

Immersion Assignment 1

Jamie Garretson
Misty Collins
Tasha McKinney

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Mentally retarded adults have proven that they can be independent with the encouragement from the community. It was once said, that people with disabilities could not support themselves and should be supervised twenty-four-seven, but these assumptions have been proven false. The population of mentally retarded individuals has been oppressed by many mental health professionals due to their lack of knowledge. Many mentally retarded people have been treated wrongfully as a result of health care professionals' ignorance, which has lead to “institutional placement, restrictive behavioral plans, and prescription of antipsychotic medication for behavioral control”. (Journal of Rehabilitation v. 62) The mental health professions are in great need of an improvement in procedures and practices.

A majority of parents who have children with Down syndrome are misinformed by health professionals; many of these parents feel that they are not getting the information that should be available to them at the beginning of their pregnancy and after the child is born (Pediatric nursing 18.6, 2006). It is very important that parents are informed early on in the child's life so that they can make an effort to help their child reach their full potential. Currently, women are not getting the service that they are entitled to. People with Down syndrome are being discriminated against by many health

care professionals due to the fact that they fail to notice signs of dementia and disregard any symptoms as a part of the “learning disability” (Nursing Older People, 16.7, 2004). So many health professionals that discriminate against people need to be informed because they are not helping their patients as much as they could. There is no reason why people with Down syndrome should be without the benefits that most people receive, like surgery, and help from school systems. Parents, children, and adults are being oppressed every day and it is not changing fast enough. Two cases of suicide attempts have been reported by people with Down syndrome due to depression which was caused by a feeling of hopelessness because their needs were not being met (Hurley, 1998). There have also been other suicide attempts by people due to the lack of help and understanding of people with Down syndrome and mental retardation but it is a very uncommon situation (Hurley, 1998). People with Down syndrome can also become anorexic due to depression. Some people that don’t want to openly display their depression interact either through food or people (Raitasuo J., Raitasuo S., Virtanen, 1996). In France, there has recently been an increase of babies being put up for adoption, especially ones with Down syndrome. In Israel, it was reported that forty percent of babies with Down syndrome were abandoned in hospitals by parents, and ninety-five percent of them died in the first year (Dumaret, Vigan, Julian-Reynier, Goujard, Rosset, Ayme, 1997). These children have no one to speak for them, and for the most part they are not receiving help from their parents, hospitals, or the community. “Approximately half of children with Down syndrome have

congenital heart disease, which unfortunately, can be missed on a routine examination. In one study of 81 newborn infants with Down syndrome, only fifty-three percent of those with congenital heart disease were correctly identified by clinical examination alone” (Roizen, 1996). Down syndrome children usually develop at a slower rate and are late in getting their baby teeth; they get them between 12 and 20 months, where as the average child grows teeth in the first six months of life.

Down syndrome has been around for many centuries, the formal story began in 1886; when a physician named John Langdon Down published an essay in England. He described a set of children with common features that were distinct from other children with mental retardation. Down based this unfortunate name on his notion that these children looked like people from Mongolia. With further research pictures of children that have Down syndrome have been found that date all the way back in 1505. In the early 1960’s the Asia genetic researchers were insulted by “Mongoloid”, they changed the name to “Down’s syndrome” for scientific use. Then in the 1970’s an American revision of scientific terms changed it simply to “Down syndrome” and the name remains to this day.

Most people have 23 pairs of chromosomes, for a total of 46. A person with Down syndrome has an extra chromosome (47 instead of the average 46). This extra chromosome causes problems with the development of their bodies. It causes people to have certain physical features, such as a flatter face, upward slanting eyes, and a somewhat larger tongue. About one out of every eight hundred to one in one thousand babies born has Down syndrome, no matter what race or nationality the parents are.

However, it has proven to be more common in children of older adults (Homeier, 2005).

