PTEC 155 – DEVELOPMENTAL DISABILITIES

MODULE 26

ASSESSMENT AND INTERVENTION
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INTRODUCTION

The term “developmentally disabled” implies some degree of interruption in normal physical and/or mental maturity resulting in the individual's need for assistance with the process of living. The required assistance varies according to the severity of the interruption in development.

In our society, the developmentally disabled individual is found living in the family home, maintaining independence in his/her own home, and residing in convalescent homes, protective residential communities and sometimes in developmental centers.

Assessment and intervention is a “process” of collecting data to determine the appropriate program and living accommodations for the client. It is also an ongoing process. Regardless of the setting, the health care worker provides the necessary support to the client with developmental disabilities, and, at the same time, allows this client freedom to grow to the highest level of independence.

The material in this module is designed to provide the skills necessary to make such assessments and interventions and is geared to the health care worker, who works in this setting.
OBJECTIVES

THEORY: The successful candidate will achieve a passing score on a written comprehensive examination covering knowledge necessary to complete the assessment and intervention process on clients with developmental disabilities.

ASSESSMENT: There will be a written comprehensive objective type test; multiple choice, true/false, and matching questions.

MAKE UP TESTS MAY BE AN ESSAY TEST!!

INSTRUCTIONAL MEDIA: Study Guides

1. Purposes of assessment
2. Components of assessment
3. Examples of assessment
4. Factors in intervention

Text: Beirne-Smith: Chapter 3; pgs 328-335
OBJECTIVES

The successful student will be able to:

1. Identify the following aspects of assessment of clients with developmental disabilities
   a. Identify the purposes of assessment for the client who is developmentally disabled
   b. Select from a given list the major factors in assessment, which have positive or direct effects on the client with developmental disabilities

2. Identify the components, which make up an assessment
   a. Select from a given list those components, which would be considered the following:
      (1) Physiologic
      (2) Physical
      (3) Neurologic
      (4) Cognitive
      (5) Behavioral

3. Identify criteria, which apply to certain areas of assessment.
   a. Select from a given list the criteria, which would assess nutrition.
   b. Select assessment factors, which describe exercise and rest as distinguished from those that assess bone structure.
   c. Identify assessment factors related to elimination.
   d. Select from a given list the assessment factors specific to ventilation.
      (1) Injury
      (2) Infection
   e. Identify differences in assessing mobility and neurologic acuity.
   f. Identify the factors which make up the following:
      (1) Cognition
(2) Socialization
(3) Self help skills

g. Identify the differences between the following:
   (1) Role function
   (2) Self concept
   (3) Interdependence

4. Identify the criteria, which compose the intervention process.
   a. Select from a given list the items, which make up the process leading to intervention process.
   b. Identify true/false statements pertaining to the intervention process.

5. Identify the vocabulary used in the module.
   a. Match the vocabulary with the appropriate definition/description.
PRINCIPLES

1. Every person who is developmentally disabled has some degree of need for special care.

2. The knowledge required to accurately assess the special needs of the client with developmental disabilities is not generally known by the health care workers, but this knowledge can be acquired.

3. With proper assessment and appropriate intervention, these clients can become more independent and experience optimal growth.

4. Intervention is a necessary step in guiding the individual client’s progress towards growth.

5. Intervention is the plan of action based on assessment, which consists of teaching and coaching the individual who is developmentally disabled new skills in a series of very small steps.

6. Intervention can be extremely tedious, frustrating, and lengthy, but the results are worth the effort, for both the client and the health care worker.

7. Because in individual changes and grows, assessment and intervention must be a continuous process.
VOCABULARY

Abrasion
Acuity
Adaptive
Aggression
Assaultive
Assessment
Conservatorship
Contracture
Developmental Age
Diabetes
Hypertension
Impaction
Infection
Inflammation
Kyphosis
Lordosis
Maladaptive
Metabolism
Mobility
Passive
Phlebitis
Scoliosis
Seizure
STUDY GUIDE 1
PURPOSE OF ASSESSMENT

1. To collect baseline data in order to determine client’s level of development and to develop a program to meet client needs.

