjà vu as well as involuntary jerking of one body part couples with sensory symptoms such as flashing lights, tinging, or dizziness. On the other hand, focal seizures with impaired awareness involved a change or total loss of awareness, where the individual may feel like they are in a dream; they may stare into space, do movements repetitively, or not respond normally to the environment.

The second type of seizures is generalized seizures which involve all parts of the brain; absence seizures tend to occur in children and may happen in clusters as often as 100 times daily. It is characterized by staring into space with or without mild body movements, such as smacking lips for 5-10 seconds. Tonic seizures affect muscles in the back, arms, and legs; causing the person to fall and affect consciousness. Atonic seizures cause a loss of muscle control which mostly affects the legs and causes the individual to fall. Clonic seizures are characterized by rhythmic, jerking movements affecting the face, arms, and neck. Tonic-Clonic seizures are the most drastic type of seizures, as they cause a sudden loss in consciousness as well as shaking, twitching, and body stiffening. Lastly, myoclonic seizures are characterized as brief twitches or jerks affecting the arms, upper body, and legs (Mayo Foundation for Medical Education and Research, 2021).

How does this condition affect behavior and routines of daily life?

Because there is no cure for epilepsy and medications do not cure the disorder, individuals with epilepsy are more likely to experience mobility issues in their daily lives, which can affect social interactions, employment, learning, and their academic lives. Individuals with severe

symptoms of epilepsy are more likely to take medications, such as antiepileptic drugs which prevent seizures in at least half of all patients with the disorder. People with epilepsy may also alter their diet to prevent seizures, hence affecting the foods they choose to eat as a ketogenic diet can be helpful to children with epilepsy. Some individuals may have to take more than one type of medication to successfully control their seizures. Depression, anxiety disorders, and dysthymia are mood disorders that are very common in people with epilepsy, hence affecting their mood and mental health throughout the day as well (Epilepsy Foundation, 2022).

Does this condition affect adults and children differently?

Yes. In adults' seizures can disturb certain functions of the brain; however, in children, seizures have the power to prevent these functions from occurring altogether. Children who are drug resistant to treatments of epilepsy are more likely to experience psychosocial and cognitive issues that require more aggressive and urgent treatment than in adults. Depending on age, epilepsy presents itself differently. Focal seizures are more likely to present with infantile spasms in early infancy and regular seizures in children are more likely to be associated with severe cognitive delay or regression out of proportion to the severity of epilepsy; this is known as epileptic encephalopathy (Lee et al, 2019). The impact of seizures is different in both the developing and the mature brain since the underlying abnormal neural substrate is different in both (Smith, 2010). Epilepsy happens in a more dynamic nervous system when it comes to children; the changes that occur with seizures are reflected in maturation changes and the plasticity at the structural and behavioral level. On the other hand, for adults, the conditions that arise from an epilepsy are not as drastic and may result in an interference or loss of functions temporarily; a child can fail to develop a skill, have slowed rates of development or regress from previously learned developmental skills. This simply is not common amongst adults who develop seizures later on in life (Smith, 2010).

What is the best way to help people who are affected by this condition?

The most effective way to help people with seizures is to create a safe environment by looking out for sharp corners, slippery floors, hot surfaces, and staircases. Try to make sure walkways are clear of obstacles and ensure that hot surfaces such as stoves are turned off when not in use.

Make sure handrails are present in the washrooms so the individual can grab onto them if a seizure occurs. (Epilepsy Foundation, 2022). Secondly, ensuring that there is access to a first aid kid nearby is always beneficial; if the individual gets injured after a seizure, they can address their wounds immediately. Teaching first aid skills to someone who is taking care of someone with seizures also adds a level of protection.

First Aid for Seizures

1. Stay with that person until their seizure ends.
2. Keep that person safe during their seizure and time its duration.
3. Turn the person over on their side if they are not awake or if they are convulsing.
4. Make sure to call 911 if the seizure lasts for longer than 5 minutes, if a second seizure starts, or the person is injured or in distress.
5. If the seizure is occurring underwater, the person does not return to their usual state, or they have difficulty breathing, call 911.
6. Do not put anything in the person's mouth.
7. Do not restrain them or hold them down.

Covering hardwood floors with carpets adds another layer of protection and prevents more severe injury from occurring if that person falls. Installing non-slip strips in the bathroom, using shatterproof glass, and keeping an open drain when water flow is freely running are additional ways to ensure the safety of children or adults with epilepsy. Place barriers over items that may get hit (Epilepsy Foundation, 2022)

How do people with this diagnosis communicate?

Seizures do not stop people from understanding words and doesn't affect their thinking drastically. Those with primary generalized seizures are much less likely to have problems with thinking than someone with partial-onset seizures; those with the later are more likely to present issues with language, ways of thinking, or memory (Epilepsy foundation, 2022). Because seizures can disrupt certain areas of the brain, they may occur in an area that controls language

and can also stop communication between various parts of the brain; seizures that start in the temporal lobe can be extremely sensitive to memory. Because there is one hippocampus on either side of the brain, it is unlikely that the seizure starts on both sides, meaning the other side of the hippocampus can make up for deficits that occur during a seizure.

If Broca's area is affected, speaking abilities can become compromised as it is the center for outgoing words. When Wernicke's area is affected, the ability to understand sentences, phrases, and words can be compromised. However, seizures themselves do not stop a person from understanding or speaking words, they simply make it more difficult to find words. Individuals with seizures may have a tough time naming something, even if it's right in front of them due to the fact that seizures can damage areas of the brain associated with word storage (Epilepsy Foundation, 2022).

When the frontal lobe is impacted by seizures, it can weaken the ability to organize and plan the individual's thoughts or actions in the most efficient way. This makes it difficult to interact with people as the individual's attention may drift more than it used to. They are also more likely to be more impulsive and not think before performing unwanted behaviors (Sirven, 2014).

What are the reading and writing habits of people with this diagnosis?

Children with epilepsy are more likely to exhibit reading difficulties than their classmates who do not have epilepsy. Seizure activity in either region can interfere with phonological processing whereas generalized seizures do not produce the same effect. Studies show that the reading ability of epileptic children was almost 2 years behind expectations (Vanasse et al., 2005). Writing epilepsy is a condition that includes combinations of myoclonic jerks of bilateral or ipsilateral hand induced by writing; this is an exceedingly rare case of epilepsy that is triggered during writing, but is not very common (Li et al, 2022).

What are the best ways to engage with/support people with this diagnosis?

The most effective care involves a person-centered approach which incorporates comprehensive assessment with the family; it is good to understand each participant's individual needs and hear them communicate how they experience seizures and how they would like to be best supported in that moment. It is good to have a decent grasp of that person's history, such as understanding

the onset of seizures, triggers, auras, types, impact on awareness, injury, and recovery. This helps with developing an in-depth understanding of the person's life and any crucial factors that can influence seizure control. Collaborating with the family and gathering their insight on the participant's seizures and how to best support them is also a vital tool.

