

## UNIT 6.

# INTELLECTUAL DISABILITY

### Exercise 1



Read the text and do the exercise that follows.

## INTELLECTUAL DISABILITY

**Intellectual disability** (the currently preferred term for 'mental retardation'), also known as 'learning disability' in British English, is a disorder characterised by significant limitations in **cognitive (intellectual)** and **adaptive functioning**, as well as the need for **supports** to facilitate independence in the community. Individuals with intellectual disability make a heterogeneous group with respect to both **aetiology** and the ability to function in society. About 85% of affected individuals have mild cognitive impairments. They can often master cognitive skills at about Year 6 level and develop adequate adaptive behaviour, which allow them to lead a fairly independent life. Typically they need **intermittent** or no supports at all. Those with moderate to profound intellectual disabilities, however, require **limited, extensive** or **pervasive** supports either on an as-needed basis or throughout their lives. Four sources of supports are available to people with intellectual disabilities: **natural** (e.g. family, friends, classmates and co-workers), **nonpaid** (e.g. neighbourhood and community groups), **generic** (those available to everyone, e.g. public transport, general hospitals) and **specialised** (e.g. special education teacher, speech-language pathologist) supports.

The IQ (intelligence quotient) of 70 is considered the diagnostic threshold of intellectual disability, against which four degrees of impairment are categorised. In **mild retardation**, the IQ score is in the range of 55 to 70, in **moderate re-**

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**tardation**, in the range of 35 to 54, in **severe moderation**, between 20 to 34, and in **profound retardation**, the IQ score falls below 20.

A common way of classifying causes of intellectual disability is according to the three periods of onset: **prenatal** (before birth), **perinatal** (at the time of birth) and **postnatal** (after birth).

The prenatal causes fall into four general categories: (1) **chromosomal disorders** (e.g. Down syndrome, Williams syndrome and fragile X syndrome), (2) **inborn errors of metabolism** (e.g. phenylketonuria), (3) **developmental disorders of brain formation** (e.g. microcephalus and hydrocephalus), and (4) **environmental influences** (e.g. fetal alcohol syndrome and rubella).

The perinatal causes include **birth injuries** caused by oxygen deprivation (e.g. anoxia or hypoxia), **umbilical cord accidents**, **low birth weight (LBW)**, and **infections** (e.g. herpes simplex and syphilis).

The postnatal causes can be grouped into two main categories: **biological** and **psychological**. Postnatal biological causes include **traumatic brain injury (TBI)**, **malnutrition**, **infections** (e.g. meningitis and encephalitis), and **environmental toxins** (e.g. lead), whereas the majority of postnatal psychological causes result from **social**, **cultural** and **educational deprivation**.

Many causes of intellectual disability are **preventable** (e.g. through newborn screening, immunisation, proper nutrition, medical care and early intervention programmes), moreover, many affected people, in particular those with a mild intellectual disability, can improve to such a degree that they are no longer recognised as disabled.

### Choose the correct answer.

1. Mabel and her sister were born into a low-income and low-educated family, but at the age of 2, she was adopted into an affluent, upper-middle class family. Mabel's IQ score is likely to be \_\_\_\_\_ her sister' IQ score.
  - a) higher than
  - b) lower than
  - c) the same as
  - d) It's difficult to say

2. The intensity of supports required by individuals with intellectual disabilities is categorised as \_\_\_\_\_.
  - a) mild, moderate, severe and profound
  - b) intermittent, limited, extensive and pervasive
  - c) prenatal, perinatal and postnatal
  - d) natural, nonpaid, generic and specialised
  
3. To be recognised as a person with an intellectual disability, an individual must have significant sub-average \_\_\_\_\_.
  - a) intellectual functioning
  - b) adaptive functioning
  - c) academic skills
  - d) both a and b
  
4. The man's intellectual functioning declined dramatically after he was attacked and brutally beaten by a gang of thugs. There is no doubt that the man's cognitive impairment is the result of \_\_\_\_\_ he received during the assault.
  - a) disorder of brain formation
  - b) umbilical cord accident
  - c) traumatic brain injury
  - d) oxygen deprivation
  
5. 10-year-old Angie cannot speak let alone take care of herself. For all activities of daily living she is very reliant on her parents and siblings. It appears that Angie's IQ score is \_\_\_\_\_.
  - a) between 35 to 54
  - b) between 20 to 34
  - c) below 20
  - d) above 54
  
6. A newborn child developed an intellectual disability as a result of the misconduct of the doctor in charge of the delivery. It was not difficult to pinpoint that the newborn's condition was caused by \_\_\_\_\_ factors.
  - a) prenatal

