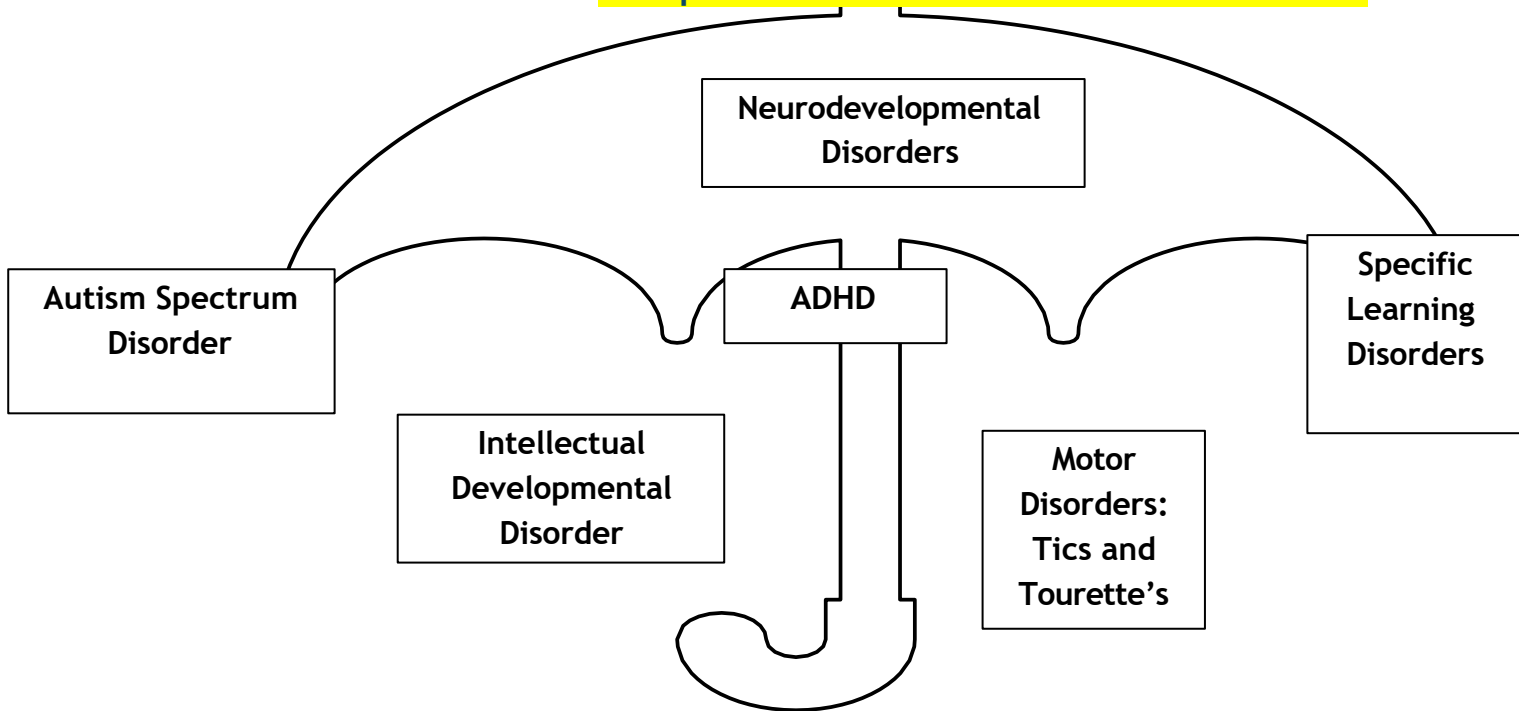


Week 7 Hippocampus Workout

Chapter 32: Children and Adolescen



How would you characterize Intellectual Developmental Disorder (IDD)? How is this diagnosed?

- IDD involves deficits in **intellectual functioning, adaptive functioning, and onset during chi**
- Diagnosed through:
 - Standardized IQ testing (IQ < 70)

- Assessment of impairments in adaptive skills (communication, social participation, independent living)
- Confirmed onset before age 18

What are our nursing priorities for the patient with IDD?

- Promote independence and optimal functioning
- Maintain safety
- Provide clear, simple communication
- Support family and caregivers
- Establish structured routines
- Coordinate multidisciplinary care and education plans
- Monitor for comorbid conditions

How does autism develop? What are risk factors?

Autism Spectrum Disorder develops due to **neurobiological and genetic factors** affecting brain development.

Risk factors:

- Genetic predisposition
- Advanced maternal or paternal age
- In utero exposure to teratogens (e.g., valproate)
- Low birth weight
- Family history of ASD

What are key characteristics of ASD?

Language:	• Delayed language development • Echolalia • Literal interpretation of language • Difficulty with back-and-forth conversation
Behavior:	• Repetitive movements • Fixated interests • Need for routines • Difficulty with transitions
Communication:	• Poor eye contact • Limited gestures • Difficulty interpreting social cues • Challenges with reciprocal conversations
Sensory:	• Hypersensitivity or hyposensitivity to sound, touch, textures, light • Overstimulation or sensory-seeking behaviors
Mood:	• Anxiety • Irritability • Mood dysregulation during sensory overload

How is ASD diagnosed?

- Behavioral observation
- Developmental history
- Autism Diagnostic Observation Schedule (ADOS)
- Autism Diagnostic Interview–Revised (ADI-R)
- Multidisciplinary assessment

What medications are available to treat the symptoms of ASD?

No cure — meds treat symptoms:

- **Irritability & aggression:** Risperidone, aripiprazole
- **Attention issues:** Stimulants (methylphenidate)
- **Anxiety:** SSRIs
- **Self-injury:** Antipsychotics when needed

What kind of psychotherapies are beneficial for patients with ASD?

- Applied Behavior Analysis (ABA)
- Social skills training
- Cognitive Behavioral Therapy (CBT)
- Speech therapy
- Occupational therapy (sensory integration)
- Parent training programs

How do we communicate effectively with patients with ASD?

- Use simple, concrete language
- Avoid metaphors
- Provide visual supports
- Allow extra processing time
- Minimize sensory overload
- Maintain structure and predictability

Compare signs and symptoms of ADHD hyperactive type and inattentive type

<u>Hyperactive Type</u>	<u>Inattentive Type</u>
Fidgeting	Difficulty sustain attention
Running/climbing excessively	Easily distracted
Talking excessively/Interrupting	Forgetful/Disorganized
Impulsive	Carless mistakes
Difficulty waiting turn	Doesn't listen when spoken to
Constant movement	Loses things often

What are risk factors for ADHD? How does this develop?

- Genetic predisposition
- Prenatal alcohol/tobacco exposure
- Low birth weight
- Brain injury
- Environmental toxins (lead)

*ADHD develops from **neurobiological differences** in dopamine and norepinephrine pathways affecting attention and impulse control*
