

Frequently Asked Questions on the AAIDD 11th edition of *Intellectual Disability: Definition, Classification, and Systems of Supports*

Updated July 27, 2009 by
The AAIDD Terminology & Classification Committee

Please note that the information in this FAQ is not meant to substitute for a reading of the text, *Intellectual Disability: Definition, Classification, and Systems of Supports* (Schalock et al., 2010). A thorough and responsible understanding of the AAIDD System of diagnosing, classifying, and planning supports for persons with intellectual disability can only be obtained by reading the text in its entirety. This FAQ is meant to provide a very general overview of the AAIDD System. Throughout this FAQ document the term 'AAIDD System' will be used to refer to the systematic approach to the diagnosis, classification, and systems of supports for persons with intellectual disability described in the 2010 Manual. This approach is based on current knowledge regarding the etiology of intellectual disability and an ecological, multidimensional framework that is used as a basis for assessment, classification, and developing individualized supports.

What is the official AAIDD definition of intellectual disability?

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

Assumptions: Assumptions are an explicit part of the definition because they clarify the context from which the definition arises and indicate how the definition must be applied. Thus, the definition of intellectual disability cannot stand alone. The following five assumptions are essential to the application of the definition of intellectual disability: (1) limitations in present functioning must be considered within the context of community environments typical of the individual's age peers and culture; (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; and (5) with appropriate personalized supports over a sustained period, the life functioning of the person with intellectual disability generally will improve.

Relation of 2010 definition of intellectual disability to 2002 definition of mental retardation. The term intellectual disability covers the same population of individuals who were diagnosed previously with mental retardation in number, kind, level, type, and duration of the disability, and the need of people with this disability for individualized services and supports. Furthermore, every individual who is or was eligible for a diagnosis of mental retardation is eligible for a diagnosis of intellectual disability.

Where can I access the latest 11th (2010) edition of the AAIDD Definition Manual?

You can purchase the AAIDD Definition, Classification and Systems of Supports Manual through one of the following channels:

American Association
on Intellectual and
Developmental Disabilities

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Web: <http://bookstore.aaid>

You can also access detailed information on the 11th edition at www.aaid.org/intellectualdisabilitybook and post your comments and opinion at www.intellectualdisabilitymatters.org. (Websites to be launched Fall 2009)

Where can I find a recent discussion of the AAIDD System regarding the systematic approach to the diagnosis, classification, and systems of supports for persons with intellectual disability?

A complete discussion of the AAIDD System can be found in *Intellectual Disability: Definition, Classification, and Systems of Supports*, the 11th (2010) edition of the AAIDD Definition Manual. The following additional resources also contain a discussion of various components of the AAIDD System:

- Schalock, R. L., Luckasson, R. A., & Shogren, K. A. et al. (2007). The renaming of mental retardation: Understanding the change to the term intellectual disability. *Intellectual and Developmental Disabilities*, 45 (2), 116-124.
- Snell, M.E. & Luckasson, R. et al. (2009). Characteristics and needs of people with intellectual disability who have higher IQs. *Intellectual and Developmental Disabilities*, 47 (3), 220-233.
- Thompson, J.R., Bradley, V. J., Buntinx, W. H.E., Schalock, R.L., Shogren, K.A. Snell, M.E. & Wehmeyer, M.L. et al. (2009). Conceptualizing supports and the support needs of people with intellectual disability. *Intellectual and Developmental Disabilities*, 47 (2), 135-146.
- Wehmeyer, M.L., Buntinx, W. H.E., Lachapelle, Y., Luckasson, R. A., Schalock, R.L., & Verdugo, M.A. et al. (2008). The disability construct and its relation to human functioning. *Intellectual and Developmental Disabilities*, 46 (4), 311-318.
- Shogren, K.A., Bradley, V. J., Gomez, S.C., Yeager, M.H., and Schalock, R. L. et al. (in press). Public policy and the enhancement of desired public policy outcomes for persons with intellectual disability. *Intellectual and Developmental Disabilities*.

What factors must be considered in determining if a person has intellectual disability?

An operational definition of intellectual disability includes three key components: (a) the actual definition and the assumptions underlying it (see above); (b) the use of cutoff scores to establish the construct’s boundaries; and (c) the use of the assessment instrument’s standard error of measurement to establish a statistical confidence interval within which the person’s true score falls.

- Definition and assumptions: See above
- Cutoff scores:
 - The ‘significant limitations in intellectual functioning’ criterion for a diagnosis of intellectual disability is an IQ score that is approximately two standard deviations below the mean, considering the standard error of measurement for the specific instrument used and the instruments’ strengths and limitations.
 - The ‘significant limitations in adaptive behavior’ criterion for a diagnosis of intellectual disability is performance that is approximately two 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. As with the intellectual functioning criterion, the assessment instrument’s standard error of measurement must be considered when interpreting the individual’s obtained score.
- Standard Error of Measurement and Confidence Interval: Any obtained score is subject to variability as a function of a number of potential sources of error including variations in test

performance, examiner's behavior, cooperation of the test taker, and other personal and environmental factors. Thus, the correct interpretation of a score is dependent upon the test's standard error of measurement and the establishment of a statistical confidence interval within which the person's true score falls.

