

# Intellectual Disability: Definition, Classification, And Systems of Supports

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# The Definition of Intellectual Disability

Intellectual disability is 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 age 18.

# Five Assumptions Regarding the Definition

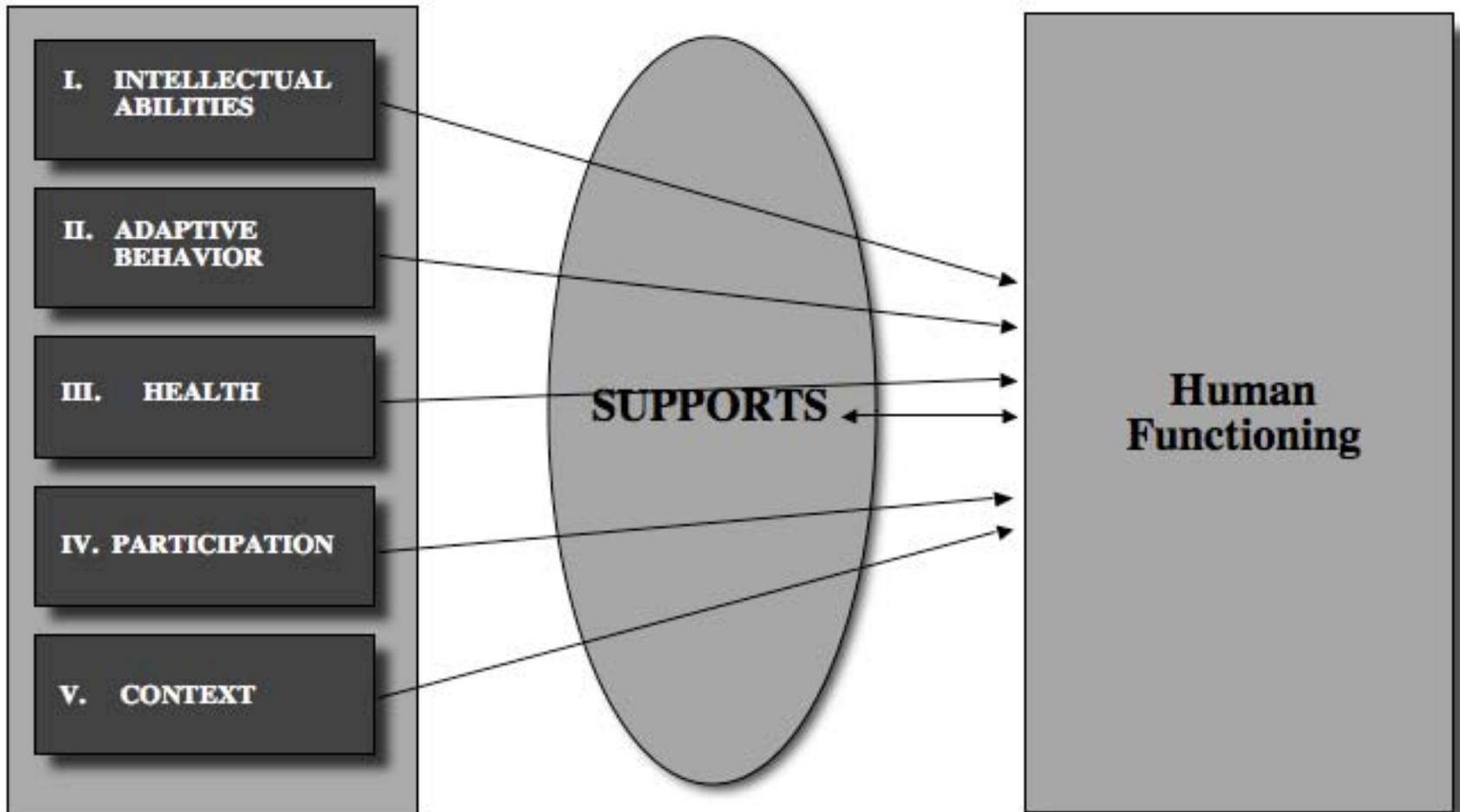
1. Limitations in present functioning must be considered within the context of community environments typical of the individual's age peers and culture.
2. Valid assessment considers cultural and linguistic diversity as well as differences in communication, sensory, motor, and behavioral factors.

