What is a developmental disability?

Developmental disability is characterized by limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behaviour, which covers a range of everyday social and practical skills.

Causes of developmental disabilities

There are many social, environmental and physical causes of developmental disabilities. For some a definitive cause may never be determined. Common factors causing intellectual disabilities include:

- Brain injury or infection before, during or after birth.
- Growth or nutrition problems.
- Abnormalities of chromosomes and genes.
- Birth long before the expected birth date -- also called extreme prematurity.
- Poor diet and health care.
- Drug misuse during pregnancy, including alcohol intake and smoking.
- Child abuse, which can severely affect a child's social and emotional development.
- An autism spectrum disorder.

Intellectual disabilities affect between 1% and 2% of the population in most western countries.

Adults with intellectual disabilities are as diverse a group as those without intellectual disabilities and the symptoms differ from person to person. They continue to experience difficulties ranging from mild to severe.

- Individuals with developmental disabilities represent a diverse group of people with a large range of abilities and diagnoses. Intellectual disabilities can be divided into mild, moderate, severe and profound symptoms.
- Individuals with developmental disabilities are more likely to have additional medical/mental conditions than individuals' without these disabilities. For example, four out of 10 young adults with developmental disabilities experience mental health problems during their adolescence.
- Individuals with intellectual disabilities are more likely to experience higher rates of other health issues as compared to individuals who do not have intellectual disabilities. For example, epilepsy is eight times more common in individuals with mild intellectual disabilities than it is in the general population.
- People with developmental disabilities are also more likely to be subject to difficult life experiences.
Associated issues

Mental health issues (dual diagnoses)

Mental health issues are more likely to occur in people with developmental disabilities than in the general population. Factors that contribute to this:

- The high likelihood of encountering traumatic events throughout their lifetime (such as abandonment by loved ones, abuse, bullying and harassment)
- The restrictions placed upon people with developmental disabilities (such as lack of education, poverty, limited employment opportunities, limited opportunities for fulfilling relationships, boredom)
- Biological factors (such as brain injury, epilepsy, illicit and prescribed drug and alcohol misuse)
- Developmental factors (such as lack of understanding of social norms and appropriate behaviour)

Abuse and Vulnerability

Abuse is a significant issue for people with developmental disabilities. They are regarded as very vulnerable. Common types of abuse include:

- Physical abuse (withholding food, hitting, punching, pushing, etc.)
- Neglect (withholding help when required, e.g., assistance with personal hygiene)
- Sexual abuse
- Psychological or emotional abuse (verbal abuse, shaming and belittling)
- Financial abuse (charging unnecessary fees, holding onto pensions, wages, etc.)
- Legal or civil abuse (restricted access to services)
- Systemic abuse (denied access to an appropriate service due to perceived support needs)
- Passive neglect (a caregiver's failure to provide adequate food, shelter)

Lack of education, lack of self-esteem and self-advocacy skills, lack of understanding of social norms and appropriate behaviour and communication difficulties are strong contributing factors to the high incidence of abuse among this population.

Some common behavioural traits associated with intellectual disabilities are:

- Low tolerance for frustration: Frustrated intellectually disabled individuals sometimes become aggressive and may lash out or engage in self-injurious behaviour. Not all intellectually disabled individuals are easily frustrated
- Some intellectually disabled individuals are impulsive, stubborn, and immature, others are passive and pleasant.
- Commonly suffer from low self-esteem and difficulty sustaining attention.
Commonly suffer from mood disorders (including depression). However, many intellectually disabled individuals show no signs of mood disorders and appear happy and kind.

Some individuals with intellectual disabilities have unique physical characteristics that mark them as intellectually disabled.

Others have a perfectly normal physical appearance.

