Intellectual disabilities

Contents

Participants

Try to remember whether you ever were in contact with people who have intellectual disabilities. Share your own experiences, focusing on the aspects of communication which you found challenging. Share with the group how you felt in that situation, as well as your general impressions about contacts with people who have intellectual disabilities.

Intellectual disabilities

Intellectual disabilities are defined as a condition which occurs in the early period of a child's development, and which is characterized by significantly below-average intellectual functioning and adaptive behaviour.

Three important items stand out in this description of intellectual disabilities:

- **Intellectual functioning**
- **Adaptive functioning**
- **Onset during the early development period**

Each of them will be explained in more detail below.

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Intellectual functioning

Intellectual functioning is the ability to think, which enables people to navigate new situations. It is measured by intelligence tests.

The unit for designating the level of intelligence demonstrated on the tests is called the intelligence quotient (IQ). The value of IQ below 70 is considered as having disabilities in that regard.

Intelligence is primarily a genetically determined potential, it gravitates toward stability, is resistant to training, and is not something that can be taught.

About 95% of people have an IQ in the range of 70 to 130. The average value of IQ is 100. If it is lower than 70, a disability is suspected.

Adaptive functioning

Adaptive functioning refers to how effectively a person copes with common life demands and their ability to meet the standards of personal independence for a particular age group, sociocultural background, and community conditions.

Adaptive behaviour involves the following:

- **Communication skills**
- **Social skills**
- **Academic/professional skills**
- **Personal independence skills**

Adaptive functioning is primarily a learned behaviour, responsive to training/rehabilitation.

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Onset during the early development period

The onset of the condition, i.e., the first manifested disability, refers to the child's developmental period (more specifically, childhood and adolescence). The American classification manual strictly defines that the first disability must develop by the age of 18.

Intellectual disability does not simply mean getting a bad score on intelligence tests.

Intellectual disabilities are diagnosed by a specialist based on extensive diagnostic procedures, primarily the testing of intellectual and adaptive functioning. Without impairments in terms of adaptation, an intellectual disability diagnosis cannot be established.

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Participants

Write as many terms that you know of as you can, which denote or could be associated with people who have intellectual disabilities. Do it quickly and don't worry about the appropriateness, morality or possible negative connotations of the term right now. Once they finish writing them, participants can read their list individually and discuss the appropriateness of the terms they wrote as a group.

Terminology

The term for this type of disability has changed very often. These are some of the frequently used ones:

- Idiot, imbecile, moron
- Intellectually deficient
- Feebleminded
- Mentally retarded

All of these terms are obsolete and are no longer used!

The term which was used the longest (in recent history) is "mental retardation". In Latin, retardio means to hold back, delay. This, again, means that a person with mental retardation is falling behind, delayed in development or has a slow development.

The term mental retardation is still current; however, new disease classifications have replaced it with the term "intellectual disabilities". The universal recommendation is to use the new term.

The correct terms for the disability and the person affected by it are intellectual disabilities and people with intellectual disabilities, respectively.

Classification

For this purpose, we will use the categorization and terms from the previous editions of classification manuals, which are currently still in force. The numbers in brackets indicate IQ.

- **Mild mental retardation (50–69)**
- **Moderate mental retardation (35–49)**
- **Severe mental retardation (20–34)**
- **Profound mental retardation (<20)**

- **Mild disabilites**

People with mild disabilities are likely to have some learning difficulties. As adults, they might be able to work, live a relatively independent life and develop social relationships. They often require professional support for that.

- **Moderate disabilities**

People with moderate disabilities experienced a significant delay in their development, but the majority of them can achieve a certain degree of independence when it comes to self-care, establishing social relationships and completing school education.

- **Severe intellectual disabilities**

People with severe intellectual disabilities are most likely completely dependent on continuous assistance from the people in their social environment.

- **Profound intellectual disabilities**

People with profound intellectual disabilities have serious limitations when it comes to self-care, continence, communication, and mobility.

The largest share of affected persons belongs to the category of mild mental retardation.

Causes

There are a number of factors, mostly biological, and to a lesser extent psychosocial, which are associated with the concept of intellectual disabilities. All these factors can be classified into three categories according to their moment of onset:

- **Prenatal (during pregnancy)**
- **Perinatal (during childbirth)**
- **Postnatal (during childhood)**

The following circumstances are associated with the diagnosis of intellectual disability, with the estimated percentage of cases stated in brackets:

- **Early damage during the embryonic period (30%)**

- **Environmental influences (15%-20%):**

- **Pregnancy and perinatal problems (10%):**

- **Problems caused by a heredity factor (5%):**

- **General health conditions acquired in infancy or childhood (5%)**

The following circumstances are associated with the diagnosis of intellectual disability: an example of early damage during the embryonic period is Down syndrome. Examples of pregnancy and perinatal problems are infections, injuries, and malnutrition. Examples of heredity are tuberous sclerosis, and fragile X syndrome.