# Five Assumptions Regarding the Definition

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 intellectual disability generally will improve.

# Conceptual Framework of Functioning

# Human



# Framework for Assessment

<b>Assessment Function</b>	<b>Specific Purpose <i>In order to:</i></b>	<b>Examples of Measures, Tools, and Assessment Methods</b>
<b>Diagnosis</b>	<b>Establish presence or absence of ID</b>  <b>Establish eligibility for services</b>  <b>Establish eligibility for benefits</b>  <b>Establish eligibility for legal protections</b>	<b>Intelligence tests</b>  <b>Adaptive Behavior scales</b>  <b>Documented age of onset</b>  <b>Developmental measures</b>  <b>Social history and educational records</b>

# Diagnostic Issues: Cutoff Score

- The score(s) that determines the boundaries of the “significant limitations in intellectual functioning and adaptive behavior” criteria for a diagnosis of ID
- For both criteria, the cutoff score is approximately two standard deviations below the mean of the respective assessment instrument, considering the standard error of measurement for the specific instrument used and the strengths and limitations of the instrument

# Diagnostic Issues: Standard Error of Measurement

The standard error of measurement (SEM) refers to variation around a hypothetical 'true score' for the person. The SEM applies only to scores obtained from a standardized test and can be estimated from the standard deviation of the test and the test's reliability. The SEM, which varies by test, sub-group, and age group, should be used to establish a statistical confidence interval within which the person's true score falls. Reporting the range within which the person's true score falls rather than only a score, underlies both the appropriate use of intellectual and adaptive behavior assessment instruments and best diagnostic practices in the field of ID. Such reporting must be a part of any decision concerning the diagnosis of ID.

# Diagnostic Issues: Confidence Interval

The statistical interval or range (based on the instrument's standard error of measurement and properties of the normal curve) within which the person's true score falls.

From the properties of the normal curve, a range of statistical confidence can be established with parameters of at least one standard error of measurement (i.e., 66% probability) or parameters of two standard error or measurement (i.e., 95% probability).

The selection of the confidence interval (i.e. 66% or 95%) relates to the question(s) asked, the properties of the assessment instrument used, and the ultimate use of the obtained score(s).

# Diagnostic Issues: Retrospective Diagnosis

- Retrospective diagnosis may be necessary in situations where the individual did not receive an official diagnosis of intellectual disability during the developmental period.

# Retrospective Diagnosis Procedures

- Use the four clinical judgment strategies (pages 92-103)
  - Understand the question,
  - Conduct or access a thorough history,
  - Conduct or access broad-based assessments,
  - Synthesize the obtained information
- Follow the five retrospective diagnosis guidelines (page 96):
  - Be aware of legal findings and definitions, and needed clarifications
  - Be sensitive to language differences and culturally based behaviors and beliefs
  - Weigh the extent to which adaptive behavior assessments meet the five criteria
  - Weigh the extent to which intellectual functioning assessments meet the four criteria
  - Develop a contemporary assessment if necessary

# Framework for Assessment

Assessment Function	Specific Purpose <i>In order to:</i>	Examples of Measures, Tools, and Assessment Methods
<b>Classification</b>	<p>Classify for intensity of needed support (s)</p> <p>Classify for research purposes</p> <p>Classify by selected characteristics</p> <p>Classify for special education supports</p> <p>Classify for reimbursement/ funding</p>	<p>Support needs intensity scales</p> <p>Levels of adaptive behavior</p> <p>IQ ranges or levels</p> <p>Environmental assessment</p> <p>Etiology-risk factor systems</p> <p>Mental health measures</p> <p>Benefit categories</p>

# Classification

The primary purposes of classification in the field of ID are grouping for:

- Funding
- Research
- Provision of services and supports and
- Communication about selected characteristics of persons and their environments

# CLASSIFICATION

As the field moves increasingly to an ecological focus, a supports paradigm, and the inclusion of persons with ID into the mainstream of life, a broader approach to classification is required than that used previously

A multidimensional classification system is proposed in the 2010 Manual: Classification based on intellectual abilities, adaptive behavior, health, participation, context, and the intensity of needed supports