Providing psychosocial care is another tool used by nurses who care for individuals with epilepsies; it is about listening, reassuring, and providing information that empowers the individual and increases their motivation. Validating the participant through their struggles and getting to know their history as well as their mental health comorbidities can assist in creating a trusting relationship between you and the participant. Educating people around the participant about seizures and how to perform appropriate first aid keeps the participant safe amongst many individuals, hence forming community and an environment that exists outside of fear (Higgins et al., 2019).

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Lennox- Gastaut Disorder

What is Lennox-Gaustaut disorder? Provide a general Overview

Lennox- Gastaut is a severe form of epilepsy that begins before the age of four; individuals with this disorder have multiple types of seizures that differ in variation amongst different people. Common seizures include myoclonic seizures, tonic seizures, generalized tonic-clonic seizures, and atypical absences. Atypical absences are a brief loss of muscle tone which causes sudden falls (National Institute of Neurological Disorders and Strokes, 2022). There can often be times of frequent seizures mixed with periods without seizures. Many people with Lennox-Gastaut disorder are more likely to possess a certain degree of impaired functioning and information processing. This can be caused by conditions such as tuberous sclerosis, head

injury, central nervous system infection, brain malformations, perinatal asphyxia, or inherited metabolic and degenerative conditions (NI of Neurological Disorders and Stroke, 2022). Most cases of Lennox-Gastaut disorder arise from a neurological abnormality that already exists (Medicine Plus, 2022). The disorder is associated with high rates of mortality and morbidity (Cross et al.,2017).

The disorder can be difficult to treat, but its symptoms can be managed with a combination of seizure medication and other treatments. Anticonvulsive medications appear to be the most effective, while other treatments such as dietary therapy, vagus nerve stimulation, epilepsy surgery, and adherence to a ketogenic diet can be used to optimize seizure control. Complete recovery from the disorder is uncommon, if not extremely rare (National Institute of Neurological Disorders and Stroke, 2022). Corpus callosotomy, known as the disconnection of the corpus callosum may severely reduce the frequency of seizures, if not prevent them altogether. It prevents the transmission of faulty signals back and forth in the brain (Cleaveland Clinic, 2022). The disorder affects approximately 1 or 2 out of every million people and takes up fewer than 5 percent of total cases of childhood epilepsy; it is also more common amongst males than it is in females (Medicine Plus, 2022).

How does this condition affect behavior and routines of daily life?

Because the disorder is developed in childhood, the severity of the seizures can affect development and problems can become more worst over time; additionally, because people with the disorder are more likely to have intellectual disabilities, learning problems are likely to take place way before the onset of seizures. Individuals are also more likely to have delayed motor skills, for instance, crawling and sitting; as a result, individuals with the disorder may require assistance with some day-to-day tasks in their lives. The lack of proper management of seizures can also cause injuries if that person falls severely (Medicine Plus, 2022). Because the seizures likely damage the brain itself, developmental setbacks as well as learning disabilities are common for children with the disorder; this affects their academic life as they usually require assistance in the classroom as well as other areas in their daily life where learning or picking up new skills takes place (Cleaveland Clinic, 2022). Such learning and behavioral problems usually occur after seizures begin and tend to become more severe as time progresses; the cognitive and learning problems resulting from this disorder tend to be permanent and last way into adulthood.

Children with the disorder may additionally struggle with making friends in social settings, controlling their emotions, and communicating with other people; children show signs and symptoms that can present themselves very similarly in people with Autism Spectrum Disorder.

Atonic seizures can cause loss of muscle control or limpness; these can be extremely dangerous as the person is unable to break their fall if they are unconscious and can be fatal depending on the setting (if a person is in a pool, if they are alone etc.) (Cleaveland clinic, 2022). Seizures can affect the mobility of the individual not only physically, but in ways meant to be protective. If a person trying to protect themselves from injury is wheelchair bound because of it, they experience mobility issues regardless of the frequency of the seizures (Kerr et al., 2011). Cognitive and behavioral problems can prevent time spend with peers, family, as well as time engaging in recreational activities

Does this condition affect adults and children differently?

Yes, progression of the disorder certainly depends on age. A child who has just developed Lennox-Gastaut disorder may be more likely to experience developmental arrest with a catastrophic onset of epilepsy. At this stage, therapy can be used to reverse some of the cognitive impairment and behavioral abnormalities in the child; on the other hand, a more developed child who has been exposed to years of treatment may have an increased improvement in seizures and are less likely to experience the cognitive disadvantages that a child who freshly developed the disorder would have. A more improved control of seizures results in greater alertness and improved behavior (Arzimanoglou et al., 2009). While the disorder usually begins during childhood, it usually continues throughout adolescence and adulthood. It is common for the typical features of the disorder to transform over time, hence making it difficult to recognize the disorder if attempting to diagnose it later in life (Kerr et al., 2011) Different treatments tend to depend on different stages of the disorder and work to assess the behavioral and cognitive issues, sleep disturbances, and psychosocial and educational needs of the person . Treatment is not only centered around decreasing the frequency of seizures, but also depends on counteracting side effects that are different throughout differing stages of life.

Adults with the disorder may be more likely to diffuse fast rhythms during sleep, which is mostly common amongst adults facing tonic seizures; moderate to severe cognitive impairment as well as behavioral issues are consistent with adults. The presence of cognitive impairments are

also likely to be less pronounced in adults than they are in children, as later onset is associated with the brain having already progressed beyond its critical developmental stages. As a result, seizures can be less damaging in adulthood than they are in childhood. It is important to support the individual as they are likely undergoing mental, emotional, physical, and social changes when they have the disorder as a child (Kerr et al., 2011).

LGS-associated cognitive impairment is associated with greater risks of developing depression, social insecurity, and chronic distress; this can present itself through conduct issues, peer problems, and cognitive impairment (Kerr et al., 2011). In adulthood, these problems can manifest as issues finding employment and struggling to live independently. Medications used to treat side effects can often have adverse effects, for instance, medication to improve sleep may result in worsening of seizures as an adult. Transition into adulthood may be difficult, as both patients and families have less resources available to them (Kerr et al., 2011).

What is the best way to help people who are affected by this condition?

Because the disorder is exceedingly difficult to treat, providing effective support is sometimes the only way to ensure the safety and well-being of an individual with Lennox-Gastaut disorder. The parent/guardian of the participant may implement a ketogenic diet for the purpose of limiting the number of seizures that happen; make sure to consult what is and is not appropriate for the individual to consume with the family. (Cleaveland Clinic, 2022).

Ensure that the participant with the disorder is receiving the medication they are supposed to be consuming while they are under your care and be sure to track any seizures that occur. Monitor triggers that might make them more likely to occur (Cleaveland Clinic, 2022). Be aware of status epilepticus; it is a medical emergency that occurs when one seizure lasts between 5- 30 minutes, or two or more seizures occur without the person being able to fully recover in between seizures. When status epilepticus occurs, make sure to call 911 and not simply try to deal with the seizure on your own. Try to reduce triggers as much as it is possible within your control (Cross et al., 2017).

What are the best ways to engage with/support people with this diagnosis?

