

## Editorial: Harnessing the Power of Interprofessional Practice and Education to Meet the Multi-Faceted Needs of Individuals with Intellectual Disability

Welcome to the special issue of the *Journal of Intellectual Disability Diagnosis and Treatment* "Harnessing the Power of Interprofessional Practice to Address the Multi-Faceted Needs of Individuals with Intellectual Disabilities". The American Association on Intellectual and Developmental Disabilities (AAIDD, 2013) offers the following definition of intellectual disability (ID): "*Intellectual disability* is a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 18." On the surface, this definition may seem simple and straightforward. However, when one considers the extent and depth of each component-intellectual functioning, adaptive behavior, social skills, and practical skills, it is clear that ID is a complex disorder with considerable implications. Likewise, addressing the needs of individuals with ID is equally complex and requires comprehensive treatment.



Interprofessional practice, (also called interprofessional collaboration, IPP/IPC), and the educational counterpart, interprofessional education (IPE) lend themselves naturally to serving individuals with ID. According to the American Speech-Language Hearing Association (ASHA, no date):

IPE is an activity that occurs when two or more professions learn about, from, and with each other to enable effective collaboration and improve outcomes for individuals and families whom we serve. Similarly, IPP occurs when multiple service providers from different professional backgrounds provide comprehensive healthcare or educational services by working with individuals and their families, caregivers, and communities- to deliver the highest quality of care across settings.

While national and international efforts are under way to formalize, understand, and implement IPP/IPC and IPE (see, for example, the Interprofessional Education Collaborative, 2016) individual service providers are also initiating collaborative efforts to treat the diverse features that characterize ID. It is in this spirit of IPP/IPC and IPE that this special issue of JIDDT is offered. Although none of these authors were following a designated formal model of IPP/IPC, their work reflects positive steps towards such practice. The different ways in which IPP/IPC and IPE have been implemented by the authors illustrate the appeal and importance of IPP/IPC in working with individuals with intellectual disability. The themes are broad and range from an inter-professional staff training model (Slim, 2016) to a collaborative program designed to address the fear experienced by persons with ID when they visit the dentist (Cajares, 2016).

In the first article, Slim (2016) reports on the results of an inter-professional staff training model implemented to address the needs of children on the autism spectrum. She explored the effect of video self-monitoring (VSM), performance feedback (PF) and reflection (R) with and without mentoring on teacher performance. Her research was conducted with an acknowledgment to the specialized training needed to meet the complex needs of children with autism spectrum disorders.

Summers, et al. (2016) report on an interprofessional collaborative approach redesigned at a large mental health and addictions teaching hospital in Toronto, Canada. The professions of behavior therapist, developmental services worker, occupational therapist, psychiatric nurse, psychiatrist, psychologist, social worker, and recreation therapist are involved in a collaborative approach to address the multi-dimensional needs of adults with autism spectrum disorder and/or intellectual disability. Two case studies are presented that illustrate the interprofessional process.

Cajares (2016) presents a unique collaborative program focused on reducing the anxiety experienced by patients with ID when they visit the dentist. Cajares (2016) and colleagues introduced animal assisted therapy and certified therapy dogs into the dental visit as an alternative to anesthesia and as a means to increasing patient cooperation.

Taking a somewhat different look at individuals with ID, (Nunez Polo, 2016) looks at trauma and considers both the primary trauma of ID itself as well as secondary trauma in the form of abuse. She reports on integrative therapy, a type of trauma therapy which focuses on the victim and their families and professionals through different approaches: cognitive-behavior principles, attachment theory and systemic approach.

Continuing the theme of the emotional needs of individuals with ID, Frankish's work highlights the complex needs of this population marked by physical disability, communication difficulties, trauma related personality difficulties, self-harming behavior and aggression towards others. He presents a comprehensive training approach in which psychologists, psychotherapists, group home managers, and their staff work collaboratively to provide an emotionally nurturing environment for people with ID leading to community living.

In the final article, Marcone, Esposito, and Caputo (2016), provide the results of a survey on the attitudes people have towards those with Down syndrome. They offer an important lesson about the importance of increasing and spreading public knowledge about Down syndrome in an attempt to positively influence public opinion. Marcone, Esposito, and Caputo explain that a better and informed understanding of individuals with Down syndrome will enhance the roles they can play in society and in work.

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