

Considering Down Syndrome



Colleen Holmes and Suzanne O'Leary
Parents, Volunteers - Education Committee

October 13 & 14, 2009



October 13, 2009 - Agenda

- 5:30 – 5:45p Welcome, Introduction, Ice Breaker
- 5:45 – 6:15p What is Down syndrome, Medical, School
- 6:15p Break
- 6:30 – 7:15p Teaching, Behavior
- 7:15pm Break
- 7:30 - 8:30 p Communication, Strengths, Social Issues

- Hands on: Everyone Counts (Isabella video, worksheets)

October 14, 2009 -Agenda

- 9:00 – 9:15am Welcome, Introduction, Ice Breaker
 - 9:15 – 9:45am What is Down syndrome, Medical, School
 - 9:45 – 10:00am Break
 - 10:00 – 10:45am Teaching, Behavior
 - 10:45 – 11:00am Break
 - 11:00 – 12:00pm Communication
-
- Hands on: Everyone Counts (Isabella, worksheets, 4x6 index cards)

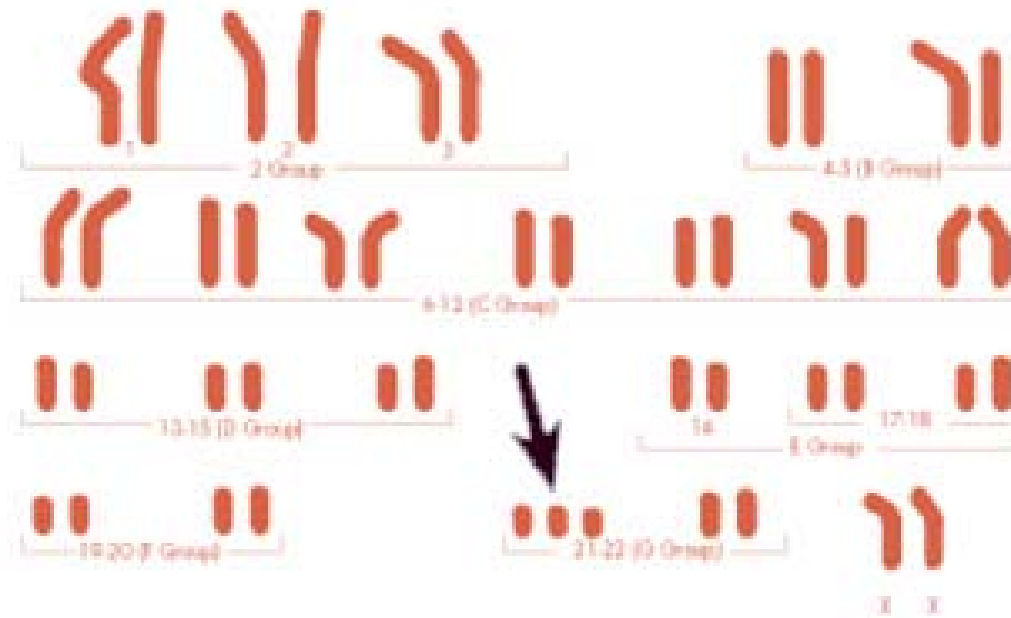
Our Presentation

- What is Down syndrome?
- How does Down syndrome affect learning?
- What are some of the medical issues that get in the way of learning?
- Preferred Teaching Methods
- Resources
- Q&A



What is Down Syndrome?

- Genetic condition
 - 47 chromosomes
 - An extra copy 21st chromosome



What is Down Syndrome?

- Three kinds; most common is trisomy-21
- Happens at conception
- Cause still unknown
- 80% of babies with DS are born to women 35 yrs old and younger
- Genetic change affects neurology and growth

How does this affect learning?

- Neuro system affected
 - Slower processing
 - Affects how muscles work
 - Motor skills
 - Speech
- Affects senses
 - Hearing, tactile, vision



Possible Medical Issues

- Circulatory
 - Heart
 - Blood diseases (Leukemia)
- Digestive
 - Celiac disease
 - Reflux
 - Potty training issues
 - Constipation
- Thyroid



Possible Medical Issues, cont.

- Neurology
 - Cognitive delays
 - Alzheimer's disease
- Respiratory
 - Smaller cavities often lead to more infections
 - Sleep apnea
- Orthopedic
 - Atlanto-axial instability
 - Flat feet
 - Muscle hypotonic



Possible Medical Issues, cont.

