



Majlis Khuddamul Ahmadiyya Canada

SEND

National Department of Special Needs



MAJLIS
KHUDDAMUL
AHMADIYYA
CANADA

Objectives

- **Define and Explore concept of “Disability”**
- Specific Disabilities and relevant management for Officer Bearers
- Most common misconceptions & how office bearers should navigate Khuddam with Disabilities



What is a Disability?



What is a Disability?

A disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions).



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™



What is a Disability?

There are many types of disabilities, such as those that affect a person's:

- Vision
- Movement
- Thinking
- Remembering
- Learning
- Communicating
- Hearing
- Mental health
- Social relationship



What is a Disability?

- Related to conditions that are **present at birth and may affect functions later in life**, including **cognition** (memory, learning, and understanding), mobility (moving around in the environment), vision, hearing, behavior, and other areas.
- Associated with **developmental conditions that become apparent during childhood** (for example, autism spectrum disorder and attention-deficit/hyperactivity disorder or ADHD)
- Related to an **injury** (for example, traumatic brain injury or spinal cord injury)
- Associated with a **long standing condition** (for example, diabetes), which can cause a disability such as vision loss, nerve damage, or limb loss.

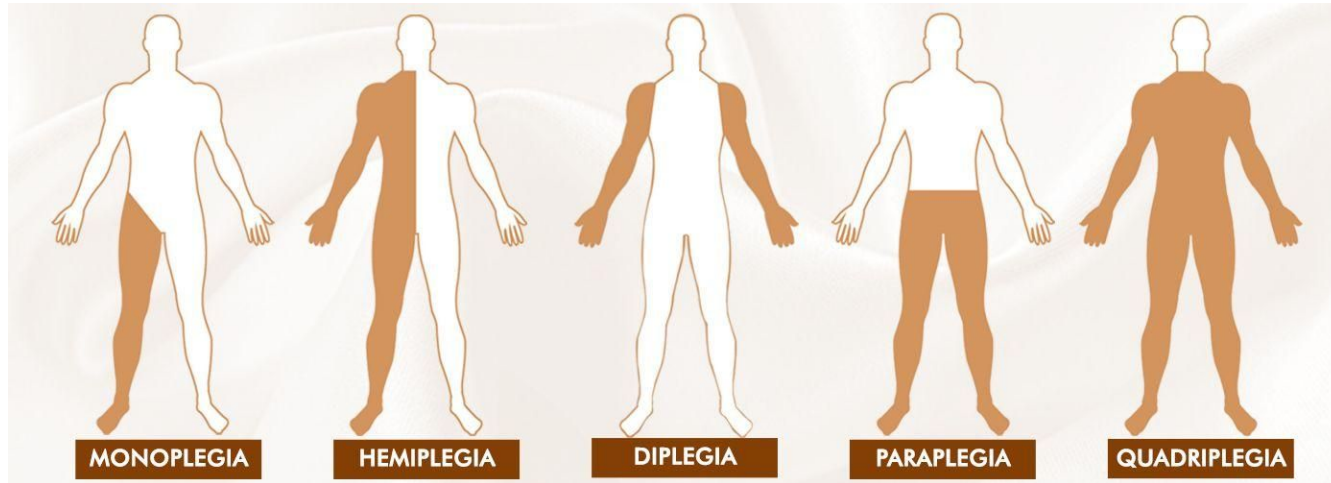


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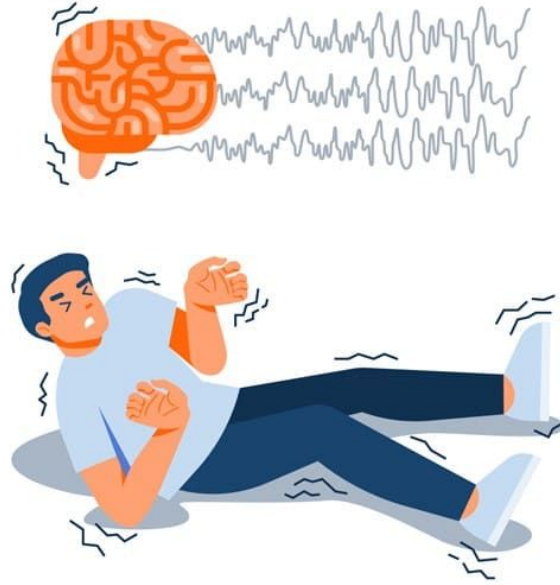
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Paralysis



