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Review Article

Intellectual and Developmental Disability and the Quality of Life

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Abstract

Researchers have acknowledged the importance of social relationships in shaping the well-being and quality of life outcomes of people with intellectual developmental disorder. We systematically reviewed studies addressing the informal relationships among parents of individuals with IDD. The review highlights the complexities of studying social relationships and offer insights for strengthening research and efforts focused on improving family and societal outcomes. It is estimated that quality of social and research relationships in people with intellectual developmental disorder lives can contribute to their development of growth including observational play in kids and adults with intellectual development disorder.

Introduction

The quality of social relationships in people's lives with people with Intellectual Development Disorder can contribute to their well-being and quality of life. Specifically, these studies portray the multidimensionality of relationships by addressing the affiliations, perceptions, and supports exchanged within informal relationships. Each of these dimensions provides rich and complex views into the variety of relationships comprising the lives of parents of children with IDD and the factors associated with these relationships (Boehm and Carter, 1997) [1]. The well- being and quality of life systematically addresses the informal relationships among parents as a statistical group of individuals with IDD. These topics offer insights for strengthening research and practice efforts focused on improving family outcomes.

Parent relationships have been studied and measured in a wide variety of ways. Researchers used a total of 48 different instruments to assess informal relationships. One fifth of studies addressed more than one dimension, which is affiliations, perceptions, supports exchanged, of relationships concurrently. A typical example is when the types of people under social support who provides support and what type of support is provided to meet these conditions. The distinction between who provides support and what type of support is provided renders "Social Support" too ambiguous to be helpful in isolating the supportive aspects of relationships (Boehm and Carter, 1997) [1]. For example, the number of friends a parent has among their informal relationships may be a helpful quantitative indicator of their interpersonal connections whereas parent views on the helpfulness of a relationship may offer a more qualitative indicator (Boehm and Carter, 1997) [1]. These are how social support functions to meet individuals and family needs.

Second, families play a range of different types of informal affiliations. The high proportion of friendship affiliations will show the types of relationships in people with Intellectual Developmental Disorder. A friend is a label for a generic social bond with people outside the family who are not paid. This is to show the presence of friendship in people's lives. Parents reported other informal affiliations such as other parents and families who shared a disability-related experience. Thoits (1995) described this shared experience as a type of "Matching" that might fortify a relationship by enabling meaningful connections to be made over similar disability-related experiences (Boehm and Carter, 1997) [1]. There are nine dimensions that are focused on the family quality of life and these are the health of the family, financial well-being, family relationships, and support from others. People with intellectual and developmental disabilities must be able to live the lives they choose and have a good quality of life (Jordan, 2014) [2].

Third, we found that emotional support may be a good resource available to parents through informal relationships beyond their family system. Among the different types of supports exchanged within these relationships, emotional support was the most frequently reported as beneficial to the child. Emotional support is very important as well as the emotional well-being as a core domain of quality of life. Emotional support were even exchanged to emotional intelligence on a test.

Furthermore, culture plays a significant role in the informal relationships of parents, including locale and parent gender. Three studies reported significant differences in the affiliations of parents based on country which were reported and analyzed in the United States, Jordan, Ireland, and Northern Ireland (Boehm and Carter, 1997) [1]. These location differences could reflect social and cultural differences that shape relationships. Cultures emphasizing individualism and autonomy, may shape social norms and relationship dynamics differently than cultures emphasizing collectivism and interdependence. Further research addressing relationships should incorporate location variables and descriptive details that could help identify specific cultural and geographic influences. Although there are numerous quality of life instruments in the field of intellectual disability, most of them are addressed to those with the highest levels of functioning, while suitable for people with the lowest levels. The San Martin Scale, a 95-item Likert scale questionnaire is completed by a third-party respondent. The validation sample was composed of 1770 people from Spain with intellectual developmental disabilities, 28.25% moderate, 41.6% severe, and 21.4% profound. The age of the participants ranged between 16 and 77 years old. The results suggested that the eight quality of life domains assessed on the scale are reliable from the San Martin Scale. The eight first-order factor solution provided the best fit to the data over unidimensional and hierarchical solutions.