- Dual diagnosis
 - Autism
 - ADHD
 - Apraxia
- Senses
 - Hearing (loss)
 - Vision
 - Tactile sensitivity
- Growth
 - Overall size
 - Growth charts



Taking Down syndrome to School

- Kids with Down Syndrome generally go through the same developmental milestones— the timing is different for each
- Developmentally delayed is a good descriptor
 - Implies student can and do learn and develop
 - Needs more time

Developmental Milestones

(Downy syndrome vs Typically Developing)

GROSS MOTOR

Sits Alone: 6 - 30 Months / 5 - 9 Months
Crawls: 8 - 22 Months / 6 - 12 Months
Stands: 1 - 3.25 Years / 8 - 17 Months
Walks Alone: 1 - 4 Years / 9 - 18 Months

LANGUAGE

First Word: 1 - 4 Years / 1 - 3 Years
Two-Word Phrases: 2 - 7.5 Years / 15 - 32 Months

PERSONAL / SOCIAL

Responsive Smile: 1.5 - 5 Months / 1 - 3 Months
Finger Feeds: 10 - 24 Months / 7 - 14 Months
Drinks From Cup Unassisted: 12 - 32 Months / 9 - 17 Months
Uses Spoon: 13 - 39 Months / 12 - 20 Months
Bowel Control: 2 - 7 Years / 16 - 42 Months
Dresses Self Unassisted: 3.5 - 8.5 Years / 3.25 - 5 Years

Preferred Teaching Methods

- Hands on activities
- Structured sequenced activities
- Routine oriented
- 15-20 repetitions to acquire skill
- Visual learning
- Limit verbal cues, give time to process

Preferred Teaching Methods, cont.

- Avoid learned helplessness
- Allow student to try and fail
- Use consistent language between home and school
- Avoid multi-tiered rewards programs



Ten Tips for Teachers

1. When you don't understand, ask.
2. If that fails, move on.
3. Watch for over-affectionate behavior.
4. Educate the name Callers.
5. Use "People First" language.



Ten Tips for Teachers, cont.

6. Encourage Interaction
7. Do not apply lower standards for behavior for children with Down syndrome.
8. Explain DS is not contagious.
9. Each child with DS is unique
10. Emphasize the strengths of the child living with DS.

Myths & Truths About Our Kids



Managing Behavior

1. Does the behavior interfere with development and learning?
2. Are the behaviors disruptive to the family/school/work place?
3. Is the behavior harmful to the child/adult or others?
4. Is the behavior different from what might be typically displayed by someone of comparable developmental age?



Possible Medical Causes to Behavior

- The behavioral challenges seen in children with Down syndrome are usually not all that different from those seen in typically developing children.



Communicating and Behavior

- Many times the behavior issues can be addressed by finding ways to help the child communicate more effectively.



Common Behavioral Concerns

- Wandering/running off
- Stubborn/oppositional behavior
- Attention problems
- Obsessive/compulsive behaviors
- Autism Spectrum Disorder



Working with Parents

- Parents do know their kids. They see many emergent skills long before teachers do.
- Many parents are still emotionally “mourning.”
- Parents of kids with disabilities have a lot more on their “to do” lists.
- Many parents don’t yet know what they envision for their child

Communication Issues

- Hearing
- Attention span
- Short-term memory
- Speech articulation
- Generalization



Communication Issues, cont.

- Oral-motor issues
- Processing
- Concrete thinkers
(abstract, imaging, and prediction very difficult)
- Language
- Experience at home



Communication Strategies

- Multi-sensory approaches have been successful
 - Sign
 - Pictures
 - Communication boards
- Keep the bar where it can be reached—and facilitate as appropriate

Communication Strategies, cont.

- Demands and Interruptions
 - Necessary vs Unnecessary Demands
 - Talking too fast and too much information
 - “10 seconds - change a life”
 - Visual interruptions
- Fall outs of Needless Demands and Interruptions
 - Shut down - Down syndrome drop
 - Aggressive or Uncooperative Behavior

Learning Strengths

- Small, sequential steps
- Lots of repetition
- Eager to please
- Work hard if they understand the purpose



Physical Activity

- Many kids develop weight problem
- Help parents to connect with out-of-school activities that will develop interests and good habits
- Lots of programs in Greater Detroit
 - ARC, Parks & Recreation, FAR, Fred Astaire, Friendship Circle/LifeTown, Hippotherapy, Abilities Center, Optiminds, etc...

Social Issues

- The Dreaded “R” Word
- Bullying
- People First Language
- Research indicates 70-80% of people with developmental disabilities will be abused either verbally, physically or sexually in their lifetime
- Sexuality

Self-Care and Hygiene

- Crucial time for toilet training
 - Partner with parents; consistency is key
- Look for ways to help develop self-sufficiency with self-care (easy-to-open snack containers)
- Look for ways to help kids develop skill with appropriate speed

Bottom Line

- Don't use the diagnosis as the definition of the student
- Don't feel sorry for kids. Teach them.
- Kids with Down syndrome CAN & DO learn
- If something isn't working, the methods and approach should be evaluated, not just the kid!
- Collaboration

More Alike Than Different!

- Every kid who has Down syndrome is unique.



Resources

- Down Syndrome Guild of Southeast Michigan
 - Seminars / Conferences
 - Lending Library
 - Newsletters
 - “Friday Focus” E-mail Blasts
 - “Parent to Parent”
 - Awareness Trainings



Favorite Books

- Early Communication Skills (Libby Kumin)
- Gross Motor Skills
- Fine Motor Skills
- Language of Toys
- Taking Down Syndrome to School
- Paint the Octopus Red
- My Friend Isabelle

Questions

