



Australian Government
Department of Health and Aged Care



UNSW
SYDNEY

Lecture Plans and Tutorial Activities

Introduction to Intellectual Disability and Communication

Intellectual Disability Health Capability Framework Resources



Authors and contributors

National Centre of Excellence in Intellectual Disability Health, UNSW Medicine & Health, UNSW Sydney

Dr Seeta Durvasula

Ms Claire Eagleson

Ms Marianne Gibney-Quinteros

Ms Tahli Hind

Ms Michaela Kobor

Professor Julian Trollor

Dr Janelle Weise

Dr Jenna Zhao

UNSW Medicine & Health, UNSW Sydney

Associate Professor Margo Lane

Professor Gary Velan

Medical School, The University of Queensland

Professor Nalini Pather

Suggested citation

Durvasula, S., Eagleson, C., Gibney-Quinteros, M., Hind, T., Kobor, M., Lane M., Pather, N., Trollor, J., Velan, G., Weise, J., Zhao, J. Intellectual Disability Health Capability Framework Resources – Lecture plans and tutorial activities: Introduction to Intellectual Disability and Communication. 2025. <https://www.health.gov.au/resources/collections/intellectual-disability-health-capability-framework-and-education-resources>

This work has been funded by the Department of Health and Aged Care.

This version current as at May 2025.

Contents

Authors and contributors	ii
Description	1
Lecture 1: Introduction to intellectual disability health care	2
Lecture overview and learning outcomes	3
Lecture plan	4
Section 1: What is intellectual disability?	4
Section 2: Health status of people with intellectual disability	4
Section 3: Reasonable adjustments	5
Q&A	5
Lecture 2: Communication.....	6
Lecture overview and learning outcomes	7

Description

These lecture plans and tutorial activities are part of a suite of resources designed to support the [Intellectual Disability Health Capability Framework](#) (the Framework). The Framework aims to equip pre-registration students studying health, allied health, dentistry and other health-related disciplines with the required core capabilities to provide quality health care to people with intellectual disability.

This document is intended to help educators integrate the Framework's intellectual disability health core capabilities into pre-registration health curricula. Changes can be made to the lecture plans and tutorial activities to adapt them for specific discipline needs.

Two lecture plans and tutorial activities have been developed to introduce the first two capability areas:

- Intellectual disability health, and
- Communication.

It is recommended that at least two standalone lecture on intellectual disability health be integrated into existing health units and courses alongside other lectures, coursework or modules where content aligns.

It is recommended that this document be read in conjunction with the Lecture Reference Book, available on the [Framework and education resources](#) collection page. The lecture plans outline key teaching points, and the Lecture Reference Book provides more detailed information on each of the lecture topics covered in this document. The Lecture Reference Book also provides background information that educators can use to create lecture materials for their discipline.

Additional resources are also available for educators to support integration of the Framework into existing curricula. Please see the [Intellectual Disability Health Capability Framework and education resources](#) to view all available resources.

Lecture 1: Introduction to intellectual disability health care

Aim: To introduce intellectual disability and the health status of people with intellectual disability to students, and discuss how health disparities for this group can be addressed through the provision of high-quality health care by professionals within your discipline.

Duration: 50 minutes

The following lecture plan is designed to fit into a one-hour lecture time slot. It is a recommended outline for introducing students to intellectual disability health and can be adapted where needed.

See the **Lecture Reference book** (available from the Framework webpage) for more detailed information on the below lecture topics.

Lecture overview and learning outcomes

The following learning outcomes for this lecture plan are from the [Intellectual Disability Health Capability Framework](#) (see Section 2).

Topic	Content	Learning Outcomes	Duration
Section 1: What is intellectual disability?	Presentation: <ul style="list-style-type: none"> Lived experience presentation from a person with intellectual disability Topics: <ul style="list-style-type: none"> What is intellectual disability? Levels of intellectual disability Prevalence of intellectual disability Causes of intellectual disability 	1.4.1 Identify the different causes of intellectual disability, common co-occurring health conditions and the evidence that underpins their management.	25 min
Section 2: Health status of people with intellectual disability	<ul style="list-style-type: none"> Setting the scene Health status and common health conditions Determinants of health in intellectual disability 	1.7.1 Discuss why people with intellectual disability have increased prevalence of chronic, multiple, and complex health conditions. 1.8.1 Identify health care access barriers and enablers that people with intellectual disability may experience.	15 min
Section 3: Reasonable adjustments	<ul style="list-style-type: none"> What are reasonable adjustments? Reasonable adjustments that can be made to practice within your discipline 	3.4.1 Give examples of reasonable adjustments that could be made in a health care environment to meet the individual needs of people with intellectual disability.	5 min
Q&A	<ul style="list-style-type: none"> Q&A, including questions for the person with intellectual disability where agreed 		5 min

Lecture plan

Section 1: What is intellectual disability?

