

# UNDERSTANDING INTELLECTUAL/ DEVELOPMENTAL DISABILITIES

State Council on Developmental Disabilities, Orange County Office  
2000 East Fourth Street, Suite 115  
Santa Ana, California 92705  
Phone: (714) 558-4404  
[www.scdd.ca.gov](http://www.scdd.ca.gov)

**Thank you!**



# OBJECTIVES

- Define
  - Autism
  - Epilepsy
  - Cerebral Palsy
  - Intellectual Disability
  - Similar Conditions (5<sup>th</sup> Category)
- Resources
  - see accompanying fact sheets

## WHAT IS AUTISM? (DSM-V CRITERIA FOR AUTISM)

- Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history: --NEED TO MEET ALL 3--
  1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
  2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.
  3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.

- Intrusive touching upon meeting someone (abnormal greeting)
- Poor social use of language (poor pragmatics)
- One-sided conversation (child solely focusing on their interests)
- Refusing to share
- Failure to pay attention to conversation
- Failure to identify the emotions of others (child does not respond to other person's smile, laugh, cry, anger, etc.)
- Indifference/aversion to others
- Does not respond to praise

2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.

- Poor to no eye contact
- Failure to understand and use gestures (pointing, waving, shaking head)
- Faces away from speaker (body posture when conversing)
- Abnormal tone, volume, or rhythm of voice/speech
- Inability to coordinate eye contact with gestures
- Inability to coordinate eye contact or body language with words

3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

- Inability to understand another person's perspective (around age 4)
- Failure to notice another person's lack of interest in an activity
- Lack of response to another person's cues/behavior
- Inappropriate laughing/smiling (out of context for the situation)
- Asks socially inappropriate questions
- Does not try to make friends
- Lack of cooperative play (around 2 years)
- Lack of interest in other children
- Prefers solitary activities (wants to play alone)
- Unaware of nearby children or adults

## DSM-V CRITERIA FOR AUTISM (CONTINUED)

- Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history:
  1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
  2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns or verbal nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat food every day).
  3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interest).
  4. Hyper- or hyporeactivity to sensory input or unusual interests in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
  - Echolalia (immediate or delayed repetition of words, phrases)
  - Failure to use “I”
  - Repetitive vocalizations, humming, grunts, noises
  - Repetitive hand-clapping, flapping, finger flicking
  - Toe walking
  - Unusual facial grimaces
  - Excessive teeth grinding
  - Lines for toys or objects (puts toy cars in a row)
  - Repetitively turns lights on/off or opens/closes door

2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns or verbal nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat food every day).

- Insistence on rigidly following specific routine
- Unusual routine
- Repetitive questioning about a particular topic
- Compulsive behavior
- Difficulty with transitions
- Overreaction to small changes (moving a toy, sitting in different chair)
- Inability to understand humor
- Inflexible

3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interest).

- Obsessions
- Narrow range of interests
- Interests that are abnormal in intensity
- Need to carry or hold unusual objects (spoon, rubber band)
- Unusual fears (afraid of people wearing earrings)
- Excessive focus on nonrelevant parts of objects

4. Hyper- or hyporeactivity to sensory input or unusual interests in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

- High pain tolerance
- Preoccupation with texture or touch (includes attraction/aversion to texture)
- Significant aversion to having hair cut or teeth brushed
- Extreme interest with watching moving of other things (e.g. spinning of wheels, electric fan, etc.)
- Odd response to sound or other sensory input
- Licking or sniffing objects

## **DSM-V CRITERIA FOR AUTISM (CONTINUED)**

- C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).
- D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.
- E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

