2. Intellectual Disabilities

People with intellectual disabilities usually have a lower level of intellectual function, and are generally limited in personal skills, self-care skills and communication skills. These characteristics must show up in the first eighteen years of a person's life to be called 'intellectual disability'.

A person with an intellectual disability may also have one or more accompanying impairments such as hearing, visual or other physical disability. Respiratory, heart/cardiac impairment and epilepsy are also common.

Intellectual disability can be attributed to a range of known causes but in most cases the cause is unknown. Some known causes include:

- Brain injury or infection before, during or after birth;
- Growth or nutrition problems;
- Faulty chromosomes and genes;
- Babies born long before the expected birth date – also called extreme prematurity;
- Health problems during childhood;
- Drug misuse during pregnancy, including excessive alcohol intake and smoking;
- Environmental deprivation;
- Exposure to toxins;
- A range of medical disorders.

Though no two people with an intellectual disability are affected in the same way, there are some common characteristics that may be experienced to varying degrees.

Intellectual Disabilities

A person with an intellectual disability may display one or more of the following:
(The range and severity will differ from person to person)

- Inability to think in abstract terms;
- Lack of decision making ability;
- Poor short term memory;
- Learning difficulties and generally few literacy or numeracy skills;
- Inconsistent concentration span;
- Communication difficulties; or
- Limited ability to function independently i.e. may not be able to perform daily living tasks without assistance.

Recognise that people with an intellectual disability:

- Are not all alike, they can all be affected in a different way;
- May also have physical disabilities;
- Can learn and develop new skills;
- Have feelings and emotions like other people;
- Can have control over their behaviour; and
- Can integrate and participate in general community activities.

A person with an intellectual disability may also have one or more of the following related difficulties:

- Sensory disability (hearing, sight);
- Physical disability;
- Communication difficulties;
- Medical difficulties;
- Behavioural difficulties;
- Attention difficulties;
- Social difficulties; or
- Hyperactivity.

Intellectual Disabilities

Be aware of the following when working with a person with an intellectual disability on a sport and active recreation program:

- Make all activities fun and enjoyable, where possible;
- The level of expectation is very important, do not make allowances, change rules or lower standards. Encourage full and equal participation. Plan activities to allow for success, not failure due to the difficulty of the task;
- Understand how the participant communicates. Communication may be difficult; therefore you will need to keep verbal communication basic and brief. Be clear, concise, deliberate and sequential, and reinforce your message;
- Provide clear demonstration of an activity and participate yourself so that your involvement can be modelled;
- Do not assume that a head shake or nod means that the person has understood, seek further clarification of understanding from the person by checking that they have understood correctly;
- Much learning occurs through looking and listening. When teaching new skills illustrate well and assist the person to move through the processes;
- Be specific in praise and encouragement, 'good girl' can be patronising while 'good hit' focuses on the action being encouraged;
- Break down learning of new skills into discrete components, ensuring a good understanding of the first component before moving on. Reinforce good performance spontaneously. Practise new skills in short bursts to avoid concentration, loss and boredom;
- Etiquette within an activity should be taught and practised regularly;
- Observe and talk to the person to become familiar with their intellectual and physical abilities. Activities can be developed to provide challenges to meet individual needs;
- The appropriateness of expressing emotions through touch may need to be taught. Social etiquette may need to be reinforced; and
- Encourage competition with others but more importantly encourage each to be concerned with their own performance.

A description of some intellectual disabilities you may see on a program follows:

Intellectual Disabilities
Prader-Willi Syndrome

Prader–Willi Syndrome (PWS) is a medical condition that affects both males and females, and will affect them all their lives. People with PWS have an obsession with food and eating, low muscle tone & balance, learning difficulties, lack of normal sexual development, emotional instability and lack of maturity. PWS is a genetic disorder and in 99% of cases is not inherited.

Every person with PWS is an individual and not every person affected will have all characteristics.

Some common characteristics are:

- the compulsion to eat and an obsession for food, leading to serious weight gain, if the diet is not managed;
- changes in behavior as the child gets older, including, tantrums, stubbornness and mood swings;
- poor social and emotional skills;
- skin scratching and picking.

Programming Considerations

- Be aware of each individual's capabilities.
- Ask what support is required - do not assume without asking.
- Remain aware of the planning and delivery of activities that include food.

Behaviour Management Issues

- Be aware of what stresses and triggers can bring on a tantrum, aggression, skin scratching or picking and self-injury.
- Where possible, maintain an individual's routine.
- Never leave the person alone with food.
- Follow parents/carers guidelines for controlling food intake and punishment for taking food is not appropriate.

Intellectual Disabilities
Williams Syndrome

Williams Syndrome (WS) is a genetic condition that is present at birth, and can affect anyone. Characteristics include: cardiovascular disease, developmental delay and learning disabilities. These occur side by side with exceptional verbal abilities, highly social personalities and an affinity for music.

People with WS tend to be social, friendly and endearing. Challenges include: life threatening cardiovascular problems, problems with spatial relations, numbers, and abstract reasoning.

Common features include:

- Characteristic facial appearance including a small upturned nose, long upper lip, wide mouth, full lips, small chin and puffiness around the eyes;
- Heart and blood vessel problems;
- Slow-weight gain – adult stature is slightly smaller than average;
- Low muscle tone and joint laxity, stiff joints in adults;
- Excessively social personality - expressive language skills, and very polite; and
- Mild to severe learning disabilities and cognitive challenges.

Refer to Intellectual Disabilities section, for programming and inclusion tips

Intellectual Disabilities
Angelman Syndrome

Angelman Syndrome (AS) is a rare Neuro-genetic disorder that occurs in about one in 20,000 births.

Common features include:

- severe intellectual disability and developmental delay;
- profound speech impairment – no speech or minimal use of words, receptive and non-verbal communication skills greater than verbal ones;
- lack of muscular coordination when walking (unstable, jerky gait) and stiffness in limbs;
- seizures; and
- usually a happy demeanour.

Other less common characteristics include: protruding tongue, swallowing disorders, wide mouth, frequent drooling, scoliosis (curvature of the spine), cross-eyes, increased sensitivity to heat, fascination with/attraction to water.

Not all features may be present, but an individual may live with a combination of these characteristics.

Refer to Intellectual Disabilities for programming and inclusion tips.

Intellectual Disabilities
Fragile X Syndrome

Fragile X Syndrome (FXS) is a genetic condition that causes intellectual disability, behaviour and learning challenges and various physical characteristics. It is more common in males than females, and it is estimated that 5% of people diagnosed with an Autism Spectrum disorder also have Fragile X.

Not every person with FXS is affected in the same way, and males are generally more affected than females. Some of the common characteristics are:

Behavioural & Emotional features

- Anxiety & shyness.
- Attention Deficit Hyperactivity Disorder.
- Autistic like behaviours.
- Aggression.
- Repetitive speech.
- Difficulty with eye contact.
- Tactile defensiveness.

Developmental features

- Learning difficulties.
- Developmental delay.
- Intellectual disability.
- Speech and communication problems.
- Coordination difficulties.
- Difficulties with fine and gross motor skills.

Physical features

- Low muscle tone and loose joints.
- Long, narrow face.
- High palate.
- Heart murmur.

Source: Fragile X Syndrome Association of Australia website

Refer to Intellectual Disabilities for programming and inclusion tips.