- The term standard error of measurement (SEM), which varies by test, sub-group, and age group, is used to quantify the above-reference variability and provide a statistical confidence interval around the obtained score within which the person's true score falls.
- From the properties of the normal curve, a range of statistical confidence (i.e. confidence interval) within which the person's true score falls can be established, with parameters of at least one SEM (66% probability) or parameters of two SEM (95% probability).

How is the AAIDD System different from other systems of defining and classifying intellectual disability?

In addition to the AAIDD System, the two major systems that are used to diagnose and/or classify persons with intellectual disability are the American Psychiatric Association (2000) through its DSM-IV and the World Health Organization through its International Classification of Functioning, Disability, and Health (ICF, 2001).

- **DSM-IV:** "The essential feature of mental retardation is significantly sub-average general intellectual functioning (criterion A) that is accompanied by significant limitations in adaptive functioning in at least two of the following skill areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academics, skills, work, leisure, health, and safety (criterion B). The onset must occur before age 18 years (criterion C)." Note: These three criteria are the same as those contained in the 1992 AAIDD definition of mental retardation. Work has begun on a DSM-V version, which is expected to be finalized in 2012.
- **ICF:** The ICF is a tool that was developed by the World Health Organization (WHO) as part of a continuing effort to shift assessment away from a primary focus on diagnosis and attend more to functioning. The ICF is a tool to describe the extent to which a disorder or disease affects an individual's activities and participation in daily routines. Both the AAIDD System and the ICF focus on human functioning. The ICF domains of body functions (impaired intellectual functioning) and activities (limitations in adaptive behavior) relate directly to the AAIDD operational definition of intellectual disability. Both systems share a common approach to assessment of the person as a whole within the context of the person's capacities and the expectations and supportive resources of the environment. The major difference is that the ICF is a general model of disability, whereas the AAIDD System is specific to intellectual disability.

Is the AAIDD System compatible with other systems of defining and classifying persons with intellectual disability?

- **ICD-9-CM** is still currently used in the United States. In this system, a person with mental retardation (intellectual disability is not used) is classified primarily on the basis of IQ ranges. This system has approximately 17,000 codes and is generally considered outdated.
- **ICD-10.** This system has more than 155,000 codes for procedures and diagnoses. The ICD-10 description of 'mental retardation' (i.e. intellectual disability) is as follows: "A condition of arrested or incomplete development of the mind, which is especially characterized by impairment of skills which contribute to the overall level of intelligence, i.e. cognitive, language, motor, and social abilities. Retardation can occur with or without any other mental or physical condition. Degrees of mental retardation are conventionally estimated by standardized

intelligence tests. These can be supplemented by scales assessing social adaptation in a given environment.”

KEY CONCEPTS IN THE AAIDD SYSTEM

What is a disability?

The construct of intellectual disability belongs within the general construct of disability, which focuses on the expression of limitations in individual functioning within a social context and represents a substantial disadvantage to the individual. Intellectual disability has its genesis in organic and/or social factors. These organic and social factors give rise to functional limitations that reflect an inability or constraint in both personal functioning and performing roles and tasks expected of an individual within a social environment.

What is intelligence?

Intelligence is a general mental ability. It includes reasoning, planning, solving problems, thinking abstractly, comprehending complex ideas, learning quickly and learning from experience.

What is Adaptive Behavior?

Adaptive behavior is the collection of conceptual, social, and practical skills that have been learned and are performed by people in their everyday lives.

What are some examples of Adaptive Behavior Skills?

- Conceptual skills: language, reading and writing, and money, time, and number concepts.
- Social skills: interpersonal skills, social responsibility, self-esteem, gullibility, naïveté (i.e. wariness), follows rules/obeys laws, avoids being victimized, and social problem solving.
- Practical skills: activities of daily living (personal care), occupational skills, use of money, safety, health care, travel/transportation, schedules/routines, and use of the telephone.

SUPPORTS AND INTELLECTUAL DISABILITY

What are supports? Why are supports important to persons with intellectual disability?

- Supports are resources and strategies that aim to promote the development, education, interests, and personal well-being of a person and that enhance individual functioning.
- Their importance: (a) people with intellectual disability typically experience a mismatch between their personal competency and environmental demands, which creates the need for supports; (b) the thoughtful planning and implementation of individualized supports reduce the mismatch and lead to improved personal outcomes that may include more independence, better personal relationships, enhanced opportunities to contribute to society, increased participation in school and/or community settings and activities, and a greater sense of personal well-being/life satisfaction.

