

# AAMR

American Association on Mental Retardation  
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## Frequently Asked Questions About Mental Retardation and the AAMR Definition

### THE AAMR DEFINITION

#### **What is the official AAMR definition of mental retardation?**

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

#### **Where can I find the updated AAMR definition of mental retardation?**

The new 10th edition of *Mental Retardation: Definition, Classification, and Systems of Supports* discusses the updated AAMR definition and classification system in detail. It presents the latest thinking on mental retardation and proposes tools and strategies to determine if an individual has mental retardation. Further, the book suggests what supports can be used to optimize functioning of persons with mental retardation.

#### **What factors must be considered in determining if a person has mental retardation and consequently, developing a support plan for the individual?**

When using the AAMR definition, classification, and systems of supports, professionals and other team members must:

- Evaluate limitations in present functioning within the context of the individual's age, peers, and culture;
- Take into account the individual's cultural and linguistic differences as well as communication, sensory, motor, and behavioral factors;
- Recognize that limitations often coexist with strengths within an individual;
- Describe limitations so that an individualized plan of needed supports can be developed; and
- Provide appropriate, personalized supports to improve the functioning of a person with mental retardation.

### KEY CONCEPTS IN DEFINITION

#### **What is a disability?**

A disability refers to personal limitations that are of substantial disadvantage to the individual when attempting to function in society. A disability should be considered within the context of the individual's environmental and personal factors, and the need for individualized supports.

#### **What is intelligence?**

Intelligence refers to a general mental capability. It involves the ability to reason, plan, solve problems, think abstractly, comprehend complex ideas, learn quickly, and learn from experience. Although not perfect, intelligence is represented by Intelligent Quotient (IQ) scores obtained from standardized tests given by a trained professional.

With regards to the intellectual criterion for the diagnosis of mental retardation, mental retardation is generally thought to be present if an individual has an IQ test score of approximately 70 or below. IQ scores must always be considered in light of

the standard error of measurement, appropriateness, and consistency with administration guidelines. Since the standard error of measurement for most IQ tests is approximately 5, the ceiling may go up to 75. This represents a score approximately 2 standard deviations below the mean, considering the standard error of measurement. It is important to remember, however, that an IQ score is only one aspect in determining if a person has mental retardation. Significant limitations in adaptive behavior skills and evidence that the disability was present before age 18 are two additional elements that are critical in determining if a person has mental retardation.

### **What is adaptive behavior?**

Adaptive behavior represents the conceptual, social, and practical skills that people have learned to be able to function in their everyday lives. Significant limitations in adaptive behavior impact a person's daily life and affect the ability to respond to a particular situation or to the environment.

Limitations in adaptive behavior can be determined by using standardized tests. On these standardized measures, significant limitations in adaptive behavior are operationally defined as performance that is at least 2 standard deviations below the mean of either (a) one of the following three types of adaptive behavior: conceptual, social, or practical, or (b) an overall score on a standardized measure of conceptual, social, and practical skills.

### **What are some examples of adaptive behavior skills?**

#### **Conceptual skills**

Receptive and expressive language  
Reading and writing  
Money concepts  
Self-directions

#### **Social skills**

Interpersonal  
Responsibility  
Self-esteem  
Gullibility (likelihood of being tricked or manipulated)  
Naiveté  
Follows rules  
Obeyes laws  
Avoids victimization

#### **Practical skills**

Personal activities of daily living such as eating, dressing, mobility and toileting.  
Instrumental activities of daily living such as preparing meals, taking medication, using the telephone, managing money, using transportation, and doing housekeeping activities.  
Occupational skills  
Maintaining a safe environment

## **SUPPORTS AND MENTAL RETARDATION**

### **What are supports?**

Supports are resources and individual strategies necessary to promote the development, education, interests, and personal well being of a person with mental retardation. Supports can be provided by a parent, friend, teacher, psychologist, doctor, or by any appropriate person or agency.

The concept of supports originated about 15 years ago and has revolutionized the way habilitation and education services are provided to persons with mental retardation. Rather than mold individuals into pre-existing diagnostic categories and force them into existing models of service, the supports approach evaluates the specific needs of the individual and then suggests strategies and services to optimize individual functioning. The supports approach also recognizes that individual needs and circumstances will change over time.

Supports were an innovative aspect of the 1992 AAMR manual and they remain critical in the 2002 system. In 2002, they have been dramatically expanded and improved to reflect significant progress over the last decade.

### **Why are supports important?**

Providing individualized supports can improve personal functioning, promote self-determination, and enhance the well being of a person with mental retardation. Supports also leads to community inclusion of persons with intellectual disabilities. Focusing on supports as the way to improve education, employment, recreation, and living environments is an important part of a person-centered approach to providing care to people with mental retardation.

