

Preparation for practice - responding to change in the field of mental handicap

Department of Social Policy and Social Work, University of York - PREPaRE Training Curriculum

TABLE 3 Common Unrecognized or Undertreated Medical Problems in Persons with Developmental Disabilities	
Medical problem	Possible presentations in nonverbal patients
Abuse or neglect	Aggression, defiance, withdrawal, meltdowns
Constipation	Small stools, liquid stools, soiling, rectal digging, urinary retention
Decommissioning	Worsening contractures, constipation, decreased mobility
Dental caries or periodontal disease	Feeding problems, head banging, agitation
Drug or alcohol use	Memory loss, confabulation, unsteady gait
Dysphagia/microaspiration	Shortness of breath or cough with or after meals, slight elevation of body temperature, tachycardia
Endocrine or metabolic disorders (especially hypothyroidism and syndrome of inappropriate antidiuretic hormone)	Sedation, changes in drug metabolism
Kidney or gallbladder	Urinary retention, irritability
Medication adverse effects/polypharmacy	Behavior problems, sedation, paradoxical reactions, atypical drug metabolism
Nutritional deficiency	Anorexia, spontaneous fractures, constipation, pressure sores
Occult fractures or injuries, arthritis, nerve compression, osteoporosis	Changes in mobility, sedation
Pain syndromes	Irritability, insomnia, decreased participation, change in function, aggression, scratching, banging, or touching the body part that hurts
Rashes	Irritability
Seizures, including less common seizure types	Emotional lability, unresponsiveness, fatigue, automatisms
Sleep apnea	Elevated hematocrit, sedation
Urinary retention	Grinding genitalia, abdominal distention, urinary tract infections
Urinary tract infections	Irritability, aggression, sedation
Vision and hearing deficits	Decreased participation or mobility, easily startled, aggression

Description: -

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Ohio Center for Sport Psychology

It views disability as restriction in participation in life activities and as an interactive construct WHO, 2001, Peterson, 2005; 2001. Individuals advocating for their own social, economic and political opportunities and personal relationship needs may have a greater sense of empowerment and well being.

Center for Preparedness and Response

The intersection of laws and policies needs to be considered, as well as the fact that at times policies regarding service access e.

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Contemporary approaches to the management of irritability and aggression following traumatic brain injury. The following list outlines the amount of time each week, on average, an intern devotes to specific services and training activities. Behavior therapy is currently accepted as an effective intervention for modifying behavior following TBI.

Chapter 23. Modifying Access, Barriers, and Opportunities

The rights and responsibilities of test takers: Guidelines and expectations. The international Classification of Functioning, Disability and Health: Contemporary literature overview. Qualitative assessment focuses on observation and interview, and is idiographic and holistic.

Guidelines for Assessment of and Intervention with Persons with Disabilities

Individuals with later-onset disabilities, such as multiple sclerosis, schizophrenia, and traumatic brain injury may need psychological support as they work through their cognitive and emotional responses to developmental challenges Olkin, 1999b; Smart, 2001. A unified approach to existing

models of adaptation to disability: 1.

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