CHAPTER 2
DEFINITION & TERMINOLOGY

Chapter Objectives
- identify terms used to describe mental retardation
- discuss the concept of disablism and how it relates to mental retardation
- identify key points of the various definitions that have been developed
- highlight the definitions of mental retardation developed by American Association on Mental Retardation (AAMR) definition

Chapter Objectives
- highlight the various contemporary definitions promoted by specific professional organizations
- discuss the issues surrounding the practical implementation of definitions
- list and discuss the factors that influence the prevalence of mental retardation
Context

- **Intellectual Disability**
  - a type of developmental disability
  - generally refers to substantial limitations in present levels of functioning.
  - These limitations are manifest in delayed intellectual growth; inappropriate or immature reactions to one's environment; and below-average performance in the academic, psychological, physical, linguistic, and social domains.

- **Mental Retardation**
  - Another term for intellectual disability
  - Current usage prefers the term "intellectual disability"
  - "Mental retardation" still in widespread use today
  - This text uses the terms interchangeably, as students are likely to encounter both in practice

- **Developmental Disability**
  - a severe, chronic disability
  - attributable to a mental and/or physical impairment
  - manifested before the person attains age 22
  - is likely to continue indefinitely
  - results in substantial functional limitations in 3 or more of the major life activities
  - requires services, individualized supports, or other forms of assistance that are of lifelong or of extended duration.
Developmental Disability

- Major Life Areas
  - self-care
  - receptive and expressive language
  - learning
  - mobility
  - self-direction
  - capacity for independent living
  - economic self-sufficiency

Mental Retardation as a Developmental Disability

- In common usage, the terms have been used interchangeably
- Mental retardation is actually a form of developmental disability
- Other categories of developmental disability include Cerebral Palsy, Epilepsy, and Attention Deficit-Hyperactivity Disorder

Alternative Conceptualizations
Phenomenological Orientation

- Considers mental retardation to be solely a social invention
- Mental retardation is just another characteristic no different from freckles or brown hair
Alternative Conceptualizations
Social System Perspective

- Offered by Jane Mercer
- Refers to individuals with mild intellectual disability
- Based on the idea that the label “MR” is achieved as a function of performance in social situations
- Recommends that the identification and diagnosis of mental retardation be based on the children’s competencies as well as their deficits

Alternative Conceptualizations
Gold’s Perspective

- Emphasizes the role of society as opposed to the role of the individual
- “The height of a retarded person’s level of functioning is determined by the availability of training technology and the amount of resources society is willing to allocate and not by significant limitations in biological potential” (Gold, 1980, p. 148)

Alternative Conceptualizations
The Deconstruction Perspective

- Based on the idea that the concept is harmful and useless
- Blames society for formulating a harmful category for its own purposes
- Draws from experiences in institutional maltreatment
Key Concepts

- State vs. Trait
  - Traits are fixed, unchangeable conditions
  - States are malleable positions
  - Medical models tend to view intellectual disability as a trait
  - Social models tend to view intellectual disability as a state

- Individual at the Margins
  - Categorical definitions require a dichotomous classification – you have it or you don’t
  - In reality, mental retardation is a continuum
  - People with very mild or borderline mental retardation may flow in and out of diagnosis (and therefore service eligibility) based on changing politics and normal testing fluctuations

TERMINOLOGY
Mental Retardation is NOT Mental Illness

- Mental illness is a confused state of thinking involving distorted perceptions of people or one’s environment. It may be accompanied by radical changes of mood.
- Some people with mental retardation also have a mental illness, but most do not.

All people with mental retardation DO NOT have accompanying physical disorders

All people with physical disorders DO NOT have mental retardation

However, there is a high rate of co-occurrence of physical and intellectual disability.

Idiot
Imbecile
Feeble-minded
Moron
Mental Deficiency
Mental Subnormality
Retardate

All of these terms, in their time, were used clinically and appear in historical scientific literature.
Historical Terminology
Terms Used in the Schools

- 1950s – 1980s (and still lingering today)
  - Educable Mental Retardation (EMR)
    - students whose abilities were adequate for them to profit from an academically-oriented curriculum
  - Trainable Mental Retardation (TMR)
    - students whose programs emphasized the “training” of basic functional skills

Current Terminology

- Intellectual Disability
  - The most widespread term around the world
- Mental Retardation
  - Widely used in the U.S., but gradually being replaced by intellectual disability
- Intellectually Challenged, Mental Disability
  - Appear in some professional circles
- Learning Disability
  - Used to refer to people with intellectual disabilities in the United Kingdom
  - In the U.S., this term usually refers to Specific Learning Disabilities

Current Terminology
The Name Game

- Any term can take on a negative connotation
- Periodically the label is changed in order to remove stigma
- People First language is meant to emphasize the importance of the person over the importance of the disability
  - A child with mental retardation as opposed to a retarded child.
DISABLISM

