

AAMR F.Y.I. spoke with Dr. Marc Tassé, co-author of the 10th edition of *Mental Retardation: Definition, Classification, and Systems of Supports* about the reception of this new classification manual. The 11 authors of *Mental Retardation* have been conducting workshops around the country on how to implement the 2002 definition of mental retardation.

AAMR F.Y.I.: The 10th edition of *Mental Retardation* was released in June 2002, and you along with the other authors have been traveling the country educating people about the book and the new AAMR definition. How would you say the new definition was received?

Dr. Tassé: The 10th edition of *Mental Retardation* has been very well received. Many attendees of our seminars have shared with us their satisfaction with the changes made in the 2002 System but also with many of the elements that have remained unchanged since the previous 1992 edition of *Mental Retardation*. The reception has been overwhelmingly positive.

AAMR F.Y.I.: Can you tell us what in a nutshell, makes the 10th edition of *Mental Retardation* different from the 1992 edition? And also, how do the changes in the two editions reflect the evolution of the field of mental retardation?

Dr. Tassé: How we understand and conceptualize the condition known as mental retardation is far from static. When the AAMR Terminology & Classification (T&C) Committee commenced its work in 1996, we did not set out in a vacuum to revise the AAMR Manual. The 2002 T & C Committee was a blend of returning veterans from the 1992 System and new additions that brought expertise in areas that could contribute to the robustness of the 2002 System. We did not want to make changes simply because an element from the 1992 System was unpopular with a subset of people. We strived to keep, modify, and add elements of the definition and classification system to be consistent with the growing, and most up-to-date, body of research in the field of MR/DD. We examined constructive feedback on the 1992 System and focused on making the 2002 System consistent with national and international understanding of the condition known as mental retardation. We made a number of changes. Some of these changes included incorporating findings for analytic research in the area of adaptive behavior, operationalizing "significant limitation" in terms of standard deviations from the mean instead of test scores, refining the construct of supports, introducing a dimension-specific classification system, and making the 2002 System compatible with the World Health Organization's (WHO) International Classification of Functioning (ICF).

AAMR F.Y.I.: You mention the WHO and ICF. I believe the AAMR definition of mental retardation in the 10th edition is more compatible with the way other international systems classify mental retardation. What is the significance of the compatibility?

Dr. Tassé: From the first day the T & C Committee assembled, we worked on familiarizing ourselves with the WHO's work with their International Classification of Functioning, Disability and Health (formerly International Classification of Impairments, Deficits, and Handicaps - II). We were fortunate to have Wil Buntinx of the Netherlands as a T & C Committee member. Wil kept us informed of the progress and revisions of the ICF systems and made sure the AAMR 2002 System was compatible with the ICF.

AAMR F.Y.I.: Delving into the content of the 10th edition, I know the concept of supports is key to the new AAMR definition of mental retardation and supports was first introduced in the 1992 edition of mental retardation. However, there are key differences in the two classification systems. How has the role of supports evolved between the two editions of *Mental Retardation*?

Dr. Tassé: The concept of supports has evolved tremendously over the 10 years that have elapsed since the 1992 system was developed. This was an important paradigmatic shift and the 2002 system looked to the AAMR ad hoc Supports Intensity Committee and their work in refining the definition and measurement of Supports and the role it plays in the AAMR classification system. We kept the Intermittent, Limited, Extensive, and Pervasive (ILEP) levels of support and

further refined the definition of supports. In the 2002 system, we roughly defined supports as resources and strategies that promote the individual's well-being and functioning.

AAMR F.Y.I.: Why do think the issue of supports in general has become so critical to the field of mental retardation?

Dr. Tassé: The issue of supports has become a critical element in the field of mental retardation because we now understand that it is the most important element when trying to reduce someone's disability, to enable these persons to participate in community activities, and improve their quality of life. Once we have determined that someone has mental retardation, understanding the individual's support needs is more useful than knowing their IQ or level of adaptive skills. What is most relevant is the understanding of what a person needs to be happy and participate fully in the different areas of life activities (e.g., work, leisure, school, home, community, etc.). Regardless of an individual's abilities or disabilities, providing proper supports will contribute to the person's participation, quality of life, and well-being. That is why the 10th edition of *Mental Retardation* is based on supports.

AAMR F.Y.I.: Dr. Tassé, you are also one of the authors of a new assessment instrument called the Supports Intensity Scale (SIS) that tests the level of supports required by an individual. Can you tell us how the 10th edition, given its emphasis on *supports*, complements SIS in further strengthening the supports paradigm?

Dr. Tassé: AAMR showed tremendous vision and leadership when it established the Supports Intensity ad hoc committee under the chairmanship of Dr. James Thompson in 1997. The AAMR Terminology & Classification Committee was fortunate to be able to benefit from the extensive work done by the Thompson committee and their work in developing the Supports Intensity Scale. When the paradigm of Support needs was first introduced in the 1992 System, clinicians, researchers, and administrators had no standardized assessment instruments to provide them with guidance in determining the intensity of support need or planning of these supports. SIS basically fills that need. However, the SIS is more than just an instrument. It is truly part of a process for determining and planning an individual's support needs. The 2002 System has been made more complete with the arrival of the Supports Intensity Scale and its planning process.

AAMR F.Y.I.: Finally, you know that the AAMR definition of mental retardation was cited in the recent U.S. Supreme Court ruling banning the execution of persons with mental retardation. How will the definition continue to help the legal system in carrying out the mandate of the Supreme Court?

Dr. Tassé: The 2002 System will be most useful in assuring an accurate determination of the presence or absence of mental retardation. The *Atkins v. Virginia* case is an important Supreme Court decision for the field of mental retardation. Our ability as a field to assure a reliable determination of the condition of mental retardation will be critical to ensuring the proper implementation of the Supreme Court decision. The definition in the 2002 System is based on sound science and a rigorous process of consultation. This definition can be used today with available instruments and assessment methods available.

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