



## Adult Consequences of Childhood Disorders

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The lifespan of individuals with developmental disabilities is continuing to increase and in many cases is approaching the norms. Plasticity of all body systems is well documented across the lifespan. However, this plasticity can be either positive or negative. The nature of the changes is influenced by the functional activities of the individual, environmental or contextual factors, and impact of other body systems. Yet typical intervention plans continue to stress early intervention without a more comprehensive lifespan plan. We spend money in NICU's to save younger and younger babies, provide early intervention, but often begin weaning services in elementary school to high school and have far fewer programs for adults. Excellent care in a NICU or during the early years is not adequate to provide adults to function optimally or even adequately nor to support full participation in all of the environments encountered in adult life.

The functional demands and desired outcomes shift as one ages. Parents of young children with developmental disorders prioritize desired functional outcomes with ambulation as number one. Yet, parents of adult children shift the ranking to communication as the highest priority functional outcome. Skills that are more "developmental" in nature are replaced with the day to day functional goals such as getting in and out of the bathtub, or eating a meal with the family.

Changes in the environment also impact the individuals body systems and functional demands. Skills required for different environments (family home, assisted living, or group home) are also different. A school environment is usually replaced with a work environment or an adult activity center and recreational or leisure activities are community based.

The impairments associated with disabilities in adults also change. There is frequently an emergence or worsening of the secondary impairments during the aging process. The changes may be based on the interaction of system integrities or impairments. For example, the impact of the hormones during adolescence may lead to increased musculoskeletal impairments and is sometimes associated with increased seizure activity. The changes may also be related to the more sedentary lifestyle. The changes may also result from the long-term impact of intervention provided in earlier years.

All of these changes require that the practitioner also change and specifically address the needs of the adults. Yet, frequently the health care practitioners most familiar with developmental disabilities are in pediatric facilities and do not serve adults. The practitioners in "adult" settings are unfamiliar with the impairments and disorders considered developmental in nature. Each of the team members present will outline a brief description of the shifting roles of his/her discipline based on the changing needs of the population served.