Chapter 9
Characteristics of Persons with Severe Intellectual Disabilities
Chapter Objectives

• Explain basic demographic information about persons with severe intellectual disabilities.
• Describe the physical and functional correlates of severe intellectual disabilities.
• Identify and describe behavioral and emotional characteristics of persons with severe intellectual disabilities.
• Discuss important educational concerns for persons with severe intellectual disabilities.
Introduction
Overview

• The “severe” label encompasses the groups specifically designated as having moderate, severe, and profound levels of mental retardation.

• quite a heterogeneous group

• accompanying medical conditions are common

• The intellectual disability is usually easily noticed and they require a great deal of support to attain their goals.
Current Demographics

• of the approximately 1-3% of the total population who have mental retardation, only about 15% experience the need for extensive supports.
  – 10% are within the moderate range
  – 3% in the severe range
  – 2% in the profound range
• the prevalence of the condition is relatively stable across all socioeconomic classes
Physical Characteristics

Medical Conditions

• Concomitant medical conditions are common
  – Problems are compounded by difficulties communicating pain or discomfort
  – their complex, specialized needs may not be especially well understood by health-care providers
Physical Characteristics
Medical Conditions

• Congenital Conditions
  – Present from birth
  – May be the cause of the mental retardation
  – Usually chronic and sometimes intense

• Acquired Conditions
  – Communication problems can result in benign illnesses progressing to more serious conditions before they are discovered
Physical Characteristics
Sensory Impairments

• Includes blindness, hearing impairment, deafness, or deaf/blindness

• Methods for teaching persons with sensory disorders must be integrated with methods for teaching people with mental retardation in order to maximize the person’s chances for successful living
Functional Characteristics

• IQ is generally not the most useful source of information about a person’s needs and abilities
• The range of skills and abilities varies considerably
• Multiple disabilities are common
• Learn new skills slowly and have difficulty applying knowledge gained in one context to another
• Often have limited communication skills
• Sometimes exhibit problem behaviors
Functional Characteristics

- people with severe mental retardation do learn, and they can form relationships based on love, fun, and common interests.
- the best way to understand the person’s capabilities is to get to know the person.
Philosophical Considerations

• Most of the literature on mental retardation and special education was not written with this group in mind.

• The more society is willing to invest in providing supports, the higher the likelihood that the individual will learn to function with less support.
Behavioral and Emotional Characteristics
Behavioral Issues

• People with severe mental retardation sometimes develop difficult behaviors such as aggression and self-injury, as well as self-stimulatory behaviors such as persistent rocking and hand-flapping.

• Research indicates these behaviors are strongly related to training and environmental circumstances.
Behavioral Issues

• Challenging behaviors are often eliminated by teaching adaptive behaviors such as communication, choice-making, and social skills

• Adaptive and challenging behaviors improve in enriched, accepting environments
Behavior Intervention

• Behavior Analysis
  – the study of environmental events that change behavior
  – does not require the person to report internal events such as thoughts and feelings that may be driving behavior
  – the goal is to identify the events in the environment that are maintaining a behavior and manipulate them in order to encourage the development of new behaviors
Behavior Intervention

• Functional Assessment
  – a process of identifying the purpose, or function, of a given behavior in order to teach a more adaptive method of addressing that need
  – Behavioral Functions
    • social attention, escape from demand, access to tangible items such as food or toys, and self-stimulation or sensory reinforcement
Functional Assessment Procedures

- direct observations of the student by a person trained in behavioral psychology
- environmental manipulations in which the student’s responses to various consequences are observed
- structured interviews with the student, his parents, or teachers
Behavior Intervention

Intervention Selection

• Reinforcement Manipulation
  – desired behaviors are reinforced, or followed by a pleasant consequence
  – the desired consequence is withheld following challenging behaviors
  – reinforcement is matched to the function of the behavior
Behavior Intervention

Intervention Selection

• Environmental Modifications
  – Removing behavioral triggers
  – Increasing purposeful activities
  – Providing non-contingent access to “comfort” items

• Life Quality Enhancement
  – Increasing personal choice
  – Increasing peer involvement
Mental Health

Examples of Common Psychological Stressors

• the birth of siblings
• being “surpassed” by siblings
• starting and ending school
• psychosocial and sexual maturation and the issues of sex and dating that accompany
• typical life and relationship transitions through the processes of aging, moving on, and death
• pressure to function at maximum performance and behavioral level at all times
Mental Health

- Mental illness is cited to occur at a higher rate in persons with mental retardation than in the general population.
- Impulse control disorders, anxiety disorders, and mood disorders are cited as having a high rate of diagnosis in the severe to profound ranges.
Mental Health Diagnosis

- Symptoms can be misinterpreted because of atypical presentation
  - e.g., depression symptoms may include aggression and irritability
- Behavioral observations, interviews with the individual and his or her significant others, medical examinations, and psychometric evaluations are all recommended.
Communication Characteristics
Speech and Language Development

• The rate of speech/language disorder among this group is estimated at 90%

• Speech Disorders
  – sounds are absent or distorted to the extent that the speaker cannot be easily understood

• Language Disorders
  – Receptive Language Disorders
    • a person cannot understand the rules of language
  – Expressive Language Disorders
    • a person cannot use the rules of language well enough to share their experiences
Speech and Language Development

• communication attempts are more likely to occur when the person wants to access an object or request assistance.