How do you determine what supports are needed?

- Support needs is a psychological construct referring to the pattern and intensity of supports necessary for a person to participate in activities linked with normative human functioning.
- The pattern and intensity of supports needed by individuals with intellectual disability are best determined through a standardized support needs scale such as the Supports Intensity Scale (Thompson et al., 2004. See more at www.siswebsite.org).

What are some examples of support areas and support activities?

In the 11th edition, we propose a system of supports based on the following seven elements that are referenced in the literature on human performance technology.

- Organizational systems such as public policies and standards
- Incentives such as developing a behavioral contract with the person
- Cognitive supports such as verbal reminders
- Tools such as augmentative communication systems
- Physical environment that is modified to accommodate the person's sensory, motor, or cognitive strengths and limitations
- Skills and knowledge that is obtained from systematic instruction
- Inherent ability that is used as a strength to build on

What are the causes of intellectual disability?

A multifactorial approach to the etiology of intellectual disability is presented in the 11th edition. This approach focuses on the *types of risk factors* (biomedical, social, behavioral, and educational) and the *timing of risk factors* (prenatal, perinatal, and postnatal).

What role does IQ play in the AAIDD System?

- Significant limitations in intellectual functioning is one of the three criteria required to be met for a diagnosis of intellectual disability.
- Throughout the Manual we stress the need to give equal consideration to measures of intellectual functioning and adaptive behavior functioning in the diagnosis of intellectual disability.

Why does the AAIDD System give so much importance to the issue of classification?

- The primary purposes of classification in the field of intellectual disability are grouping for funding, research, provision of services and supports, and communication about selected characteristics of persons and their environments.
- Classification is used today for more than its historic purpose of grouping on the basis of IQ range bands or adaptive behavior limitation scores. Clinicians are currently being asked 'classification questions' such as whether the person diagnosed with intellectual disability is competent to be a witness, stand trial, consent to sexual activity, parent a child, be one's own guardian, and/or retain custody. In addition, other uses of classification information are found in the areas of: (a) multivariate research studies that evaluate the role that intellectual abilities, adaptive behavior, health, participation and context play in human functioning and personal outcomes; and (b) approaches to resource allocation such as those based on assessed support intensity levels. These classification questions and expanded use of classification information require both thinking differently about the purposes of classification and approaching classification more broadly.
- Professionals need to be familiar with the emerging trends in the development and use of multidimensional classification systems based on the multidimensionality of human functioning that involves: intellectual abilities, adaptive behavior, health, participation, and context.

A multidimensional classification system based on these five dimensions is presented in the 11th edition of the Manual.

What is clinical judgment and why is its proper use stressed so heavily in the 11th edition?"

Clinical judgment is a key component—along with best practices in intellectual disability, professional standards, and professional ethics—of professional responsibility in the field of intellectual disability. Clinical judgment is different from either ethical or professional judgment

based on one's professional ethics or standards. Ethical judgment is generally concerned with judgments of value and obligation focusing on justice (treating all people equitably), beneficence (doing good), and autonomy (respecting the authority of every person to control actions that primarily affect him or herself). Professional judgment is a process that follows general professional guidelines or standards by which a member of that profession collects, organizes, and weighs information. In distinction, clinical judgment is a special type of judgment rooted in a high level of clinical expertise and experience. It emerges directly from extensive data and is based on training, experiences, and specific knowledge of the persons and his/her environment.

The overall purpose of clinical judgment is to enhance the quality, validity, and precision of the clinician's recommendation in a particular case. In addition, the use of clinical judgment strategies leads to more transparent analyses and increasingly logical and principled decisions and recommendations. Four clinical judgment strategies and guidelines are discussed extensively in the 11th edition: understanding the question, conducting or assessing a thorough history, conducting or accessing broad-based assessments, and synthesizing the obtained information.

Is the AAIDD System compatible with the *Individuals with Disabilities Education Improvement Act (IDEA)*?

Yes, the 2004 *Individuals with Disabilities Education Improvement Act* defines mental retardation (they do not use the term intellectual disability) as: "significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior, and manifesting during the developmental period, that adversely affects a child's educational performance."

What groups of professionals benefit from the AAIDD System?

This new 2010 edition is a must-have resource for any professional in developmental disability. Past buyers of the Manual include professionals such as, clinical psychologists; disability association executives; university faculty; lawyers, public defenders and advocates; physicians; psychiatrists; court officials; school psychologists; service providers; social workers; special education teachers; state education officials; and vocational experts.

Book details

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Find out more at www.aaidd.org/intellectualdisabilitybook and post your comments at www.intellectualdisabilitymatters.org. (Websites to be launched Fall 2009)

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