Total time: 25 minutes

1. Lived experience presentation

Time: 15 minutes

Engage a person with intellectual disability to give a presentation to students. Work with the person on what they would like to present. For example, they could speak about themselves and their lived experience. If students have not met a person with intellectual disability before, this presentation can help students to realise that people with intellectual disability are people first and have the same rights to access mainstream health care as anyone else.

It is important to note that organising a lived experience presentation is a process that requires ample time, preparation and consideration. For detailed guidance on organising lived experience presentations, see the Co-educating with Lived Experience Educators to enhance students' capabilities in intellectual disability health: A toolkit for tertiary educators (the 'Toolkit'). If it is not possible to arrange for a person with intellectual disability to present, a recorded video perspective can serve as an alternative – for example, A Family Perspective, where students can hear a lecture from parent carer Maria Heaton. However, the presence of a person with intellectual disability in the teaching environment is highly preferable, to maximise student capacity to engage with them. Carers and family members can also present on their lived experiences of supporting a person with intellectual disability.

2. Intellectual disability and its prevalence and causes

Time: 10 minutes

- What intellectual disability is
 - What adaptive functioning is and the three areas of adaptive functioning
- Levels of intellectual disability, including classifying the different levels
- Prevalence of intellectual disability
- Causes of intellectual disability (prenatal, perinatal and postnatal causes)

Section 2: Health status of people with intellectual disability

Total time: 15 minutes

1. Setting the scene

Time: 5 minutes

Play the ABC 7:30 Report video on preventable deaths in people with intellectual disability from [0:00 to 4:36].

Video: [ABC 7:30 Report on preventable deaths](#)

2. Health status and common health conditions

Time: 5 minutes

- As students heard from the video, health outcomes are significantly worse for people with intellectual disability compared to the general population.
- People with intellectual disability experience higher morbidity
 - Higher prevalence of physical health conditions
 - Higher prevalence of mental health conditions

3. Determinants of health common in intellectual disability health

Time: 5 minutes

The same determinants of health that impact people without intellectual disability are also relevant in people with intellectual disability. There are also particular biological, psychological and social determinants of health that are specifically relevant for people with intellectual disability. For examples of determinants of health that are more common in people with intellectual disability, see the Determinants of Health section in the Lecture Reference book (available from the Framework webpage).

Section 3: Reasonable adjustments

Time: 5 minutes

- What reasonable adjustments are (changes made to health services and clinical practices to ensure they are accessible for a person with an intellectual disability).
- Reasonable adjustments that can be made to practice within your discipline (for example, accessibility of appointments, communication strategies, supported decision-making).

Note: We encourage continuing on with the Communication Lecture to expand further on this critical topic.

Q&A

Time: 5 minutes

Lecture 2: Communication

Aim: To identify important communication principles and strategies and discuss how to adapt communication to provide high quality health care to people with intellectual disability.

Duration: 50 minutes

The following lecture plan is designed to fit into a one-hour lecture time slot. It is a recommended outline for introducing students to key principles of communication in intellectual disability health and can be adapted where needed.

See the **Lecture Reference book** (available from the Framework webpage) for more detailed information on the below lecture topics.

Lecture overview and learning outcomes

The following learning outcomes for this lecture plan are from the [Intellectual Disability Health Capability Framework](#) (see Section 2).

