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WORKING WITH INTELLECTUAL DISABLED CHILDREN

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Annotation

This article provides an overview of the multifaceted field of working with children with intellectual disabilities, highlighting the importance of individualized approaches, inclusive environments, and evidence-based interventions. It explores the diverse needs and strengths of this population, emphasizing the crucial role of family involvement, professional collaboration, and ongoing research in supporting their optimal development and well-being.

Key words

Intellectual Disabilities, Developmental Disabilities, Inclusive Education, Individualized Education Programs (IEPs), Assistive Technology, Family-Centered Care, Early Intervention, Positive Behavior Supports, Transition Services, Advocacy, Research, Best Practices

Introduction

Children with intellectual disabilities present a unique spectrum of developmental needs, requiring specialized support and individualized approaches to learning and development. This article aims to provide a comprehensive guide for educators, therapists, families, and other professionals involved in working with this population. The focus is on fostering inclusive environments, utilizing evidence-based practices, and promoting a holistic approach to support their growth and well-being.

Intellectual disability (ID), also known as general learning disability and mental retardation, is a generalized neurodevelopmental disorder characterized by significant impairment in intellectual and adaptive functioning that is first apparent during childhood. Children with intellectual disabilities typically have an intelligence quotient (IQ) below 70 and deficits in at least two adaptive behaviors that affect everyday, general living. According to the DSM-5, intellectual functions include reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience. Deficits in these functions must be confirmed by clinical evaluation and individualized standard IQ testing. On the other hand, adaptive behaviors include the social, developmental, and practical skills people learn to perform tasks in their everyday lives. Deficits in adaptive functioning often compromises an individual's independence and ability to meet their social responsibility.

Main part

Intellectual disability is subdivided into syndromic intellectual disability, in which intellectual deficits associated with other medical and behavioral signs and symptoms are present, and non-syndromic intellectual disability, in which intellectual deficits appear without other abnormalities. Down syndrome and fragile X syndrome are examples of syndromic intellectual disabilities.

Intellectual disability affects about 2 to 3% of the general population. Seventy-five to ninety percent of the affected people have mild intellectual disability. Non-syndromic, or idiopathic cases account for 30 to 50% of these cases. About a quarter of cases are caused by a genetic disorder, and about 5% of cases are inherited. Cases of unknown cause affect about 95 million people as of 2013.

Oligophrenopedagogy (Oligophrenia and pedagogy) is a branch of defectology that studies issues of

education, upbringing, correction (correction), involvement in social life of mentally retarded children. The main task of oligophrenopedagogy is to reveal the essence of correctional education in the development of mentally retarded children, to develop and improve the development of the defect in them and the ways to eliminate the defect itself, to develop and improve special educational and correctional development work and methods for mentally retarded children in special schools and pre-school educational institutions. Oligophrenopedagogy is based on the achievements of general and special pedagogy, psychology, anatomy, physiology, genetics, neuropathology, pediatrics, oligophrenia clinic. At the beginning of the 19th century, it emerged as a specific direction due to the development of medicine and pedagogy. In the middle of that century, the French doctor and pedagogue E. Segen (1812-80) developed the theory of teaching and educating mentally retarded children.

1. Understanding Intellectual Disabilities

Intellectual disabilities encompass a broad range of conditions characterized by limitations in cognitive functioning, adaptive behavior, and daily living skills. These disabilities can manifest in various ways, impacting a child's learning, social interaction, and overall development. Recognizing the diversity within this spectrum is crucial for tailoring interventions and providing appropriate support.

2. Creating Inclusive Environments

Inclusive education, where children with intellectual disabilities learn alongside their peers in general education settings, offers numerous benefits. It promotes social interaction, fosters a sense of belonging, and provides opportunities for all children to learn and grow together. Implementing strategies for adapting curriculum, providing appropriate accommodations, and promoting peer interaction are essential for successful inclusion.

3. Individualized Education Programs (IEPs)

Individualized Education Programs (IEPs) are legally mandated documents that outline a child's educational needs, goals, and services. They are developed collaboratively by parents, teachers, therapists, and other professionals involved in the child's education. The IEP process ensures that each child receives tailored support and interventions that address their unique learning style, strengths, and challenges.

4. Evidence-based interventions and supports

A growing body of research supports the use of evidence-based practices in working with children with intellectual disabilities. These practices include:

Applied Behavior Analysis (ABA): A systematic approach to understanding and changing behavior, often used to teach new skills, reduce problem behaviors, and promote positive social interactions.

Cognitive-Behavioral Therapy (CBT): A therapy that focuses on identifying and changing negative thought patterns and behaviors that contribute to emotional and behavioral difficulties.

Assistive Technology: Tools and devices that assist individuals with disabilities in performing tasks that would otherwise be challenging, such as communication aids, adaptive equipment, and computer-based learning programs.

5. The Role of Family Involvement

Families play a vital role in the lives of children with intellectual disabilities. They provide ongoing support, advocate for their child's needs, and contribute to their overall well-being. Fostering open communication, collaboration, and family-centered care is essential for creating a supportive and nurturing environment for the child.

6. Professional Collaboration and Advocacy

Effective support for children with intellectual disabilities requires a collaborative approach involving educators, therapists, physicians, and other professionals. This collaborative team works together to develop a comprehensive plan that addresses the child's individual needs. Additionally, advocating for resources, services, and legal protections for children with disabilities is crucial for ensuring their access to quality support and opportunities.

7. Research and Future Directions

Ongoing research in the field of intellectual disabilities is constantly expanding our understanding of these conditions and developing new interventions and supports. Promising areas of research include:

Early Intervention: The importance of early identification and intervention to promote optimal development in young children with intellectual disabilities.

Assistive Technology: Developing innovative assistive technologies that enhance communication, access to information, and participation in learning and social activities.

Social-Emotional Learning: The impact of social and emotional learning programs on the development of social skills, self-regulation, and emotional well-being in children with intellectual disabilities.

Conclusion:

Working with children with intellectual disabilities requires a commitment to individualized approaches, inclusive environments, and evidence-based practices. By fostering collaboration among professionals, involving families in the support process, and staying abreast of research advancements, we can create a world where all children, regardless of their abilities, have the opportunity to thrive, learn, and reach their full potential.

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