

Williams Syndrome

What is Williams Syndrome?

- A neurodevelopmental disorder caused by deletion of a small number of genes before birth
- Not hereditary, but can be diagnosed with a genetic blood test
- Children with WS are extremely sociable and love to be around people but often have a developmental delay and mild to moderate cognitive impairment

Common Characteristics

- Often remarkably warm, social, and joyful toward familiar and unfamiliar people
- Difficulties with planning and problem solving
- Facial features: flat nasal bridge, wide mouth, uneven teeth, small chin
- Problems feeding and gaining weight
- Cardiovascular disease
- Poor fine motor skills
- Visuospatial difficulties (e.g., navigating directions and knowing how far an object is from themselves)
- Likely to co-occur with anxiety and specific phobias

Language & Communication

- Communication is a relative strength for children with WS but gap exists between their language abilities and those of their age-matched peers
- Language delays may be characterized by:
 - Expressive vocabulary of 100 words acquired around 40 months of age
 - Inability to learn and assign a new word to an object as quickly as their peers
 - Difficulty with conceptual words related to time and where objects are located in space
 - Poor comprehension, despite tendency to use many words
- May show inappropriate social use of language, such as difficulty in:
 - taking the perspective of other people
 - giving answers that continue a conversation
 - engaging in “joint attention,” or attending to an object with another person



For more information, visit:

<http://williams-syndrome.org/>
<http://www.wschanginglives.org/>

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How to Support Communication

- Role play and practice with appropriate conversational skills
 - Are often “too friendly,” notably with strangers
- Ask questions frequently in order to assess child’s comprehension
 - Difficulty with comprehension is often disguised by strong language skills
- Give child more opportunities to learn the names of objects by first establishing joint attention (i.e., making sure child is looking at the object being referred to) and then saying what it is
 - Tips on how to engage in joint attention with a child:
 - Rolling or tapping on an object and then naming it
 - Bringing an object to where they are focused and naming it
 - Following their gaze and naming what they are looking at

Environmental Modifications

- Social Stories: Provide written or visual guides to help a child understand and navigate an unfamiliar social situation. May include teaching a child what appropriate versus inappropriate behavior looks like with peers, trusted adults, strangers, etc.
- Visual Schedules and Aids: Incorporate a visual representation of child’s daily schedule to reduce their anxiety. Also may help support their comprehension.
- Larger Writing Tools: Due to difficulties with fine motor and visuospatial skills, use of larger writing utensils is recommended.

Role of Speech-Language Pathologist

- Often works on a team with physical and occupational therapists
- Help with feeding during the first years of a child’s life
- Target abstract language and development of appropriate social skills



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