The best way to engage with and support people with this disorder would be to assist individuals with developmental and learning delays in whichever way suits their needs the best; management

can be multilayered as the combination of behavioral difficulties with intellectual difficulties creates more to take care of than seizures alone. Children who have the disorder may not be diagnosed with the disorder as an adult, as symptom recognition is much different.

Individuals experiencing mobility issues may want to wear protective clothing, such as a helmet with a facemask to decrease the risks of injury; the use of a wheelchair may also be beneficial to prevent injury (Kerr et al., 2011). In both adults and children, managing behavioral problems starts with making sure the individuals needs are being met from the very beginning; group settings are where it can be the most difficult to control problem behaviors, but can be managed by attempting to minimize massive amounts of information being delivered at once; break tasks apart into smaller steps and provide small bits of information when working with the individual either one-on-one or in groups (Stormont et al., 2011). Applying PBS (Positive Behavioral Support) can be a great step, as it addresses the needs of the individual while trying to articulate their dreams and challenges into a plan that creates acknowledgement and support in their environment.

Remember to always respect the individual as a person and develop a positive rapport for them. Create consistent routines and respond in a calm and positive manner when a problem behavior occurs. Try to effectively identify triggers that create challenging behaviors and alter the environment based on the individual's needs; such strategies include avoiding and minimizing triggers as much as possible, utilizing distractions to redirect the individual's attention away from the triggers, work on positive coping strategies and actively practice these strategies when a problem arises. One of the most beneficial techniques is positive reinforcement, especially using praise or tokens such as stickers; it can be an extremely powerful tool when used correctly and this can be done by delivering the positive reinforcement right after a positive behavior has occurred (Quality Healthcare, 2022). An example of this can be a child who becomes anxious when talking to new people and has the tendency to lash out at them; after his support worker teaches his deep breathing exercises to manage his anxiety, he receives praise every time he tells an adult that he is anxious and practices these exercises. It is important to make sure the positive enforcement comes AFTER the positive behavior has occurred.

Additionally, it is also important to communicate with the individual and come to an understanding about what is acceptable and what is harmful behavior; redirecting attention when

harmful behavior is about to occur involves distracting the individual when a trigger occurs for them (Quality Health Care, 2022).

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Reactive Attachment Disorder

What is Reactive Attachment Disorder? Provide a general Overview

Reactive Attachment Disorder is when children have difficulty forming emotional bonds with people, resulting in a reduced ability to experience positive emotions and reacting violently when comforted or cuddled (National Library of Medicine, 2022). Attachment within this context is used to describe the bond between a caregiver and the child within the first two years of their birth; the most important part oof emotional development occurs within the first nine months. When a caregiver is negligent or fails to respond to the emotional and physical needs of the child, the child is likely to lose their ability to create meaningful attachments with others and form healthy trust (Minnesota Association for Children's Mental Health, 2014) The disorder is a trauma and stressor-related condition resulting from social neglect and mistreatment; children with the disorder can behave in unpredictable manners and be difficult to console or discipline as

they live in fight or flight a majority of the time (National Library of Medicine, 2022). They try to control their environment and their mood may change erratically. When confronted with opportunities to be comforted, children with this disorder may injure themselves or others and become violent or angry; when entering adolescent and adulthood, they are likely to experience rejection from peers and teachers and are also more likely to engage in substance abuse, involvement in the legal system, engagement in high risk sexual experiences, and experience incarceration.

The emotional neglect resulting in the disorder often comes from institutional settings such as foster cares, living with physically or mentally ill parents, or overcrowded orphanages. African American and children from minority settings are more likely to experience mistreatment in these settings and as a result, are more likely to experience reactive attachment disorder than other groups of children. They do not create an emotional bond with a caregiver and are unable to receive healthy levels of mental stimulation and emotional interaction within their childhood, as a result they avoid emotional and physical bonds with other people. The disorder can result in impaired cognitive development, poor language acquisition and behavioral dysfunctions (National Library of Medicine, 2022).

How does this condition affect behavior and routines of daily life?

Being deprived of maternal attachment can severely impact social interaction, behavior, infant growth, and motor development. Children with this disorder appear unapproachable, screaming, and weepy within the first two months of the absence of a mother; motor development can be regressed, and facial expressions become flat and rigid. By the fifth month infants can appear lethargic, being unable to walk, talk, sit, or stand. They may also develop atypical finger movements and fail to respond to any social interactions. Behaviors resulting from a lack of bond to a caregiver result in fear that causes rejection from peers and adults. Children with the disorder resultingly have an increasingly difficult time creating meaningful bonds as they grow older. They are also less likely to display secure attachment and lack good eye contact, do not initiate social interaction, and fail to seek comfort from others (National Library of Medicine, 2022).

People with the disorder may suffer from apathy, failure to thrive, and a lack of developmentally appropriate social responsiveness. They are also likely to experience poor

comprehension, articulation, and difficulty controlling rage and anger; they are likely unable to engage in self-care activities and experience sleep disturbances, poor attention, and lower intelligence rates than neurotypical children (RICHTERS & VOLKMAR, 1994). Abuse in childhood is also correlated with underdevelopment of the left cerebral hemisphere and hippocampus. Children with the disorder also struggle with executive function and difficulties with working memory (National Library of Medicine, 2022).

Within the classroom, children with the disorder are more likely to initiate fights and have few friends, as they alienate their classmates and show a lack of guilt and remorse for their actions. They may also fluctuate between extremely affectionate behavior, such as hugging and cuddling to rageful behaviors such as hitting and swearing. They may also struggle with critical thinking skills and demonstrate limited vocabulary and coping skills (RICHTERS & VOLKMAR, 1994).

Does this condition affect adults and children differently?

Adults with the disorder are more likely to develop stranger anxiety and have intellectual disabilities, but are less likely to continue to display cognitive issues like children with RAD. As children with the disorder grow into adulthood, they are more likely to learn new social skills and attempt to create emotional bonds with others in their life; improved social skills as well as behavior management is likely in adulthood (Minnis et al., 2010). Children with the disorder are also likely to grow into adulthood lacking appropriate fear and discernment towards strangers, as they lack fear and disregard the risks of seeking attention in an manner that may compromise their safety; they are also more likely to display personality behaviors and detrimental behaviors such as lying, setting fires, and demonstrating verbal and physical aggression towards animals and other people. Additionally, children with the disorder also grow into adulthood not learning how to manage their stress (Vasquez & Stensland, 2015). Untreated childhood RAD can result in complications in childhood, such as low self-esteem, difficulty navigating social situations, problems with substance use, dissociation, depression, anxiety, and emotional impairment. Psychotherapy is an excellent way to remedy some of the symptoms experienced by people with this disorder (Legg & Brown, 2020).

What is the best way to help people who are affected by this condition?

The most effective way to help those who are affected by the condition is to implement parent education focusing on non-punitive and positive development of behavioral management strategies. Trauma-focused therapy also assists with reacting to triggers and facilitates bonding between the parental figure and the child by shaping healthy attachment and emotional bonding. Displaying empathy and compassion is the key method to building trust in therapy. Additionally, the child needs a nurturing parent-child relationship that will assist with healing from the trauma caused by neglect (National Library of Medicine, 2022).

