COURSE OUTLINE

A. PURPOSES OF THE COURSE:

General Description: This course explores conceptual and applied issues pertaining to the etiology, diagnosis, assessment and service models for children and adults with developmental disabilities. Students will learn behavioural and other approaches to the assessment, service delivery and program evaluation for persons with developmental disabilities. The main emphasis of the content however, will be exploring issues from a behaviour analytic perspective.

The goals of the course are:
1. To familiarize students with conceptual and assessment issues pertaining to interventions for persons with developmental disabilities.
2. To enable students to discuss, criticize, and compare the theoretical, conceptual and assessment issues under study.
3. To give students experiences in assessment for persons with developmental disabilities.

Format:
The course consists of 11, 3-hour lectures. With each lecture there are associated assigned readings. For topics not well covered by the readings in the text, extra readings will be assigned and held on reserve at Mills Library. A cue sheet of the important points in the readings is provided at the end of this outline. There will also be videos, or guest lectures in the course. Some time will be set aside each lecture for questions on the lecture or the readings. In addition, one or more Teaching Assistants will be available to aid students in the course material and will announce office hours during which they would be available. The TA’s are:
Ellen Gong (e-mail: gongz@mcmaster.ca) and Heather Poole (poolehl@mcmaster.ca).
B. TEXT: Jacobson, J. W. and Mulick, J. A. (1996). Manual of diagnosis and professional practice in mental retardation. Washington: American Psychological Association. The following chapters will be covered in the term: 1, 3, 5, 7, 8, 10, 11, 14, 16, 17, 24, 29, 30. In addition, there are a number of additional readings on reserve to be read as indicated under the section of COURSE SCHEDULE.

C. TOPICS

Diagnosis, etiology, historical perspectives
Risk, prevention, early intervention
Integration and support models for children
Integration and support models for adults
Psychopathology in adults with developmental disabilities
Behaviour assessment and applied behavioural analysis - Part 1
Behaviour assessment and applied behavioural analysis - Part 2
Behaviour assessment and applied behavioural analysis - Part 3
Assessment of adaptive, social and cognitive functioning
Early intervention with children with autism
Risk assessment

D. Grade Determination

Mid-term exam - 35%
Final exam - 35%
Term paper or practicum- 30%

E. MID-TERM EXAM

A mid-term exam will be given in class on the content of the course (both lectures and text) covered until that point. The mid-term exam will consist of short-answer and essay questions. The results will comprise 35% of the course final grade.

F. FINAL EXAM

A final exam will be given at the end of the course consisting of the content (both lectures and text) from the mid-term exam and on. The format will be short-answer and essay questions and worth 35% of your total grade.

G. TERM PAPER / MINI-PRACTICUUM

Mini-Practicum
There will be a limited number of spaces for students to take a mini-practicum pertaining assessment of persons with developmental disabilities. Mini-practica may be provided by the course instructors or students may arrange their own with permission (see end of outline) The mini-practicum will entail:
A total of 20 hours of direct contact with the client, not including any training time
Students can find their own placement as long as it is approved by one of us. The placement must be at a setting in which students can be supervised in the implementation of an assessment plan. Please recognize that you are to conduct yourself with utmost professional respect and courtesy. Also you are to maintain the strictest confidence about the individual with whom you are working.

For those needing our approval, please submit the brief description found at the end of this course outline.

Also note that at the end of this outline is a form that explains the expectations to potential hosts of your placement and a waiver of liability.

Please keep track of the dates and times of your placement and include that information in the method section of your paper.

You will submit at least a 10-page, double-spaced paper on the results of your placement.

Include at least 5 recent research articles to support the points you raise in your paper.

The write-up of the mini-practicum should be under the following headings:

**Issue** (Describe the particular focus of the assessment [e.g., intellectual assessment of persons with Williams Syndrome.]. It would be in this section that you would describe the readings.

**Participant** (Describe the individual being assessed. Include such information as age, diagnosis, symptoms, history, setting. Be sure to protect the identify of the participant. Assessment (describe the purpose of the assessment, the nature of the assessment tools, reliability and validity, your involvement, list the dates and times of your placement, any problems encountered).

**Results** (Describe the results that were obtained. If possible try to display the results in table and/or graphs.)

**Discussion** (Discuss your conclusions about your placement, what was the benefit for the client, for you, what were your main learnings, what would you suggest for future attempts of helping the client)

Include in your introduction at least 5 references from scholarly sources. You must use American Psychological Association format in the paper.