# Framework for Assessment

Assessment Function	Specific Purpose <i>In order to:</i>	Examples of Measures, Tools, & Assessment Methods
<p><b>Planning and Developing Supports</b></p>	<p>Support to enhance human functioning</p> <p>Support to improve outcomes</p> <p>Support to help implement person's choices</p> <p>Support to assure human rights</p>	<p>Person-Centered Planning; Self Appraisal; Ecological inventory; Developmental tests; Speech/language, motor, sensory assessment; Achievement tests; Support needs intensity scales; Functional behavioral assessment; Behavior support plan; Family centered support plan; IFSP, IEP, ITP; Self directed plan</p>

# Trends and Changes: Naming

From *mental retardation* (1959)  
to *intellectual disability* (2010)

# Trends and Changes: Naming

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; and every individual who is or was eligible for a diagnosis of mental retardation is eligible for a diagnosis of intellectual disability.

# Trends and Changes: Defining

1961 (Heber):

Mental retardation refers to sub-average general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior.

1973/1983 (Grossman):

Mental retardation refers to significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior, and manifested during the developmental period.

# Trends and Changes: Defining

1992 (Luckasson et al.):

Mental retardation refers to substantial limitations in present functioning. It is characterized by significantly sub-average intellectual functioning, existing concurrently with related limitations in two or more adaptive skill areas. Mental retardation manifests before age 18.

2002/2010 (Luckasson et al.; Schalock et al.):

Mental retardation (intellectual disability in 2010) is a disability characterized by significant limitations both in intellectual functioning and adaptive behavior as expressed in conceptual, social, and practical adaptive skills. This disability originates before age 18.

# Trends and Changes: Classification

- **Pre 1992 Manual:** Classification based on IQ ranges (e.g. mild, moderate, severe, profound)
- **1992/2002/2010 Manuals:** Classification system based on intended purposes (funding, research, provision of services and supports, and communication about selected characteristics of persons and environments)
- **2010 Manual:** Multidimensional Classification System (intellectual abilities, adaptive behavior, health, participation, and context)

# Trends and Changes: Planning Supports

- Concept of **supports** first introduced in 1992 Manual
- **2002 Manual:** The concept of supports expanded from a concept to a framework for assessment, planning/ implementation, and evaluation
- **2010 Manual:** Presented a systems of supports that involves organization systems, incentives, cognitive supports, tools, physical environment, skills/knowledge, and inherent ability

# Planning Supports

**Mismatch of competency and demands**

People with ID experience a mismatch between their personal competency and environmental demands

Creates support needs

Individualized Supports

Thoughtful planning & application of individualized Supports

Provides supports leading to

Improved personal outcomes

May include more independence, better personal relationships, enhanced opportunities to contribute to society

**Component 1:  
Identify desired life  
experiences and goals**

**Component 2:  
Determine  
the Intensity  
of Support Needs**

**Component 3: Develop the  
Individualized Support Plan**

**Component 4: Monitor Progress**

**Component 5: Evaluation**



# Additional Areas Covered in Manual

- **Etiology:** A multifactorial approach (Chapter 6)
- **Clinical Judgment:** A component of professional responsibility; clinical judgment strategies; clinical judgment in retrospective diagnoses (Chapter 8)
- **Prevention** as a form of support and relating etiology to prevention and support (Chapter 10)

# Additional Areas Covered in Manual

- **Mental and physical health related supports**, including a community health supports model and comprehensive community health support standards (Chapter 11)
- **Support needs** of persons with ID who have higher IQ scores (Chapter 12)

# Implications

- For Public Policy (Chapter 13)
- For Education (Chapter 14)
- For Support Provider Organizations (Chapter 15)

# The 2010 AAIDD Definition, Classification, & Systems of Support

A systematic approach to the diagnosis, classification, and systems of supports for persons with ID described in the 2010 Manual.

The approach is based on current knowledge regarding the etiology of ID and an ecological, multidimensional framework that is used as a basis of assessment, classification, and developing individualized systems of supports.

# Conclusion

- Thank you for your interest and attention
- Please provide feedback (evaluation sheet)
- For more information on the 11<sup>th</sup> edition contact AAIDD ([www.aidd.org](http://www.aidd.org))
- or [books@aidd.org](mailto:books@aidd.org)
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