2. To make appropriate, intelligent decisions for housing and care on behalf of the clients who are developmentally disabled.

3. To support or deny a client’s desire to attempt new goals.

4. To correctly place the client with developmental disabilities requiring care so as to meet basic needs in the environment, which is neither overprotective nor inadequate.

5. To make decisions about the need for support services such as physical therapy, speech therapy, medical care, conservatorship, special transportation.

6. To measure the success already achieved toward the established goals for the individual client.

7. To continually change the goals and objectives for the client in order to eliminate those, which are deemed impractical, and substitute ones, which are realistic.

8. To provide, through assessment and intervention, appropriate support in areas of the client’s life that need development, teaching/learning, care, etc.
This module will focus on the components of assessment for clients with mild and moderate developmental disabilities as well as clients with severe developmental disabilities.

Physiologic
1. Exercise and rest
2. Nutrition
3. Elimination
4. Ventilation
5. Injury and infection

Emotional
1. Self concept
2. Role function
3. Interdependence

Physical
1. Bone structure and muscle coordination
2. Mobility

Neurologic
1. Acuity of senses

Cognitive
1. Developmental age
2. Self help skills
3. Verbal skills
4. Educational potential

Behavioral
1. Social skills
2. Moods

By far, the majority of clients with whom the health care worker will be involved, will have more severe developmental disabilities. To be realistic, the components of assessment must vary somewhat. This group of clients is likely to be cared for in a dependent, protective environment. As a health care worker, you should be aware of all the components of assessment listed in this study guide.
1. Exercise and Rest

Record of the assessment of the quantity and quality of sleep/rest activity that a client exhibits; plus a statement about client’s attitude toward activity.

a. Is eager to participate in activities
b. Must be urged and prodded to participate
c. Is unable to move about freely, so requires passive range of motion exercises
d. Contractures prevent “ranging” and most forms of exercise
e. Sleeps all night, and naps for 3 – 4 hours during the day
f. Never rests during the day after arising in the morning
g. Restless, pacing, often awake during the night

2. Nutrition

Record the assessment regarding the type of food, quantity and need for alteration of food intake.

a. Does the client have teeth in good condition for chewing
b. Does client swallow readily or should nourishment be tube fed
c. Is client overweight/underweight so that quantities should be adjusted
d. Are there special conditions such as diabetes or metabolic disturbances requiring special diets

3. Elimination

Record of the assessment related to bowel and bladder function.

a. Any special problems with bowels or bladder, i.e. impactions, constipation, diarrhea
b. Is client toilet trained?
c. Can client go to bathroom unassisted?

4. Ventilation

Record of the assessment of the ventilation system

a. Does client breathe quietly and in a regular pattern and at what rate
b. Does the client have an artificial airway, i.e., tracheostomy tube
c. Does the client make noisy breathing sounds although no evidence of abnormal nasal structure is present
d. Is client seizure prone
Module 26 – Assessment and Intervention

5. Injury and Infection
   Report assessment of the presence of any illness caused by infection producing bacteria, trauma, or surgical intervention.
   a. Any evidence of head cold, cough, sneezing
   b. Does client have any lacerations, abrasions, or bruises
   c. Is hepatitis or salmonella infection present
   d. Has client had recent surgery or a fracture

6. Circulation
   Record of an assessment of the cardiovascular system.
   a. An observation of skin color and temperature
   b. Any record of heart disease, phlebitis, or hypertension

7. Bone structure
   Record of the assessment relating to developmental abnormalities in body structure.
   a. Enlarged head, torso, arms, legs and hands
   b. Undersized head, torso, arms, legs and hands
   c. Lordosis or scoliosis
   d. Absence of fingers, toes, ears, etc.
   e. Presence of a club foot

8. Mobility
   A descriptive record of the client’s ability to move about.
   a. Can client walk with a normal gait
   b. Is client confined to wheelchair or gurney
   c. Can the client move arms and legs only
   d. Does the client limp
   e. Is there a recent injury affecting the ability to move

9. Neurologic
   Record the assessment relating to the level of function of the five senses.
   a. Does the client see? With what acuity?
   b. Does the client hear? With what acuity?
   c. Can the client taste and smell?
   d. Does the client respond to touch over all areas of the body?