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- b) perinatal
  - c) postnatal
  - d) b or c
7. Paddy is an 11-year-old student with an intellectual disability. Apart from the regular needs of all children, what she really requires is extra assistance at home from her family and at school from her classmates to achieve a good quality of life. The type of support Paddy needs in the first place is called \_\_\_\_\_ support.
- a) natural
  - b) non-paid
  - c) generic
  - d) specialised

## Exercise 2

Replace the underlined parts of the sentences with the words in the box. Two words are not needed. Change the structure of the sentences if necessary.

screening, perinatal, toxins, aetiology, generic, prenatal, malnutrition, cognitive, adaptive, pervasive

1. Lindsay has a mild intellectual disability, which could have been well prevented if only her mother had had access to specialist health service during pregnancy.
2. It's assumed that her intellectual disability is due to some genetic anomaly, but in fact its exact cause is unclear.
3. People with profound intellectual disabilities have problems with virtually all aspects of everyday life and depend on others for their constant support.
4. A 24-year-old patient was exposed to poisonous substances early in life, in particular lead, which in all probability resulted in his mental deficits.

5. Although many children manage to survive not having enough to eat, it is often the case that they can't recover from mental or physical impairments they have experienced.
6. In students with intellectual disabilities, skills of daily living needed to function in the community are significantly below age expectation.
7. Infant set of medical tests for some diseases, such as phenylketonuria, allows early detection and treatment, which often reduce the severity of the disease or possibly prevent it altogether.
8. More and more people with intellectual disabilities use general, non-specialist supports so as not to be left out of mainstream society.

### Exercise 3



a) Complete the paragraphs with the names of the disorders below.

- a) Down syndrome
  - b) fragile X syndrome
  - c) Williams syndrome
  - d) fetal alcohol syndrome
  - e) phenylketonuria
  - f) hydrocephalus
1. Veronica was born with \_\_\_\_\_, a disorder that causes an abnormal accumulation of cerebrospinal fluid inside the skull. The girl's condition became so serious that her head swelled to twice the normal size for a child her age, measuring roughly 70 cm in circumference. After cerebral shunts (surgical procedures that drain excess fluid), the size of her head has become smaller and Veronica is expected to make a full recovery.
  2. Johnny is a 3-year-old boy with big eyes and elfin facial characteristics caused by \_\_\_\_\_. He has a remarkable affinity for language and music, but there is little chance he will ever be able to lead an independent life. He has a very low IQ, making many daily tasks, such as buttoning

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- a shirt or tying his shoes, a real challenge. But Johnny is a loveable boy, unusually friendly and caring. Meeting anyone is as exciting for him as going to Disneyland is for many children. He even runs up to strangers on the street and hugs them.
3. Marcus was born a seemingly healthy baby boy and nothing predicted that he had \_\_\_\_\_. The first signs of this condition emerged when he took longer than other children to sit on his own, walk and talk. When he was older, other distinctive signs surfaced, such as poor articulation, restlessness and learning disabilities. At the time, however, Marcus didn't show any malformed features. They started to develop when he reached puberty and included an elongated face, prominent forehead and large, protruding ears.
4. The boy's upward slanting eyes, flat facial profile, and a tongue sticking out of the mouth evidently pointed to \_\_\_\_\_. Although he wasn't a little boy anymore, he behaved very much like one. He was walking in the park with his mother, talking animatedly and laughing almost all the time. He seemed to have just a mild intellectual disability, like most children with the condition, so he probably needed occasional support and assistance.
5. Emily was born with blond hair, blue eyes and light skin. Physical examination carried out soon after the delivery detected no disease, let alone a genetic disorder. Emily was considered a healthy child up to six weeks of age when a paediatrician during a regular check-up noticed she had an eczematous reaction on her forearms and a musty, mousy smell on the breath and skin. The doctor was immediately concerned that the girl might be suffering from \_\_\_\_\_, a rare metabolic disease, which, if untreated, could cause intellectual disability.
6. Clara, a young woman with a history of substance abuse, gave birth to a baby boy named Julian. Julian was born with a small head, drooping eyelids, thin upper lip and short stature, and it was soon obvious that he was suffering from \_\_\_\_\_. Julian is 7 years old now and because of his condition he struggles with schoolwork and social situations, but he tries very hard to fit in society.

b) From the words below, find a synonym for each underlined part of the sentence in 3a.

1. build-up
2. dysmorphic
3. features
4. hyperactivity
5. intermittent
6. odour
7. rash
8. retarded growth

## Exercise 4



Read the text and choose the correct option.

