

Neurodevelopmental Disabilities

Presented by the **Community Network Of Specialized Care**
(CNSC)

In partnership with:

Developmental Services Ontario Toronto Region

University of Toronto

CAMH

Surrey Place

City of Toronto – SPIDER

March 22, 2019

Special Thanks to Bob Rumball for their support with Interpretation

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| 9:00-9:30 | Registration |
| 9:30-9:45 | Welcome and Introductions – Lavinia Corriero, City of Toronto, SPIDER Scott Skinner, Community Network of Specialized Care |
| 9:45-10:30 | Introduction to Neurodevelopmental Disabilities – Scott Skinner, Community Network of Specialized Care |
| 10:30-11:00 | Progress in Reducing Health Disparities of People with Developmental Disabilities- Angie Gonzales, Community Network of Specialized Care |
| 11:00-11:10 | Break |
| 11:10-11:50 | Autism Spectrum Disorder – Layla Hall, Surrey Place |
| 11:50-12:30 | Lunch |
| 12:30-1:00 | Brain Injury – Dr. Catherine Wiseman-Hakes, University of Toronto |
| 1:00-1:30 | Fetal Alcohol Spectrum Disorder – Dr. Valerie Temple, Surrey Place |
| 1:30-1:45 | Break |
| 1:45-2:15 | Cognitive Impairment related to Narcotic Use – Lisa Orsi, Centre for Addiction and Mental Health |
| 2:15-3:00 | Developmental Services of Ontario – Karen White, Developmental Services of Ontario |
| 3:00-3:30 | Questions and Closing Remarks |

Community Network of Specialized Care – Toronto Region (CNSC)

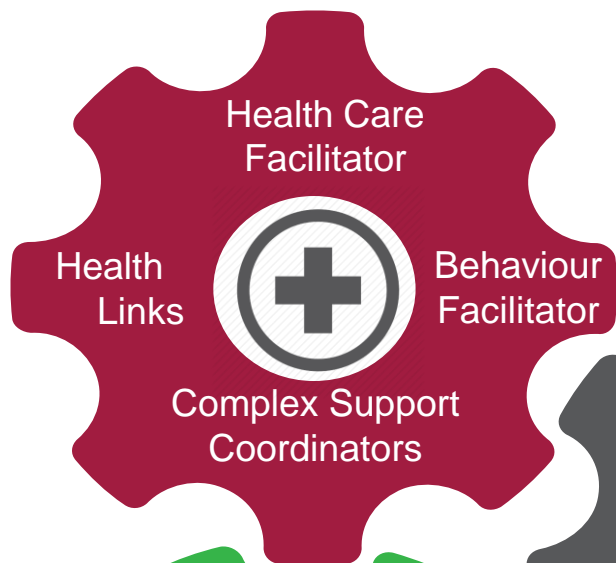
Scott Skinner – Dual Diagnosis and Justice Case Manager
(DDJCM)





Connection Across Sectors

Health Connections

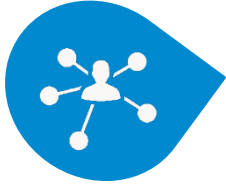


Justice Connections



Community Planning Mechanisms

Housing Connections



Community Networks of Specialized Care

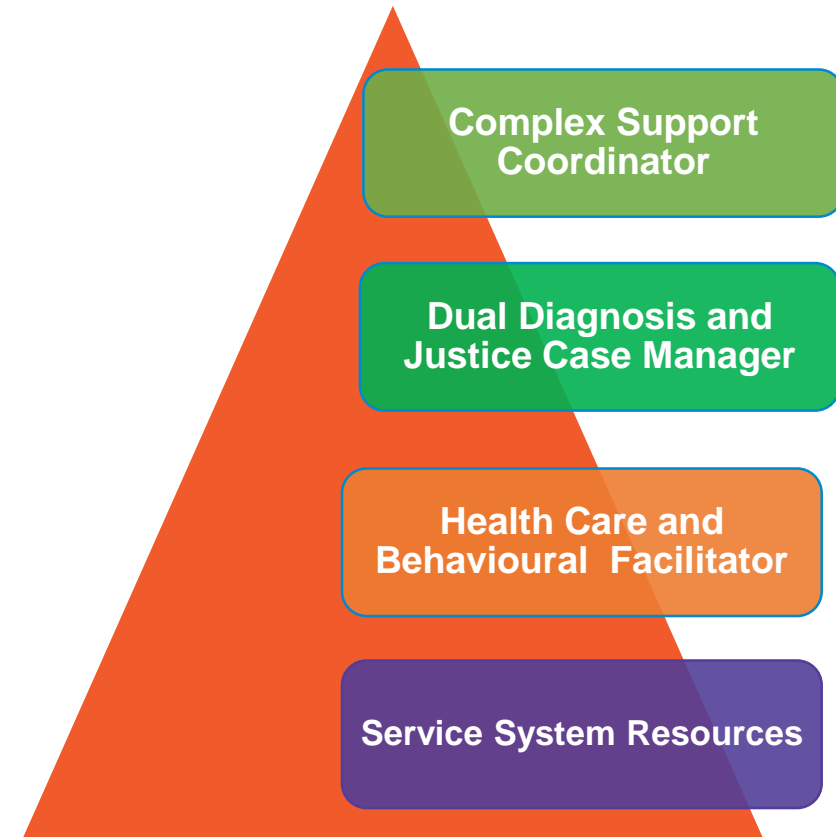
Refreshed Mandate

Mandate

To serve adults with developmental disabilities with complex and multiple needs by:

- ▶ Coordinating support and service within and across sectors, by providing complex support coordination for individuals;
- ▶ Acting as a resource to service agencies, Developmental Services Ontario and local planning tables (including urgent response and service solutions / case resolution);
- ▶ Building system capacity to better support individuals with complex needs through education, mentorship and support to other case managers and service agencies; and
- ▶ Providing provincial coordination of videoconferencing and French Language specialized resources.

