

### **Developmental Disabilities (DD) Frequently Asked Questions (FAQ's)**

**Q. How do I communicate effectively with individuals with a Developmental Disability (DD)?**

- People with DD are likely to have communication difficulties and it will generally take more time for them to communicate. Many people with DD have stronger receptive (understanding) communication skills than expressive communication skills.
- Many people with DD are able to verbalize their wants, needs and ideas.
- If a person cannot be understood clearly or cannot verbalize, they may use an augmentative/alternative communication system to talk with you. These systems range from pointing to simple pictures, using sign language, or even using a dedicated Speech Generating Device (SGD) or iDevice with computerized speech.
- It is important to learn to communicate using the strategy or system the individual with DD is using to help them learn how to better use their system and learn language.
- Remember also to pay attention to body language, gestures, and facial expressions, especially with individuals who do not have an effective communication system in place.
- Everyone communicates. We just have to figure how they do it!
- In all cases talk with the individual as you would anyone else, genuinely, kindly and straightforward.

**Q. What other kinds of diagnoses may accompany a Developmental Disability (DD) diagnosis?**

- In some facilities, individuals may have a dual diagnosis that is behavioral or psychiatric in nature (i.e. oppositional defiant disorder, impulse control disorders, anxiety disorders). In these cases it is essential that SLPs educate themselves about the mental health diagnosis and consult with the individual's medical/mental health team to determine how this may impact therapy.
- Persons with DD may have other medical concerns impacting their fine and gross motor skills, vision, and hearing. It is important to educate yourself and work closely with, or consult, related disciplines (i.e. occupational (OT) and physical (PT) therapists, vision therapist, audiologist) to best understand this impact on your treatment and recommendations.
- Dysphagia (eating/swallowing) might also be a concern. In these cases it is essential that OT, PT and medical staff are knowledgeable about SLP dysphagia services and that you are working in coordination with one another.

**Q. How do I work as a “consultant” SLP vs a “hands on” therapist?**

- Facilities vary in service delivery models. This is impacted by ever tightening budgets. Direct service requests may be less than in the past.
- Direct services, in some cases, may be provided only for evaluations and short-term treatment. The SLP may then need to train other staff at the facility to implement the communication goals and strategies.
- The SLP must be confident in determining when the individual client requires skilled services and/or when they are ready to release to other service providers. For example, the SLP may need to provide swallowing/feeding therapy interventions until the individual can safely eat and then release to a direct care provider with consultation as needed. A client, who is working on switch use, may be moved to other providers after only a brief assessment is completed and an intervention program is developed.

**Q. How do teams work together in a Developmental Disability (DD) facility?**

- Qualified Mental Retardation Professionals (QMRP), County Board advocates or a supervising person usually oversees the individual's daily care.
- Individuals may also have guardians or may be their own guardian and make their own personal decisions.
- In all cases, anyone working with the client should communicate with supervisors, and especially the individual, to determine what the individual wants and needs.

- A cohesive plan includes input from specialists as well as family, direct support personal, and/or day and residential program staff.

**Q. Are there additional certifications or training needed to work with people with Developmental Disabilities (DD)?**

- Additional training in dysphagia/swallowing may be warranted if the facility has many individuals with DD with this need.
- Training and knowledge about augmentative/alternative communication (AAC) systems and strategies is highly recommended since many individuals have significant communication needs and would benefit from using supports and strategies for receptive, expressive, and organizational needs (i.e. visual schedules, first-then cards).

**Q. What kind of precautions should I be aware of before working in a facility for people with Developmental Disabilities (DD)?**

- DD facilities use universal precautions to keep everyone safe, just as in any other facility.
- TB or hepatitis screening and vaccines may be required depending on the policies in place at each facility.
- The Human Resource department will inform you what is needed prior to working in their facility.

**Q. What barriers exist, if any, for switching from another professional practice setting to a career in a Developmental Disability (DD) work setting?**

- These individuals are very unique because they often can't speak for themselves and advocacy is often needed for those served in this setting.
- The only barriers that exist are ones a person puts up for him/herself.

*The answers to our FAQ's are heavily reliant on current laws and best practices in the state of Ohio and may be subject to change over time. Please consult the professional practice rep currently serving your work setting if you have questions or concerns about the accuracy of the content in this document.*