



Intellectual Disabilities Resource Guide

What is intellectual disability?ⁱ

- Intellectual disability means that a child learns more slowly than other children of the same age and has difficulties learning the range of skills that will be needed to live and work in the community. These include communication, self-care, social and personal safety skills.
- Children with an intellectual disability will have limitations in thinking skills, including the ability to reason (working things out) and remember.
- They will have difficulties with attention and organizing information.
- Children with an intellectual disability have trouble seeing how things or how events relate to each other. For example, they may find it difficult to understand that forks, knives and spoons all belong to a bigger category called cutlery.
- In order to learn effectively, children with an intellectual disability will need certain types of structure and support.

Professionals usually talk about intellectual developmental *delay*, rather than intellectual *disability*, when a child is very young. Sometimes a child's learning will be slow for a while due to a serious illness, a change in family circumstances or a temporary hearing loss. But these children may later catch up on learning and then continue to develop as other children of the same age.

However, if a significant learning delay continues as the child gets older and this delay affects a number of areas of the child's development, professionals will begin to speak of an intellectual disability. This means that they expect the child to continue to learn at a slower rate than other children of the same age into adulthood

Peopleⁱⁱ with intellectual disabilities may experience a broad range of difficulties. These include problems with communication, self-care, independent living, interpersonal relationships, accessing community resources, self-direction, employment, education, health, and safety.

Possible signs of intellectual disabilityⁱⁱ:

- Delayed development such as sitting, crawling, standing, walking, or talking;
- Persistence of childlike behavior, possibly demonstrated in speaking style;
- Trouble understanding social rules and customs such as taking turns, or waiting in line;
- Failure to appreciate and avoid dangerous situations such as playing in the street, or touching a hot stove;
- A lack of curiosity or interest in the world around them;
- Difficulty learning new information despite significant effort and repetition;
- Difficulty learning new skills despite significant practice;



- Difficulty solving ordinary, simple problems;
- Trouble remembering things;
- Difficulty meeting educational demands;
- Excessive behavioral problems such as impulsivity and poor frustration tolerance.

Treatment Optionsⁱⁱⁱ

Medical treatment alone is inadequate to address the varied types of difficulties. Medical treatment may be helpful and necessary for treating some of the underlying medical causes and symptoms. However, medical treatment alone cannot address the intellectual and functional challenges that define these disabilities.

Intellectual disabilities are not illnesses. As such, there are no treatments per se. Instead, children are assisted to achieve their full potential so they may function in an optimal manner. In this respect, we may speak of supportive rehabilitation, rather than of treatment.

Supportive rehabilitation begins with an individualized support plan (ISP). The first goal of the ISP is to assess the needs and abilities of each child. The second goal is to formulate a plan to strengthen abilities while reducing the impact of limitations. The main objective of the ISP is to create a match between a child's environment, and their abilities.

ISPs are most helpful when they are developed collaboratively. Family members and the child with the disability should form a partnership with a team of professionals. This team includes psychologists and other behavioral specialists, health care providers, speech and occupational therapists, educational and skills training specialists, service coordination specialists (case managers), and social workers.

For school-aged children, intellectual challenges are addressed via an individualized educational plan (IEP). The IEP is developed with input from many sources. This includes educational professionals, social services professionals, the student, and the student's family. Each IEP outlines goals for the student to achieve. Then specialized curriculums are devised to achieve those goals. The curriculum is designed around each child's needs and abilities. The IEPs stress the age appropriate skills needed for everyday life.

Support^{iv}

Families caring for people with intellectual disability need their own support. Among the services for families there are: community supports, financial supports, advanced directives for future care, respite and emergency services, family education and support groups, and advocacy and legal supports.

In conclusion, people with intellectual disabilities can live meaningful, satisfying, and productive lives, within their own communities, when provided adequate supports.



ⁱ Women's and Children's Health Network: Child and Youth Health (2015). Intellectual Disability.
<http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=306&id=1876>

ⁱⁱ Seven Counties Services, Inc. (2015). Signs and Symptoms of Intellectual Disability.
http://www.sevencounties.org/poc/view_doc.php?type=doc&id=559&cn=37

ⁱⁱⁱ Seven Counties Services, Inc. (2015). Support & Help for Children with Intellectual Disabilities.
http://www.sevencounties.org/poc/view_doc.php?type=doc&id=14490&cn=37

^{iv} Seven Counties Services, Inc. (2015). Intellectual Disabilities Summary and Conclusion.
http://www.sevencounties.org/poc/view_doc.php?type=doc&id=10378&cn=208