Marks for the mini-practicum will be based on the thoroughness and logical flow of the ideas, synthesis of information, and writing style as follows:
Term Paper. The term paper would be a scholarly report of an empirical, but applied question pertaining to assessment of persons with developmental disabilities. The paper should be at least 20 double-spaced, pages. You should use at least 10 scholarly articles to support the points you raise in your paper. Discuss the assessment issue, what approaches have been used, their relative efficacy, limitations, advantages and recommendations to the field for: (i) future research; (ii) implications for practitioners in the field. You must use American Psychological Association format in the paper. A copy of the APA guidelines should be available in the library or bookstore.

The paper will be marked on the following basis:
Thoroughness / Detail - 30 marks
Logical Flow / Organization - 30 marks
Writing Style / Succinctness - 20 marks
APA format / Relevance of Topic - 20 marks

Both the mini-practicuum and the term paper are due the last day of classes in class.

H. COURSE SCHEDULE

1. September 9
LECTURE: Diagnosis, etiology, historical perspectives (both)
READING: Chapter 1, 3, 5,

2. September 16
LECTURE: Risk, prevention, early intervention (JH)
READING: Chapter 16, 17

3. September 23
LECTURE: Inclusion and support models for children (JH)

Research Quarterly, 13, 49-65.

4. September 30  
LECTURE: Integration and support models for adults (N)  
READING: Chapter 29, 30

5. October 7  
LECTURE: Psychopathology in adults with developmental disabilities (N)  
READING: Chapter 10  

6. October 14  
LECTURE: Behaviour assessment and applied behavioural analysis - Part 1 (JH)  

7. October 21  
LECTURE: none  
MID-TERM EXAM

8. October 28  
LECTURE: Behaviour assessment and applied behavioural analysis - Part 2 (N)  
READING: Chapter 14

9. November 4  
LECTURE: Behaviour assessment and applied behavioural analysis - Part 3 (N)  

10. November 11  
LECTURE: Assessment of adaptive, social and cognitive functioning  
READING: Chapter 7, 8, 11 (JH)

11. November 18  
LECTURE: Early Intervention with Children With Autism (JH)  

12. November 25  
LECTURE: Risk assessment  
READING: Chapter 24 (N)
Mini-practica and term-paper due

13. December 2  
NO LECTURE: Review of content from mid-term, on
MISCELLANEOUS

Message from the Chair - The instructor cannot be responsible for returning long distance calls from students. Any student wishing to reach an instructor is invited to e-mail the instructor.

Policy Reminder - Attention is drawn to the "Statement on Academic Ethics" and the "Senate Resolutions on Academic Dishonesty" as found in the Senate Policy Statements distributed at registration and available in the Senate Office. Any student who infringes one of these resolutions will be treated according to the published policy.

Marking - The instructor reserves the right to adjust final marks up or down, on an individual basis, in the light of special circumstances and/or the individual's total performance in the course. A percentage marking system will be used. The course mark will be converted to a letter grade by the Registrar's office using the Senate-approved, standard scale.

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CHAPTER 1
DEFINITION OF MENTAL RETARDATION

Page 13:
Definition of adaptive behaviour
Age of onset of mental retardation.

Page 14:
What are the three criteria for classification of MR?
Describe the degree of mental retardation.

Page 15-20:
Describe the degree of mental retardation, and how they differ from one another.

Page 23:
What are the three strategies suggested to guard against misclassification.

Page 26:
What are the four processes in neural, psychological and information processing theory.

Page 33:
What is the agreement between teacher and parent of children’s adaptive behaviours.

Page 36-37:
What is the relationship between age of onset and degree of mental retardation.

CHAPTER 3:
CLASSIFICATION OF MENTAL RETARDATION

Page 67:
Define impairment, disability, and handicap, according to the World Health Organization.

Page 68:
What is a useful and well-specified system of classification in any field?

Page 69:
In approximately what portion of cases of mental retardation is there known etiology?

CHAPTER 5
INTELLECTUAL DEVELOPMENT

Page 86:
Define Spearman’s G-Factor.

Page 87-88:
Define the contribution of Binet, and Simon and Wechsler

Page 89-90:
Describe how Piagetian theory has been linked to the field of MR.