How do people with this diagnosis communicate?

Children with this disorder are more likely to respond to usual social interactions with rage, fear, or defiance; they are also more likely to face rejection from adults and peers and internalize a negative self-schema. They encounter difficulties in common aspects of their lives, such as learning in a classroom setting and developing a healthy sense of self which deteriorates their capacity for resilience. The child also lives in a constant state of stress, meaning beneficial ways of helping children with the disorder can be promoting strategies to cooperate with stress (National Library of Medicine, 2022). For instance, breathing exercises, using stress balls, or taking walks with supervision nearby. Reassure the child that they can talk to you when they feel like they are able to and remain patient with them through behavioral dysfunctions.

What are the reading and writing habits of people with this diagnosis?

Some research has shown that mother-child interactions can affect literacy skills, as a child usually watches their mothers watching educational television, reading to their child, or looking at books; this assists with scaffolding literacy for children. Young children also pay attention to the activities performed by adults close to them and children who are more securely attached to their caregivers are more likely to learn literacy skills (Hall-Cuarrn, 2017). The lack of proper adult bonds in a child's life may cause them to be slower in developing both communication and literacy skills, as they are less likely to have a grown up with them and experience healthy exposures during childhood. They also have difficulty learning in school.

What are the best ways to engage with/support people with this diagnosis?

When engaging with children with RAD, try to be as repetitive, consistent, and predictable as possible as they are extremely sensitive to change in schedules, hectic social

situations, and transitions (Minnesota Association for Children's Mental Health, 2014). Before beginning a new activity, give the child warnings throughout; for instance, say "in 2 hours, we will be going outside to the park" rather than rushing them off at the last minute. At the beginning of every day, inform the participants of the schedule and the kind of activities they will be expecting during their time at the center. This helps keep them from surprises and prevents them from feeling overwhelmed by the stimuli around them. When social situations appear to be escalating with other participants, try to remove the individual with RAD from the setting by taking them to a quiet room or providing them with noise-cancelling headphones as this can reduce anxiety and prevent violent outbursts.

Attempt to model appropriate social behaviors as this will assist with their learning of appropriate social behaviors (MACMH, 2014). Try to also explain why you are doing the things that you are doing, for example, when teaching a child to say "please" and "thank you," explain the importance of being polite and respectful to others and the space you are sharing. Try to avoid power struggles by presenting yourself in a manner that is a matter-of-fact or using humor to interact with them; this lowers the chances of the child wanting to control the situation at hand and encourages them to view the manner in a less stressful regard. Avoid touching and trying to provide physical comfort without consent, as this can further trigger an emotional or violent response. When completing activities with lengthy steps, make an effort to break down these steps into more manageable segments as children with RAD tend to struggle with complex, multi-step directions.

When the student is feeling frustrated, emotional, or angry, try to provide them with the space and independence to regain their composure (MACMH, 2014). Avoid trying to overly-control the situation as that may often make things worse; recognize that children with attachment disorders need strict personal boundaries (Catherine, 2022). Try not to give physical touch or hugs as a reward, as this can confuse the child who is already struggling with understanding healthy touch. They also may hang onto other participants and touch them without consent, in such a situation it is important to enforce rules and teach the participant that they must ask before touching others. Set clear rules in this regard to avoid confusing or inappropriate behavior that may make other participants uncomfortable.

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Disruptive Mood Dysregulation Disorder

What is Disruptive Mood Dysregulation Disorder? Provide a general Overview

Disruptive mood dysregulation disorder is a childhood disorder of feeling ongoing and extreme levels of anger often, coupled with and intense temper outbursts; it is more than simply being a moody child, as they experience severe impairment that requires clinical attention. Children with the disorder tend to present angry or irritable mood for most of the day, almost every day. They also have behavioral or verbal outbursts approximately three times a week or more. Children with the disorder show trouble functioning in many different settings due to their irritability, such as in school, with peers, or at home. Symptoms tend to begin before the age of ten, however the diagnosis is not given to children under the age of six or adults over the age of eighteen. The disorder is a very new one and only appeared in the DSM 5 in 2013. As a result, most treatments and therapies are borrowed from disorders similar to it, such as therapies for

people with ADHD, oppositional defiant disorder, major depressive disorder, or anxiety disorders. The disorder was created to address the overdiagnosis of bipolar disorder in children and adolescents.

Children experiencing the disorder have difficulty tolerating frustration and have outbursts that are out of proportion with the situation at hand; they are also more extreme and severe than what is expected from a typical child. An example of this can be a parent telling the child to pause playing a video game to complete their homework; the child may have an intense temper tantrum with hitting and yelling.

How does this condition affect behavior and routines of daily life?

The disorder can affect a child's quality of life, performance in school, and disrupt relationships with their family and friends; they have a challenging time creating meaningful connections with people their age and struggle with participating in activities within a social setting. They have trouble functioning in most situations, as their volatile mood shifts in all situations; maintaining relationships can be extremely difficult and lowers the quality of life for the child because of the repetitive negative emotions that they experience.

Does this condition affect adults and children differently?

Children with DMDD are more likely to develop anxiety disorders or depression in adulthood. When DMDD is left untreated, the possibility of additional disorders occurring in adulthood are much higher. Because of this, it is important to seek help for the child as soon as possible if they show signs of DMDD (Cleaveland Clinic, 2022).

What is the best way to help people who are affected by this condition?

The most beneficial treatments for people with this disorder are psychological treatments, such as parent training, psychotherapy, and computer-based training. Parents and caregivers need to be active in the process of treatment. Medications such as antidepressants and stimulants can also be used to relieve symptoms. Stimulant medication is also used in children with ADHD and can help decrease irritability in children with DMDD, while antidepressants can be used to treat mood problems that are associated with the disorder. For children with severe temper outbursts involving aggression, atypical antipsychotics can be used (NIMH, 2022).

As a support worker, trying to assist children with vocalizing thoughts and feelings that make them feel anxious or depressed can be an effective way to help them learn some behavior regulation strategies. Showing and modeling appropriate coping strategies can also be a beneficial way to calm down children with the disorder when they are experiencing frustration. The most effective way to deal with the disorder is to interact with the child in a manner that doesn't provoke aggression (Advanced Neurotherapy, 2020). Try to talk to the caregiver beforehand and get a grasp on what triggers the child to react in aggressive manners. Additionally, try not to respond to the child in an angry manner as this may escalate the situation even further; instead, respond in a patient and calm manner and avoid reinforcing the child's natural aggression. When the child is behaving in a positive manner, reinforce their behavior with praise, stickers, or rewards (Advanced Neurotherapy, 2020).

How do people with this diagnosis communicate?

People with this disorder do not seem to have significant oral/language deficiencies compared to those without the disorder; a study by (Benarous et al., 2020) shows that 31% of people with DMDD also present some level or oral or communication difficulties, however it is not significant.

What are the reading and writing habits of people with this diagnosis?

The reading and writing habits of children with this diagnosis tend to be similar to that of neurotypical children. Because of the angry and noncompliant nature of children with the disorder, they may be more likely to refuse tasks they find undesirable (such as homework or reading a book), making them less likely to effectively engage in tasks requiring reading and writing in the first place. Temper tantrums still to occur at home.