The cause of a large number of intellectual disabilities is unknown!

Incidence
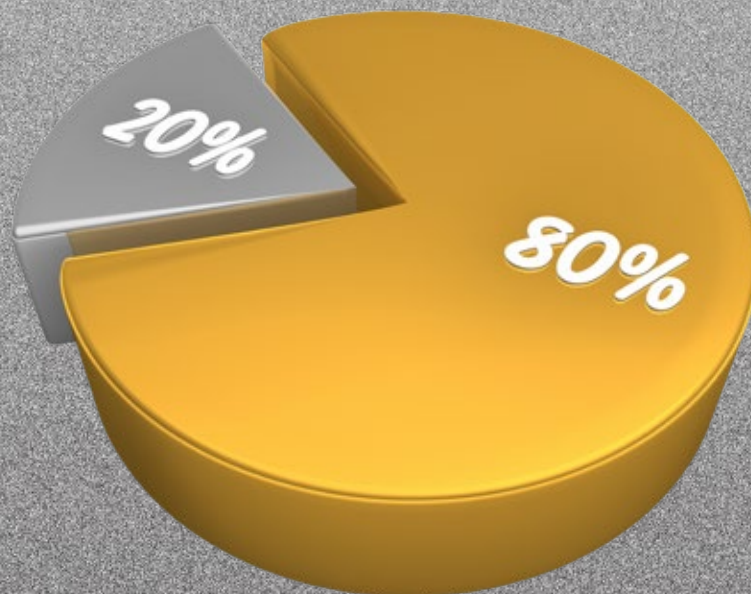
Information on the incidence of people diagnosed with a disease/ state of intellectual disability ranges from 1 (DSM-IV) to 3% (WHO).

It is more often diagnosed in boys than in girls. As the degree of impairment increases, the proportion of affected individuals decreases. Therefore, the largest number of diagnosed cases falls under the category of mild intellectual disabilities (more than 80%), followed by moderate intellectual disabilities and then severe and profound intellectual disabilities (which make up less than 20% of the share jointly).

Main difficulties

The main difficulties that people with intellectual disabilities often face are described below:

- **Poorer memory**

  Their memory may be significantly poorer, both when it comes to memorizing new content as well as in recalling what has already been learned.

- **Difficulties with attention**

  When it comes to attention, difficulties in directing attention towards an activity are expected, as well as difficulties in keeping the focus on the activity.

- **Difficulties with abstract**

  Their thinking is usually very concrete, so it is extremely difficult for them to understand abstract concepts and imaginary situations.

- **Difficulties with speech**

  The speech of children with intellectual disabilities can be developmentally delayed compared to other children.

- **Poorer understanding**

  Some adults exhibit poorer overall usage and understanding of language.

- **General clumsiness**

  Early motor skills exhibit developmental delays, and later on, general clumsiness is most often present.

- **Poorer social skills**

  Social skills can be less developed.

- **Poorer emotional experience**

  Their emotional experience is, usually, simplified and related to concrete events.

- **Personality**

  Their personality may exhibit a simpler structure.

Participants

In small groups, discuss the main characteristics of intellectual disabilities. Imagine a three-year-old girl and her social environment, who are told that Inge is now clearly delayed in her development, that the probable diagnosis is intellectual disability and that she will have the disability throughout her life. Write a unique scenario in which you will describe the future course of life for the little girl, Inge. Share your main opinions with others.

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Additional difficulties

Many neurodevelopmental, psychiatric and other medical disorders/diseases and disabilities co-occur with intellectual disabilities. The ones that often occur simultaneously are listed below:

- Epilepsy

- Cerebral palsy / other movement disorders

- Sensory issues

- Behavioural difficulties

- Mental health problems

For a long time, it was thought that people with intellectual disabilities couldn't be affected by other mental (psychiatric) disorders, but as many as approximately a quarter of them have an additional diagnosis related to mental health.

Suggestions

Suggestions for more successful communication: Speaking

When speaking, it is advisable to use common words and simple, short sentences. It is good to avoid abstract concepts and specialized terms. When it comes to communication, try to focus on concrete matters, ask clear questions and take longer pauses when speaking.

Suggestions for more successful communication: Giving work instructions

When giving work instructions, more complex tasks need to be broken down into smaller activities. You must give a separate instruction for each activity and check for understanding after each instruction you give. After that, you must enable them to put the instruction into practice. You must keep a close eye on them while they do so and give them continuous feedback on what has been done.

Suggestions for more successful communication: Checking for understanding

When checking for understanding, it is important to ask the person to repeat the instruction given to them as they understood it. We will then be able to fill in the omitted parts and set any inaccuracies straight. Afterwards, it is a good idea to check for understanding again by asking them to verbally reproduce the procedures ("Please repeat the instruction to me so that I can check whether you understood me correctly!").