Page 92-93:
Define Cattell concept of fluid and crystallized ability.

CHAPTER 7:
MENTAL RETARDATION AND ASSESSMENT OF COGNITIVE PROCESSES

Page 116:
Describe Das’ view of attentional processes.

Page 116-125:
Describe the PASS theory and its relationship to mental retardation.
CHAPTER 8: EVERY DAY INTELLIGENCE AND ADAPTIVE BEHAVIOUR: A THEORETICAL FRAMEWORK

Page 127: In classification systems, what is the difference between a “class” and a “taxon?”

Page 128-130: Why was adaptive behaviour added to the definition of mental retardation?

Page 134: What are the advantages and disadvantages of the definition of mental retardation found in the second paragraph?

CHAPTER 10 PSYCHOPATHOLOGY IN MENTAL RETARDATION

Page 148: What is the prevalence of psychopathology in people with developmental disability?
What are the factors that may account for some of the variability in reported prevalence?

Page 150: What is meant by the term “diagnostic overshadowing?”

Page 151: Is there a high correlation between psychiatric disorders and severe behaviour disorders?
Is there a high correlation between one type of behaviour disorder and a second type of behaviour disorder?

CHAPTER 11 ASSESSMENT OF SOCIAL FUNCTION

Page 157: How do the authors describe the philosophy of care and programming that is typically in place in institutions and group homes?

Page 158: Why are measures of adaptive behaviour inappropriate for assessing social skills?

Page 159: What is the purpose of assessment of social skills?

Page 159-162: Compare and contrast direct observation to checklist methods of assessing social skills.

CHAPTER 14 BEHAVIOUR ASSESSMENT

Page 191: How does behaviour assessment differ from other forms of psychological assessment?
What two areas has behaviour assessment been most useful?

Page 192: Define and contrast frequency recording, duration recording, interval recording, time sampling and measurement by products.
How is the reliability of behaviour assessment typically determined?

Describe indirect methods of identifying the function of behaviour.

Describe descriptive analysis, including scatter plot.

Describe functional analysis and how it is different from a descriptive analysis.

What are the two potential limitations of functional analysis?

What are the results of the ten year follow-up study of individuals with mental retardation treated with over-correction?

CHAPTER 16
PREVENTION: SOCIAL AND EDUCATIONAL FACTORS
AND EARLY INTERVENTION

What do the authors mean by “new morbidity”?

Is there evidence that early intervention is effective?

Describe and define each of the six principles relevant to early intervention.

What is meant by systems approach?

What are the practical recommendations proposed by Ramey and Ramey?

CHAPTER 17
PREVENTION: BIOLOGICAL FACTORS

Which syndromes account for the vast majority of known genetically-caused retardation?

What is the relationship between Down’s syndrome and Alzheimer’s disease?

What is the most common type of chromosomal anomaly?

Describe the relationship between maternal age and risk for Down’s syndrome.

Describe the risk involved and the impact of Fragile X syndrome.

Describe the impact of neural tube defects, and their diagnosis.

What are the remaining biological factors that may lead to mental retardation?

What are the three general pre-natal screening procedures used?

Describe the possible dangers of infections and their relation to mental retardation.
Page 236-237:
Describe the relationship between low birth weight and risk for mental retardation.
Page 239:
What is the relationship of exposure to toxins (e.g., alcohol, smoking, lead) and mental retardation?
Page 242:
What is sensitivity and specificity of measures assessing risk?

CHAPTER 24
THE MENTALLY RETARDED OFFENDER

Page 311:
What is the prevalence of mental retardation in the US Adult Correctional Settings?
Page 312-313:
How does the profile of crimes committed differ between individuals with mental retardation and the general prison population?
Page 314-321:
List, and briefly describe the threats to fair treatment for offenders with mental retardation?

CHAPTER 29
MANAGEMENT AND ORGANIZATIONAL ISSUES I THE DELIVERY OF PSYCHOLOGICAL SERVICES FOR PEOPLE WITH MENTAL RETARDATION

Page 384 – 390 What are the fundamental elements of a psychologist’s job?

CHAPTER 30
INTERDISCIPLINARY COLLABORATION IN THE PRACTICE OF MENTAL RETARDATION

Page 395 – What are the benefits of collaboration?
Page 396 – 397 What are causes of the tension in interdisciplinary consultation?


