

INTRODUCTION

Presenter's Script:

Today we are going to review some concepts about human growth & development that you may already know. It is important that you review this information because you will be using it with the individuals you will be supporting.

As you may remember, when a baby is born, s/he immediately begins growing and developing. That cuddly baby becomes an active toddler. The toddler becomes a preschooler, etc. That growth and development continues until adulthood. These stages of physical development occur as well for people with developmental disabilities. However, stages of cognitive and emotional development may likely be delayed and may likely stop at certain stages before full development occurs.

Human Development

Ask the trainees to read and then discuss the pages entitled:

"Developmental Milestones,"
"Factors which Contribute to a Variety in Rate of Development" and
"Stages of Normal Human Development"

Presenter's Script:

People with mental retardation and other developmental disabilities grow the same way that you and I did. However, with certain types of disabilities, there may be factors which influence the rate that people grow. Some factors which caused the developmental disability may affect how a person looks. There may also be differences in the person's internal systems which could be undetected by just looking at someone.

Others may have had something happen to them that prevented them from developing and maturing in a normal manner. Others' development may have been influenced by environmental factors. Some of these factors may apply to the individuals you support.

These differences may be what causes problems with learning, motor skills, speech, sensory acuity, language, etc., in the people you support.

Stages of Language Development

Many children with intellectual delay move through many of the early stages in the same order as normally developing people. However, beyond the early states differences emerge.

Delays in language development may differ depending on the cause of the developmental delay. For example, some studies have found that children with Down syndrome use simpler and shorter sentences as compared to other children.

For people with Autism Spectrum Disorder language development can be delayed or the person may entirely lack any type of expressive language.

Cognitive Growth

Presenter's Script:

*The French psychologist **Jean Piaget** developed a Developmental Ladder. He believed children must go through each stage in order. If they did not, he felt that an adult would be limited in his or her ability to function in the world...he or she would be mentally retarded.*

Do you think this is true?

Human Reflexes & Senses

Presenter's Script:

Sometimes babies don't even need to be taught skills, they know them already!

These are called reflexes or instincts. Do you know what they are?

Instincts in humans can also be seen in what are called instinctive reflexes.

*Reflexes, such as the **Babinski Reflex** (fanning of the toes when the foot is stroked), are seen in babies and indicate stages of development.*

These reflexes can truly be considered instinctive because they are generally free of environmental influences or conditioning

Additionally, as adults, we continue to use our senses in order to investigate our world.

With what organ(s) do we experience each of these senses? This is the way most babies perceive their world.

Discuss what impact the presence of sensory impairment may have in the role of the DSP.

NEWBORN REFLEXES

As a newborn and young infant, most babies' development and physical reactions will be determined by primitive reflexes. For example, if you brush the newborn's cheek, he/she will likely turn his/her head (**rooting reflex**), which helps the newborn find a breast or bottle for a feeding. Or if you place a nipple in his/her mouth, as it touches the roof of his mouth, it will cause him/her to begin sucking (**sucking reflex**).

There are many of other types of reflexes, most of which are present at birth, including the moro or startle reflex, walking or stepping, tonic neck reflex and the palmar and plantar grasp.

It is not always easy to demonstrate these reflexes and not all babies do them all of the time, so don't be surprised if the Pediatrician can't trigger all of the reflexes. More important, is the baby's overall growth and development. Absent, asymmetric or persistent reflexes might be a sign of a neurological problem, though, and need further evaluation.

Moro Reflex Also called the startle reflex, the moro is usually triggered if the baby is startled by a loud noise or if his/her head falls backward or quickly changes position. The baby's response to the moro will include spreading his/her arms and legs out widely and extending his neck. He/she will then quickly bring his/her arms back together and cry. The moro reflex is usually present at birth and disappears by 3-6 months.

