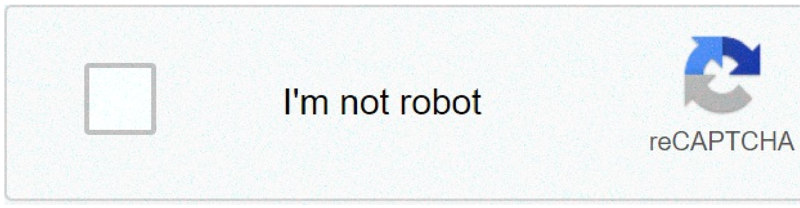

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Low incidence disabilities list

List of high and low incidence disabilities.

Deficiencies of deficiencies categorized as low incidency varies in the scope. Deficiaries widely defined, with low incidence incidence refer to a visual deficiency or hearing loss, deaf blindness and significant cognitive impairment. For children, the definition extends to any commitment that requires individualized intervention services provided by professionals with highly specialized skills and knowledge for the child to benefit from their education £. Thus, this definition includes individuals with autism, traumatic brain injuries, orthopic deficiencies or deficiencies. Although these classifications can be useful for data collection or communicate the potential needs of customers with a particular shortcomment, individuals within each category of disability may be more different than they are equal and probably requiring services Highly individualized. Even when a very broad definition is used, individuals with low incident deficiencies compose a small percentage of the population. However, it is likely that counselors can find customers with low incident deficiencies in their practice. Individuals with disabilities, such as all individuals, may present a variety of physical, social and psychological needs that can guarantee the professional intervention. According to the ethical patterns, professionals should practice within the scope of their training and recognize when it may be more appropriate to refer to a practitioner with specialized training in the area of customer deficiency. This entry focuses mainly on issues related to serving individuals with visual disabilities, deaf blind and hearing loss. Understanding the incidence of low incidency deaf / harsh deficiencies of audience within the medical field, hearing loss is typically defined by a person's ability to realize sounds of different frequency and in different intensities. The hearing loss is classified as normal (loss of 0-15 decibel), mild (26-10 dB of DB), moderate (41-70 dB), severe (71-90 dB) or deep (91dB or higher). In addition, auditory losses can be classified as conductive, sensory, mixed or auditory auditory processing disorders. Hearing loss can also be defined by functional capacity. For example, individuals who are capable of communicating using the phone are often considered "Hard of the Audience", while those who mainly receive information visually and not through pathways auditors are considered "eaf". These physicians and functional definitions do not necessarily correspond with the cultural identity of a subject. Some customers who have a hearing loss may be considered culturally deaf (indicated with capital d), reflecting their pride belonging to a community of individuals who share common experiences, a rich cultural patrimony and a shared signs language. The deaf and the auditory population is Het-Erogen. Factors to be considered working with a subject that is deaf or with a hearing force, include the cause, type, severity and stability of hearing loss; age of beginning; preferred amplification type; Preferred communication modality; presence of any additional deficiencies; and cultural affiliation. The unique interaction of these factors differentially impacts the development of the language of the individual, speech intelligibility, academic performance, self-concept, identity, behavior and social and emotional development. Visual deficiency / disabled deficiencies vary, but often refer to visual acuity or functioning levels. The clarity of the vision is typically defined in terms of visual acuity, measured on a scale comparing the vision of the person at 20 feet with the one of someone who has full Visual acuity varies from the normal vision (20/20 acuity) to the profound acuity of low vision (less than 20/400). The visual acuity approaching the total blindness can also be designated by functional descriptions, such as the ability to detect light. The term referring normally refers to total total Loss, including no perception of light, or significant compromise for sight, making it necessary that the individual is mainly relies on visiting vision with the environment. Legal blindness does not necessarily imply the total blindness, and is defined as a visual acuity corrected less than 20/200 or a 20-degree visual field or less in the best eye. Individuals with visual deficiencies demonstrate a wide range of vision functions that can float daily due to a variety of factors. The factors that contribute to the uniqueness of each individual with loss of vision include type, gravity, etiology, age of the beginning and stability of the vision compromise, as well as the presence of one or more Development deficiencies. Deaf-blind individuals that are considered deaf-blind to have a vision of co-occurrence and auditory losses. The vision and hearing loss may have been presented from birth, or one can precede the other. Often, the vision and / or auditing can decrease throughout the life of the individual. Customers fit this classification probably have significant deficiencies in the vision and audience, requiring specialized services that are not properly defined by typical services for deaf or blind individuals. The operation of the vision and audience varies considerably within this population, resulting in varied communication preferences and use of assistive devices. Thus, the factors that contribute to the uniqueness of the deaf-blind individuals include the etiology, the age of the beginning, the severity of visual and auditory commitment, the preferences of communication and the presence of comorative deficiencies. Cultural Counseling Counseling Considerations The mental health needs of individuals with low incidency deficiencies were traditionally under-crafted. Historically, the equity of the counselors on individuals with deficiencies often led to the wrong assumptions that customers with significant loss and / or loss of vision have cared from language and cognitive skills needed to benefit from therapy. Customers with deficiencies that continually find the virtue in their daily lives can be resistant or suspicious of counselors who do not feel related to their experience. In addition, limited accessibility to services remains