10. Cognitive
    A record of the assessment of the client’s ability to comprehend, learn, and perform skills.
    a. Is the client verbal?
    b. Is the language understandable, i.e., can it be heard distinctly; is it understandable?
    c. Can the client make needs known?
    d. Can/will the client follow instructions?
11. Self-Help Skills
   a. Does the client dress self?
   b. Can the client dress self with only a little help?
   c. Can the client take shower; does the client require bed bath or slab bath?
   d. Can client brush teeth when requested to?
   e. Is the client tube fed?
   f. Does the client feed self?
   g. Does the client require pureed food?
   h. Can the client tie shoelaces?
   i. Can the client deal with opening and closing zippers?

12. Developmental Age
   From many of the previous observations, assess the approximate developmental age.
   a. Does the client behave as a toddler, young child of less than six, teenager, adult?
   b. If psychological and IQ testing have been done, chart will indicate the developmental age.

13. Educational Potential
   a. What form of education is being offered presently?
   b. Is the client showing progress?
   c. Could client benefit from more challenge?

14. Self Concept
   A record of the assessment of the perceived attitudes and beliefs the client has about self and which he demonstrates?
   a. Self worth
   b. Personal expectations
   c. Approval or disapproval of own physical self
   d. Eye contact

15. Role Function
   A record of the assessment of the degree to which the client meets society’s expectation of behavior in relation to life title.
   a. What is your perception of the client’s roles?
   b. Does the client see the role the same way you do?
   c. Does the client have any concept at all of “role”?

16. Interdependence
   A record of the observation of the client’s dependent and independent behaviors, as well as the degree to which they are balanced.
   a. Does the client see out help when it is necessary or unnecessary?
   b. Is the client affectionate towards others? Spontaneously or is the affection exhibited to gain special favors?
   c. Does the client crave attention?
STUDY GUIDE 4
FACTORS IN INTERVENTION

Once the assessment procedure establishes that a client’s behavior is not at an appropriate level, the emphasis shifts to a selection of a method or methods of assisting the client toward optimal functioning.

1. Establish the focal cause of the behavior.
2. Identify a reasonable functional goal.
3. Select possible ways of manipulating the focal cause to reach the goal.
4. List the likelihood of positive results from each contemplated method of intervention.
5. Choose the intervention method that appears to offer the greatest promise of improvement with the least untoward side effects.
6. Set a reasonable time period to reach the established goal.
7. Evaluate results.

Interventions and subsequent evaluation of results in the population with developmental disabilities require a much longer period of time than similar work with a group that is not developmentally disabled. When it becomes apparent the goal is not being met, different interventions need to be attempted. A client with developmental disabilities will require concentrated on to one work over an extended period of time. Goals must be set in very small steps, not broad moves or changes.

Patience and perseverance are qualities the health care worker must have in abundance. Baseline studies of maladaptive behavior need to be established before goals are set to improve such behavior.

Where it is perceived that a client’s behavior is adaptive, goals and interventions would simply be to maintain present status.
INSTRUCTIONS FOR BEHAVIOR DEVELOPMENT SURVEY

1. Observe the client in an unobtrusive fashion for whatever period of time required to reach a valid conclusion.

2. Describe verbal skills, eating habits, toileting practices, etc., under the appropriate heading which describes the behavior.