Grasp This reflex is shown by placing a finger or an object into the baby's open palm, which will cause a reflex grasp or grip. If you try to pull away, the grip will get even stronger. In addition to the palmar grasp, there is also a plantar grasp, which is elicited by stroking the bottom of his foot, which will cause it to flex and the toes to curl. The palmar and plantar grasp usually disappear by 5-6 months and 9-12 months respectively.

Stepping/Walking If you hold your baby under his/her arms, support the head, and allow the feet to touch a flat surface, he/she will appear to take steps and walk. This reflex usually disappears by 2-3 months, until it reappears as he/she learns to walk at around 10-15 months.

http://www.keepkidshealthy.com/newborn/newborn_reflexes.html

Aging and People with Developmental Disabilities

The life expectancy and age-related medical conditions of adults with developmental disabilities are similar to that of the general population unless they have severe levels of cognitive impairment, Down syndrome, cerebral palsy, or have multiple disabilities.

The onset of age-related changes for people with intellectual disabilities may occur earlier for certain disabling conditions such as Down syndrome. Some research has indicated that sensory, cognitive, and adaptive skill losses occur earlier for adults with Down syndrome compared to the general population and other adults with intellectual disabilities.

Persons with a lifelong history of certain medications (e.g., psychotropics, anti-seizure) are at a higher risk of developing secondary conditions (e.g., osteoporosis, tardive dyskinesia).

What are the Age-Related Concerns of Adults with Developmental Disabilities and their Families?

- Developing sufficient housing options for older adults
- Enabling adults to "age in place", that is, the need for services and supports that enable them to maintain functioning and continue living as in-dependently as possible
- Supporting productive and meaningful lives

Let's talk about some of the physical changes that may occur in older adults that you help support.

Sexuality and People with Developmental Disabilities

Before discussing "Sexual Development, the presenter may wish to discuss the following topics with the trainees:

- According to the World Health Organization, "Sexuality is an integral part of the personality of everyone: man, woman and child; it is a basic need and aspect of being human that cannot be separated from other aspects of life. " (World Health Organization, 1975)
- While not all individuals choose to be sexually active, all individuals are sexual beings. Expressions of sexuality include, but are not limited to, socialization, activities of friendship, boundaries in relationships, body awareness, human connectedness, genital interactions, assertiveness, self image, self-care, decision making, and personal code of ethics.
- People with intellectual disabilities can have and want to have relationships that include sexual expression.
- It is important for people with intellectual disability to have age appropriate, comprehensive sexuality education. Sexuality education should include not only facts about sex and biology, but must also teach people to manage and enjoy relationships, make responsible choices and distinguish right from wrong.
- Sexuality education helps people with an intellectual disability recognize if someone is trying to take advantage of them so they can recognize inappropriate sexual advances early on, better protect themselves from exploitation and/or be able to report incidents of suspected sexual abuse.

Sexual Development

Presenter's Script:

Just as you and I grew and developed, the individuals you will be supporting also grew and developed, only some may have stopped developing sooner than others. Sexual development also exists in people you will be supporting. Some characteristics of sexual development are listed here.

It is important for you to use the correct terminology when discussing body parts and sexuality questions. Please complete the worksheet on the next page that will test your knowledge about body parts.

Sexuality Terms Worksheet Answers

Directions: After reviewing the definitions, ask the trainees to draw a line from the word on the left of the worksheet to the correct description. The answers are below.

Penis	Small, erectile organ near the opening of the vagina.
Vagina	Male sex gland which produces sperm.
Testes	Canal in the female that receives the penis during intercourse. Also, the fetus passes through it at birth.
Genitals	Male sex organ, also used for urination.
Clitoris	External sex organs.
Intercourse	Stimulation of the genitals through manipulation or means other than intercourse.
Masturbation	Sexual union of two people in which the penis is inserted into a body orifice of the other.
Ejaculation	Outer covering of skin at the tip of the penis.
Scrotum	Expulsion of semen from the male body.
Foreskin	Pouch of skin that hangs behind the penis and contains the testes.
Uterus	Opening where solid waste leaves the body.
Anus	Place in a woman's body where the fetus develops: the womb.