The Power of Perception

- persons who are considered different (e.g., people with mental retardation) will be treated differently, likely badly
- this treatment reflects the way society conceptualizes differences
- the perceptions and resultant treatment by others will greatly influence the behavior of people who are different

Definition of Disablism

- “[a] set of assumptions and practices that promote the differential and unequal treatment of people because of apparent or assumed physical, mental, or behavioral differences” (Bogden & Biklen, 1977, p. 59).
Elements of Disablism

- Discrimination (Unjust Action)
- Stereotyping (Overgeneralized View)
- Prejudice (Judgmental Belief)

DEFINING INTELLECTUAL DISABILITY

Common Features

- deficits in intellectual functioning
- difficulties in adaptive behavior
- manifestation in the developmental period
Tredgold (1937)

- a state of incomplete mental development of such a kind and degree that the individual is incapable of adapting himself to the normal environment of his fellows in such a way to maintain existence independently of supervision, control, or external support.

Doll (1941)

- Six Criteria
  1. social incompetence
  2. due to mental subnormality
  3. which has been developmentally arrested
  4. which obtains at maturity
  5. is of constitutional origin, and
  6. is essentially incurable.

Haywood and Stedman (1969)

- In terms of its current usage, mental retardation is a global term encompassing over 200 etiological conditions with one common manifestation: impaired efficiency of learning, both in academic and social areas, which results in the inability to function adequately in society.
Mental retardation refers to subaverage general intellectual functioning which originates during the development period and is associated with impairment in adaptive behavior.

Subaverage general intellectual functioning refers to performance of at least 1 standard deviation below the mean on a standardized intelligence test.

Deficiency in adaptive behavior was only loosely defined.

Developmental period was defined as birth through 16 (with some flexibility).

Innovations

- Introduced the idea that mental deficiency was not a fixed trait.
- The 1961 Revision introduced the term “adaptive behavior.”
The AAMD/AAMR Definitions 1959/1961

- Criticisms
  - procedures for evaluating adaptive behavior were not adequate for diagnosis
  - overinclusive (i.e., inclusion of the “borderline” category).
    - it was possible to identify statistically almost 16% of the general population as mentally retarded

The AAMD/AAMR Definitions 1973

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

The AAMD/AAMR Definitions 1973

- Significantly subaverage intellectual functioning meant performance at least 2 standard deviations below the mean
- Adaptive deficits were defined in terms of specific skills related to various age groups
- The developmental period ranged from birth to age 18
The AAMD/AAMR Definitions 1973

- Innovations
  - Drastically decreased the number of people whose intelligence test scores would indicate mental retardation
    - Less than 3% of the population would now qualify
  - The relationship between adaptive behavior and intelligence was clarified and the importance of adaptive behavior was strengthened
  - Extended the developmental period through the school years

The AAMD/AAMR Definitions 1973

- Criticisms
  - Services to some at the higher range of the spectrum would be lost due to the change in the cutoff scores.

The AAMD/AAMR Definitions 1977

- Mental retardation refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior, and manifested during the development period.
- This is unchanged from the 1973 definition
The AAMD/AAMR Definitions 1977

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The AAMD/AAMR Definitions 1977

- Innovations
  - Allowed for clinical judgment in the higher spectrum, so that test scores alone could not rule mental retardation in or out

The AAMD/AAMR Definitions 1977

- Criticisms
  - Rapid advancements in medical knowledge led to the need to understand mental retardation in utero, despite the definition’s assertion that the disability begins at birth
  - The clinical judgment concept was not explicit enough.
Mental retardation refers to significantly subaverage general intellectual functioning resulting in or associated with concurrent impairments in adaptive behavior and manifested during the developmental period.

Defined significantly subaverage intelligence as an IQ of 70 or below, which could be extended to an IQ of 75 or more with clinical judgement.

The adaptive behavior component in the 1983 definition remained unchanged, but the need for clinical judgment in borderline cases was emphasized.

The definition stressed that the developmental period begins at conception and extends through age 18.

Innovations
- Encouraged consideration of the standard error of measurement
- By extending the developmental period to conception, the committee weighed in on the argument of “when does life begin?”
Criticisms

- As the politics of mental retardation shifted toward an emphasis on abilities and supports, the definition was seen as negative and clinically-oriented.

Mental retardation refers to substantial limitations in present functioning. It is characterized by significantly subaverage intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work. Mental retardation manifests before age 18.

Defined significantly subaverage intelligence as an IQ of 70 or below, which could be extended to 75 or more with clinical judgment.

The global notion of adaptive behavior was replaced by the identification of 10 adaptive skill areas, with deficits defined as occurring in two or more areas.