Method

Several search and analysis decisions were considered when drawing conclusions from this review. Intellectual Development is found in only 3 percent of the world's population. First, we included the family-level measures specified the parent or caregiver as the focus relationship partner. Understanding which phenotypical characteristics of ID are associated with parent relationships could help inform disability specific interventions and support strategies designed to address malleable factors that have evidence for improving outcomes. Researchers were precise in identifying which relationship dimensions were relevant to the research question about how much contact parents have with kids with intellectual development disorder, their views regarding these relationships, and the resources they access through thee relationships. Heaney and Israel reviewed multiple types of social network and social support interventions. The kids they were working with were all at the under age of 21 years old. Support typologies and support group interventions were practical tools to promote methodological and measurement precision geared toward results. The resources to access through relationships were measured by supports exchanged. Each required different measures and each provided unique perspectives on different dimensions of parent relationship.

The study will consider children under the age of 21 with intellectual disability disorder to be the independent variable, and the adults who are intervening with these types of behaviors are the dependent variable. The dependent measures are the adolescent ratings of the supports exchanged and support typologies between parent and child. Family researchers will research the children with intellectual developmental disorder through play therapy and diagnose the independent and dependent variable according to their research. Play therapy is often designed to foster contact among mental health professionals interested in exploring, when developmentally appropriate, applying the therapeutic power of play to communicate with and treat clients, particularly children (2016) [3]. Many researchers these days, especially in preschool, have found a method where children are assessed their behavioral play by the method of observation. Charts and inventory to diagnose children has been led to curriculum amongst children who may display intellectual development disorders. Questions to ask were questions such as how children play, interact, develop emotion, and to use their intellectual developments.

Healthy exercises to diagnose through mental therapy were ways to change a disorder. Many scholars agree that these forms of inventory to diagnose children have been an excellent assessment to those finding disorders in the modern world. Children under the age of 21 with intellectual developmental disorder will be asked to play in a subgroup. Most people with Intellectual Developmental disorder were found to be under the age of 18. These children will have interaction with the parents, by using play therapy and therapeutic session as a primary to outcome session, and their observations will be recorded. A second subgroup will be the outcome in which there was a difference in the outcomes of how the children reacted while the parents were interacting with the children under the age of 21. There are about 5 children with intellectual developmental disorder in this subgroup, and 8 parents who are experimenting. The researchers are observing their behavior by use of play therapy.

Results

According to Piaget, a pioneer theorist on the role of play in child development, higher order cognitive development is formed through three primary stages of play: practice play, construction play, and symbolic play. When the parents interacted with the children with intellectual developmental disorder, the children's emotional, social, and behavioral differences were all noticed to change. Play therapy was used as "The systematic use of the theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development" (1993). The social relationships between the parent and the child had maximized and played a heightened relationship role, and set the children to behave differently in a positive manner in their outgrowth and their future years as remains as adults. The relationships and their role in shaping health and well-being has been the central focus of research, and all of the children's behavior changed drastically through their emotional, social, and behavioral differences. The quality of social relationships in peoples' lives can contribute to their well-being and quality of life. This review provides a map of literature on the parental role with children with IDD. These studies portray the multidimensionality of relationships by addressing the affiliations, perceptions, and supports exchanged within informal relationships. Each of these dimensions provides rich and complex views into the variety of relationships comprising the lives of parents of children with IDD and the factors associated with these relationships.

Discussion

The results of this study could be retested with not just kids, but adults with intellectual developmental disorder. It is not only adolescents under the age of 21, it includes adults who also share in responsibilities with diagnose with intellectual developmental disorder. Adults share in a more mature growth when coming to the outcome of social relationships and wellbeing and quality of life outcomes. The implications are that there will be change within the social boundaries and health, mental health, and behavioral differences when parents actively engage in a child's life. The well-being of children with intellectual developmental disorder will be studied differently, and their growth will extend high beyond social maturity when dealing with the well-being, quality, and even quantity of life of children with intellectual developmental disorder.

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