Children With an Intellectual Disability

The term "intellectual disability" is a new term used in place of “mental retardation.” Some think that an intellectual disability is diagnosed only on the basis of below-normal intelligence (IQ), and that persons with intellectual disabilities are unable to learn or to care for themselves. Actually, in order to be diagnosed as a person with intellectual disabilities, the person has to have both significantly low IQ and considerable problems in everyday functioning. Most children with intellectual disabilities can learn a great deal, and as adults can lead at least partially independent lives. Most individuals with intellectual disabilities have only a mild level. Intellectual disabilities may be complicated by several different physical and emotional problems. The child may also have difficulty with hearing, sight or speech.

In the past, parents were often advised to institutionalize a child with significant intellectual disabilities. Today, the goal is to help the child with intellectual disabilities stay in the family and take part in community life. In most states, the law guarantees them educational and other services at public expense.

It is very important that the child has a comprehensive evaluation to find out about his or her strengths and needs. Since no specialist has all the necessary skills, many professionals might be involved. General medical tests as well as tests in areas such as neurology (the nervous system), psychology, psychiatry, special education, hearing, speech and vision, and physical therapy are useful. A pediatrician or a child and adolescent psychiatrist often coordinates these tests.

These physicians refer the child for the necessary tests and consultations, put together the results, and jointly with the family and the school develop a comprehensive treatment and education plan.

Emotional and behavioral disorders may be associated with intellectual disabilities, and they may interfere with the child's progress. Most children with intellectual disabilities recognize that they are behind others of their own age. Some may become frustrated, withdrawn or anxious, or act "bad" to get the attention of other youngsters and adults. Adolescents and young adults with intellectual disabilities may become depressed. These persons might not have enough language skills to talk about their feelings, and their depression may be shown by new problems, for instance in their behavior, eating and sleeping.

Early diagnosis of psychiatric disorders in children with intellectual disabilities leads to early treatment. Medications can be helpful as one part of overall treatment and management of children with intellectual disabilities.
Periodic consultation with a child and adolescent psychiatrist may help the family in setting appropriate expectations, limits, opportunities to succeed, and other measures which will help their child with intellectual disabilities handle the stresses of growing up.

For additional information see Facts for Families:
#69 Asperger's Disorder
#21 Psychiatric Medications for Children
#45 Lead Exposure in Children Affects Brain and Behavior
#11 The Child With Autism
#16 Children with Learning Disabilities

If you find Facts for Families© helpful and would like to make good mental health a reality, consider donating to the Campaign for America’s Kids. Your support will help us continue to produce and distribute Facts for Families, as well as other vital mental health information, free of charge.

You may also mail in your contribution. Please make checks payable to the AACAP and send to Campaign for America’s Kids, P.O. Box 96106, Washington, DC 20090.

The American Academy of Child and Adolescent Psychiatry (AACAP) represents over 8,500 child and adolescent psychiatrists who are physicians with at least five years of additional training beyond medical school in general (adult) and child and adolescent psychiatry.

Facts for Families© information sheets are developed, owned and distributed by the American Academy of Child and Adolescent Psychiatry (AACAP) and are supported by a grant from the Klingenstein Third Generation Foundation. Hard copies of Facts sheets may be reproduced for personal or educational use without written permission, but cannot be included in material presented for sale or profit. All Facts can be viewed and printed from the AACAP website (www.aacap.org). Facts sheets many not be reproduced, duplicated or posted on any other Internet website without written consent from AACAP. Organizations are permitted to create links to AACAP’s website and specific Facts sheets. To purchase complete sets of Facts for Families, please contact the AACAP Communications & Marketing Coordinator, ext. 154.

Copyright © 2004 by the American Academy of Child and Adolescent Psychiatry.