Topic	Content	Learning Outcomes	Duration
Section 1: Communication challenges faced by people with intellectual disability	<ul style="list-style-type: none"> Importance of communication in health care Communication challenges are a barrier to effective health care Examples of communication difficulties 	2.1.1 Discuss effective and ineffective communication when interacting with people with intellectual disability.	5 min
Section 2: General principles for communication	<ul style="list-style-type: none"> Preparing for a consultation Person-centred approach 	2.1.1 Discuss effective and ineffective communication when interacting with people with intellectual disability.	10 min
Section 3: Adapting communication	<ul style="list-style-type: none"> Communication strategies Adapting verbal communication Augmentative and alternative communication (AAC) 	2.2.1 Identify how communication might be adapted to a person with intellectual disability's preferred ways of communicating and how Augmentative and Alternative Communication (AAC) resources may support this.	10 min
Section 4: Behaviour as a form of communication	<ul style="list-style-type: none"> Behaviour as a form of non-verbal communication What behaviour might be communicating Atypical presentations and behavioural equivalents Video example 	2.3.1 Discuss why it is important to recognise behaviour as a form of communication. 2.3.2 Describe the causes, manifestations, and potential interpretations of behaviour as a form of communication to inform assessment, diagnosis, and care provision for people with intellectual disability.	15 min
Section 5: Communicate to reassure	<ul style="list-style-type: none"> Include the person in health care discussions Aim to increase the person's sense of control and comfort 	2.4.1 Describe what you may need to communicate to a person with intellectual disability regarding what will happen during a health care interaction.	5 min
Q&A	<ul style="list-style-type: none"> Q&A 		5 min

Lecture plan

Section 1: Communication challenges faced by people with intellectual disability

Time: 5 mins

- Communication is important in health care for all people, not just those with intellectual disability.
- Poor communication is a key barrier to effective health care.
- People with an intellectual disability generally experience communication difficulties, especially those with severe and profound levels of intellectual disability.
- It is often hard for them to communicate with health staff about their health.
- Communication difficulties often contribute to the underdiagnosis or misdiagnosis of medical and psychiatric disorders.
- Examples of communication difficulties e.g., difficulties in communicating their needs or how they are feeling.

Section 2: General principles for communication

Time: 10 minutes

- General principles of communication including – e.g., what and how to find out about a person's communication preferences.
- Person-centred approach – in line with the person's communication preferences.

Section 3: Adapting communication

Time: 10 minutes

- Communication strategies
- What Augmentative and Alternative Communication (AAC) is (methods of communicating besides talking: augmentative – adding to someone's speech, and alternative – used instead of speech).
- The two main types of AAC –
 - Unaided AAC (e.g., eye contact, facial expression, gestures, signing).
 - Aided AAC (low tech [e.g., pictures, pen/paper] and high tech [e.g., tablet]).

Section 4: Behaviour as a form of communication

Time: 15 minutes

- Behaviour as a form of communication (behaviour has meaning, and as such it can be considered a form of communication).
 - Useful to view behaviour as communication even when the person's intent to communicate or share information about their subjective state may be unclear.
- What behaviour might be communicating

- Psychological symptoms
- Emotions
- Health problems
- States such as pain, discomfort or hunger
- Something about the situation that the person is in e.g., the person is uncomfortable in their environment.
- Atypical presentations and behavioural equivalents
 - Greater severity of intellectual disability increases likelihood of atypical presentation of symptoms.
 - Behavioural equivalents – expression of mental illness through behaviour rather than through verbal description.
- Importance of interpretation of behaviour – can easily be interpreted incorrectly due to assumptions/cultural factors.
- Diagnostic overshadowing – when symptoms of mental illness (or physical illness) are mistakenly attributed to the person's intellectual disability. Consider, in particular, changes to behaviour/presentations of behaviours of concern which could indicate pain/physical or mental health conditions e.g., dental abscess, constipation, anxiety, depression.
- Examples of behaviour as communication – e.g., Video demonstrating behaviour of concern as communication.

Section 5: Communicate to reassure

Time: 5 minutes

- Recognising that people with intellectual disability may have differing levels of understanding of health care situations and procedures, communicate directly with the person in a way that seeks to include them in health care discussions.
- Inform them of what is occurring and its purpose, which can help to give a sense of control and improved comfort.

Q&A

Time: 5 minutes

Tutorial Activities: Intellectual disability health and communication

One or more of these activities could be utilised depending on the time available.

