Committee on Children With Disabilities

Role of the Pediatrician in Prevocational and Vocational Education of Children and Adolescents With Developmental Disabilities

The majority of developmentally disabled adolescents who were once considered unemployable have now been demonstrated to have employment potential if appropriate educational support, family support, and medical services and planning are combined to encourage maximum independence. Concern for a child's eventual vocational placement may not traditionally be seen as part of the pediatrician's responsibility; however, pediatricians are in a unique position to be advocates for children with disabilities and for their families. Pediatricians are often the first to identify the disability for the family, and they assist in the family's adjustment to the child's special needs while providing ongoing care to both the child and family. With an enlightened eye to the child's eventual ability to function in society, the pediatrician can make a great contribution to the disabled child's future through the traditional functions of (1) diagnosis and management of medical problems, (2) education and counseling of parents, and (3) patient advocacy.

As part of health maintenance, pediatricians provide or coordinate the diagnosis and management of medical problems such as vision impairment, hearing loss, communication disorders, seizures, and motor disabilities. As members of interdisciplinary groups that generate a health services plan, pediatricians join in the evaluation and treatment planning for children. Pediatricians should also provide information for medical and therapeutic plans for these children and material for family discussions on long- and short-term personal goals for such children.

No matter how skillful the professional services, the family's culture has the strongest influence on patient behavior. For vocational planning, in addition to the ability to be trained in and to master specific technical skills, social behavior is a major variable in determining success. Pediatricians can help set a strong vocationally oriented environment for these children by (1) advocating the human worth and dignity of all children from the earliest years of life, (2) helping the parents focus on realistic but progressive goals for these children, (3) helping direct the parents toward prevocational and vocational services, (4) conveying a positive attitude toward the children's abilities, (5) advocating the implementation of prevocational and vocational programs in the educational sector, and (6) supporting the development of appropriate community work placement services and programs.

Parents need help in recognizing that social readiness for employment should be a primary goal of their child or adolescent's education. Lack of a sense of self-worth and lack of appropriate social/personal skills result in employment problems for many disabled people who have satisfactory technical skills. For most children who are severely physically or mentally disabled, social skills that emerge in the preschool and early elementary school years must be developed and maintained through later school years. Therefore, pediatricians should emphasize age-appropriate social skills training which includes competence in or attention to personal hygiene, grooming, and appropriate manners when these skills are limited by a child's handicaps, along with the more traditional academic subjects. Pediatricians should take an active role in removing educational rules and regulations when they act as barriers to a child's effective use of such skills.

Additionally, pediatricians can advocate for community services that will make appropriate vocational placement possible for persons with disabilities. Most children who have developmental disabilities have some limitation of their academic and social abilities associated with their functional deficits. Pediatricians should advocate an educational program that encourages each child to function at the maximum level of his or her abilities.

This statement has been approved by the Council on Child and Adolescent Health.

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Because youths with developmental disabilities are rarely served by state vocational rehabilitation services until 18 years of age, pediatricians, parents, and educators should advocate for the inclusion of appropriate prevocational and vocational services in the child's Individualized Education Plan (IEP). Public Law 94–142 (The Education for All Handicapped Children Act of 1975) charges the local school district with this responsibility, and section 504 of the Rehabilitation Act of 1973 guarantees access to publicly funded programs. Nevertheless, all those concerned about the welfare of children must attempt to assure implementation of appropriate vocational education and training for children and adolescents with special needs.

CONCLUSION

The well-being of an individual is tied in important ways to the ability to perform useful work in society. For children with disabilities, it is especially important that employment capabilities be nurtured early. Pediatricians play an important role in enhancing the worth and dignity of all children while assisting parents in preparing their child for a brighter future by including vocational awareness in the traditional pediatric practice functions of health maintenance, parental counseling, and advocacy.

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