



Counselling Children & Adolescents with Intellectual Disability (ID)

Lecturer: Jewell A. Williams M.A.

Learning Objectives

- Awareness of the key characteristics of ID
- Understanding diagnostic criteria
- Knowledge of co-occurring disorders
- Intervention strategies

Characteristic features -ID

- Intellectual disability (intellectual developmental disorder) is characterized by **deficits in general mental abilities** such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience.
- Deficits in mental abilities result in **impairments of adaptive functioning**. Individuals fail to meet standards of personal independence and social responsibility in one or more aspects of daily life.
- Key areas of adaptive functioning include communication, social participation, academic or occupational functioning, and personal independence at home or in community settings.

Characteristic features -ID

- Four levels of intellectual development have been distinguished: mild (IQ 50-70) moderate (IQ 35-49) severe (IQ 20-34) and profound (IQ below 20).
- **Mild ID** – ‘educable level’ – individuals can benefit from learning and support themselves as adults, they demonstrate typical language, social and play skills. Intellectual performance often improve with age. Individuals typically need assistance when under stress.
- **Moderate ID** – show signs of deficits in language development and play during preschool years. Receive diagnosis earlier in life.

Characteristic features -ID

- **Severe ID** - demonstrate basic motor and communication deficits during infancy. In school children display difficulty speaking – using two or three words at a time.
- **Profound ID** – usually noticeable at birth or early infancy. Individuals need a very structured environment with close supervision and considerable help, e.g. one to one relationship with a caregiver to aid development.
- Leading biological causes of ID - chromosomal abnormality, metabolic disorders, prenatal problems, birth complications and childhood diseases, and injury. Down syndrome is a form of ID.

Diagnostic Criteria

- Deficits in intellectual function must be confirmed by **both** clinical assessment and individualized standardized intelligence testing.
- Deficits in adaptive functioning result in failure to meet developmental and sociocultural standards for personal independence and social responsibility.
- Onset of intellectual and adaptive deficits during the developmental period.

Diagnostic Criteria

- The various levels of ID severity are defined on the basis of adaptive functioning, and not IQ scores.
- Adaptive functioning determines the level of support required.
- Functioning is determined on three (3) domains – conceptual, social and practical.

Associated Features Supporting Diagnosis

- Existence of associated difficulties with social judgment; assessment of risk; self-management of behaviour, emotions, or interpersonal relationships; or motivation in school or work environments.
- Lack of communication skills may predispose to disruptive and aggressive behaviours.
- Gullibility is often a feature, involving naiveté in social situations and a tendency for being easily led by others.
- Because of a lack of awareness of risk and danger, accidental injury rates may be increased.
- Individuals with a diagnosis of ID with co-occurring mental disorders are at risk for suicide.

Co-occurring Disorders

- Co-occurring disorders are frequent in intellectual disability.
- The most common co-occurring mental and neurodevelopmental disorders are ADHD; depressive and bipolar disorders; anxiety disorders; autism spectrum disorder; stereotypic movement disorder; impulse-control disorders; and major neurocognitive disorder.
- Major depressive disorder may occur throughout the range of severity of intellectual disability.

Co-occurring Disorders

- Individuals with severe ID may also exhibit aggression and disruptive behaviours, including harm of others or property destruction.
- Assessment procedures may require modifications because of associated disorders, including communication disorders, autism spectrum disorder, and motor, sensory, or other disorders.
- Knowledgeable informants are essential for identifying symptoms such as irritability, mood dysregulation, aggression, eating problems, and sleep problems, and for assessing adaptive functioning in various community settings.

Behavioural and Emotional Problems associated with ID

- Studies indicate that children with ID are twice as likely to have behavioural disorders.
- Disruptive and aggressive behaviours
- Interpersonal problems
- Low self-esteem
- Depression
- Social adjustment difficulties

Treatment Intervention

- Intervention programmes for ID usually focus on providing stimulation, proper education and social and economic opportunities.
- Early and ongoing interventions may improve adaptive functioning throughout childhood into adulthood.
- Educational programmes include – special education and mainstreaming.
- Token - economy programmes
- Individual or group therapy may be used to treat emotional problems that co-occur with ID - low self-esteem, interpersonal problems and social adjustment difficulties
- CBT – self-regulation programmes, visual instruction and imagery

Resources

- American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders – fifth edition (DSM-5)*. Arlington, VA: American Psychiatric Association
- Comer, R. J. (2015). *Abnormal psychology*. (9th ed). New York, NY: Worth Publishers