# SEVERITY LEVEL FOR ASD

Table 2: Severity Levels for Autism Spectrum Disorder

Severity Level	Social Communication	Restricted, repetitive behaviors
Level 3 "Requiring very substantial support"	Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. For example, a person with few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and responds to only very direct social approaches.	Inflexibility of behavior, extreme difficulty coping with change, or other restricted/repetitive behaviors markedly interfere with functioning in all spheres. Great distress/difficulty changing focus or action.
Level 2 "Requiring substantial support"	Marked deficits in verbal and nonverbal social communication skills, social impairments apparent even with supports in place, limited initiation of social interactions; and reduced or abnormal responses to social overtures from others. For example, a person who speaks in simple sentences whose interaction is limited to narrow special interests, and who has markedly odd nonverbal communication.	Inflexibility of behavior, difficulty coping with change, or other restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action.
Level 1 "Requiring support"	Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unsuccessful responses to social overtures from others. May appear to have decreased interest in social interactions. For example, a person who is able to speak in full sentences and engages in communication but whose to-and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful.	Inflexibility of behavior causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence.

Reprinted with permission from American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Copyright © 2013, American Psychiatric Association. All Rights Reserved. Permission from the AEA® is required to reproduce DSM-5 Criteria and any Related Tables.

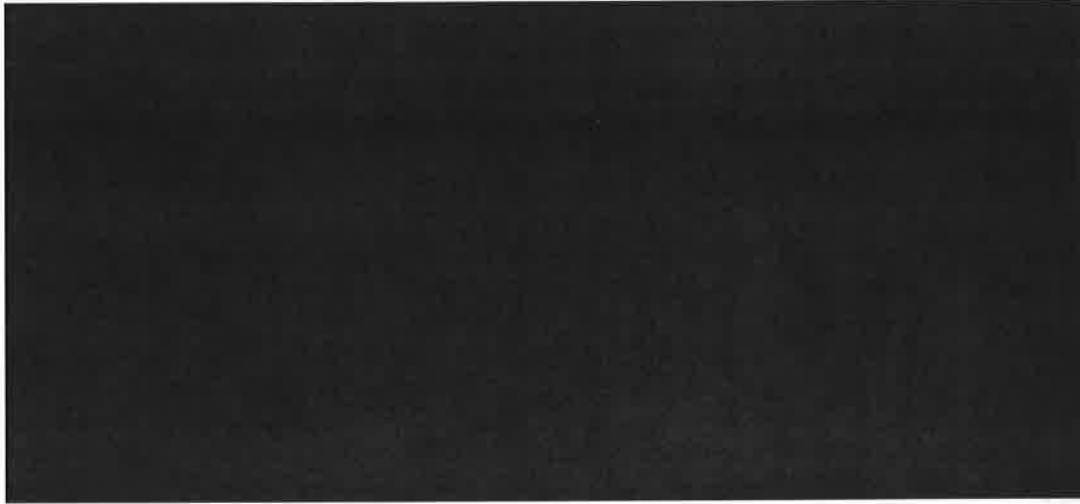
[HHS Home](#) | [Contact Us](#) | [IACC](#) | [Accessibility](#) | [Privacy Policy](#) | [FOIA](#) | [Disclaimer](#) | [USA.gov](#) | [IACC Webmaster](#)

U.S. Department of Health & Human Services • 200 Independence Avenue, S.W. • Washington, D.C. 20201

# WHAT IS EPILEPSY?

- Epilepsy is a neurological condition that makes people susceptible to seizures.
  - A seizure is a change in sensation, awareness, or behavior brought about by a brief electrical disturbance in the brain. This means there is a **change in how the brain cells send electrical signals**. Signs of seizures may cause:
    - Moments of sensory disruption
    - Short periods of unconsciousness,
    - Staring spells
    - Convulsions
  - Note: Not all people with seizures have all of the above-mentioned symptoms. Some may have only one symptom and others may have multiple symptoms (as listed above).
  - Note: Epilepsy is not a mental disorder. It can be caused by anything that affects the brain, including tumors, strokes, genetics, or other unknown causes. Treatment modalities may include seizure-preventing medicines, surgery, diet, or electrical stimulation.
    - For more information see: - [www.ddhealthinfo.org](http://www.ddhealthinfo.org) - [www.epilepsyfoundation.org](http://www.epilepsyfoundation.org)

