

Williams Syndrome

This is a very rare condition that is genetically determined and results in intellectual impairment. Children who have been diagnosed with Williams syndrome can have mild to severe intellectual impairment, which can affect many of the skills needed to undertake daily activities. It has also been found to cause facial abnormalities and heart and blood vessel problems. It is these heart abnormalities that are the most significant and immediate health problems.

By providing the optimum learning environment for development, childcare staff, parents and other members of the community can work together to support all children's learning and skill building. Observing children during the day to find out their interests and abilities will allow staff to plan purposeful and successful activities that will support the development of all children within the program, including a child with Williams syndrome.

Williams syndrome affects all children differently and not all children will show the same characteristics or abilities. Looking at the individual child, they may present with the following characteristics:

- Intellectual impairment
- Relatively good spoken language but poor comprehension
- Fine and gross motor difficulties
- Visual-spatial difficulties
- Social issues relating to language, behaviour
- Difficult behaviours e.g. overactive, limited concentration, excessively anxious, hypersensitive to sounds, fearful of steps, uneven surfaces, textures

This information is only an overview of the syndrome and only some of the characteristics that may be apparent. All children have differing behaviour, language, gross and fine motor, social/emotional and cognitive skills. Looking at what they can do is the most important point and from there to build on these skills.

It has been found that children with this syndrome tend to be friendly and sociable. Besides some difficult behaviours that may be present, children with Williams syndrome are mostly helpful, co-operative and eager to please when given opportunities. Quite often their language skills are superficial, and formal adult-like language and sophisticated vocabulary mask their lack of understanding and therefore their language abilities. Talking and incessant chatter is also a characteristic, especially when children become fixated on a certain topic. Understanding the meaning of language and comprehending what others are saying can be a challenge for children, as well as the rules when conversing e.g. turn taking, keeping to the point. Also, children with Williams syndrome may have difficulty with gross and fine motor skills and visual-spatial skills.

Concentration for a length of time may be difficult for a child with Williams syndrome as well as anxiety, eating, toileting and sleeping problems. Research has highlighted these issues as well as the importance of early intervention as they may persist into adulthood.

Following are some strategies that may help with in the successful inclusion of children with Williams syndrome.

Language Skills

- Provide verbal stimulation from an early age, continuing on with their ability level. Use a variety of props during story time. Include felt stories, puppets, big books, singing, rhyming. Support language by describing, naming etc. throughout the whole program e.g. nappy change, eating time, music, blocks, art.
- Plan structured language activities with a particular purpose e.g. building vocabulary, comprehension using labels, instructions, verbs, nouns, turn taking.
- Use prompting or imitation.
- Follow up the speech & language therapy to include some appropriate activities in the daily plan.
- Work closely with the parent; find out what strategies they may use at home and pass on any that are working well during the program.

Motor & Perceptual Skills

- Hand-eye co-ordination will need practice through grasping and holding activities, throwing, playdough, scissors etc..
- Develop orientation of themselves and other objects in space through everyday play experiences inside and outside, music time, dancing, games.
- Visual processing tasks include matching, sequencing, patterning, sorting and memory games. These can be specific learning activities, opportunities arising during the day or small group activities during inside play. Many computer programs offer these activities
- Include feedback to the parents about the types of activities/skills that are being worked on so that they may be introduced at home or vice-versa.
- If the family have accessed an occupational therapist ask for ideas that may be replicated.
- Use the language skills the child has acquired to talk through the gross motor/fine motor activity or repeating instructions etc..
- Use activities or topics the child is interested in to encourage and motivate them e.g. if the child is interested in insects allow them to copy over or draw outlines of these. Pencil and paper skills can be built up with practice.
- Music time offers lots of opportunities for gross motor skills to be practised, through movement of the body and the use of other materials e.g. ribbon on a piece of dowel, balls, finger plays, balancing, dancing alone or with others, clapping to the beat or using musical instruments.
- During outside play include items of interest for the child to find e.g. hide some insects so they must practice climbing, crawling etc.. Put out different equipment to encourage the children to use it e.g. in the sand pit, obstacle course. Organise games that include language skills, fine and gross motor skills e.g. Duck, Duck, Goose, Fruit salad, My Grandmother went to market.

Reading

- During language experiences include different types of print e.g. books, big books, newspaper articles and poems, to show children the meaning of print. Point out words or letters that the children will know e.g. what their name starts with.
- Use topics the children are interested in when choosing books.
- Language kits often have pictures/felt pieces; make labels for these.
- Share with the parent some books etc. that have been used during the day.
- Encourage the use of books, etc. that are not too “busy” with a lot of pictures or drawings as these are easily distracting.

Concentration, hyperactivity & sensitivity to noise

- When giving instructions do it clearly and directly making sure the child has direct eye contact.
- Use prompting to remind the child to stay on task.
- Use the child’s interest or obsession to encourage concentration and start with short periods of time i.e. 1-2 minutes.
- Rewards may work but have the parent’s permission first.
- Environmentally the child might be overstimulated; keep the distractions to a minimum or find a quiet place for activities that require lots of concentration.
- Background noise e.g. music, may also be a distraction. Keep it to a level the child can tolerate.
- Sitting or waiting for long periods can be difficult, so intersperse these with other activities such standing and stretching, helping to deliver messages.
- About 90% of children with Williams syndrome are hypersensitive to particular sounds, therefore it is important to observe them to find out what these are.
- Give a clear description of what the noise actually is.
- Provide a warning for noises predicted e.g. music, fire drill, vacuum.
- Let the child work the machinery (if appropriate) that is upsetting them, giving them a sense of control over the noise e.g. vacuum.
- Allow the child to leave the room or area if a distressing noise occurs.
- Gentle exposure to the noise that affects the child may be helpful in reducing the level of distress. Record some of the noises onto a tape and allow the child to play them, turn them off, rewind etc.

Feeding difficulties

- Vomiting and refusal of food together with constant crying usually appears in the first few months. Medication and diet restrictions (Vitamin D) may be needed to balance out this calcium level in the blood.
- Parents may have strategies that work well with food.
- When there is no medical reasons for a limited diet (and family is comfortable) encouraging different foods may be effective.
- Using rewards for small amounts of different food tasted has worked for other children.

Social Skills

- Children may have difficulty in making friends and maintaining relationships with others their own age. Model appropriate behaviour for meeting someone, asking to play etc; have the child imitate.
- Role play examples of appropriate behaviour for play. Use lots of examples for inside and outside play but limit how many are done in one day.
- Use props such as books, puppets etc to give concrete examples of appropriate behaviour.
- Give lots of opportunities for small group activities where the child can be included with the support of an adult.

These are only some of the many strategies that can be used to include children with Williams syndrome. With some observing, well thought out planning and discussions with other professional, parents and the child, inclusion will become a natural part of the program. All of the strategies and ideas that have been suggested can be used for all children who are participating in childcare.

Disclaimer

Inclusion Works! provides information to Children's Services upon request. The information provided is obtained from a number of sources e.g. library, other services, resource books and Internet. The information provided is not intended to, nor does it, constitute medical or other advice. Persons access this information assume full responsibility for its usage. Acknowledgement of source of information is required if passed onto a third person.