3. Where there is no appropriate description of the behavior listed, enter the perceived behavior under “other”.

4. Using the description of the client and input from other sources such as educator, physician, family, developmental specialist, determine reasonable goals of improvement for the behavior.

5. Begin with only one goal at a time. When a reasonable success has been achieved, move on to another goal.

6. Decide on the time frame necessary for a baseline study of the maladaptive behavior, and set dates for the start and finish of same. Also, schedule a meeting date for the interdisciplinary team to review the results of the baseline study.

7. Using the interdisciplinary team approach, outline the intervention program, i.e., what steps to take to modify or eliminate the maladaptive behavior; to establish adaptive behavior.

8. Decide upon the starting date and one health care worker who will be responsible for the intervention program.

9. Having set a reasonable goal and a reasonable time frame for accomplishment of the goal, schedule a meeting date to evaluate the results.

10. When results are not forthcoming, decide to either change the intervention method or reassess the goal.

11. Assessment and intervention process record.
   a. On admission to any care facility as a means of quickly assessing the clients needs and serving as a communication tool for staff members. (Assessment portion only would be used for this purpose).

   b. When arranging learning experiences and recreational plans for the client.

   c. When behaviors need correction.

   d. For annual and/or semiannual client conferences.

   e. For candidate/student learning and assignments.
Mike Clover is a 22-year-old male client who has been cared for in a state facility for 15 years because of the family’s inability to keep him in the family home. Mike was born to a 30-year-old mother who did not have any prenatal care, and during labor, the child was found to be disproportionately larger for the mother’s pelvic structure. During a prolonged delivery, the baby apparently was anoxic for a period of time.

Mike appeared normal until age 3 months. After this time, the parents noted his failure to respond, grasp, and hold head up. From age 2 to 5 years, Mike’s behavior became increasingly abnormal with destructive patterns of assault (biting) towards other children, and adults and towards himself (climbing onto high objects). His speech did not develop beyond “mama, daddy, and milk”. The public school system denied him entry. At age 7 years, the family could not manage him since they now had 2 more children, ages 6 months and 2 years. Therefore, Mike was placed in an institution for care.

Now, at age 22, his height and weight are that of an average 12-year-old. He has not developed further vocabulary and has progressed in the Assaultive behavior typical of his childhood. Though toilet trained as a child, he is no longer trained. Because of his small size and Assaultive manner, he frequently is involved in physical encounters with other clients, is disruptive in the dining room, but he can feed himself. Rarely likes the food that is served to him and frequently steals food from others.

He has very minimal attention span. Although he is physically able to dress himself, he will not do so. He cannot be given clothing and counted on to dress himself even though he is quite agile with his hands.

His skin is in good condition, his teeth are stubby and poorly formed but in good repair. His general health is good, although he has had several Salmonella infections because he handles feces with some regularity. Mike’s family has not visited for 10 years now, and he shows no evidence of ever knowing a family. He enjoys the play yard and frequently is found making patterns in a sandbox. Mike has been rarely taken on outings, but a year ago, he did enjoy a day at the beach.

Recently, he has not had muscle contractures and no inclination to seizure since he is well controlled on maintenance doses of Dilantin. Mike enjoys a shower and the feel of clean clothes and sometimes has been known to get into the shower with clothes on in the hope of getting a new set of clean clothing. To date the only programmed activity for Mike has been daily play yard and TV cartoons every morning (TV has not held his interest for more than 2 minutes).
Napa Valley College
PTEC 155 – Developmental Disabilities

Module 26 – Assessment and Intervention

CLIENT SITUATION 2

Terry Canvas is 4 years of age and is being cared for in an institutional facility. He was normal at birth, but at the age of 18 months, he nearly drowned in the family swimming pool. Rescue efforts saved his life, but left him developmentally disabled.

Since his swallowing reflex is disturbed, he must be fed by tube. Although he has sensation in all extremities, he is not toilet trained. He has no speech. His weight and height are within normal ranges. He can roll over in his bed but is unable to pull himself to a standing position.

