

Williams Syndrome



Williams syndrome is a rare genetic disorder characterized by mild to moderate intellectual delays, distinctive “pixie like” facial features, short stature, slight build, limited mobility in the joints, curvature of the spine, cardiovascular disease, and a unique personality that combines overfriendliness and high levels of empathy with anxiety. Children with Williams syndrome are often delayed in their development and may have strengths in verbal short-term memory and spoken language, combined with weaknesses in comprehension, gross and fine motor skills and visual–spatial skills.

Implications for Planning and Awareness

- Meet with the student and parents early in the school year to discuss how the school can support this student’s needs related to Williams syndrome. This could include finding out about:
 - the student’s strengths, interests and areas of need
 - the student’s specific symptoms
 - successful strategies used at home or in the community that could be used at school.
- If the student is taking medications during the school day, discuss with the parents possible side effects. Follow school and/or jurisdictional policies and protocols in storing and administering medication.
- Collaborate with the parents and the student to consider if, and how, they would like to share specific information on Williams syndrome with peers. If they wish to do this, consultation with health care providers, such as school or community health nurses, may be helpful.
- Learn as much as you can about how this condition may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student’s success at school.
- Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and supports.
- Develop a system for sharing information with relevant staff members about the student’s condition and successful strategies.

Your awareness needs to begin with conversations with the student’s parents.



Implications for Instruction

- Be aware of characteristics and behaviours, that could impact the classroom, including:
 - trying to talk non-stop, persistent questioning and use of language as a distraction when a task is too hard
 - smiling a lot, being gregarious and overly empathetic
 - being overactive, with a pervasive lack of attention
 - having narrowed interests with very high levels of focus
 - repetitive motor patterns
 - poor motor coordination
 - extreme sensitivity to certain sounds
 - hearing impairments.
- Give clear, brief directions. Have the student repeat the directions back to you to monitor comprehension.
- Simplify language and directions. This may reduce the student’s habit of echoing or repetition that may be due to poor comprehension of complex language and directions.
- Remind students to “stop, think and listen” before responding, acting or making a choice.
- When the student repeatedly asks questions that have been answered, rather than providing the answer again, ask the student to repeat the answer already given.
- Use the student’s strong verbal skills to learn new skills by using self-talk through a task or activity (e.g., “First I have to ____, then I have to ____.”).
- Provide support in transitioning from one activity or place to another. Cues, routines and purposeful activity during transitions may be helpful and can reduce anxiety.
- Provide quiet alternative workspaces during noisy classroom activities and/or provide alternative or adapted quiet activities.
- Provide a warning to the student just before loud predictable noises (e.g., school bell, announcements over a public announcement (P. A.) system, music in assemblies).
- Arrange the classroom to accommodate poor motor coordination (e.g., wide spaces between rows of desks).
- Reduce distractions. For example, seat the student near your desk or in an area away from distractions, such as doors; provide a study carrel that all students can access; allow the student to listen to music using a headset to screen out noise.
- Teach strategies for self-monitoring, such as making and using daily lists and personal checklists.
- Use low-key cues, such as touching the student’s desk to signal the student to return to the task at hand.
- Break tasks and assignments into short, easy-to-manage steps. Provide each step separately and give feedback along the way.
- Design learning activities that require a high response rate and use concrete learning objects. For example, provide students with individual white boards, chalkboards or manipulatives that allow them to actively respond and “show” their answer.
- Design math tasks and materials that consider spatial organization and fine motor difficulties. For example, reduce the amount of information on a page; provide a “window box” template to view one question at a time; provide graph paper to align numbers correctly.



- Limit the amount of copying and/or writing. Consider the use of assistive technology tools, such as a dedicated word processor or word production software.
- Help the student to organize belongings and work (e.g., label school supplies, colour code subject notebooks).

Implications for Social and Emotional Well-being

- Engage the student and parents in planning for transitions between grade levels and different schools. Ensure that planning focuses on academics, social and emotional well-being and beyond the student's school life.
- Provide clear expectations, consistency, structure and routine for the entire class. Rules should be specific, direct, written down and applied consistently.
- Establish clear rules and boundaries around acceptable/unacceptable physical contact (e.g., stand at least one-arm's length from another person, do not stare at people, do not touch others, etc.).
- Explicitly teach how to greet people in appropriate ways (e.g., high-fives are acceptable at school, hugs are not acceptable at school).
- Use direct teaching to discourage the student from approaching and being overly friendly with strangers. Model appropriate behaviours (e.g., have the student imitate during role-play and practice sessions and praise students for appropriate behaviour).
- Monitor demands placed upon students, as they may find it difficult to cope in environments that they find excessively demanding. Strong verbal skills can lead adults to overestimate abilities and set unrealistic expectations.
- To reduce excessive worry and anxiety, put a limit on the amount of time for comforting the student. Acknowledge his or her anxiety, provide comfort and reassurance in a matter-of-fact way, and then shift the focus elsewhere. Trying to comfort the student can exacerbate anxiety.
- If the student becomes overstimulated when exiting for a break or to another activity, delay his or her exit for a minute or two until the other students have left.
- Determine if the student has intense fascinations and/or preoccupations with certain objects, topics or people. Be proactive in diverting attention elsewhere or establishing boundaries on the time spent looking at or talking about these topics.
- Provide opportunities for movement (e.g., allow students to move or stand up while working; provide stretch or movement breaks as part of the classroom routine; create opportunities for students to do errands in the classroom).
- Ensure the student goes out at recess, takes breaks or participates in physical activities to use up excess energy and manage restlessness.

Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.



As you consider the implications for this disability, think about the following questions:

1. Do I need further conversations with the parents to better understand this student's strengths and needs? Yes No
2. Do I need targeted professional learning? Yes No
If yes, what specific topics and strategies would I explore?
3. Is consultation with jurisdictional staff required? Yes No
If yes, what issues and questions would we explore?
4. Is consultation with external service providers required (e.g., Regional Educational Consulting Services, Student Health Partnership, Alberta Children's Hospital, Glenrose Hospital)? Yes No
If yes, what issues and questions would we explore?
5. Are further assessments required to assist with planning for this student? Yes No
If yes, what questions do I need answered?
6. Is service to the student from an external provider required? Yes No
If yes, what outcomes would be anticipated?

Links for further information:

Williams Syndrome Association. "I Am an Educator. How Do They Learn?"
<http://www.williams-syndrome.org/teacher>
Williams Syndrome Foundation. <https://williams-syndrome.org.uk/>

Please note:

These websites are for information only and the user is responsible for evaluating the content and appropriate uses of the information.