Epilepsy



Epilepsy - Acute Seizures

- Ease the person to the floor.
- Turn the person gently onto one side. This will help the person breathe.
- Clear the area around the person of anything hard or sharp. This can prevent injury.
- Put something soft and flat, like a folded jacket, under his or her head.
- Remove eyeglasses.
- Loosen ties or anything around the neck that may make it hard to breathe.
- Time the seizure. Call 911 if the seizure lasts longer than 5 minutes.



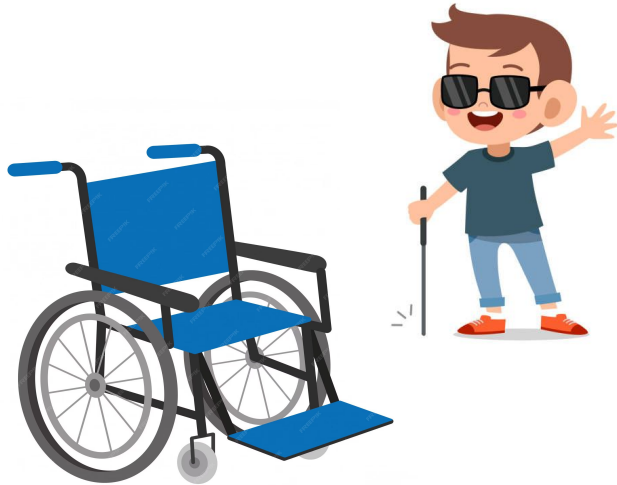
Epilepsy - Acute Seizures

Never do any of the following things

- Do **not** hold the person down or try to stop his or her movements.
- Do **not** put anything in the person's mouth. This can injure teeth or the jaw. A person having a seizure cannot swallow his or her tongue.
- Do **not** try to give mouth-to-mouth breaths (like CPR). People usually start breathing again on their own after a seizure.
- Do **not** offer the person water or food until he or she is fully alert.



Wheelchair + Physical Disabilities



- Wheelchair Accessibility infrastructure and logistics
 - Designated spaces in Mosques i.e. prayer hall, Ablution, recreational spaces
- Vision + Hearing impaired accommodations
- Customized Approach
- **Offer to help, but never assume.**



Down Syndrome



- Most common genetic disorder - associated with characteristic phenotype
- Advanced maternal age
- Audio Sensory disability
- Intellectual delay
- Congenital heart pathology
- **Variable presentation**



Down Syndrome - Misconceptions



Common Misconceptions

- Cannot play sports
- Cannot read or write.
- Do not feel pain
- Cannot have children (Females are fertile)
- Adults who have Down syndrome cannot live independently or get jobs
- Always happy
- Have no memory

<https://www.globaldownsyndrome.org/about-down-syndrome/misconceptions-vs-reality/>



Autism

Neurodevelopmental disorder that is characterized by **social communication** and **interaction deficit, restricted repetitive patterns of behavior, interest, activities**

Disorder from the DSM-V

DOMAIN	CRITERIA
1	Impairment in social interaction and communication Subcriteria (impairment in all 3 required) <ul style="list-style-type: none">• social and emotional reciprocity• nonverbal communication• creating and maintaining relationships
2	Abnormal and repetitive behaviour, interests, and activities Subcriteria (2 of 4 required) <ul style="list-style-type: none">• stereotyped speech and behaviour• resistance to change• fixated interests• hypersensitivity or hyposensitivity to sensory input
3	Presentation in early childhood development
4	Limited and hindered everyday activities

DSM-V—*Diagnostic and Statistical Manual of Mental Disorders*, 5th ed.
Data from the American Psychiatric Association.³



Autism

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Flat Affect



Autism

Abnormal and repetitive behaviour, interests, and activities

Subcriteria (2 of 4 required)

- stereotyped speech and behaviour
- resistance to change
- fixated interests
- hypersensitivity or hyposensitivity to sensory input



Autism



Overstimulation/Hyperstimulation is very common and can be triggered at any time at variable degrees.