His family visits every week and he recognizes family members.

Terry is placed in a chair daily with his legs strapped into straight alignment, and to date he has not had contractures.

CLIENT SITUATION 3

Mona Lee is 20 years of age and lived in an institutional facility for the developmentally disabled since age 2 years. She is considered profoundly retarded; cause unknown. Her family has not kept in contact at all.

Although her vocabulary is limited to a few repetitive phrases and sentences, Mona is verbal. She is larger for her age, is physically extremely strong, and is self-abusive. Her self-abuse takes the form of pulling out her hair – parts of her head are bald. Because staff members have been injured by Mona’s outbursts of anger, they are now very careful around her.

Mona is capable of self-toileting, but she sometimes soils when there seems little reason. She has a tremendous appetite, and her table manners make her difficult to watch. Mona usually wears tattered clothes because she tends to tear up a total set of clothing every day.

Her teeth are in need of dental care. Although she is guided to brush her teeth, Mona does it poorly and resists assistance from others. With showering and bathing, Mona is equally difficult.
CLIENT SITUATION 4

Jason R.

In many ways, Jason is like most 8 year olds in the neighborhood. He plays soccer, skates, is a Boy Scout, and is in the second grade. He has a great sense of humor and is a bit mischievous. But Jason has had experiences that most of the other children have not such as operative procedures in both ears, a hernia repair, and surgical correction of his congenital heart defect. He has a unilateral hearing loss, is nearsighted and has ADHD for which he takes Ritalin. In his school, he was the first child with Down syndrome to be included in the general education kindergarten. His reading skills are at a pre-primer level.

CLIENT SITUATION 5

Annette H.

Annette is an 11 year old girl with Down Syndrome who lives with her parents and her typically developing 6 year old brother. She attended an early intervention program from age 6months to 3 years, then a special education preschool program till age 6, then a regular classroom with modified curriculum. She had several friends, but was shy. Sometimes she was seen rocking in her seat due to hyperactivity; she would cry, however, when feeling overwhelmed or confused.

When Annette moved up to middle school, she was placed in a self-contained life-skills class; she had difficulty adjusting to the new surroundings and missed her friends. Her parents noticed that she no longer looked forward to school, seemed less happy, fought more with her brother and no longer seemed to enjoy her favorite Barney computer game.

She often exited the school bus with tears in her eyes, less energetic and more sluggish and irritable. For the first time, teachers were reporting noncompliant behavior, including some angry calling out, refusal to follow directions and started having tantrums “at the drop of a hat”.

A psychiatrist conducted a play interview and after reviewing a family history of depression, a diagnosis of major depressive disorder was determined.
<table>
<thead>
<tr>
<th>Assessment Area</th>
<th>FIRST LEVEL</th>
<th>SECOND LEVEL</th>
<th>THIRD LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adap-tive</td>
<td>Maladaptive (Describe Behavior)</td>
<td>Focal</td>
<td>Other Stimuli Contextual/Residual</td>
</tr>
<tr>
<td>Exercise/ Rest</td>
<td>NO Needs leg braces to ambulate, Intermittent head jerking. Sleeps (without braces) fro 9 pm to 6 am</td>
<td>Cerebral palsy</td>
<td>Resides in residence with similar clients. One of 12 in his group. Accustomed to daily routine.</td>
</tr>
<tr>
<td>Circulation</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elimination</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ventilation</td>
<td>NO Respiration 20-28 Irregular</td>
<td>Head jerking creates irregularity and increased rate</td>
<td>Air-conditioned environment. Little fresh air from outdoors.</td>
</tr>
</tbody>
</table>
## Module 26 – Assessment and Intervention