The agency of Orange Grove started in the early 1950's with a classified ad in the paper stating, "Wanted, if you are a parent of a retarded child please call this phone number or write to this postal box. Help needed in starting a school for handicapped and crippled kids." At that time there wasn't a center for education in the Chattanooga community for people with disabilities. The community instead was focusing on, "taking the retarded out of society and hiding them somewhere" (Galletta, 2003, p.16). "Orange Grove was based on the theory that, all children are entitled to be taught within the limits of their abilities to function as effectively as possible" (Galletta, 2003, p. 22). One experience that is typical to this group is the Special Olympics, which are a part of the Orange Grove agency. The students have a chance to participate in sporting events ranging from softball throws to wheelchair races (Galletta, 2003).

We decided to do our social/cultural event at Orange Grove on October 10, 2006. We made an appointment with Jane Davis, who is the only social worker there. She thought it would be more beneficial to us if we observed three different classroom environments so that our experience would capture the many aspects that the facility has to offer. Misty, went to observe students that were in more critical conditions and were less cognitively developed than the other students that attend school there. Due to their physical conditions some students will re-enter into the adult services program that is offered. The students that are not physically able to care for themselves have assistants help them with their daily tasks.

If students seek care after the age of twenty-three they can sign up for the adult

program, funding is a vital part in being accepted. The parents or caregiver must be an advocate for the students. The ages of the students in this class ranged from seven to twenty-two. Most classrooms consist of peers, but the classroom that was visited this day didn't, because they aren't able to communicate. Interactions didn't take place between the students in my classroom. There were four students in this class and only two appeared to express any emotions while there. These students are unable to do necessary daily routines in order to maintain proper hygiene. Positioning impacts the students' day, they have to be physically moved around by the teachers. The teachers in my classroom appeared to be caring and loving towards their students.

Tasha observed an all boy class ranging from the ages of nine to fifteen years old. They were all nonverbal and autistic children. Some of the students had task machines, which would speak for them in common phrases such as, "hello", "yes", "no", "I'm tired", etc. There were three adults in my room, a teacher and two assistants. The assistants would help the students get started with their daily tasks and help with supervision. In regards to their daily activities, the teacher had different tasks for them to do at different times of the day, including leisure activities both inside and outside, on one speech therapy, and lunch. One student had an episode; he threw a temper tantrum (that is what I called it). He got very loud and started hitting himself, which are signs of extreme behavioral problems. Interactions with the students was limited, eye contact and smiles were the only types of gestures that were shown by the children. A student that I met became very friendly and flirty. By the end of the visit observations Tasha learned a little about the manner in which the students communicated and interacted with one another.

Jamie observed a classroom different than the other students, being fortunate enough to observe and interact with the interviewees son and seven other nonverbal and autistic and nonautistic children. The class age range is from sixteen to nineteen years old. During the observation attention was directed towards the interviewee's son. The class day starts at 8 a.m. and ends at 2:45 p.m. for all Orange Grove students. Each student is assigned tasks each day which include puzzles, assembling things, matching games, etc. They also receive leisure time which includes swinging, playing with bouncy balls, bike riding, and the interviewee's favorite – taking out the trash. It was noticed that the child especially enjoyed the alphabet game. While observing him it was noticed that he likes to work alone, make noise on occasion, and is a very independent student.

The observations that were made during the social/cultural event have made us more culturally competent due to the fact that we were given first hand experience with a wide variety of disabilities. As a result of our previous lack of knowledge we walked into Orange Grove with our eyes closed, but we walked out with our eyes wide open after our new experience. The experience received at Orange Grove has been beneficial in furthering our knowledge and skills.

The information we gathered from the interview along with our research findings were similar information. For example research tells us that children with Down syndrome have different physical appearances, just like our interviewees son, who has a flatter face, upward slanting eyes and somewhat larger tongue (Homeier, 2005).

As previously stated, health problems are common in children born with Down syndrome. They begin developing slower than most children. Their physical

abilities take longer to develop. Stomach problems and infections affecting their lung/breathing are a common problem as well. Infections among these children tend to last longer. Everyone with Down syndrome is different; some may portray all these characteristics or just one. All people with Down syndrome do not look the same (Homeier, 2005). During our interview we discovered that our interviewee's son has had some of these problems. There is currently no available cure for Down syndrome. There was a point in time when children with this syndrome didn't stand much of a chance to make it past childhood. Today, most health problems that were once a cause of death are now treatable. Children with Down syndrome can now live well into adulthood. While there isn't a cure, scientists are hoping to find ways of preventing and improving the health and lives of people with Down syndrome (Homeier, 2005).