influenced by the scarcity of trained professionals to meet the exclusive needs of these customers. In particular, there is a scarcity of practitioners who can communicate directly with customers using sign language. Communication Because of the importance of the therapy in therapy, it is fundamental for the counselors to attempt to correspond to the customer's preferred communication mode. Customers who are deaf, hard or deaf-blind audience may prefer to communicate using speech language, American tongue or other sign language systems, singing speech, gestures, pantomime, body language and Facial expressions, writing or combinations from above. Communicating directly with customers in their preferred communication mode is preferable to facilitate the therapeutic process. However, when direct communication is not possible, counselors may have to rely on using intention. Counselors should be aware of the impact of the indirect communication on the therapeutic relationship with their client, including the client's confidence confidence in the counselor, the highest likelihood of communication errors And challenges in effectively assessing customer language. Process of level and thought. When the interpreters should be used, it is preferable to use a consistent and certified integration. Development Perspective A development perspective is also important when working with customers with low incidential disabilities. For example, small children with Visuals need to support to learn how to explore and function independently within your environment. Severe visual commitment can affect the social skills of children. They may need to be instructed skills directly to use HIL and and and facial expressions, joining sports and other social activities, assertiveness and self-defense. Children with congenital blindness can also demonstrate behaviors that seem to be autistic (eg Echolalia, stereotyped behaviors), which can also interfere with socialization. Language delays associated with auditory loss can also significantly affect one's behavioral regulation and social skills throughout life. Children with hearing loss may feel isolated from colleagues who do not use the same modality of communication. Adapting your auditing and / or loss of vision may have a significant impact on individuals ¢ develop sense of identity and will to affirm your independence. Individuals who deal with a sustainous or progressive vision and / or loss of hearing can benefit from the counseling as they adjust to the resulting changes. Even those who seem to have adjusted for the impact of their loss of vision can re-experience difficulties of social and emotional adaptation, when confronted with certain milestones affected by their visual disabilities, such as obtained A portfolio driver ¢ S or in transition for college or workplace. Ecological perspective When working with clients with low incident disabilities, it is important for advisors to consider the game between the client and their environment, given to each client of characteristics and unique needs. It may be particularly important to include families in counseling. As well as individuals react to progressive vision or loss of hearing, parents undergo a process similar to mourning in reaction to the diagnosis their childcians. Especially when the diagnosis is done during the first infancy, the parenting attachment ¢ and parental competencies can be affected. The overwhelming majority of deaf children are the children of listeners. This results in an unique situation in which the child can communicate using a language that differs from their parenting tongue ¢ and can identify with a culture other than their auditory parent. In addition, an individual ¢ s declining vision and / or auditing is probably also has an impact on familia. It can be benese to include other members of the family in treatment for message changes in papers and responsibilities and stress associated with family unit. Role of counselors advisers to fill out a variety of work papers with customers with low incident disabilities. Rehabilitation Counselors Evaluate and Address Clients Independent Skills Life, the use of auxiliary devices, social interaction skills, academic or career skills and recreation and leisure skills. An evaluation of language and communication operation or orientation and mobility skills can also be guaranteed. Professionals carrying out evaluations with individuals with low incident deficiency should consult the professional guidance on appropriate evaluation procedures. Evaluation tools should be taken care with with the understanding that some instruments allow comparations with other individuals that demonstrate similar deficiencies. When working with customers with visual disabilities, the doctors should avoid tasks that the heavy place demands - the vision, including verbal tasks with a corresponding visual component, unless the objective of the evaluation It is measuring vision. On the other hand, when working with customers with hearing disabilities, performance-based performance-based tasks can produce the best estimate of operation. It may be appropriate to provide accommodations during the evaluation that facilitate access to client for tasks without significantly changing the construction intended to be measured. It should also be taken into consideration if the evaluation reflects experiences that can be outside Customer repertory due to the impact of the vision or hearing loss. Finally, the impact of the vision or loss of hearing in the processing of speed, concentration, attention and fatigue must be carefully considered in the interpretation of the results. results. Glickman, N. S., & Gulati, S. (EDS.). (2003). Mental health care of deaf people: a culturally affirmative approach. Mahwah, NJ: Lawrence Erlbaum. Ingraham, C. L., Carey, A., Vernon, M., & Berry, P. (1994). Deaf-blind customers and professional rehabilitation: Practical guidelines for advisers. Journal of visual and blindness commitment, 88 (2), 117-127. Leigh, I. W. (Ed.). (1999). Psychotherapy with deaf customers from various groups. Washington, DC: Gallaudet University Press. Moore, J. E., Graves, W. H., & Patterson, J. B. (EDS). (1997). Rehabilitation counseling foundations with blind or visually impaired people. New York: AFB. See also: Before:

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