

Intellectual Disability Information:

AAIDD 2014 definition:

Intellectual disability characterized by significant limitations in:

- **Intellectual functioning** - reasoning, learning, problem solving, memory, planning, comprehension, abstract thinking
- **Adaptive behaviour** – conceptual, social and practical skills
- **Originates** before the age of 18. (WHO 2014)

Conceptual	Social	Practical
<ul style="list-style-type: none">•Language•Reading•Writing•Money•Sequencing•Time•Reasoning•Knowledge•Memory•Planning•Problem solving•Literal thinking•Humour and sarcasm•Abstract thinking•Generalising learning from one situation to another	<ul style="list-style-type: none">•Empathy•Reading social situations and cues•Interpersonal communication skills•Ability to make and retain friendships•Suggestibility•Compliance•Masking	<ul style="list-style-type: none">•Personal care•Travel skills•Safety•Use of money•Schedules and routines•Use of phone•Occupational skills

Types:

Intelligence Label	IQ score	Adaptive Behaviour
'Average' intelligence	IQ 85-114 68% of people score in this range	
'Borderline' intellectual disability	IQ 71-84 13.5% of people score in this range	<ul style="list-style-type: none"> • At considerable risk for academic difficulties, vocational challenges, poor adaptation, and the development of mental illness.
'Mild' intellectual disability	IQ 50-70 About 85 percent of people with intellectual disability.	<ul style="list-style-type: none"> • Slower than typical in all developmental areas. • Able to learn practical life skills.
'Moderate' intellectual disability	IQ 35-49 About 10 percent of people with intellectual disability.	<ul style="list-style-type: none"> • Noticeable developmental delays (e.g. speech and motor skills)
'Severe' intellectual disability	IQ 20-34 Approx. 3-4 percent of people with intellectual disability.	<ul style="list-style-type: none"> • Need daily supervision and support with living and self-care activities
'Profound' intellectual disability	IQ < 20 1-2 per cent of people with intellectual disability	<ul style="list-style-type: none"> • Require continuous support and care. • Extremely limited communication skills. • Frequently have other physical limitations as well.

Prevalence:

In 2003 – approx. 3% of Australian population met the criteria for a diagnosis of an intellectual disability (severe to mild) (AIHW, 2017). This increases to 13.5 % when you expand the criteria to include 'borderline' intellectual disability

Autism Spectrum Disorder – Definitions:

Autism is a lifelong developmental disorder. It affects approximately 1 in 100 people & is more prevalent in males than females. The two main areas of difficulty may include:

- Social and Communication - reading body language, verbal communication, reciprocal conversation, emotional/social reciprocity and managing structured parts of the day.
- Thought flexibility - Difficulty with hyper, or hypo-sensitivity to sensory input, routines, repetitive behaviours and rituals. (Tony Attwood, 2016)

Autism spectrum disorders represent an abnormality of brain development and function, appearing within the first three years of life. These may be:

- Autistic Disorder - classical autism; more common in males than females (3:1); Epilepsy is common
- Atypical Autism - Behaviours are present but criteria for autistic disorder are not fully met.
- Asperger's Disorder or High functioning autism - more common in males (13:1); Normal or borderline intellectual ability; Clumsiness; Concrete, pedantic speech; Better verbal than non-verbal skills on psych assessments; Intolerance of change; Anxiety. (Centre for Developmental Disability Health Victoria, Monash Uni, 2016).

Societal factors that impact on People with Intellectual Disabilities and ASD:

- Stigma and Isolation
- Loneliness
- Poverty
- Homelessness
- Low educational attainment
- Unemployment
- Criminal victimisation/offending
- Chronic health problems
- Mental illness
- Child protection issues
- Alcohol and Substance Misuse
- Self-harm/Suicide Ideation

Communication issues: It may look like -

- Have a short attention span and be easily distracted
- Have trouble absorbing and recalling information, problem solving, complex tasks, understanding questions, articulating feelings, and sharing a story in order (sequencing).
- Might be always early or late or not show up at all or on the wrong day – understanding 'time' is hard
- They are likely to have trouble elaborating or explaining 'why'
- Have speech and verbal issues
- Be unable to generalise learnings across different contexts

- Responses may be delayed
- Have difficulties with literacy and numeracy
- Become frustrated easily
- Be **concrete** (literal) thinkers who have trouble with **abstract thought**
- Be vulnerable to suggestibility or easily lead
- They may struggle to understand your humour or sarcasm, or get confused by metaphors or expressions
- They may not identify as having a disability, or pretend to understand when they don't (masking)
- Have difficulties with literacy and numeracy
- Have very chaotic lives and be involved with multiple welfare systems, likely to experience mental health issues.
- Get taken advantage of or find it hard to say 'no' to others.

Communication Tips:

- Treat the person as a person – and as an adult
- Building rapport - focusing on choice and trust is key
- Be clear and concrete; Use easy words not complicated words e.g. 'Does he call you names'? Rather than 'Does he verbally abuse you'?
- Conversations will take more time: pace your communication, give time for client to talk, be ok with silence, use visuals, creative and expressive modalities. Be prepared to discuss things more than one time and in different ways
- Take responsibility for not understanding
- Sign post a change of conversation topic
- One question at a time & one choice/idea per question
- Speak in clear, short sentences
- Give time for the person to process your words and give a reply
- Use open ended questions, avoid yes and no, why questions
- Use simple sentences not complex sentences full of lots of ideas
- Let people tell their story in their own way (it is likely not to be sequential)
- Take the time to listen and show you value what people say
- Concentration may be a challenge. Having shorter, but more frequent conversations is more helpful.
- Access Auslan sign language interpreter if required

Check Understanding through:

- Clarification: "Could you tell me in your own words"
- Breaking down complex ideas into parts: "what's the first thing you need to do? What do you need to do after that?"
- Naming and concretise alternatives: "We could do x. or we could do y, either is fine with me. What would you like to do?"
- Naïve questioner: "I don't know much about x. Could you tell me about it?"

Intellectual Disability and Vulnerability to Violence - They are:

- Often reliant on care therefore more vulnerable to threats by abusers - Often reliant on support therefore more vulnerable to threats by abusers and people in positions of trust, social isolation may be intensified
- Less likely to understand their rights in relation to violence.

- Less likely to seek help - hard to access assistance or know what to do, limited accessible support available.
- Less likely to be believed
- Less likely to have received relationships and sex education and therefore remain ignorant of their rights in relation to sexual assault/sexual activity – e.g. Difficulties understanding and negotiating sexual relationships and consenting to some sexual activity but not all.
- Likely to be suggestible, use masking, have a desire to please others, a lack of self-esteem. Isolation and lack of social opportunities limits choice of partners and friends.
- Experiencing of multiple disadvantages such as poverty, homelessness, intergenerational trauma, mental health issues, drug and alcohol issues, child safety interaction, the criminal justice system, living in congregated care or institutionalisation.

Accessibility in Practice:

- Flexible appointments, likelihood of need for multiple appointments - how do you handle people not turning up the first time?
- Allowing more time for longer engagement (good process takes longer)
- Cognitive Accessibility - Easy read material, visual resources; change your approaches counselling/case management, SW or psych practice to work with people with different learning needs or capacity.
- Physical accessibility e.g. access to room, people's difficulties with balance, stairs, use wheelchairs.
- Being mindful of your communication & check assumptions re. person's capacity
- Be willing to work with supporters where appropriate.
- How does your service make itself known to people who have a disability – flyers, website, intake forms
- How will this knowledge and practice be embedded and reviewed and reflected upon in the organization
- Consider conducting a disability audit and creating a disability action plan.