When Chris Burke was born in 1965, his mother, Marian, was advised to have him *institutionalised/hospitalised* (1) because he was diagnosed with Down syndrome. Back in 1960s it was a norm to put children with the condition into an institution. Joseph Fletcher, a renowned theologian and educator, advocated even *abortion/euthanasia* (2) for all people with Down syndrome. In an article published in 'The Atlantic Monthly' he claimed that infants born with what was called at the time *mongolism/cretinism* (3) didn't have meaningful lives so they should be put to death shortly after birth to relieve their families and society of the burden of taking care of them. Furthermore, he argued that 'a Down is not a person.' And yet, against the *misconceptions/disbeliefs* (4) about people with DS and the doctors' advice, the Burkes chose to bring Chris home. 'It was the greatest decision we've ever made,' said Marian years later. Chris was fortunate to be brought up by parents who treated him much like their two other *healthy/non-disabled* (5) children. Without this, he probably wouldn't have achieved so much in his life.

Chris Burke became the first American actor with Down syndrome to play a regular role in a television series. Chris's interest in acting emerged at a very

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young age. With his family's support, he landed his first role in the 1987 TV series 'Desperate', which, although cancelled after the pilot episode, led to his big break in 'Life Goes On.' 'Life Goes On' was the story of the Thatchers whose son, Charles 'Corky' (a character played by Burke), was born with Down syndrome. Corky left a special education school to be *accessed/main-streamed* (6) into a public school. In the new environment, he had to face many barriers and challenges of being 'different', but he always bounced back with resilience and a positive attitude.

The series was an instant success. It inspired viewers all over the world to perceive people with Down syndrome in a whole new light. In Chris's character people saw a *high-flying/high-functioning* (7), honest and responsible boy with feelings and dreams just like they themselves and who just happened to have Down syndrome. He proved that people with Down syndrome may have meaningful lives and they can and should be *included/involved* (8) in society.

### Exercise 5

a) Match the adjectives in column A to the nouns in column B to make collocations.

- | A                | B                 |
|------------------|-------------------|
| 1. selective     | a) dehumanisation |
| 2. cognitive     | b) movement       |
| 3. genetic       | c) training       |
| 4. self-advocacy | d) sterilisation  |
| 5. mandatory     | e) integration    |
| 6. systematic    | f) quality        |
| 7. residential   | g) breeding       |
| 8. social        | h) institutions   |



b) Fill in the gaps with the collocations from exercise 5a.

## A BRIEF HISTORY OF THE FIELD



Until the 18th century, people with mental retardation were looked after by their families at home and the church (e.g. in monasteries). The 18th century brought a big shift in the way intellectually disabled people (or ‘feeble-minded people’ as they were called at the time) were provided for. Care and shelter became more professionally organised, and the understanding and treatment of people with mental retardation gradually assumed the form which is still in use today: distinction between mental retardation and mental disorders (it was Jean-Étienne-Dominique Esquirol who was the first to describe accurately the difference), classification by degree of severity, or identification and description of conditions that lead to mental retardation.

The development of \_\_\_\_\_ (1) for people with mental retardation in Western Europe and the USA in the second half of the 19th century was strongly influenced by the work of Johann Jacob Guggenbuhl, a Swiss physician. In 1841 he opened in Adenberg a first institution for children with mental retardation. He was mostly interested in cretinism, a condition caused by a deficiency of thyroid hormone that resulted in stunted physical and mental growth, and devoted his life to the care and education of the individuals affected by this disorder. Instead of simply providing the residents with food and shelter, Guggenbuhl designed a comprehensive treatment programme, which combined healthy living, good nutrition and medication with physical, sensory and \_\_\_\_\_ (2).

Apart from Guggenbuhl, there were other professionals who were very influential in the movement towards the residential care and education of people with mental retardation. These include Itard (see Chapter 1), Séguin and Howe.

In 1848 Samuel Gridley Howe, a social reformer, opened the first residential school for children with mental retardation in the wing of the Perkins Institute for the Blind in Boston, Massachusetts, originally called ‘the Experimental School for Teaching and Training Idiotic Children.’ Later, as a separate institution, it was renamed ‘the Walter E. Fernald State School.’

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As the 19th century came to a close, the enthusiasm for education and care gave way to demands for the **segregation** and **isolation** of people with mental retardation who were being regarded as a menace to the rest of society. In response to Charles Darwin's 'On the Origin of Species', Francis Galton, a polymath and privately Darwin's cousin, proposed \_\_\_\_\_ (3) of people in order to improve the \_\_\_\_\_ (4) of the human population and reduce mental retardation. The eugenics movement he pioneered had far-reaching implications for humanity. It led to \_\_\_\_\_ (5) of those considered inferior in the USA and provided the ideological justification for Nazi genocide of people with intellectual disabilities. It was only in the mid-20th century that **eugenics** was finally discredited and banned by most of the developed countries.