## Cerebral Palsy



[https://www.youtube.com/watch?v=w\\_Sh8ZrG6MI](https://www.youtube.com/watch?v=w_Sh8ZrG6MI)  
Zach Anner top 10 video (3:22)

17

## WHAT IS CEREBRAL PALSY?

- Cerebral palsy is a condition that affects the control over one's own movements.
- It is caused by developmental problems or damage to the parts of the brain that control movement and posture.
- Cerebral palsy most often starts at birth or within the first few years of life. The early signs usually appear before age 3. Babies with cerebral palsy are often slow to reach developmental milestones, such as learning to roll over, sit, crawl, smile, or walk.
- Symptoms may change over time, but cerebral palsy is not progressive (change over time). Symptoms differ from person to person and may include:
  - Difficulty with fine motor tasks, such as writing or using scissors
  - Difficulty maintaining balance or walking
  - Involuntary movements
  - Note: Some people with cerebral palsy may have other medical disorders, including seizures or cognitive impairments.
- For more information on cerebral palsy see: [www.nlm.nih.gov/medlineplus/cerebralpalsy.html](http://www.nlm.nih.gov/medlineplus/cerebralpalsy.html)

## WHAT IS AN INTELLECTUAL DISABILITY?

- According to the American Psychiatric Association (Diagnostic and Statistical Manual, Fifth Edition), someone with an Intellectual Disability has:
  - Deficits in intellectual and adaptive functioning which occurs before the age of 18.
  - IQ score of 70 or less (using standardized tests and full-score results)
    - Score of up to 75 may indicate a limitation in intellectual functioning if accompanied by significant deficits in adaptive functioning (see below)
  - Significant deficits in adaptive behavior (a person's abilities compared to others the same age).
    - Conceptual skills (learning, receptive/expressive language, self-direction\*)—language and literacy; money, time, and number concepts; and self-direction.
    - Social skills— interpersonal skills, social responsibility, self-esteem, gullibility, naïveté (i.e., wariness), social problem solving, and the ability to follow rules/obey laws and to avoid being victimized.
    - Practical skills (self-care, capacity for independent living, economic self-sufficiency\*)—activities of daily living (personal care), occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone.

\*regional center eligibility criteria

## WHAT ARE SIMILAR CONDITIONS? (REGIONAL CENTER 5<sup>TH</sup> CATEGORY ELIGIBILITY)

- If someone does not have a diagnosis of Autism, Cerebral Palsy, Epilepsy or Intellectual Disability (ID), they may still have a developmental disability if requirements of the “fifth category” are met.
- The fifth category:
  - The person has a condition “closely related” to Intellectual Disability OR
  - The person requires treatment “similar to” treatment for an Intellectual Disability
    - Note: Because the law is so unclear, some regional centers are reluctant to find people eligible under the fifth category. Fifth category eligibility cases are also the hardest to win on appeal.
- For example, someone may have an IQ that is too high to qualify for ID (above 70-75), but still may function like someone with ID because their thinking (cognitive ability) is substantially impaired.

# RESOURCES

- Review of the following fact sheets produced by the State Council on Developmental Disabilities, Orange County Office:
  - Regional Center Eligibility
  - Orange County Community Resources
- For additional information and resources, go to [www.disabilityrightsca.org](http://www.disabilityrightsca.org). Portions of this PowerPoint are courtesy of Disability Rights California Rights Under the Lanterman Act.

# QUESTIONS?

**THANK YOU!**

State Council on Developmental Disabilities, Orange County Office

2000 East Fourth Street, Suite 115

Santa Ana, California 92705

Phone: (714) 558-4404

[www.scdd.ca.gov](http://www.scdd.ca.gov)

**Thank you!**

