Inclusion of people with mental retardation and other developmental disabilities in communities of faith

Abstract
Our focus in this paper is on efforts to include persons with developmental disabilities in faith communities. We provide a review of the relevant literature on religious participation and faith communities for persons with disabilities and blend the limited data available on these topics with the perspectives of individuals whose efforts focus on these concerns. Topics explored are the implications of being part of the faith community in terms of its impact on quality of life, the barriers to inclusion in such communities, strategies for overcoming these barriers, and special considerations for adults with mental retardation or other developmental disabilities. Discussion of the implications for enhancing inclusion in faith communities is provided.
Factors Influencing Teachers' Decisions About Their Use of Community-Based Instruction
Shari L. Hopkins, Stacy K. Dymond

Experiences With the Mental Health Service System of Family Caregivers of Individuals With an Intellectual/Developmental Disability Referred to START
Mentally retarded people are more prone to both physical and mental disorders than the general population. Some of the conditions that cause mental retardation may also be characterized by seizures, hearing problems, congenital heart defects, and other symptoms. Some types of mental retardation can be prevented through genetic counseling to determine the risk of a couple having a retarded baby. Mentally retarded children lag behind their peers in developmental milestones such as sitting up, smiling, walking, and talking. They often demonstrate lower than normal levels of interest in their environment and responsiveness to others, and they are slower than other children in reacting to visual or auditory stimulation.

Not have mental retardation and developmental disabilities (MR/DD), and some phenomena may take a different form. For patients with severe or profound mental retardation the MSE form must be altered significantly to for a minute. Alternatively, compare the person’s movements with others in the room. It is unusual, for a person to go more than a couple of minutes. President Kennedy passed the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963. This fostered the establishment of University of Affiliated Facilities which provided care to people with disabilities. People with disabilities want to be recognized for their abilities, not their disabilities. Some individuals prefer the term “differently abled” rather than disabled. Therefore, dentists and other oral health care professionals have an increasing responsibility to identify patients with systemic diseases, compromising conditions, and disabilities that have an impact on, and can be impacted by, oral treatment. This is, more patients will require oral health care that is optimally coordinated with the systemic conditions.