• social functions, such as commenting on surroundings or asking about the well-being of others, are less frequently observed.
Assessment & Intervention

• Assessments may consist of teacher/family interviews, physical examinations, standardized tests, and/or direct observations by speech-language pathologists

• Assessments typically include a hearing evaluation
Assessment & Intervention

• Speech Production Training
  – prompting and imitation exercises
  – computer programs

• Nonverbal Communication Training
  – gesturing and manual signing
  – organized sign languages
  – augmentative communication devices
Assessment & Intervention

Instructional Strategies

• Selecting a Mode of Intervention
  – Factors to consider include visual discrimination skills, motor skills, ability to keep up with a device, skills of the conversational partners, setting appropriateness, and preferences of the individual

• Selecting a Method of Instruction
  – Naturalistic Approaches Preferred
    • teaching occurs during everyday activities; the environment is arranged to encourage communication; the student’s interests are incorporated as motivators to communicate; and natural consequences are provided
Educational Concerns
Functional Curriculum

- Teaches everyday life skills in order to maximize the student’s potential for independence
  - money management
  - Socialization
  - self-esteem
  - employment skills
  - travel and mobility training
  - community participation
  - home living skills
  - personal care
  - Hygiene
  - health and safety
Functional Curriculum

- Determine the child’s interests and dreams.
- Determine the skills the child already possesses.
- Determine challenges in attaining dreams.
- Select the challenges to be addressed now and later.
- Write goals and objectives that are measurable, associated with specific learning activities, age appropriate, and can be generalized to natural settings.
Instructional Strategies

• Task analysis
  – a process of breaking a task down into simple, ordered steps. The student is then taught to accomplish each step of the task using positive reinforcement

• Instructional Prompts
  – Provide the least intrusive effective prompt
  – Gradually fade prompts
Instructional Strategies
Prompt Levels

• Ambiguous verbal prompts
  – comments that encourage a child to go on

• Specific verbal prompts
  – tell the student what to do next, such as, “Pick up the plate.”

• Modeling
  – Teacher performs the correct action and then allows the student to try

• Gestures
  – nonverbal communication, such as pointing

• Priming
  – just enough physical assistance to initiate performance of the step.

• Physical assistance
  – hand-over-hand assistance to enable task completion.
Instructional Strategies
Generalization

• fading tangible reinforcers to natural consequences
• teaching the skills in a variety of settings and utilizing a variety of different instructors
  – community based instruction
  – community referenced instruction
Successful Inclusion from Blenk and Fine (1996)

- make sure the child is given an adequate amount of time to adjust before judging the inclusion experience to be a failure
- a struggling child should be tried in another classroom for three to six months before giving up on inclusion altogether
- consider how this child’s needs may conflict with the needs of the rest of the specific children in the class before making a placement
Successful Inclusion from Blenk and Fine (1996)

• Consider whether the classroom (and classroom teacher) is flexible enough to embrace the different needs of this child.
• Teachers should be given adequate training and information before being presented with unusual needs.
• Assist the child in making friends.
• Accept negative experiences and learning opportunities.
Educational Outcomes
Independence

• Self-reliance
  – a person’s ability to take care of himself

• Self-determination
  – a person’s ability to set and navigate his own life course
Educational Outcomes
Productivity

• Economic self-sufficiency
  – development of individual transition plans
  – demonstration of improved work opportunities
  – job placement in competitive, integrated settings
  – documentation of progress in employment-related skills
Educational Outcomes
Community Integration

- Social
- Activity
- Spiritual
- Practical
Educational Outcomes
Outcomes-Based Assessment

• NCLB
  – The law does not require all children to participate in the same assessment or to be held to same standards
  – Children with severe mental retardation are likely to be assessed with alternate standards and procedures, such as portfolios of work completed during the year
Summary
Introduction

• People with moderate, severe, and profound levels of mental retardation are generally grouped together in the category called “severe.”
• Of the 1-3% percent of the population estimated to have mental retardation, only 15 percent have greater than mild disabilities.
• Severe mental retardation is usually biologically based, and people with severe mental retardation often experience multiple disabilities.
• Functional abilities of this group vary significantly and are related to experience and training. It is important that people with severe mental retardation have inclusive experiences.
Behavioral and Emotional Characteristics

• The development of adaptive and challenging behaviors are influenced by training and environmental factors.
• The tools of behavioral psychology have been successful in teaching a wide array of adaptive behaviors and decreasing challenging behaviors.
• People with severe mental retardation experience many life stressors that may have a negative effect on emotional health.
• Mental illness is suspected to occur at greater rates among persons with mental retardation than in the general population, but diagnosis is complicated by a lack of formalized assessment measures, barriers in communication, and atypical demonstration of symptoms.
Communication Characteristics

• Most persons with severe mental retardation have some form of speech/language disorder.
• Gesturing and manual signing are the most commonly used methods of non-verbal communication among persons with severe mental retardation.
• Naturalistic teaching methods have been shown to be the most effective approach for teaching communication skills.
Educational Concerns

• People with severe mental retardation should be educated with a functional curriculum that prepares them for future life in the community.
• Instructional strategies should be tailored to the student and geared toward generalization.
• Successful inclusion experiences are dependent upon the match between the child, the teacher, and the other students in the classroom.
• Positive inclusion experiences can benefit non-disabled peers as well as students with severe mental retardation.