### **How do you determine what supports are needed?**

AAMR recommends that an individual's need for supports be analyzed in at least nine key areas such as human development, teaching and education, home living, community living, employment, health and safety, behavior, social, and protection and advocacy.

### **What are some examples of support areas and support activities?**

#### **Human development activities**

- Providing physical development opportunities that include eye-hand coordination, fine motor skills, and gross motor activities
- Providing cognitive development opportunities such as using words and images to represent the world and reasoning logically about concrete events
- Providing social and emotional developmental activities to foster trust, autonomy, and initiative

#### **Teaching and education activities**

- Interacting with trainers and teachers and fellow trainees and students
- Participating in making decisions on training and educational activities
- Learning and using problem-solving strategies
- Using technology for learning
- Learning and using functional academics (reading signs, counting change, etc.)
- Learning and using self-determination skills

#### **Home living activities**

- Using the restroom/toilet
- Laundrying and taking care of clothes
- Preparing and eating food
- Housekeeping and cleaning
- Dressing
- Bathing and taking care of personal hygiene and grooming needs
- Operating home appliances and technology
- Participating in leisure activities within the home

#### **Community living activities**

- Using transportation
- Participating in recreation and leisure activities

- Going to visit friends and family
- Shopping and purchasing goods
- Interacting with community members
- Using public buildings and settings

**Employment activities**

- Learning and using specific job skills
- Interacting with co-workers
- Interacting with supervisors
- Completing work-related tasks with speed and quality
- Changing job assignments
- Accessing and obtaining crisis intervention and assistance

**Health and safety activities**

- Accessing and obtaining therapy services
- Taking medication
- Avoiding health and safety hazards
- Communicating with health care providers
- Accessing emergency services
- Maintaining a nutritious diet
- Maintaining physical health
- Maintaining mental health/emotional well-being

**Behavioral activities**

- Learning specific skills or behaviors
- Learning and making appropriate decisions
- Accessing and obtaining mental health treatments
- Accessing and obtaining substance abuse treatments
- Incorporating personal preferences into daily activities
- Maintaining socially appropriate behavior in public
- Controlling anger and aggression

**Social activities**

- Socializing within the family
- Participating in recreation and leisure activities
- Making appropriate sexual decisions
- Socializing outside the family
- Making and keeping friends
- Communicating with others about personal needs
- Engaging in loving and intimate relationships
- Offering assistance and assisting others

**Protection and advocacy activities**

- Advocating for self and others
- Managing money and personal finances
- Protecting self from exploitation
- Exercising legal rights and responsibilities
- Belonging to and participating in self-advocacy/support organizations
- Obtaining legal services
- Using banks and cashing checks

**CAUSES OF MENTAL RETARDATION**

**What are the causes of mental retardation?**

The causes of mental retardation can be divided into biomedical, social, behavioral, and educational risk factors that interact during the life of an individual and/or across generations from parent to child. Biomedical factors are related to biologic processes, such as genetic disorders or nutrition. Social factors are related to social and family interaction, such as child stimulation and adult responsiveness. Behavioral factors are

related to harmful behaviors, such as maternal substance abuse. Educational factors are related to the availability of family and educational supports that promote mental development and increases in adaptive skills. Also, factors present during one generation can influence the outcomes of the next generation. By understanding inter-generational causes, appropriate supports can be used to prevent and reverse the effects of risk factors.

## **INSIDE AAMR**

### **What is AAMR?**

Founded in 1876, AAMR is the world's oldest and largest interdisciplinary organization of professionals concerned about mental retardation and related developmental disabilities. With headquarters in Washington, DC, AAMR has a constituency of more than 50,000 people and an active core membership of 7,500 in the United States and in 55 other countries. The mission of AAMR is to promote progressive policies, sound research, effective practices, and universal human rights for people with intellectual disabilities.

### **Has AAMR always had the same definition of mental retardation?**

No. AAMR has updated the definition of mental retardation ten times since 1908, based on new information, changes in clinical practice, or breakthroughs in scientific research. The 10th edition of *Mental Retardation: Definition, Classification, and Systems of Supports* contains a comprehensive update to the landmark 1992 definition and provides important new information, tools, and strategies for the field and for anyone concerned about people with mental retardation.

### **What is the reaction of AAMR to the U.S. Supreme Court decision to ban execution of persons with mental retardation?**

AAMR applauds and fully supports the U.S. Supreme Court decision to stop executing persons with mental retardation. AAMR has always advocated against the death penalty and has long served as *amicus curiae* in Supreme Court cases. In 2001, AAMR and eight other disability organizations presented an *amicus* brief to the U.S. Supreme Court advocating against the death penalty in the Atkins case. James W. Ellis, past president of AAMR, who also argued the case for Atkins says, "The Court has recognized the consensus among the American people, even those who support the death penalty. They are deeply disturbed by the prospect that people with mental retardation could face execution."

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