Page 7 –27 Define the four goal domains of inclusion?
Page 10 – 11 What are the types of inclusive programs described by Guralnick?


Page 50-51.
What are the three limitations of many studies of the developmental and social gains of preschools with disabilities?
Page 51.
What is the purpose of the study?
Page 57- 61
What are the main results of the study?
What were the limitations of the study?


Page 23-30
What is wrong with assigning causation of human behaviour to inner events (e.g., disordered personality, thirst)?

Page 31-34
What type of variables does Skinner suggest are legitimate for consideration as causes of human behaviour?

Page 35
How does Skinner define a "functional analysis"?


Page 93
In a behaviour analytic perspective, would a person's verbal description of his/her non-verbal behaviour be accepted as a measure of actual behaviour? Why or why not?

Why is reliability of human observers seen as essential?

Page 93-94
What does the analysis of a behaviour require?

Page 94
Define the "reversal" technique and the "multiple baseline" technique.

Page 95
What needs to occur for an application to be considered a "technology"?

Page 96
What is meant by the "effectiveness" and the "generality" of an intervention?

**New York State Department of Health Early Intervention Program (1999). Assessment and Intervention for Young Children: Quick Reference Guide**

Preface:
What was the purpose of the report?
Page 4
What is the importance of using scientific evidence?
Page 7
What is Autism?
Page 8
Describe the CHAT and its utility?
Page 33
What were the recommendations about applied behavior analysis?
Page 38
What were the recommendations about other experiential approaches?
MINI-PRACTICUM APPROVAL

Student name ___________________  Student number ___________

Describe the setting
___________________________________________________________________________
_________________________________________________________________________________________

____________________________________________ _____________________________________________

Describe the person with whom you will be working
_________________________________________________________________________________________
_________________________________________________________________________________________

Who will be supervising you in the implementation of the program
_________________________________________________________________________________________

Days and times of placement
_________________________________________________________________________________________

I understand that I must undertake an assessment of a person with developmental disabilities using one or more of
the techniques covered in the course.  I understand that I must submit a paper of at least 10 double-spaced pages
containing the results of my assessment.

STUDENT NAME:  _______________________________________

YES I APPROVE OF THE PLACEMENT _________________________________

NO I DO NOT APPROVE OF THE SETTING FOR THE FOLLOWING REASONS __________
_________________________________________________________________________________________

___

___
Dear Potential Placement Provider:

This is the description of the expectations for students seeking a mini-practicum in the McMaster University Psychology course 3z03, Assessment of Persons with Developmental Disabilities. The course is introducing 3rd year psychology students to conceptual and practical issues of assessment of this population. In the mini-practicum, it is expected that the student get permission to participate with children or adults with developmental disabilities in a natural setting. The activities you set up for the student should be ones in which the student is directly interacting with the person with developmental disabilities and collecting some type of objective information.

It is expected that the student submit a 10-page, double-spaced paper on the case study with support literature. The minimum number of student time to commit is 20 hours.

Obtaining signed consent, oaths of confidentiality, etc. is the responsibility of the placement. Please ask the student to sign the enclosed waiver indicating that the placement is not responsible for any mishap that may happen to the student.

Joel Hundert Ph.D., C.Psych.
Associate Professor of Psychiatry, McMaster University
Behaviour Institute
57 Young St.
Hamilton, Ontario
L3P 1V1
(905) 570-0777
FAX: (905) 570-0778
hundert@mcmail.mcmaster.ca
WAIVER

I understand that __________________________ is not responsible for any

(name of agency)

personal injury, property loss / damage or other mishap that I might suffer during my volunteer work from

___________ to ______________. I have been informed of any

(start date) (end date)

potential hazards by the agency.

Student name ____________________________
Address __________________________________
Telephone number _________________________

Date __________________________
Date of Lecture ____________________

Name(s) of lecturer __________________________

1. How interesting did you find the material discussed?
   Very   Somewhat   Not So   Boring

2. How did I pace my presentation?
   Too Fast   Just Right   Too Slow

3. How clear was the presentation?
   Very Clear   Clear   Somewhat Confusing   Very Confusing

4. How well did I encourage class participation?
   Very Well   Good   O.K.   Not so well

5. Overall, how would you rate the lecture?
   Excellent   Very Good   Good   O.K.   Poor   Very Poor

Comments: