

SPCD 420/520
Definitions of Intellectual Disability
and Why They Matter

Questions to Think About

- **Why** and **how** do we define Intellectual Disability (Mental Retardation)?
- How has the definition of intellectual disability changed across the years and what factors have influenced these changes?
- Within intellectual disability, **how** and **why** are individuals classified?
- What is the incidence and prevalence of individuals with ID within the US? And, why should we care what these figures are?

Why do we need to define “intellectual disability” and assess for its presence?

- In the educational and adult supports and services system: to determine eligibility for services, benefits, and supports
- In the criminal justice system, to make decisions (i.e., in death penalty cases)

State vs. Trait

Consider your own beliefs :

Do you see intellectual disability as a trait or a state?

State vs. Trait

- Medical models of disability tend to view ID as a trait
- Social models of disability tend to view ID as a state

Considerations about Definitions

- Categorical definitions of a disability require a dichotomous classification – you have it or you don't
- In reality, intellectual disability is more of a continuum
- People on the margins (the old "borderline MR") may flow in and out of diagnosis (and therefore service eligibility) based on changing politics and normal testing fluctuations

Three Functions of Assessment

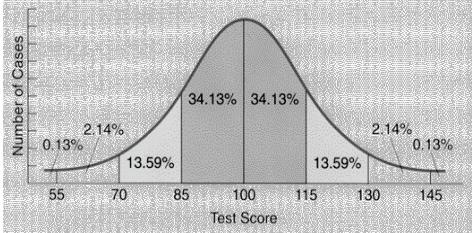
1. Diagnosis – to establish eligibility for services, benefits, and supports
2. Classification – to group individuals to most efficiently provide services and supports
3. Planning Supports – to provide individualized assistance

Diagnosis

Intellectual Disability

- Historically, ID was considered a permanent trait; someone’s functioning remained static across time
- Has been a gradual change over time to consider the importance of adaptive behavior and current level of functioning when determining status of someone with ID
- Now recognize that functioning can change with time, supports, environment, etc.

Normal Curve



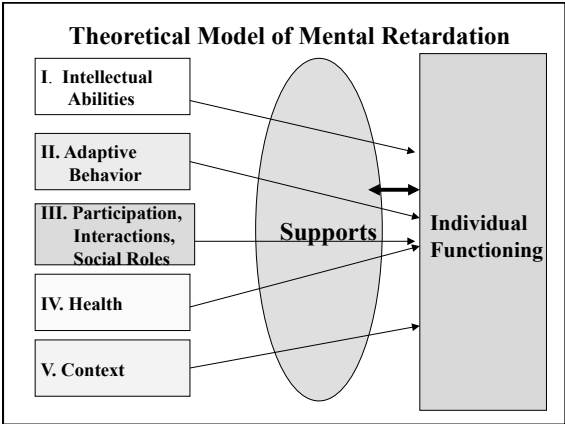
Some Key Changes in Diagnosis & Definition

- 1973 - Change from 1 SD to 2 SD
- 1977 - importance of clinical judgment (experience and expertise of a professional with appropriate training)
- 1983 - IQ could be raised to 75 IF adaptive behavior deficits were present
- 1992 – Recognition of the importance of the interaction between an individual’s capabilities, the environment, and his/her support needs
 - Move away from mild/moderate/severe/profound categories
 - First time individuals with ID were included in the discussion around the definition of ID

Mental Retardation: Current Definition

Mental retardation is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical skills. This disability originates before age 18.

Luckasson, R., Borthwick-Duffy, S., Buntinx, W. H. E., Coulter, D. L., Craign, E. M., Reeve, A., Schalock, R. L., Snell, M. E., Spitalnik, D. M., Spreat, S., & Tasse, J. L. (2002). *Mental retardation: Definition, classification, and systems of supports* (10th ed.). Washington, DC: American Association on Mental Retardation.



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- Operational Criteria to be Used in Diagnosing Mental Retardation using AAMR 2002 Definition**
- Intellectual functioning – scoring 2 SDs below the mean (considering the SEM for the specific instrument)
 - Adaptive behavior – scoring 2 SDs below the mean on a standardized assessment of adaptive behavior

Five Assumptions:

Each is essential to the application of the current definition of mental retardation.

- 1. Limitations in present functioning must be considered within the context of community environments typical of the individual's age peers and cultures.
- 2. Valid assessment considers cultural and linguistic diversity as well as differences in communication, sensory, motor, and behavioral factors.

- 3. Within an individual, limitations often coexist with strengths.
- 4. An important purpose of describing limitations is to develop a profile of needed supports.
- 5. With appropriate personalized supports over a sustained period, the life functioning of the person with mental retardation generally will improve.

Related Terms

- Adaptive Behavior – “collection of conceptual, social, and practical skills that have been learned by people in order to function in their everyday lives” (p. 73, Luckasson et al., 2002).
- Supports – “resources and strategies that aim to promote the development, education, interests, and personal well-being of a person and that enhance individual functioning” (p. 145, Luckasson et al., 2002)

IDEA 1997 Definition

- **Mental retardation** means significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance. (34 CFR Sec. 300.7 (c)(6))

NM Criteria for Intellectual Disability

To receive special education or related services with an eligibility of ID, a student must meet the eligibility criteria:

1. The student has a valid overall IQ score that is a standard score of 70 or below, considering standard error of measurement.
2. The student has a valid adaptive behavior score that is at least two standard deviations below the mean in conceptual, social, or practical skills, or an overall score that includes those components.
3. The student's cognitive disability existed before the age of 18.
4. The disability must have an adverse affect on educational performance.
5. Lack of appropriate instruction in reading or math, or limited English proficiency is not a determinant factor.
6. Student demonstrates a need for special education services.
(NM Team Manual, p. 76)

CLASSIFICATION

Classification

- Why classify “levels” of intellectual disability (mental retardation)?
 - To group individuals to most efficiently provide services and supports

Terminology and Levels of Severity of Retardation

| Proponents | Generic Term | 95 | 90 | 85 | 80 | 75 | 70 | 65 | 60 | 55 | 50 | 45 | 40 | 35 | 30 | 25 | 20 | 15 | 10 | 5 | 0 | |
|--|--------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|---|--|
| American Association for the Study of the Feeble-minded | Feeble-minded | | | | | | | | | | | | | | | | | | | | | |
| Tredgold & Soderstrom (1907) | Mental deficiency | | | | | | | | | | | | | | | | | | | | | |
| British Association of Mental Subnormality (Heber, 1907) | Mentally retarded | | | | | | | | | | | | | | | | | | | | | |
| AAMR (Grossman, 1973) | Mental retardation | | | | | | | | | | | | | | | | | | | | | |
| AAMR (Grossman, 1983) | Mental retardation | | | | | | | | | | | | | | | | | | | | | |
| American Psychological Association (1996) | Mental retardation | | | | | | | | | | | | | | | | | | | | | |
| American Psychiatric Association (2000) [DSM IV-TR] | Mental retardation | | | | | | | | | | | | | | | | | | | | | |

Note: Dashed rules indicate approximate cutoff points

Old categorical system

Classification Systems: Levels of Support (1992, 2002)

- **Intermittent** – as needed
- **Limited** – time-limited
- **Extensive** – on-going, across most settings, often lifelong
- **Pervasive** – intense, usually life long, in virtually all areas

New System based on need for supports

Some Key Terms

- Incidence – total number of *new* cases in a population in a defined period of time
 - Useful in examining causation/prevention
- Varies at different chronological ages
 - Highest rates are found during school years

Some Key Terms

- Prevalence – *total number* of cases in a population at any given time
 - NOTE: *true* prevalence assumes that at least some people meeting the definition criteria exist unrecognized by our systems
 - Prevalence rate (#) is affected by the definition of ID that is used
 - Useful for planning services for future
 - More males than females diagnosed with ID
 - Type of community affects prevalence rate