What are the best ways to engage with/support people with this diagnosis?

Techniques can be drawn from Cognitive Behavioral Therapy, like the ones listed in the section for Autism. Children with the disorder can learn how to log their emotional outbursts, hence leading to identification of triggers and creating strategies to prevent them (Axelson, 2013). As a support worker, it can be beneficial to help the child with this during their time in the center and exercise relaxation techniques when the child is struggling with controlling their anger. An example of this can be quoting the child's favorite pop song with lyrics that may help

them calm down like “Stop! Wait a minute..”. training in their mind to recognize cues of anger and practice anger de-escalation techniques (Axelson, 2013) Using a projector or TV to put up a setting of an ocean or island setting is an initial calming environment that creates a positive association between proximity to the ocean and a calming state of mind; encouraging the child to view this imagery and practice deep breathing techniques can be a great de-escalation method. (Liu & Loveless, 2019). Putting on a breathing guide video in a quiet room free from distractions helps to slow down the child’s breathing, encouraging them to calm their anger; practices of mindfulness when the child shows signs of anger can teach the child to associate triggers of anger with grounding exercises. For instance, sitting quietly with the child and asking them to look at their surroundings and name the following: 5 things they can see, 4 things they can physically feel, 3 things they can hear, 2 things they can smell, and one thing they can taste. This activity is best done outdoors where there is the presence of fresh air and scenery nearby; its beneficial to move away from what is causing the child distress in the moment and help to slowly transition into a bigger conversation about what triggered their anger (Mayo Health Clinic, 2022).

Rewarding the child for successful instances of anger management positively reinforces their good behavior; encourage the child to recite verbal reminders such as “if I exert my anger onto others, I will get in trouble” or “maybe this is not something to get so worked up over.” Every week, count the instances of positive behavioral management compared to angry outbursts and set up a reward system for the child where they can have their favorite snack or a small toy, hence rewarding them for their progress (Liu & Loveless, 2019). Teaching the child positive social problem solving strategies creates less opportunities for outbursts; for instance, you can create behavioral contracts with the child that prevents specific conflicts that are more likely to occur (for instance, angry outbursts when technology time comes to an end); identify the cues and create time for mindfulness and grounding when those cues are likely to arise, encourage the child to reflect on their behavior and write down the other person’s perspective of the conflict. This can help the child begin to recognize that most instances resulting in their anger are simply misunderstandings and it encourages them to seek out friendships with other people rather than viewing them as enemies (Liu & Loveless, 2019).

Role playing conflicts can be another helpful tool that models appropriate, socially positive behavior (Liu & Loveless, 2019). Choose one or two other participants and create a play where the children perform a situation, such as an argument or a misunderstanding; when these skills are practiced regularly, it becomes easier for the child to learn how to apply them to everyday situations and generalize techniques of anger management to many situations in life. Using video recordings (with the child and parent's consent) can help the child monitor their tone and facial expressions when trying to resolve conflict (Liu & Loveless, 2019).

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Attention Deficit Hyperactivity Disorder

What is ADHD? Provide a general Overview

ADHD, also known as Attention Deficit Hyperactivity Disorder, is one of the most common neurodevelopmental disorders with onset in childhood. Approximately 5.3% of people experience it worldwide (Espinet, 2022). Around 60% of patients receive stimulant medication for the disorder, which are usually Dopamine agonist stimulant medication. (Wender, 2001). The most noteworthy symptoms of ADHD include disorganization, impulsivity, mood liability, hyperactivity, inattention, and stress sensitivity (Wender, 2001). The disorder is the most observed in childhood, creating 30 -40% of referrals to child mental health clinics. (Wender,

2001). Parents often describe their children with the disorder as “having difficulty playing” or “being unable to participate in leisure activities quietly” (Wender, 2001) as well as having the tendency to “climb excessively”.

Adults with ADHD

The most effective treatment for ADHD in adults requires psychotherapy as well as drug therapy, as a major part the therapy process is recognizing how the disorder manifests in their behavior; it characterizes itself in 5 different ways: Motor deficits, attention deficits, affective liability, emotional over reactivity, and short-lived outburst.

1) **Motor deficits**

The disorder in Adults might manifest quite differently, with symptoms presenting as low frustration tolerance, temper outbursts and noticeable attention deficits. Motor hyperactivity is one of the common symptoms observed as the person being unable to relax in seated, idle activities, such as watching TV, reading books. They tend to always be on the go and are uneasy when inactive.

2) **Attention Deficits**

Attention deficits are characterized by distractibility, being unable to filter extraneous stimuli and being unable to keep their mind on conversations. They often have a challenging time retaining their focus on tasks, are described as having their mind “somewhere else”, are forgetful and prone to forgetting appointments, plans, and keys.

3) **Affective Liability**

Experiencing significant shifts from normal mood to depression, excitement, or (mild euphoria). Periods of depression are characterized by feeling disconnected, bored, or being down. These mood shifts present themselves for a few hours to a few days and are typically not associated with physiological concomitants. Such mood shifts can occur spontaneously or can present themselves as a reaction to external stimuli around them.

4) **Emotional Over- Reactivity**

Adults with ADHD tend to react inappropriately or excessively to ordinary stresses in life and experience repeated crises when dealing with routine life stresses. Feelings such as confusion, uncertainty, depression, anxiety, and anger can block rational critical thinking skills. They often describe themselves as “stressed out” or “hassled.”

5) **Hot Temper, Explosive Short-Lived Outbursts**

A hot temper, usually characterized by a loss of control and being frightened by their own emotions, is usually followed by quickly calming down. Adults with ADHD have temper issues that often interfere with their close relationships.

How does this condition affect behavior and routines of daily life?

Patients with ADHD tend to experience easy irritability, impulsive talking, inattention, and forgetfulness (ADHD Institute), all which can affect socialization in school, at work, and at home. Delay-related behaviors can make it difficult for people with ADHD to accomplish long-term goals, as they possess the tendency to prefer faster rewards. Patterns of inattention can make it difficult to focus on daily tasks that require longer periods of attention, such as completing an assignment, sitting in class for extended periods of time, or paying attention to a friend or family member who is talking for long periods of time. This lack of attention can cause people with ADHD to miss crucial details and become easily distracted during the routines of their daily life. Forgetfulness also affects their daily lives, as people with ADHD are likely to forget their keys, forget important dates, and appointments.

Does this condition affect adults and children differently?

While the symptoms of the disorder remain relatively the same, its effects will manifest differently in the lives of children and adults. For instance, the consequences of inattention from a child can result in behavioral issues at school as well as poor grades. For adults, these

consequences may be more damaging as they may be prone to missing appointments, having an inferior performance at work, frustrating loved ones, or losing their job.. Adults and children may also experience symptoms in a different manner as they age, for instance, a hyperactive child will be likely to squirm in their seat when they should not be; on the other hand, a hyperactive adult may go on frequent walks, or run errands frequently to satisfy their hyperactive impulses. Hyperactive adults may also actively avoid situations or settings where patience is needed for an extended period of time. They are also more likely to participate in reckless behavior such as substance abuse or driving fast, whereas a child may be hyperactive in ways that are less consequential at that age.

