Notes 11/7

* Causes of intellectual developmental disorder
  + genetic disorders such as down syndrome, phenylketonuria and fragile x
    - levels of cognitive function can range for each diagnosis
  + Common environmental factors can cause IDD
    - One of the more common is fetal alcohol syndrome
    - Often involves slight delayed growth and nervous system delays that result in intellectual deficits
    - Relates to damage that occurs (specifically to the frontal brain) during gestation.
* Treatment and care for IDD
  + Early identification and intervention can help aid in appropriate educational environment to cultivate motor skills, language skills, and social skills
  + Assessment can help identify specific areas of impairment and strengths, which can help set caregiver expectations.
  + Behavioral treatments (such as ABA) can help with social skills and some activities of daily living
  + Prevention of genetic disorder is controversial
* Autism spectrum disorder
  + ASD includes impairments in social communication, repetitive behaviors, and often intensified special interests.
  + Formerly were multiple disorders in the DSM IV including autism disorder, Asperger’s disorder, childhood disintegrative disorder, and pervasive developmental disorder not otherwise specified.
  + Now these are unified under one diagnostic category that allows for a broader range of symptoms
* DSM 5 TR Criteria
  + BOTH **A and B** need to be present
  + A) Persistent deficits in social communication and interaction across multiple contexts including
    - Deficits in social-emotional reciprocity ranging from abnormal social approach to failure for normal back-and-forth conversation
    - Deficits in non-verbal communicative behaviors such as nonintegrated verbal and non-verbal behaviors (poor eye contact, understanding and using gestures)
    - Deficits in developing, understanding, and maintaining relationships which can include difficulties adjusting behavior to various social contexts, difficulty making friends, absence of interest in peers
  + B)Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following
    - **HIGHEST ARAY FOR SYMPTOM PRESENTATION**
    - Repetitive motor movements, use of objects, or speech
    - Insistence on sameness, inflexible adherence to routines, distress during changes/transitions
    - Highly restricted, fixated interests that are abnormal in intensity or focus
    - Hyper- or hyporeactivitiy to sensory input or unusual interest in sensory aspects of the environment
  + Symptoms must be present in early development period
  + Symptoms cause clinically significant impairments in social, occupational, or other areas of functioning
  + Not better explained by intellectual developmental disorder (but these can still be comorbid) or global developmental delay.
* Causes
  + Strongest supported theory is that autism is biologically based, and genetic risk factors are the strongest predictors
  + Neurological research indicates there are some functional differences in the brains of people with ASD
    - Researchers still very unclear how these patterns of activity translate to the set of symptoms/differences observed in ASD
  + Controversy over the concept of the “autism prevention”
* Treatments
  + Gold standard for kids in applied behavioral analysis (ABA therapy)
    - STRICTLY BEHAVIORAL APPROACH- operant conditioning
  + Aba therapy is rooted in behavioral theory, specifically operant conditioning
  + Therapists are highly engaging utilize positive attention, removal of attention, and some external rewards to promote prosocial behaviors.
  + For older kids/adults, social skills training can be helpful to learn normative social communication skills
  + For kids without an IDD or significant delays. Inclusion in general classrooms can be very helpful for development
* ADHD/ADD
  + Previously ADD and ADHD were separate (DSM-III), but housed under  
    one disorder since the DSM-IV  
    • Three subtypes, one of which must be specified  
    • Predominantly inattentive  
    • Predominantly hyperactive  
    • Combined type  
    • Prevalence estimates widely range among children but typically  
    around 5-7%  
    • 2.5% prevalence among adults
  + Six or more of the symptoms have persisted for at least 6 months

1. Often fails to give close attention to details or makes careless mistakes
2. Often has difficulty sustaining attention in tasks or play activities
3. Often does not seem to listen when spoken to directly
4. Often does not follow through on instructions and fails to finish work
5. Often has difficulty organizing tasks and activities
6. Often avoids or dislikes tasks that require sustained mental effort
7. Often loses necessary things
8. Is often easily distracted by extraneous stimuli
9. Is often forgetful in daily activities
   * Hyperactivity and impulsivity
     + a. Often fidgets with or taps hand or feet, squirms in seat  
       b. Often leaves seat in situations when remaining seated is expected  
       c. Often runs about or climbs in situations where it is inappropriate (in adults feeling restless)  
       d. Often unable to play quietly  
       e. Is often “on the go” and acts as if “driven by a motor”  
       f. Often talks excessively  
       g. Often blurts out an answer before the question has been completed  
       h. Often has difficulty waiting their turn  
       i. Often interrupts or intrudes on others

* ADHD
  + Criteria A: inattentive and hyperactive/impulsive symptoms (covered in the previous 2 slides)
  + Criteria B: several symptoms present prior to the age of 12
  + Criteria C: several symptoms are present in two or more settings
  + Criteria D: there is clear evidence the symptoms interferer with or reduce the quality of social, academic, and occupational functioning