Isolation requirements



Attention-Deficit/Hyperactivity Disorder (ADHD)

Neurodevelopmental/psychiatric disorder characterized by **hyperactivity**, **impulsivity**, and **inattention**

Table 1. Selected *DSM-5* Diagnostic Criteria for ADHD

Must meet criteria for inattention, hyperactivity/impulsivity, or both.

1. Inattention

Age 17 and younger: six or more of these symptoms must be present for at least 6 months, be inconsistent with the child's developmental level, and have a negative effect on social and academic activities. To be confirmed, the following must occur often:

- a. Fails to pay close attention to details
- b. Has trouble sustaining attention
- c. Doesn't seem to listen when spoken to directly
- d. Fails to follow through on instructions and fails to finish schoolwork or chores
- e. Has trouble getting organized
- f. Avoids or dislikes things that require sustained focus/thinking
- g. Loses things frequently
- h. Easily distracted by other things
- i. Forgets things

2. Hyperactivity and Impulsivity

Six or more of these symptoms must be present for at least 6 months, be inconsistent with the child's developmental level, and have a negative effect on social and academic activities. To be confirmed, the following must occur often:

- a. Fidgets with hands/feet or squirms in chair
- b. Frequently leaves chair when sitting is expected
- c. Runs or climbs excessively
- d. Trouble playing/engaging in activities quietly
- e. Acts "on the go" and as if "driven by a motor"
- f. Talks excessively
- g. Blurts out answers before questions are completed
- h. Trouble waiting or taking turns
- i. Interrupts or intrudes on what others are doing

DSM: Diagnostic and Statistical Manual of Mental Disorders.

Source: Adapted from Reference 6.



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Psychotic Disorders

A group of disorders characterized by the presence of “psychosis”, commonly manifested as experiencing **auditory hallucinations and delusions**, and **disturbed behavior** with a decline in social functioning

- E.g. Schizophrenia, Schizophreniform, schizoaffective, bipolar

Lifetime prevalence is approximately 1% worldwide with onset usually between age **17 to 35**



Psychotic Disorders

DSM-5 Criteria for Schizophrenia

- Two or more of these symptoms must be present for at least one month (can be less if being successfully treated)
And at least one symptom must be either (1), (2), or (3)
 - (1) Hallucinations
 - (2) Delusions (can be either bizarre or nonbizarre)
 - (3) Disorganized speech (e.g., frequent derailment or incoherence)
 - (4) Grossly disorganized or catatonic behavior
 - (5) Negative symptoms (e.g., affective flattening, avolition).
- Continuous disturbance for 6 months (attenuated symptoms, residual symptoms)
- Social or occupational dysfunction (or both) for significant portion of the time
- Notes: Catatonia can also be used as a specifier for any other diagnosis



Psychotic Disorders

- Extremely high correlation with drug abuse, depression, suicidality
- Developing a **plan** for acute episodes of psychosis
- **Security Considerations** → Collaborate with the Khadim you will be surprised
- Compliance to Medications
- Cultural change i.e. “Pagal”



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Myth: People with disabilities are sick and in constant pain.

People with disabilities are like people without disabilities. People get sick on occasion or sometimes may be in pain. People with disabilities typically do not suffer or experience pain due to their condition.

Myth: People with disabilities are dependent and always need help.

All of us may have difficulty doing some things and may require assistance. People with disabilities may require help on occasion; however, disability does not mean dependency. It is always a good strategy not to assume a person with a disability needs assistance. Just ask!

Myth: Disability is a personal tragedy and deserves our pity.

Disability is often viewed as an unending burden. People with disabilities are often viewed as tragic figures whom society should pity. Disability does not mean a poor quality of life. It is often the negative attitudes of society and the lack of accessibility within the community that are the real tragedy.

Myth: People with disabilities are brave, courageous and inspirational for living with their disability.

People with disabilities are often portrayed as superhuman or courageous as they triumph over adversity.

