

DOWN SYNDROME

**Down syndrome is
one of the most
common genetic
birth defects.**

**It affects all races
and economic
level equally.**



Importance of Interview

To gain a first-hand perspective of Down syndrome.

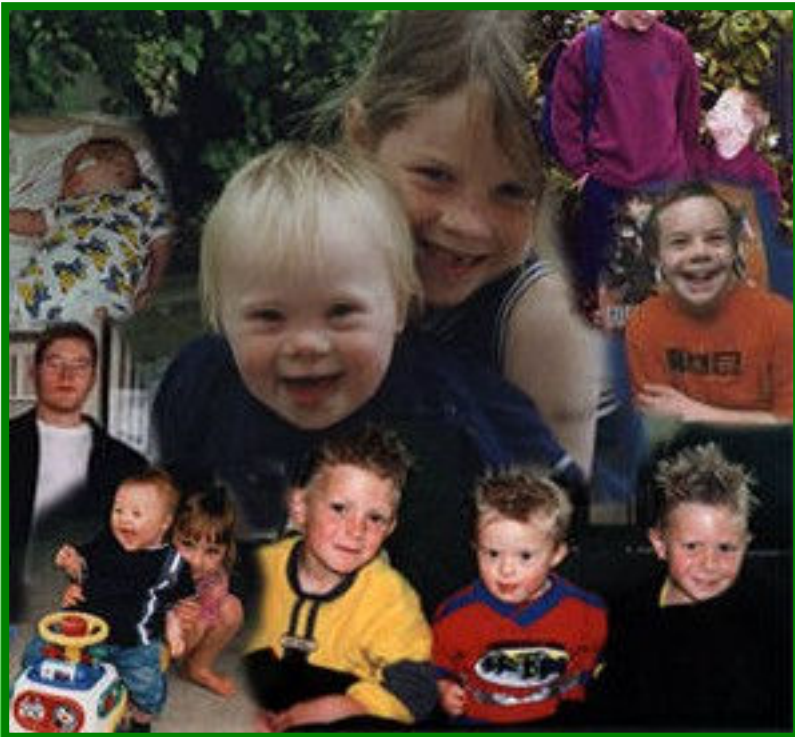
And, in addition, hear what the parent of a Down syndrome child experiences on a daily basis.

The son of the parent I interviewed is both non-verbal and autistic.



Approximately 1 in 800 to 1 in 1000 babies is born with this disorder.

This ratio dramatically increase for mothers over 35 years of age.



Most people have 23 pairs of chromosomes for a total of 46. A person with Down syndrome has one more chromosome for a total of 47.

Proposed Research Question

- **How are the affects of surgery different for people with Down syndrome contrast to people without?**
- **How are the physical features different in people with Down syndrome compared to people without?**

Theoretical Perspectives

- Strengths Perspectives

- All human beings have the capacity for growth, change, and adaptation.
- Regardless of their problem, they possess skills, capabilities, and strengths
- People are experts on their disorder, which means they are naturally well positioned to develop solutions to their problems.

- Limitations

- Too broad
- Difficult to treat and predict behavior
- Does not focus on the biological aspects of the behavior and problems

Theoretical Perspectives

- Medical Model

- The diseases can be identified through a list of symptoms
- Symptoms can be alleviated through logical and scientific examination of the patient.
- Places an emphasis on biological issues that can cause problems that often get overlooked in assessment
- Down syndrome sufferers are living a lot longer than they used to due to medical findings

- Limitations

- Reduces the client to a set of symptoms which may leave them feeling powerless to change
- Does not focus on the environmental issues

Literature Review and Interview

- **Many parents who have children with Down syndrome are misinformed by health professionals and are not getting the information that should be available to them.**
 - This is supported by the fact my interviewee was not informed her child had Down syndrome until after his birth
 - My interviewee was given literature on Down syndrome and sent on her way without proper support mechanisms in place
- **Approximately half of the children with Down syndrome have congenital heart disease, which unfortunately, can be missed on a routine examination. *Roizen, 1996***
 - Fortunately, my interviewee's son was diagnosed with this condition in the early stages

- **By asking the research questions along other questions, I was able to achieve a better understanding of what Down syndrome is, and how it impacts not only the patient themselves, but their families as well.**

- *How are the effects of surgery different for people with Down syndrome contrasted to people without?*
- *How are the physical facial features different in those with Down syndrome compared to those without?*

Recommendations

- **Continued research and prevention development**
- **Public awareness**
- **Increased support for those families with loved ones enduring this particular genetic disorder**

Conclusion

- **By having the opportunity to interview a member of this population I feel I have more knowledge and skills needed to become a more cultural competent social worker.**