The developmental period continued to be defined as conception to age 18.
The AAMD/AAMR Definitions 1992

- Innovations
  - Emphasized diversity in assessment
  - Emphasized the role of the social environment in adaptive functioning
  - Required an examination of strengths in addition to weaknesses
  - Emphasized the role of supports in improving the condition
  - Paradigm shift from classifying individuals on the basis of deficiency to classifying their support needs
  - Introduced a three-step procedure for diagnosing, classifying, and identifying systems of support

The AAMD/AAMR Definitions 1992

- Criticisms
  - Some thought that the AAMR, influenced by philosophical themes, had strayed too far from the previous, generally-accepted constructs of the 1983 definition. This caused a schism in the membership
  - The theoretical underpinnings of the definition of adaptive behavior were unsubstantiated
  - By removing the ability to classify individuals in terms of their characteristics, the definition left professionals at a disadvantage in service planning.

The AAMD/AAMR Definitions 2002

- 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 age 18.
The AAMD/AAMR Definitions 2002

- Continued to define significantly subaverage intelligence as an IQ of 70 or below, which could be extended to 75 or more, with clinical judgement
- Offered psychometric guidance in assessing the adaptive behavior domains
- The developmental period remained at conception to age 18.

The AAMD/AAMR Definitions 2002

- Innovations
  - A new taxonomy of adaptive skills
  - Psychometric guidance
  - Flexibility in applying systems of subclassification

The AAMD/AAMR Definitions 2002

- Criticisms
  - Sure to arise in the coming years
Mental retardation (MR) refers to (a) significant limitations in general intellectual functioning; (b) significant limitations in adaptive functioning, which exist concurrently; and (c) onset of intellectual and adaptive limitations before the age of 22 years.

Beirne-Smith et al. Mental Retardation, Seventh Edition
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Issued in response to dissatisfaction with the 1992 AAMR definition
Sticks to the cutoff of “two standard deviations below the mean”
Essentially the same spirit as the 1983 AAMR definition

The essential feature of Mental Retardation is significantly subaverage 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 academic skills, work, leisure, health, and safety (Criterion B). The onset must occur before age 18 years (Criterion C).
Contemporary Professional Definitions
DSM-IV TR (2000)

- Closely aligned the criteria with the 1992 definition
- Retained the mild / moderate / severe / profound classification system

Contemporary Professional Definitions
ICD-10 (1993)

- A condition of arrested or incomplete development of the mind, which is especially characterized by impairment of skills manifested during the developmental period, skills which contribute to the overall level of intelligence, i.e., cognitive, language, motor, and social abilities.

Contemporary Professional Definitions
ICD-10 (1993)

- Commonly used by health care professionals
- Retains concepts and language now considered passe by social science practitioners
Behavioral Analysis Perspective
- A retarded individual is one who has a limited repertory of behavior shaped by events that constitute his history. (Bijou, 1966)

Educational Perspective
- Subaverage general human cognitive functioning irrespective of etiology(ies), typically manifested during the developmental period, which is of such severity as to markedly limit one’s ability to (a) learn and consequently to (b) make logical decisions, choices, and judgments, and (c) cope with one’s self and one’s environment. (Kidd, 1977)

Other Definitions

“Perceived Risk Status” Perspective
- …deficiencies in social, practical, and academic intelligence, typically attributable to known or presumed abnormalities in brain development, that cause an individual to be perceived, by knowledgeable professionals as well as laypeople in that individual’s ecology, as needing long-term supports and services to enable him or her to function in society and to minimize the risks and dangers associated with failure in dealing with age-appropriate social, physical, and academic roles and challenges. Once a diagnosis of MR is made, individuals can be subclassified into broad disability severity categories (e.g., moderate, severe), based not on statistical units on standardized tests scores, but on intensity and pervasiveness of supports needed to maximize potential and minimize risk.

Systems of Classification

Traditional
- Mild / Moderate / Severe / Profound have been used to describe decreasing IQ/adaptive skill score levels. This is still used by most clinicians.

AAMR
- Intermittent / Limited / Extensive / Pervasive were introduced in 1992 and retained in 2002 to describe levels of support required.
Operationalizing Definitions

School Focus
- Usually derived from state guidelines
- Little consistency across states
- Variation from traditional psychometric definitions can be difficult to implement

Adult Focus
- Usually used to qualify for services or benefits
- Different parts of the state codes may use different definitions

Operationalizing Definitions
Practical Realities
- IQ has played and continues to play the dominant role in the decision-making process in many arenas
- Assessment of adaptive behavior is not being used in the ways that have been suggested
- This reality undermines the value of determining typical behavioral regimens and may be a disservice to many individuals at the margin of eligibility.

