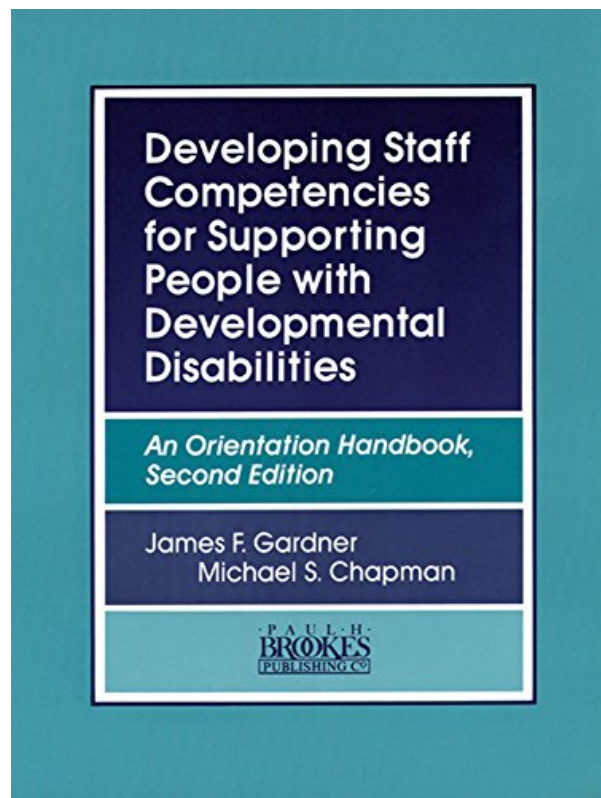
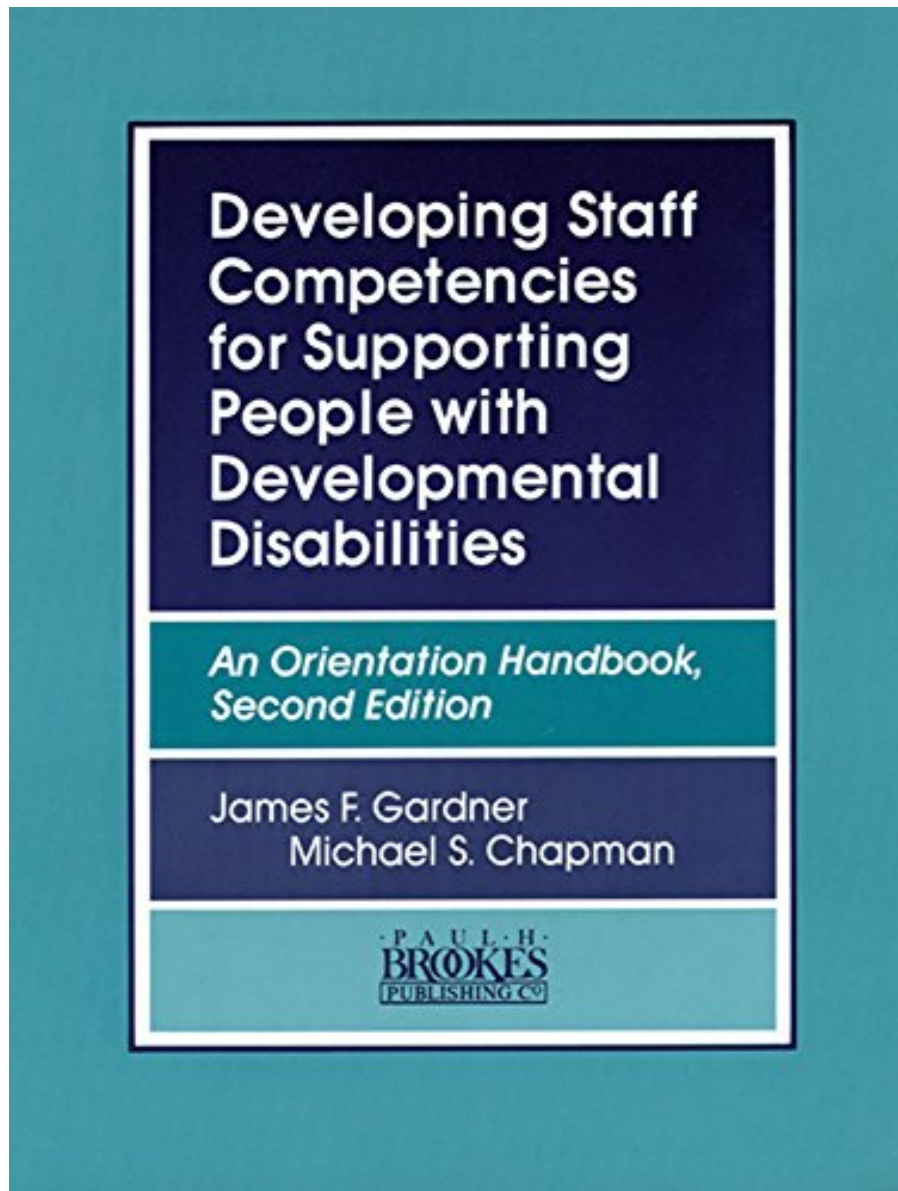