<table>
<thead>
<tr>
<th>Assessment Area</th>
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<th>SECOND LEVEL</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adap -tive</td>
<td>Focal</td>
<td>Goal</td>
</tr>
<tr>
<td>Injury/Infection</td>
<td>YES</td>
<td>Cerebral palsy. Head jerking to left has created this tendency.</td>
<td>Prevent further leg muscle weakness. Correct head and truck angle of position.</td>
</tr>
<tr>
<td>Bone Structure</td>
<td>NO</td>
<td>Both legs are shorter than normal for age—muscle size reduced. Head turned to left by age 10.</td>
<td></td>
</tr>
<tr>
<td>Mobility</td>
<td>NO</td>
<td>Cerebral palsy. Uneven sidewalks and curbs. Outdoor activity limited to amount of time staff member is willing and able to give.</td>
<td>1. Provide outdoor time of 1 hour every day 2. Try walking client on sidewalk with help of a walker.</td>
</tr>
<tr>
<td>Neurologic (Sight, Hearing, Etc.)</td>
<td>NO</td>
<td>Hears and sees well. Has outbursts of rage. Frustration of head jerking associated with cerebral palsy. Sensory overload due to noisy environment</td>
<td></td>
</tr>
<tr>
<td>Emotional Self-concept, Role Function, Interdependence</td>
<td>NO</td>
<td>“I’m clumsy all the time.” Accepts handicap and the need for care—but asks for help with clothing, making bed, which he can do.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES NO</td>
<td>Cerebral palsy made his dependent as a child: has had more motivation to remain dependent and get attention then to change Most other clients are more dependent than he—and he behaves like the rest.</td>
<td>Client will raise his self-image. Client will be more independent by dressing, bed making without help.</td>
</tr>
</tbody>
</table>

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Module 26 – Assessment and Intervention

Assessment and Intervention
- Foundation of the nursing process
- Is a continuous process

Purpose; reasons for
- Collect baseline data
- Make appropriate decisions
  - Housing, healthcare, special needs
- Provide appropriate supports
- Measure success
- Personalize goals and objectives

Components
- Physiological: bodily function, injury and infection
- Physical: mobility
- Neurological: acuity of the senses
- Cognitive: how we learn
- Behavioral: moods, social skills
- Emotional: self-concept may influence all of the above
Module 26 – Assessment and Intervention

Slide 4

Physiologic
- Exercise and rest
  - Range of motion to avoid contractures
- Nutrition
  - Adaptive equipment needs?
- Elimination
  - Wearing attends: community access replaces training?
- Ventilation
  - Seizures: no breathing occurs
- Injury and infection (SIB)
- Circulation (BP WNL)

Slide 5

Physical
- Bone structure
  - Micro, hydro, flat feet, lordosis, kyphosis
- Mobility
  - Hemiplegia, paraplegia, quadriplegia
  - Ability to bear weight

Slide 6

Kyphosis  Lordosis  Scoliosis

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Neurologic
- Assess capacity of the 5 senses
- Tactile defensiveness

Cognitive; ability to reason
- Sign language
- Receptive vs. expressive
- Self-help skills
  - Teaching opportunities
  - Dressing, dining, showering, restroom use
- Developmental age
  - Combination of I.Q. and adaptive ability
- Educational potential
  - Pre-voc training, attention to task
Module 26 – Assessment and Intervention

Slide 10

Behavioral

- Social skills
- Moods

Slide 11

“Hey, I think we just crossed the line!”

Slide 12

Emotional

- Self-concept
  - Mirror at eye level
- Role function
  - Clients want to be like staff
- Interdependence
  - Balance of independence and dependence
Module 26 – Assessment and Intervention

Slide 13

Exhibit 7.2
A Dynamic Model of Self-Concept

Slide 14

Intervention
- Gather information; establish cause
  - Who knows the client the best
- Develop plan; set reasonable goals
  - Task analysis: break down into small steps
- Implement plan
  - Use least restrictive approach (prompts)
- Evaluate results

Slide 15

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