



Ashtavakra Institute of Rehabilitation Sciences & Research
Formerly Special Art School

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TOPIC- Characteristics and Needs of People with Intellectual Disability Who Have Higher IQs

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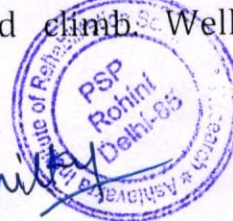
NAME OF THE JOURNAL (APA)- Characteristics and Needs of People with Intellectual Disability Who Have Higher IQs (2009). Intellectual and Developmental Disabilities Volume 47, Number 3: 220–233.

ABSTRACT

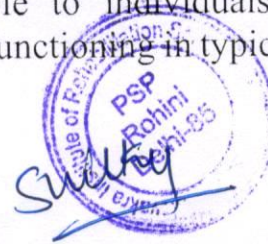
Objective: To analyse Characteristics and Needs of People with Intellectual Disability Who Have Higher IQs

Methods: A systematic review on what research has been conducted and what is required to be conducted in future

Results: It is described that the group of individuals with intellectual disability who have higher IQs face the societal and social judgment challenges in everyday life. Ordinary life demands frequently impose overwhelming challenges to these people who live with significantly limited intellectual ability and adaptive behavior. People in this group primarily are identified when they are in school, because school demands place their intellectual and adaptive behavior limitations in clear relief and because schools have funding, bureaucracy and management systems and a legal obligation to identify disabilities in all children. However, beyond school age, when activities may be less “intellectual,” bureaucracies do not routinely identify people having problems because of intellectual limitations and needed services and supports which are unavailable or rejected. As a result, these people continue to experience significant difficulties achieving success or even a healthy existence in adulthood. Frequently, the gap between their capabilities and the demands from their environments grows as they leave school, as society becomes more complex, and as the standards for successful adulthood climb. Well-designed



individualized supports can help bridge the gap between capabilities and demands, but the reality is that many of these individuals do not have access to needed supports. All people with intellectual disability, including those with higher IQs, belong to a single disability group. However, the application of various classification systems to subdivide the group leads to somewhat different ways of understanding these individuals and their needs. Classification systems based on relevant criteria should be selected by clinicians and others for specific professional purposes that in some way benefit the individuals who are classified. For example, service providers may choose classification systems that subdivide the group of people with intellectual disability into smaller groups based on support needs, such as using the Supports Intensity Scale assessment to classify individuals by the intensity of their support needs. Physicians and geneticists may subdivide the group based on their etiology (e.g. genetic classification systems), whereas psychology and education researchers sometimes subdivide the group by IQ or adaptive behavior score bands (e.g., the mild, moderate, severe, profound classification system). Whatever classification system is used, however, it is critical to point out that the challenges faced by individuals with intellectual disability who have higher IQs are significant, and these challenges are similar in many ways to the challenges faced by the group of people with slightly higher IQs (a) who may not be officially diagnosed as having a disability or meet diagnostic criteria for intellectual disability, but (b) who share many limitations in functioning with individuals with intellectual disability who have higher IQs and do meet these criteria. However, several factors aggravate their challenges: Expectations for performance are higher for people with intellectual disability with higher IQs than those with lower IQs, the tasks given to them are more demanding because of the higher expectations, and a failure to meet those expectations is frequently met by others blaming the individual or the individual blaming him- or herself. Moreover, many individuals with intellectual disability with higher IQs attempt to hide their disability or attempt to pass as normal or try to appear intellectually capable and, thus, miss out on or even reject accommodations that might have been available if their disability had been declared or identified. In addition, the impact of intellectual disability may be increased by the lack of access to needed mental health care, medical care, nutrition, and relationship and parenting assistance. Society's increasing lack of neighborly care for one another may hit people with intellectual disabilities in poorer neighborhoods especially hard. The lifelong experience of having reduced intellectual and adaptive abilities creates a vulnerability that is shared among members of this group. As adults, these individuals have limited academic skills, are often poor, are underemployed or unemployed, and tend to not live independently. When the supports are made available to individuals with intellectual disability, there are two outcomes: (a) Their functioning in typical life



activities in mainstream settings is enabled, but (b) their improvement does not remove the possibility that they will persist in needing ongoing supports.

Conclusion: We conclude that individuals with intellectual disability with higher IQs face significant challenges in society across all areas of adult life and that many individuals who may not receive formal diagnoses of intellectual disability or who fall slightly above the upper ceiling for a diagnosis of intellectual disability share this vulnerability. Only, through an increased understanding of the ongoing strengths and limitations of each individual with intellectual disability can we achieve better clinical judgment and identify appropriate supports and with the provision of individualized supports accomplish fairness in society. To realize their potential and reduce suffering in this group of people, our society must create non stigmatizing, accessible, and individualized supports that apply proven interventions and build on the strengths of these individuals, starting in early childhood. Hence, good professional practices require that any diagnosis of intellectual disability in a person be followed by the assessment and provision of needed supports to that person; merely diagnosing intellectual disability is unlikely to improve the person's functioning.

Keywords: ID- Intellectual Disability

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