Key Functions & Roles



Neurodevelopmental Disabilities

Classification systems to be aware of primarily used by Psychologists:

Diagnostic and Statistical Manual of Mental Disorders (DSM-5)

Diagnostic Manual for Intellectual Disabilities (DM-ID-2)

International Classification of Diseases (ICD-10)

Ministry of Education categories of 'exceptionality'

Neurodevelopmental Disorders (DSM-5)

A group of conditions with onset in the developmental period. (Early in life)

Deficits result in impairments to personal, social, academic, or occupational functioning.

Deficits may involve specific limitations (eg., related to learning or control of executive functions) or may be more global in nature (e.g., broad social skills or intelligence deficits)

Frequently co-occur

Neurodevelopmental Disorders (DSM-5)

- Intellectual Disability / Intellectual Developmental Disorder
- Global Developmental Delay
- Unspecified Intellectual Disability
- Communication Disorders (e.g., Language Disorder, Speech Sound Disorder, Childhood-Onset Fluency Disorder (Stuttering), Social (Pragmatic) Communication Disorder)
- Autism Spectrum Disorder
- Attention Deficit Disorder
- Specific Learning Disorder
- Motor Disorders (e.g., Developmental Coordination Disorder, Stereotypic Movement Disorder, Tic Disorders)
- Other Neurodevelopmental Disorders (e.g., neurodevelopmental disorder associated with prenatal alcohol exposure)

Intellectual & Developmental Disability (AAIDD)

Intellectual Disability is a disability characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills. This disability originates before the age of 18.

Developmental Disabilities is an umbrella term that includes intellectual disability but also includes other disabilities that are apparent during childhood.

Developmental Disabilities are severe chronic disabilities that can be cognitive or physical or both. The disabilities appear before the age of 22 and are likely to be lifelong. Some developmental disabilities are largely physical issues, such as cerebral palsy or epilepsy. Some individuals may have a condition that includes a physical and intellectual disability, for example Down syndrome or fetal alcohol syndrome.

adapted from the American Association on Intellectual and Developmental Disabilities website, 2017

Prevalence Rates

Intellectual Disability affects approximately 1% of the general population estimates vary across country, age group, and study design with higher estimates occurring in low- and middle-income countries, children and adolescents, and when psychological assessments are used for case identification (Maulik et. al, 2011)

More males are diagnosed than females

average male to female ratio is 1.6:1 for individuals in the mild range, and 1.2:1 for individuals in the severe range with variability across studies (APA, 2013)

Studies of prevalence rates of individuals with a Developmental Disability have yielded estimates between 1 and 3%

Mild Developmental Disability

The majority of people with developmental disabilities fall within the mild range. A person with a mild developmental disability's age equivalent intellectual functioning is approximately between 9 and 12 years of age (up to Grade 6).

Communication Skills:

Uses a variety of sentence types (simple to complex) to communicate opinions, ideas, news, events, aspirations.

Can usually follow meaningful, simple, three-step commands.

Uses language to initiate and interact but conversational difficulties may exist. Uses the phone and communicates in writing.

Able to understand and use abstract language but may have difficulty expressing ideas in sequence.

The following list is adapted from Tools for the Primary Care of People with Developmental Disabilities (2011).

Moderate Developmental Disability

A person with a moderate developmental disability's age equivalent intellectual functioning is approximately between 6 and 9 years of age (up to Grade 2).

Communication Skills:

Uses phrases and simple sentences to communicate for various purposes, including expression of preference, emotion, interests and experiences.

Vocabulary adequate for daily functioning.

Asks and responds to questions about concrete information.

Some abstract language use in talking about past events.

Follows meaningful two-step commands without support.

The following list is adapted from Tools for the Primary Care of People with Developmental Disabilities (2011).

Severe Developmental Disability

A person with a severe developmental disability's age equivalent intellectual functioning is approximately between 3 and 6 years of age (up to Grade 1).

Profound Developmental Disability

A person with a profound developmental disability's age equivalent intellectual functioning is approximately between 0-3 years of age. These individuals are unlikely to be involved in the justice system, but if at all, would be as a victim of crime.

The following list is adapted from Tools for the Primary Care of People with Developmental Disabilities (2011).

Introduction to Dual Diagnosis

Individuals with a developmental disability become more complex if a Mental Health diagnosis is added (Dual Diagnosis) but its not always the problem.

<https://youtu.be/dgvT13OBnnA>

Dr. Yona Lunsky walks through the systematic process of figuring out whether someone with a developmental disability has a psychiatric diagnosis.



Questions