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## Review

"Gardner and Chapman have written a handbook in the best sense of the word . . . a guide to the process of learning and change in the direction of current trends such as inclusion and respectful philosophies of care."

## About the Author

From 1977 to 1986, Dr. Gardner served as Director of Community Programs and then as Vice President for Community Program Development at The Kennedy Institute at The Johns Hopkins University. Dr. Gardner received his doctoral degree in a dual program of American Studies and American Social History from Indiana University. He was awarded a Joseph P. Kennedy, Jr., Post-doctoral Fellowship in Medical Ethics at the Harvard Medical School. Dr. Gardner later completed the Masters in Administrative Sciences program at The Johns Hopkins University. Dr. Gardner holds faculty appointments at The Johns Hopkins University and the University of Maryland. He has written and edited numerous publications in the field of human services. Dr. Gardner is a nationally recognized leader in the application of quality improvement methods to the field of human services. Through presentations at national conferences, in his teaching and writing, and during organizational consultations, Dr. Gardner argues that the measurement of quality must move from compliance with organizational processes to facilitating person-centered outcomes for people.

Michael S. Chapman, M.Ed., is Assistant Vice President of Kennedy Krieger Community Resources at the Kennedy Krieger Institute in Baltimore, Maryland.

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Excerpted from chapter 1 of *Developing Staff Competencies for Supporting People with Developmental Disabilities: An Orientation Handbook*, Second Edition, by James F. Gardner, Ph.D., M.A.S., & Michael S. Chapman, M.Ed.

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## Learning Objectives

Upon completing this chapter, the reader will be able to:

State the importance of using labels in the design and implementation of services for individuals with developmental disabilities

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**Functional Approach**

The categorical definition of developmental disabilities above resulted in an emphasis on the person's condition or label. The labeling process stigmatized the individual. Rather than being a person or being viewed a person first, the individual became the disability. Terms such as "spastic quad," "the Down's baby," "slow learner," or "retardate" were common descriptive terms used by professionals in the field when describing with developmental disabilities. In addition, such terms provide no information about the person. "Retardate" does not describe the person's likes, interests, and abilities. The term does not indicate what supports are needed to assist the individual to achieve his or her goals. In order to de-emphasize the label, the definition of developmental disabilities has changed. PL 101-496, The Developmental Disabilities Assistance and Bill Rights Act of 1990, defines developmental disabilities as: a severe, chronic disability of a person 5 years of age or older which is attributable to a mental or physical impairment or combination of mental and physical impairments; is manifested before the person attains age 22; is likely to continue indefinitely; results in substantial functional limitations in three or more major life activities; and reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatments, or other services which are of lifelong or extended duration and are individually planned and coordinated; except that such term, when applied to infants and young children, means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided. The seven major life activities defined in PL 101-496 include: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency. On this basis, Table 1 further refines the definition of developmental disabilities. The definition above, with its categorical labels of mental retardation, cerebral palsy, epilepsy, autism, and dyslexia, was abolished in favor of a functional definition. It has become more important to understand, rather than label, the individual with a developmental disability. The assessment process and the subsequent intervention strategies now focus on the strengths and abilities of the individual. Although the functional definition has replaced the categorical definition in federal legislation, the diagnostic terms mental retardation, cerebral palsy, epilepsy, dyslexia, and autism remain. These terms can provide information about the possible cause of the disability, some of its general characteristics, and classification systems for the disability. Knowledge of the general terms of mental retardation, cerebral palsy, epilepsy, dyslexia, and autism helps human services employees to identify differences and similarities. The diagnostic category of the disability, however, does not provide any information about an individual's capabilities or needs. Diagnostic labels do not indicate what the individual wants to do, can do, or cannot do. In fact, differences among individuals within a single diagnosis can be as great as those among individuals in different categorical groups.

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