The Adaptive Behavior Dilemma
Options for Consideration
- Abandon the use of adaptive behavior
- Develop new, innovative assessment systems
- Allow adaptive behavior to play a supporting role in (a) justifying eligibility for individuals with IQs above 70, (b) questioning the certification of an individual with an IQ below 70 but with acceptable adaptive behavior skills, and (c) influencing placement and curricular decisions
- Continue to strive to develop a system in which in-school and out-of-school aspects of adaptive behavior are key
INCIDENCE AND PREVALENCE

Incidence

the number of new cases identified within a population over a specific period of time.

Prevalence

the total number of cases of some condition existing within a population at a particular place or at a particular time.

- Identifiable prevalence refers to the cases that have come in contact with some system
- True prevalence assumes that several people meeting the definitional criteria exist unrecognized by our systems.
Factors Associated with Prevalence Rates

1. Fluctuating Definitions
   - If IQ alone is considered, the prevalence rate for MR would be 2.3% of the population
   - With the addition of adaptive behavior criteria, the accepted rate is below 1%

Factors Associated with Prevalence Rates

2. Gender
   - More males than females are diagnosed with intellectual disability
     - biological defects associated with the X chromosome impact more males than females
     - child rearing practices lead to more inappropriate behaviors in males than females, which brings them to the attention of the service system
     - society’s demands for self-sufficiency traditionally have been higher for males than females

Factors Associated with Prevalence Rates

3. Community Variables
   - people are more apt to be identified as mentally retarded in urban communities than in rural ones
     - urban communities are generally perceived as more complex than rural communities
     - urban school districts tend to have better-developed referral and diagnostic services
     - Children who are born and reared in less-enriched, lower socioeconomic groups are more likely to be labeled mentally retarded than children from suburban settings
Factors Associated with Prevalence Rates

Cultural Variables
- In under-developed countries, incidence is higher, but due to infant mortality rates, prevalence is lower.
- Literacy and cognitive ability, which are highly valued in more literate societies, may not be so important in settings that are largely subsistence oriented and have little if any interest or means to identify individuals who might have mild mental retardation.

Factors Associated with Prevalence Rates

Sociopolitical Factors
- Changing definitions
- Sensitivity to cultural factors
- Better understanding of other disabilities that might account for differences
- Legal regulations that enforce scientific rigor
Mental Retardation in Context

- Mental retardation is a complex condition.
- The condition is characterized by substantial limitations in present levels of functioning.
- Mental retardation encompasses a heterogeneous group of people with varying needs.
- The definition of developmental disabilities overlaps significantly with the AAMR (1992) definition of mental retardation.
- Some professionals suggest that mental retardation be considered a social invention.

Terminology

- Various terms have been used formally to refer to mental retardation.
- Many nonprofessionals confuse the concepts of mental retardation and mental illness.

Disablism

- Many groups of people are not perceived favorably in today’s society.
- Disablism is a term that refers to stereotyping, prejudice, and discrimination based on apparent or assumed physical, mental, or behavioral differences.
- Media portrayals of individuals with mental retardation provide both negative and positive examples.
Defining Mental Retardation

- Early definitions stressed the concept of social competence.
- The definitions developed by the AAMR have typically included three major components: subaverage mental functioning, deficits in adaptive behavior, and occurrence during the developmental period.
- The 1992 AAMR definition introduced a more functional perspective to explaining the condition.
- The 2002 AAMR definition reconceptualized the adaptive skill areas.

Contemporary Professional Definitions

- New definitions have emerged.
- The American Psychological Association developed a definition that was similar to earlier versions of the AAMR definition.

Other Definitional Perspectives

- Alternative definitions (behavioral, educational) exist, and others will be developed.
- Greenspan recommends a definition that includes the concept of personal competence and multiple intelligences.
Systems of Classification

- Mental retardation can be classified in a number of ways, with the most common being etiological, intellectual, or behavioral.
- Traditional levels of mental retardation include mild, moderate, severe, and profound.
- The AAMR (1992) system advocated the abandonment of levels based on IQ and recommended that classification be determined on the basis of levels of needed support across adaptive areas.

Operationalizing Definitional Perspectives

- The relationship between theory and practice can vary greatly.
- Research suggests that no one definition is used consistently throughout the United States.
- Two models developed by Connecticut and Iowa highlight the ways the definition has been interpreted.
- Definitional issues affect the adult sector.
- IQ continues to have more importance in diagnosing mental retardation.

Incidence and Prevalence

- The terms incidence (i.e., number of new cases) and prevalence (i.e., number of existing cases) refer to different types of statistical concepts.
- Prevalence figures have been difficult to determine, with a wide range of figures reported in the literature.
- Most professionals believe prevalence rates to be less than 1%.
- Estimates of incidence and prevalence vary according to definitional perspectives, gender, community contexts, and sociopolitical factors.