Content/Activity	Learning Outcomes	Duration
Video discussion and analysis	<p>1.2.1 Discuss the stigma and discrimination experienced by people with intellectual disability and their support networks when accessing and receiving health care.</p> <p>1.2.2 Discuss how attitudes, beliefs, and values about people with intellectual disability shape health care provision and health outcomes.</p> <p>1.7.1 Discuss why people with intellectual disability have increased prevalence of chronic, multiple, and complex health conditions.</p> <p>1.8.1 Identify health care access barriers and enablers that people with intellectual disability may experience.</p>	20-45 min
Case study discussion and analysis	<p>2.1.1 Discuss effective and ineffective communication when interacting with people with intellectual disability.</p> <p>2.2.1 Identify how communication might be adapted to a person with intellectual disability's preferred ways of communicating and how Augmentative and Alternative Communication (AAC) resources may support this.</p> <p>2.3.1 Discuss why it is important to recognise behaviour as a form of communication.</p> <p>2.4.1 Describe what you may need to communicate to a person with intellectual disability regarding what will happen during a health care interaction.</p>	25-30 min
Simulation scenario	<p>2.2.1 Identify how communication might be adapted to a person with intellectual disability's preferred ways of communicating and how Augmentative and Alternative Communication (AAC) resources may support this.</p> <p>2.2.2 Develop strategies on how to include support networks in communication as appropriate.</p>	40 min

Activities

Video discussion and analysis

Time: 20-45 minutes

Objective:

1. Support students to understand challenges people with intellectual disability can face when accessing health care and how attitudes and beliefs about people with intellectual disability can impact this.
2. Provide an opportunity for students to discuss ways to develop their future practice to improve the health care experience of people with intellectual disability.

Activity:

In this activity, students watch a video about intellectual disability health. Suggested videos include:

- [ABC 7:30 Report on preventable deaths](#) – A report on the study finding that people with intellectual disability are twice as likely to experience preventable deaths (4-8 minutes).
- [A Family Perspective](#) – Maria Heaton, a former NSW Carer of the Year, speaks about her son, Tristan, and family during a lecture to medical students (15 minutes).

After the video, organise students into small groups to analyse and discuss the barriers facing people with intellectual disability and how attitudes and beliefs about people with intellectual disability shape their health care experience.

Conclude the activity with a class-wide debrief, where students can share their insights and reflect on how they can develop their future practice to make health care accessible for people with intellectual disability.

Case study discussion and analysis

Time: 25-30 minutes

Objective:

1. Use a case study to discuss effective communication with people with intellectual disability.

Activity:

In this activity, students watch a film (and/or use a written case study) that depicts a scenario where 'Luca', a person with intellectual disability visits a GP with their support worker. Students can observe how the GP communicates (both verbally and non-verbally), taking notes on what is effective and what is not based on Luca's and his support worker's responses. After watching the film, organise students into small groups to analyse and discuss the communication challenges and techniques observed, emphasising both positive and negative aspects. Suggested discussion questions are provided below.

Conclude the activity with a class-wide debrief, where students can share their insights and reflect on how they can improve their communication skills in future clinical interactions. This

activity could potentially be extended to have students practise communication techniques in pairs, or as a group such as using the simulation scenario below.

Questions for group discussion:

1. How well did Luca appear to understand the GP?
2. How did the GP adapt his communication to meet Luca's needs? How effective was this?
3. Were there any moments where you think Luca may have been confused or misunderstood? How could the GP have improved his communication?

Case study materials on a variety of Framework capability topics, including 'Luca's' Communication written case study and case study film, are available on the [Framework and education resources](#) collection page.

Simulation scenario

Time: 40 minutes

Objective:

1. Provide an opportunity for students to develop and practise effective communication with people with intellectual disability using verbal and non-verbal methods.
2. Assist students to communicate with the person with intellectual disability, their carers or support staff the process of assessment and treatment in a clear manner.

Activity:

This simulation activity is based on a case study scenario that describes an interaction between a person with intellectual disability, their support worker, and a pharmacist. This activity will help students practise and refine their communication skills. After the simulation activity, utilise the discussion points to guide students to reflect and provide constructive feedback. This activity can be extended by asking students to swap roles and experience the interaction from a different perspective.

The simulation scenario is available on the [Framework and education resources](#) collection page.

Health.gov.au

All information in this publication is correct as at May 2025