Even though most people were continued to be looked after by their families, thousands of less fortunate individuals were abandoned in public institutions, a practice which lasted well into the 1970s and which resulted in \_\_\_\_\_ (6) and **devaluation** of people with mental retardation.

In the 1960s a new approach was developed by Bengt Nirje in Sweden called **normalisation**. Normalisation emphasised that individuals with mental retardation (with time it spread to include all people with disabilities) should be included in mainstream society so that they may, to their fullest potential, experience life as any other person does. Wolf Wolfensberger, a German-American academic, used the principle of normalisation to advocate closing of all residential institutions in the USA, which, alongside the \_\_\_\_\_ (7), considerably contributed to mass **deinstitutionalisation** of people with mental retardation.

Despite the change in disability policy, there are still issues that need to be addressed, such as \_\_\_\_\_ (8), meaningful **participation** in society and equal opportunities in all aspects of life.

### Exercise 6

- a) Here are some of the key words from exercise 5. Complete the table changing the nouns into verbs.

| Noun                   | Verb |
|------------------------|------|
| deinstitutionalisation |      |
| devaluation            |      |
| isolation              |      |
| participation          |      |
| segregation            |      |
| integration            |      |
| sterilisation          |      |

**b) Rewrite the sentences below, changing the nouns (in bold) into verbs. Make any changes if necessary, but don't change the meaning of the sentences.**

1. The woman with an intellectual disability underwent **sterilisation** to ensure that she was unable to produce children.

The woman with an intellectual disability was \_\_\_\_\_ to ensure that she was unable to produce children.

2. The practice of abandoning mentally retarded individuals in public institutions led to their **devaluation** as human beings.

The practice of abandoning mentally retarded individuals in public institutions \_\_\_\_\_ as human beings.

3. In addition to their difficulties in functioning independently, many people with intellectual disabilities experience social **isolation**.

In addition to their difficulties in functioning independently, many people with intellectual disabilities are \_\_\_\_\_.

4. Every effort must be made to ensure an active **participation** of people with disabilities in mainstream society.

Every effort must be made to ensure that people \_\_\_\_\_ in mainstream society.

5. The impetus for **deinstitutionalisation** of patients in mental facilities was their constant abuse and inhumane conditions in which they lived.

The impetus to \_\_\_\_\_ in mental facilities was their constant abuse and inhumane conditions in which they lived.

6. Although considerable steps were taken in the past decades to help the **integration** of people with disabilities into society, many of them are still excluded and marginalised.

Although considerable steps were taken in the past decades to help people \_\_\_\_\_ into society, many of them are still excluded and marginalised.

7. The purpose of early mental institutions was mainly the **segregation** of their patients from society due to the perceived threat they posed to the public.

The purpose of early mental institutions was mainly to \_\_\_\_\_ their patients from society due to the perceived threat they posed to the public.

## REVISE AND CHECK

### Exercise 1

Choose the correct option in each of the sentences below. Sometimes more than one option is possible.

1. A number of causes, including exposure to environmental toxins, occurring in the *prenatal/perinatal/postnatal* period may cause intellectual disability.
2. Kate is a 25-year-old woman with a severe intellectual disability. She lives with her parents and requires their *pervasive/intermittent/limited* support to help her perform day-to-day activities, such as showering and feeding herself.

3. *Natural/Nonpaid/Generic* supports provided by family members or friends are much more effective in enhancing the quality of life for people with intellectual disabilities than other types of supports.
4. Most children with Down syndrome are *institutionalised/mainstreamed/included* into regular schools where they are educated alongside their non-disabled peers.
5. The boy's *dysmorphic/malformed/defective* facial features suggested a diagnosis of Williams syndrome but the doctors weren't entirely certain until they had blood tests done.
6. 10-year-old Mickey has cerebral palsy, a condition he acquired at birth due to acute oxygen *accumulation/formation/deprivation*.
7. The girl was born with low body *height/weight/growth* that puts her at risk for developing an intellectual disability.

### EMOTIONAL OR BEHAVIOURAL DISORDERS

## Exercise 2

Complete the sentences with appropriate terms.

1. \_\_\_\_\_ involves not only the discharge of patients from public institutions back into society, but also the establishment of community mental health services, such as supporting housing, psychiatric wards of general hospitals or outpatient clinics.
2. A widespread practice of abandoning thousands of people with mental retardation in residential institutions due to the fear they aroused in the public, marked an era of \_\_\_\_\_ and despondency.
3. The ideology of \_\_\_\_\_ suggested that people with mental retardation should be able to lead as ordinary a life as possible by enjoying the same opportunities as non-disabled individuals.
4. Darwin's theory of evolution by natural selection led to the idea of \_\_\_\_\_ of people to eliminate undesirable hereditary traits and to improve the human population.