Are there different levels or degrees of this condition? Do they produce varying types of behavior?

The American Psychiatric Association has identified three different types of ADHD: Predominantly inattentive, predominantly hyper-impulse, and a combined presentation. People who show greater issues with inattention and little to no symptoms of hyperactivity are inattentive. On the other hand, those who have greater issues with hyperactivity and little to no issues with inattention are classified as predominantly hyper-impulsive. Individuals who are characterized by both inattention and hyperactivity fit into the combined type.

How do people with this diagnosis communicate?

Individuals with the disorder possess the tendency to hyper vocalize and remain "response-ready" when interacting with others. This is due to the symptoms of being physically active, easily bored, and impulsive; they may become excessive when consistently presented in an inappropriate environment (for instance, a library), however, difficulty in communication does not particularly characterize individuals with ADHD. They may have a tough time following instructions and are more likely to interrupt others, as they fear forgetting their thoughts and find it necessary to vocalize it before they forget (Baird, 2000).

What are the reading and writing habits of people with this diagnosis?

Executive function is a core deficit in people with ADHD. People with the disorder may have a more difficult time creating coherent mental representations of the content being presented to them; this is related to deficits in working memory (Miler et al, 2013). Issues with listening and reading comprehension are associated in people with ADHD, relating heavily to the academic struggles they face. Word decoding and higher order language processing such as understanding figurative language can also be difficult for children with the disorder. Due to this, providing support during reading activities can benefit the participant. You may also want to take breaks between reading sessions to have engaging discussions about the content, as this will help the participant catch any information they may be missing. Individuals may also have a harder time remaining seating during reading/writing activities, and it is be important to take regular breaks whenever possible.

What are the best ways to engage with/support people with this diagnosis?

The needs of individuals with ADHD can vary from person to person; family members of the participants may have specific treatment plans or preferences that cater to their needs. The best way to support participants with ADHD include exercising patience and becoming comfortable with redirecting the participant back to the task being worked on (ADHD Institute). Using positive reinforcement can be incredibly beneficial because it serves as motivation for your participant. The creation of a structured environment where goals and expectations are clearly laid out also helps participants with the disorder reach their full potential. Avoid using an unnecessarily harsh or negative tone of voice, as this will only demotivate the participant and deteriorate your relationship with them. Try your best to be as patient and gentle as possible as this empowers the individual to learn which strategies suit them. It is also best to reduce expectations and break down the components of a task into smaller steps, as this is more manageable than retaining attention for lengthy and complicated tasks. Breaking down things into smaller goals and indicators of success throughout the day is a great way to support your participant.

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Generalized Anxiety Disorder

What is Generalized Anxiety Disorder? Provide a general Overview

Generalized Anxiety Disorder is characterized by excessive levels of worrying and anxiousness over many different topics; these worries significantly reduce the individual's quality of life. For a diagnosis, a person must be experiencing these symptoms everyday over a period for minimum 6 months for two or more life circumstances. Common symptoms include fatigue, irritability, restlessness, difficulty concentrating, impatience, fatigue, and trouble falling or staying asleep. Heredity and traumatic events are both potential contributors to the development of GAD (Carol, 2021). "Worrying" can be defined as repetitive thinking that is concentrating on future-oriented anxiety or uneasiness about negative events in the present, It is an uncontrollable chain of thoughts and images that are futile attempt to engage in the problem-solving of issues in the future (Gerlach & Gloster, 2020, p.2). It is the constant rehearsal

of a threatening circumstance which prevents productive real-world problem solving. In GAD, this state of worrying expands to vigilance, scanning, motor tension, hyperactivity, and apprehensive expectations. Individuals with GAD do not present specific symptoms of phobic disorder, obsessive-compulsive disorders, or panic disorders.

How does this condition affect behavior and routines of daily life?

Daily worries and anxieties can cause individuals with GAD to experience reduced heart rate variability while sleeping and increased heart rate while awake. GAD is also characterized by an elevated sympathetic system and reduced parasympathetic system. A person is likely to experience impaired sleep, as they are constantly in a state of alertness (Gerlach & Gloster, 202, p.46). The intensity of worrying may prevent goal attainment, as rumination, behavioral avoidance, cognitive avoidance, and worry prevent healthy daily functioning (Gerlach & Gloster, 2020, p 52). They also present extremely intense emotion but are unable to regulate those emotions; individuals may also "worry about their worry", a phenomenon characterized by the desire to control one's worries. By avoiding the things that they fear, individuals with GAD are likely to be trapped in a cycle of maladaptive strategies that prevent them encountering the things they fear, hence reinforcing the negative beliefs about their worries (Gerlach & Gloster, 2020, p. 53). The Cognitive Avoidance Model best portrays the functioning of GAD, where the individual's worrying attempts to avert emotional activation and is reinforced by a non-occurrence of the perceived threat or situation; worrying is a mental process that facilitates avoidance in many distinct aspects of life, such as emotions, social situations, goal attainment, and experiencing novel situations. Individuals with GAD may also fear emotional contrasts, which explains why they remain in a constant state of tension (Gerlach & Gloster, 2020, p. 133) Cultural, social, financial, and gender-specific circumstances may intertwine with the degree of worry one face; individuals present in social situations containing high worry-producing environmental factors are likely to experience increased amounts of worry. Circumstances can include financial uncertainty, limited access to necessities, political instability, and war (Gerlach & Gloster, 2020, p. 180).

Does this condition affect adults and children differently?

The disorder presents itself similarly amongst children and adults, however topics of anxiety and ruminating thoughts can be different for children and adults. A child may have excessive

worries about their performance at school, the safety of their family members, being punctual, or catastrophic events such as earthquakes or nuclear war. An adult on the other hand may feel anxiety around their relationships, perceive situations as threatening even when they are not, feel a lot of fear of making tough decisions. Children and teens can experience excessive worry over aspects of their day-to-day life and demonstrate more physical symptoms than adults, such as restlessness, fatigue, irritability, sleep difficulties and muscle tensions (Anxiety Canada, 2022). The worries of younger children may revolve more around school, their peers, and the safety of their family members; on the other hand, adults are more likely to experience worries about their careers, romantic partners, or the stability of their lives (Anxiety Canada, 2022). Children are also more likely to display more overt behaviors stemming from anxiety, such as tantrums, reassurance seeking, procrastinating, or a refusal to participate in schoolwork. The decline in functioning for children can be defined by excessive or not enough time spent on homework, avoiding social activities, frequent checking behaviors, or abnormal levels of interest in worry-related topics. Examples of anxious thoughts in children can include wondering "what if I fail my test tomorrow?," "what if there is an earthquake and the house gets destroyed?," "what if everyone thought my project was stupid?," or "what if mom develops cancer?". (Anxiety Canada, 2022)

What is the best way to help people who are affected by this condition?