Medical issues concerning children with Down syndrome are important to the family and the child's well-being. The parents of children with Down syndrome are not given proper treatment according to researchers. Parents are misinformed and are not given enough information about Down syndrome. They do not receive help to cope with this syndrome nor are they taught to help their children. Research stated that some parents were given stacks of paper concerning Down syndrome and sent on their way with their child (Pediatric Nursing, 2006). This was the case with the family we interviewed as well. The mother started out with a midwife because she didn't want to have a lot of medical intervention. Although, when she went to deliver her child she found out it was in a breeched position and she was going to require a c-section. After delivering her child, her son was taken away for testing. A surgeon entered her room and

let her know that there were significant esophageal effects in her child and that they were going to need to run more tests. She sensed that they were testing for Down syndrome and that was confirmed by the surgeon. After the testing was complete, the results came back and indicated her son did, in fact, have Down syndrome and as stated before, she was given a stack of papers and sent on her way home (McDonald, 2006).

Oppression and discrimination are a major concern when it comes to people with Down syndrome. Luckily, this was not a concern for the interviewee due to the moral support she receives everyday from her community. The community works with the interviewee's son very well. For example, her local church members take turns among themselves sitting with her son so that the family is able to enjoy church service every Sunday. The interviewee looks at her situation as a, "privilege because she saw herself as a shallow person before her son came along" (McDonald, 2006).

During the entire experience, as a group we have become more culturally competent with the Down syndrome and disabilities population. This experience has given us a chance to learn about the biological aspect of the population, the history of an important agency – Orange Grove and the daily life of a family with a child born with Down syndrome. It was later found out that this child was also autistic and nonverbal.

The biological aspect of Down syndrome has made us more competent due to all of our research and recent increase in knowledge. We have discovered the reason that people are born with Down syndrome. It is based on the different numbers of chromosomes that make up an individual's DNA. Most people get half of their chromosomes from their mother and the other half from their father. Most people have

46 chromosomes, while those with Down syndrome have 47(Homeier, 2005). Those with Down syndrome have facial characteristics that separate them from the rest of society. Not all children with Down syndrome have heart defects or mental retardation. Our interviewee's son was not mentally retarded, but did have medical problems when he was young.

Another learning experience that we had took place at the agency of Orange Grove. This agency facilitates children with Down syndrome and other disabilities. Orange Grove was organized after a couple put an ad in the local newspaper seeking assistance in starting a school for children with disabilities. The response to the article was great, many people turned out for the meeting about the request to start the school. Orange Grove provides many educational opportunities and vocational training for more than six hundred and fifty children and adult students. Orange Grove also meets their students' daily medical needs, including dental hygiene (with a dentist on site). There was a huge cafeteria that we noticed when we first walked into the school. Mrs. Davis was also very welcoming to us. After being assigned to different classrooms we started our observation and got to experience the many aspects that the facility has to offer to its students'. Orange Grove also offers the Special Olympics program, which started at the school in 1969. This offered the youth and adults a chance to participate in sporting events and to have a day of pure fun.

The most appreciative learning experience that we had the chance to endure was spending time with a family that has a son with Down syndrome. We were able to have a first hand experience with the daily life of a young man who not only has Down

syndrome, but who is also autistic and nonverbal. The child's mother elaborated on what his hobbies are, what his favorite food is, and what his daily routine consists of. His mother opened our eyes to be more understanding of this population.

Our conclusion about people with disabilities was that they are just like everyone else in the sense that we are all human beings and we all show emotions. The "Things I Learned Growing Up" inventory was comparable to the information that we gathered from this experience. Being around people with disabilities has given us a sense of compassion and we are now aware that they are capable of anything. People need to understand that just because an individual has Down syndrome does not mean that he/she isn't capable of doing important daily tasks.

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