**Nature of developmental disabilities**

- Developmental disability is a diagnostic classification which indicates low intellectual functioning or other brain functioning problems. It **cannot be cured** (however, skills and "tools" to manage symptoms can be learned).
- Classification of intellectual disabilities indicates that immaturities are present in the form of intellectual delays, and often emotional difficulties.
- This immaturity interferes with an individual’s ability to function at age appropriate levels and makes independent living for many challenging.
- An developmentally disabled individual’s cognitive abilities are impaired. This means that they acquire new information slowly and have difficulty understanding complex concepts.
- Because of this intellectual deficit, developmentally disabled individuals’ ability to learn is impaired.
- Language processing and logical thinking deficits are often present, as are impairments in reasoning and problem-solving abilities.
- A developmental disability interferes with language processing and impairs judgment and analytical skills.
- Developmental disabilities relate to basic and broad impairments in cognitive functioning that affect the individual's ability to process and retain information across the board.

**Borderline Intellectual Functioning**

- Some very mild cases of intellectual disabilities are not classified as intellectual disabilities, and are diagnosed as Borderline Intellectual Functioning.
- Diagnosis of Borderline Intellectual Functioning can be made when IQ scores fall between 70 and 84.
- This classification describes a group comprising of approximately 7 percent of the general population that falls into an area of delayed intellectual, emotional, and/or adaptive functioning that teeters on the edge of an intellectual disability but does not actually qualify for the diagnosis.
- Borderline intellectual functioning is not well known.
- While such individuals function at a higher level than those classified as intellectually disabled, their cognitive functioning is nevertheless limited, creating problems for everyday functioning, judgment, and academic or occupational achievement.
- People with borderline intellectual functioning are at a disadvantage when entering unfamiliar and stressful situations, but at the same time function well enough to make it difficult to determine that the person requires assistance.
♦ The subtle nature of borderline intellectual functioning may prevent affected individuals from being recognized as having deficits that require services.
♦ Deficits often go unnoticed until affected individuals reach school settings or other demanding and unfamiliar environments.
♦ This leads to poor academic performance, lack of attention to tasks, and behavioural problems, which may stem from frustration and emotional immaturity.

ADULT SYMPTOMS OF LEARNING DISABILITIES

Adults with learning disabilities are as diverse a group as those without learning disabilities and the symptoms differ from person to person. They experience difficulties ranging from mild to severe in some of the following areas:

BASIC SKILLS DEFICIENCIES

♦ Difficulty in decoding unfamiliar words.
♦ Slow, laboured reading, poor comprehension and retention of what was read.
♦ Difficulty in performing simple math operations.
♦ Difficulty reading newspapers, filling out job applications, handling money, writing checks, paying bills, keeping records, following recipes, calculating tips, reading a menu or street signs, and setting alarm clocks.

LANGUAGE

♦ A common finding is a history of language delays or impairment resulting in smaller vocabularies, less use of and understanding of complex sentences, mispronunciations, incorrect word usage, poor organization of thought, and a narrower range of meanings for words.

MEMORY AND ATTENTION.

♦ Memory deficiencies interfere with learning ideas such as days of the week, months of the year, and times tables.
♦ Basic facts are hard to remember and there is a lack in knowledge of general information.
♦ There are deficits in attention that interfere with ability to focus and concentrate on tasks.

VISUAL PERCEPTION AND DIRECTIONALITY.

♦ May be problems in interpreting common facial expressions, such as frowns, grimaces, looks of annoyance, and therefore, inappropriate responses.
♦ Often do not get to places on time because, in addition to confusion about right and left directionality and poor concepts of time, they get lost.
SOCIAL EMOTIONAL ADJUSTMENT

♦ Many failures and frustrations throughout the school years result in feelings of inadequacy, low self esteem, lack of confidence, and depression.
♦ Forming and maintaining friendships with others is complicated by their difficulties in language and social adjustment, including poor perception of other people's feelings.
♦ The presence of learning disabilities in youths and adults who are jailed or otherwise in trouble with the law is disproportionately high.
♦ There appears to be a greater risk for involvement in antisocial acts because of a tendency towards impulsive and aggressive behaviour, difficulties in language, less ability to understand cause/effect relationships, and poor social skills.