As a support worker, one of the most important things to ensure is that your participant is taking the medication that they are prescribed. One of the most effective treatments for GAD is antianxiety medications which can include benzodiazepines, SSRIs, and tricyclic antidepressants (Carol, 2021). Creating a "daily worry period" can be helpful for participants with GAD, as it provides an outlet for their worries in an environment of stimulus control and decreases the perceived uncontrollability of worrying; the period occurs at a specific place and time. Studies also show the beneficial impacts of a brief period of relaxation for individuals with GAD, as they have more controlled images and thoughts. (Gerlach & Gloster, 2020, p. 121).

Upon noticing a participant engaging in the cycle of worrying, it can be helpful to sit them down and ask them to write down their fears around a certain situation along with the "best case scenario;" this helps the participant be grounded back to reality where bad things are not always occurring. They may also keep a journal where they track the occurrence of their worries

and upon occurrence, how resolvable their worries are in the real world. This can reinforce to the participant that even when their worries do occur, the participant can resolve it with their loved ones and are not "doomed" for the rest of their lives. This method prevents the continual reinforcement of non-occurrence of a perceived threat, and instead helps the participant see how manageable their fears can be and that chronic worry is not required to cooperate with life's struggles.

How do people with this diagnosis communicate?

Individuals with GAD may also experience social anxiety or speech anxiety; they may also have a fear of public speaking which can impair essential areas of functioning, such as their social and occupational lives (Gorinelli et al., 2022). Speech anxiety is associated with avoiding social situations, blushing, sweating, or tremors. Exercising self-compassion promotes kindness and understanding towards the self and avoiding over-identification with painful thoughts and fears. Experiential avoidance is common and can cause social isolation in participants who have symptoms of social anxiety along with GAD (Gorinelli et al., 2022). Relationships can also be a significant source of worries for people with GAD, as they may be more likely to hold suspicion and vigilance towards people they are in close relationships with. People with GAD are reported to have communication patterns that are passive and overly critical (Williston, 2020)

What are the reading and writing habits of people with this diagnosis?

Symptoms of anxiety may interfere with individual's learning as presented by research showing a predictive relationship between anxiety and reading; increased anxiety can cause lower performance scores in reading and writing examinations (Grills-Taquechel et al., 2011). People with GAD may be more likely to re-read school and work assignments repetitively to ensure perfection (Anxiety Canada, 2022).

What are the best ways to engage with/support people with this diagnosis?

One of the most beneficial techniques to help individuals with GAD can be derived from Cognitive-Behavioral Therapy. Because the interaction between thoughts, behaviors, and sensations produce the worry spiral, being able to recognize environmental triggers and cues can

be the first step to being able to support the participant. Recognizing internal symptoms can also indicate that it is time to intervene. Examples can include witnessing muscle tension in the shoulders, focused attention on negative stimuli, and the presentation of negative stimuli (Gerlach & Gloster, 2020, p. 205). Helping the participants identify the first signs of worry and cutting of the spiral heightens their consciousness and assists them in recognizing the environment that is more likely to produce worry. The early recognition of anxiety-provoking stimuli combined with effective relaxation strategies inevitably promotes a calmer state of mind throughout daily life. Self-monitoring can be very useful for this; for instance, a participant can set an alarm every 2 hours that indicates that it is time to rate their anxiety level and inspect for worry-inducing cues (Gerlach & Gloster, 2020, p. 205). Following this, cooperating strategies can be used to try to relax the participant, methods such as deep breathing, coloring, journalling, talking about their worries with a support worker, or going for a walk can be useful in grounding the participant back to reality. When anxiety triggers become more obvious, healthy cooperating strategies will be reinforced by habit. Additionally, helping the participant track their worries conveys to them that majority of their worries fail to manifest in real life and when they do, they are resolvable.

Attempts at strengthening of the parasympathetic system can be accomplished using multiple relaxation techniques and generalizing these techniques across anxiety-provoking circumstances. Slow rhythmic diaphragmatic breathing exercises can activate the parasympathetic system and encourage respiratory stability; reminding your participant to breathe from their abdomen at a rate of 10-14 breaths a minute creates relaxation. Meditation, guided imagery, or activities such as yoga can promote the generalization of these practices to everyday life (Gerlach & Gloster, 2020, p. 206). Progressive muscle relaxation is another method of relaxation which promotes "letting go" by tightening each of the sixteen primary muscle groups for a few seconds before releasing; this allows individuals to realize the stark difference between tension and relaxation and lets them acknowledge how relaxation is a conscious process (Gerlach & Gloster, 2020, p. 206). The sixteen muscle groups are: hands and forearms, biceps, upper cheeks and nose, lower cheeks and jaw, neck and throat, chest, shoulders, and upper back, abdominal region, thighs, calves, and feet; progressive muscle relaxation can be practiced at the center as a group activity as well for multiple participants.

Practicing meditation in a group setting is another excellent way to promote relaxation amongst participants with GAD. To begin, make a time and space that is quiet and free from distractions to perform mindful meditation. Then, set a timer from anytime from 5-40 minutes and find a relaxing position to sit in; the most preferred method is sitting on a chair with the feet flat on the floor, or sitting crossed-legged (Patel, 2020). Ensure that all participants are sitting up straight with their neck long and chin angled downwards; the shoulders should be fully relaxed, and the gaze should be focused downwards 5-10 feet in front of them. The tongue should be resting on the roof of the mouth. Afterwards, focus on taking deep breaths and being mindful of the part of the body where the breath feels the most present; this is likely in the diaphragm, the back of the throat, or the nostrils. As they inhale and exhale, instruct them to focus on their breath and release all thoughts, distractions, and feelings. Repeat this process for as long as the timer is set and when the mind wonders, slowly redirect the thoughts back to the pace of the breathing. When the timer rings, keep the eyes closed until they are prepared to open them and end the practice with gratitude (Patel, 2020). A collective activity of gratitude can be performed where each person mentions three things, they are grateful for that day.

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Obsessive-Compulsive Disorder

What is Obsessive-compulsive disorder? Provide a general Overview

Obsessive-compulsive disorder is a chronic anxiety disorder characterized by the presence of either compulsions or obsessions; it is ranked by the World Health Organization as one of the 10 most debilitating disorders (Öst et al., 2016). An obsession is defined by four statements (Zohar, 2012, p 3:)

1. The individual experiences impulses, thoughts, or images that are recurrent and persistent; at some point, they cause marked distress or anxiety.
2. The impulses, thoughts, or images are not just overwhelming worries about problems in real life.
3. The individual attempts to neutralize or resist the thoughts, images, or impulses with other actions or thoughts.
4. The individual knows that the obsessive thoughts, images, or impulses are a product of their own mind.