Avoid the question: "Did you understand what I said?" It will usually be followed by a simple "yes" or "no" answer that will tell you little about the way they actually understood the task. Finally, it is good to double-check for any questions, encourage them to write down the instruction on paper, and to once again keep track of how the assigned task is being performed.

Suggestions for more successful communication: Giving feedback

When giving feedback, it is important to do it immediately after the procedure, without delay. It must always be truthful, without any misrepresentations in any sense. It is necessary to clearly state what was done wrong and give specific (repeated) instructions on how to improve the procedure. It is always good to check for understanding and see whether there is any need for additional clarifications, as well as to follow how the instruction is being carried out.

It is important to keep track of the person's overall behaviour in order to identify what may indicate confusion, lack of clarity or the need for additional support. During the entire process, it is necessary to pay attention to motivation and to encourage and maintain it by applying different creative methods. It is important that the educational process take place on the premises which have as few interfering factors as possible.

Feeling of frustration is frequent when communicating with people who have intellectual disabilities due to the frequent need to repeat content that has already been said several times before. It is extremely important to be patient during communication, to repeat things as many times as necessary, and to show acceptance of the person in their entirety, along with their disabilities.

Accommodation

Accommodation in the context of informal adult education:

- **Organizational accommodations**

- **Spatial accommodations**

- **Technical accommodations**

Organizational accommodations

Before you have the opportunity to teach people with intellectual disabilities, it is important that you are open to the reception of such people and that you communicate your intention directly to this population.

Keep in mind that people with intellectual disabilities can participate to a greater or lesser extent in most non-formal education and that their success depends in part on how well you adapt your teaching process to them.

If you have participants with intellectual disabilities, they may need more time to master the content, so you should take this into account when organizing the program. Sometimes it will be necessary to adapt the content of the program in advance specifically for a person with intellectual disabilities. Which may mean special materials and special tasks.

Spatial accommodations

It is important that your space is well lit, airy and that important common areas are clearly marked with signs indicating their intended purpose.
Some people with intellectual disabilities have problems with spatial orientation, if you notice this, offer them help with orientation.

Technical accommodations

Technical accommodations can include any tool or technology that will allow you to better communicate knowledge to a person with an intellectual disability. There are no general rules here except to be very creative and communicate with your students.

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Teaching methods and techniques

Teaching methods and techniques in the context of informal adult education:

- Explanation method

- Demonstration method

- Method of guided instruction

Explanation method

If people with intellectual disabilities are among your participants, be prepared to adapt the content you are teaching. Sometimes you will need to reduce the scope, sometimes the terminology and complexity of expression, and sometimes lecture dynamics.

Most often, you will have to figure out for yourself which of these techniques you will need to employ, seeing as people with intellectual disabilities very often do not see themselves as such, nor can they clearly verbalize what form of adaptations they need.

The one thing you can certainly do is prepare a simple written presentation of the content to share with the participant who has intellectual disabilities.

Set aside some time during the lecture to discuss the most important concepts and principles with the participant who has intellectual disabilities.

If such a thing is acceptable to you, you can also do that 15 minutes after the lecture.

Use plain language (simple everyday expressions with simple sentence structure) but be sure to maintain a +/+ position, where you respect your conversational partner as an adult.

Demonstration method

If you have a participant with intellectual disabilities, perform the demonstration just for them and follow it up with a simple and precise explanation. You can allow the participant to try it out themselves, but with supervision and guidance.

Definitely don't let the demonstration turn into a game, if that wasn't your original goal.

Method of guided instruction

To be agreed with the participant.

Participants

You are the organizer of a course entitled "A Brief Introduction to Philosophy". An adult with intellectual disabilities who really wants to participate in the course applied. What accommodation are you considering for the course, given the disabilities the participant has?

Addendum: Workshop exercises

I Don't Get It

Required materials: people

Instructions: modify the following concepts so that a third-grader can understand them.

- **Speed**

- **Condensation**

- **Internal combustion engine**

- **Rainbow**

Purpose: People with intellectual disabilities have the ability to understand complex and abstract concepts. One only needs to use words, sounds, gestures or other tools for explaining that are familiar and common to them, and that they themselves use. Simplifying content is a good exercise for your brain, do it!

Addendum: Workshop exercises

Martian

Required materials: paper and pencil, people

Instructions: Imagine you are a Martian. Make a list of weirdest Earthling customs. For each item on the list, think about how acceptable it is to you and whether you have a better alternative. Comment upon it as a group.

Purpose: Social norms that we adhere to represent arrangements and we learn them as we grow up. Just because we abide by them, that does not mean that they are the only ones which are correct. Sometimes, people with intellectual disabilities do not behave in accordance with the norms, so it is a good thing to remember that they are not being rude, they just did not agree to these arrangements.

Dig In: Intellectual disabilities

🔗 JoinIN: European Network for Inclusive Higher Education

🔗 Guidelines on the inclusion of people with intellectual disabilities in adult literacy services

🎬 Peanut Butter Falcon (2019)

🎬 I Am Sam (2010)