Compulsions, on the other hand are repetitive behaviors which the individual feels obligated to performs to counteract the obsessions; the goal of these actions is to decrease dread or distress caused by the obsession. However, they are not rooted in reality and are obviously excessive. Compulsions are irrational and intrusive (Zohar, 2012, p 4). Obsessions and compulsions can vary in nature, but the most common subtypes of OCD involve forbidden thoughts, cleaning, symmetry, and hoarding. Many people who experience symptoms of OCD may believe that they are going "crazy" or insane" and can be embarrassed about their experiences. A person with OCD is more likely to clean a lot, check things a lot, or take a long time to complete tasks while also being troubled by their unpleasant thoughts that may be simple to other people (Zohar, 2012, p 10). Individuals may have many obsessions and compulsions without it impairing their quality of life, whereas for others the disorder is capable of severely deteriorating a person's quality of life. In OCD, rituals enable behavioral avoidance and are maintained to decrease feelings of distress (Zohar, 2012, p 58). An exaggerated sense of self blame and responsibility are core themes for individuals with the disorder, as their responsibilities regarding a certain situation may feel too overwhelming and therefore, try to neutralize this sense of responsibility (Zohar, 2012, p 59).

How does this condition affect behavior and routines of daily life?

A person with OCD is more likely to experience mood instability, anxiety, issues with social functioning, impulsivity, and reward sensitivity; these can greatly decrease one's quality of life, as the individual is unable to focus on the functioning of their day-to-day life while preoccupied with obsessions and how to get rid of them (Zohar, 2012, p 150). They may obsess over causing unintentional harm to others by leaving an appliance on, or by leaving a cigarette burning

(Rector, 2010, p1). It can severely impact the way a person behaves, thinks, or feels because the intensity of the symptoms can vary from mild to severe; obsessions and compulsions may occupy a person's entire day and cause them to feel consumed by worries and rituals. The most common compulsions include checking, washing, praying, or repeating words; these can obviously impede responsibilities or tasks requiring punctuation (Rector, 2010, p 2). For instance, a person whose OCD symptoms revolve around cleanliness may prioritize cleanliness over other obligations at their workplace, putting them at risk for losing their job as they are more preoccupied with their cleaning rituals. A person with OCD may continually doubt themselves, causing them to live with poor self-confidence and a lack of certainty in their actions (Rector, 2010, p 3). An individual's family members may feel disappointed and resentful when symptoms interfere with family life. For instance, a husband may not understand why his wife cleans so much, and a parent may not understand why their son hoards so many newspapers (Rector, 2010, p 41). Routines of everyday life may become increasingly difficult and tedious, resulting in distance and hostility in relationships which can take time and effort to rebuild (Rector, 2010, p 39).

Does this condition affect adults and children differently?

Children use rituals and routines to create a stabilized view of the world, however, as they grow these rituals can sometimes become strong and interfere with normal development (Öst et al., 2016). In adults, neurotic symptoms forms partly due to a genetically related personality structure; with children, symptoms are just as likely to form in isolation (Franklin et al., 1986). Symptoms of OCD are likely to be found in children with restless, uncontrollable, or impulsive personalities. They are also more likely to hide their ritualization and schedule them privately months before they confide to an adult about their behaviors. Children are also more likely to begin their onset with a single obsession or compulsion and continue with them over a period of months to years before developing a new one. Perceiving sexual thoughts as "forbidden" or "dirty" is also a common theme amongst children with OCD (Franklin et al., 1986). When asking children with hand-washing OCD why they repetitively washed their hands, they often stated that they had no idea as their obsessions developed before the development of a theory; children only developed their explanations after the birth of their rituals. This is uncommon with adults,

as most adults are likely to develop a belief or theory before fixating on an obsession rooted in that theory (Franklin et al., 1986).

What is the best way to help people who are affected by this condition?

Participants with OCD may take medications such as clomipramine or other SSRIs (Zohar, 2012, p 32) to reduce the symptoms of the disorder; as a support worker it is important to know if your participant is taking medications or not and to consult a higher-up about administration of medications during the period of care. It can be beneficial to derive techniques from Cognitive-Behavioral Therapy to address overwhelming symptoms presented by the participant. Firstly, you can try to reassure the participant by presenting them with correct information about the world and their fears. For instance, if a participant continually washes their hands, gently remind them that their hands are clean and that they are unlikely to get someone sick from the germs on their hands; it can also help to remind the participant that the feared situation cannot always be prevented and that if someone does become sick, they will likely recover. Remind them that by washing their hands, they are doing their best and they alone cannot be responsible for the health of other people. Because individuals with OCD carry a profound sense of self-blame and responsibility, aiding them by reassuring them that they are not responsible for everything can calm them in that moment.

What are the reading and writing habits of people with this diagnosis?

People with OCD tend to be very hypervigilant, thus affecting their memory of events and novel materials. Individuals with the disorder are more likely to focus attentively on a task, even when that task is reading, but are less likely to rely on their recollection of what they have read (Wiggs et al., 1996). Because the disorder is related to cognitive dysfunctions at an early age, the critical period of learning may have been disrupted depending on the onset and severity of the disorder. These deterioration in cognitive functioning may have adverse effects on information processing tasks, such as reading and writing (Lee et al., 2018). A study has shown that individuals with OCD were more likely to present eye movement regressions while reading than individuals without OCD, implying that reading time may be slower with participants with OCD

as they are more hypervigilant and doubtful while completing tasks involving reading and writing (Lee et al., 2018).

What are the best ways to engage with/support people with this diagnosis?

Individuals with OCD are more likely to exaggerate the importance of fleeting thoughts, for instance, the brief thought a mother may have regarding accidentally hurting her child results in the mother thinking "If I have thoughts about hurting children, I must be a danger to children", therefore causing heightened levels of distress and anxiety (Rector, 2010, p11). Cognitive theory states that when people catastrophize their intrusive thoughts, they will continue to experience that anxiety associated with those thoughts. It can be extremely beneficial to nip these thoughts in the bud when participants express them; many participants with OCD believe that they are responsible for preventing harm and misfortunes to other people. They also believe that possessing an urge or a thought increases the chances of a scenario of danger occurring. They're also more likely to believe that making mistakes is unacceptable (Rector, 2010, p 12). Cognitive behavioral therapy assists with unlearning these beliefs and changing patterns of thinking; it is possible to extend helpful techniques to the participant when they show signs of anxiety or distress under your care.

It can be helpful to reassure the participants that their interpretation regarding their obsessions may not be true and to reframe and reinterpret their ways of thinking back to them in a supportive manner. For instance, an individual who becomes highly distressed from shaking hands due to the fear of spreading germs could be challenged with a re-evaluated views on hand shaking; when a particular belief is challenged or confronted, it can help control compulsive behaviors. Handshaking can be viewed as a way to greet someone in a warm and friendly manner, similar to a hug; this can combat the interpretation of hand shaking being a method of transmitting illness (Rector, 2010, p22). Keeping a journal can also be beneficial, as patterns become easier to identify when the participant keeps evidence that does and does not support the obsession; they are then able to point out cognitive distortions in their obsessions and learn to develop a less threatening response to their intrusive thoughts. It is important to be very patient with the participants when they are presenting their symptoms. Remind yourself that you are here as a support worker and not their personal critic. Individuals with OCD are more likely to

suffer from poor self-confidence (Rector, 2010, p23), because of this it is vital to remain gentle and calm while helping them work through their emotions. Help the participant slowly build a life that is not consumed by OCD by engaging in meaningful activities with them and assisting them in creating meaningful bonds and ways of thinking with participants around them.

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