

**AAIDD’s Comments to the APA on
Proposed Changes to DSM-5 Text Concerning the Diagnostic Features of
Intellectual Disability (Intellectual Developmental Disorder)**

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<https://www.psychiatry.org/psychiatrists/practice/dsm/proposed-changes>

Comment 1.

On September 7, 2018 the American Association on Intellectual and Developmental Disabilities (AAIDD) proposed that the following sentence be deleted from the diagnostic criteria for intellectual disability (ID, also listed as intellectual developmental disorder) in the DSM5: “To meet diagnostic criteria for intellectual disability, the deficits in adaptive functioning must be directly related to the intellectual impairments described in Criterion A.” The rationale for this modest proposal was that the current text appeared to add a new, fourth criterion to the diagnostic criteria, one that required the deficits in adaptive functioning be “directly related to” (commonly understood to mean “caused by”) the deficits in intellectual functioning, a criterion which is neither possible for clinicians to ascertain nor empirically supported.

In its proposal, AAIDD noted that problems created by this phrase are not merely a theoretical concern, but that the practical impact of this change to the diagnostic criteria could easily be foreseen in matters as diverse as eligibility for supports and services, educational placement and assistance, protection from discrimination, funding for ongoing services and supports, and various legal issues in the criminal and civil justice systems. In fact, these consequences have already become apparent as the Court of Criminal Appeals of Texas refused to consider a claim of intellectual disability from a death-penalty defendant, citing the DSM-5 “directly related to” phrase to ignore clinical evidence of ID and speculating about the actual cause of his deficits in adaptive functioning (Court of Criminal Appeals of Texas, 2018).

Proposed resolution: Delete the original sentence (“To meet diagnostic criteria for intellectual disability, the deficits in adaptive functioning must be directly related to the intellectual impairments described in Criterion A”) and also the two proposed sentences: “Adaptive functioning is understood to be the application of intelligence to functioning in everyday life. Criterion A (deficits in intellectual functions) and Criterion B (deficits in adaptive functions) are related in that the deficits in adaptive functioning are a consequence of intellectual deficits defined in Criterion A and are not the result of a co-occurring DSM-5 mental disorder.”

Comment 2.

The proposed revision provided in attempt to correct the previous error (a) assumes incorrectly that adaptive functioning and intellectual functioning are not separate and independent, (b) creates conceptual confusion by conflating etiology with diagnostic criteria, and (c) creates diagnostic error by inadvertently creating a fourth diagnostic requirement.

Proposed resolution: Delete the original sentence (“To meet diagnostic criteria for intellectual disability, the deficits in adaptive functioning must be directly related to the intellectual impairments described in Criterion A”) and also the two proposed sentences: “Adaptive functioning is understood to be the application of intelligence to functioning in everyday life. Criterion A (deficits in intellectual functions) and Criterion B (deficits in adaptive functions) are related in that the deficits in adaptive functioning are a consequence of intellectual deficits defined in Criterion A and are not the result of a co-occurring DSM-5 mental disorder.”

Comment 3.

There is no empirical evidence supporting the notion of a measurable, causal (i.e., “consequence of”) link between intellectual functioning and adaptive behavior.

Research has consistently shown that the correlation between IQ scores and adaptive behavior scores is approximately .50. This means that only 25% of the variance in adaptive behavior can be accounted for on the basis of intelligence, and vice-versa. The remaining 75% of the variance is attributable to other personal characteristics and environmental factors.

By adding a phrase implying causation (“...that the deficits in adaptive functioning are a consequence of intellectual deficits defined in Criterion A...”) in the DSM-5 has created a fourth diagnostic criterion that plainly requires clinicians to establish that the deficits in adaptive functioning are a consequence of intellectual deficits. It is impossible for clinicians to scientifically/clinically establish that the deficits in adaptive functioning are directly related to—that is, caused by, a consequence of, or provably linked to—the deficits in intellectual functioning.

Proposed resolution: Delete the original sentence (“To meet diagnostic criteria for intellectual disability, the deficits in adaptive functioning must be directly related to the intellectual impairments described in Criterion A”) and also the two proposed sentences: “Adaptive functioning is understood to be the application of intelligence to functioning in everyday life. Criterion A (deficits in intellectual functions) and Criterion B (deficits in adaptive functions) are related in that the deficits in adaptive functioning are a consequence of intellectual deficits defined in Criterion A and are not the result of a co-occurring DSM-5 mental disorder.”

Comment 4.

The proposed change undermines a potential strength of the DSM-5: that classification of intellectual disability should be based on the severity of limitations in adaptive functioning. The proposed revision provided in attempt to correct the previous error mistakenly asserts causation that reverts primacy in diagnosis back to IQ and creates internal inconsistency in the proposed criteria by anchoring both clinical elements of the diagnosis in IQ.

Proposed resolution: Delete the original sentence (“To meet diagnostic criteria for intellectual disability, the deficits in adaptive functioning must be directly related to the intellectual impairments described in Criterion A”) and also the two proposed sentences: “Adaptive functioning is understood to be the application of intelligence to functioning in everyday life. Criterion A (deficits in intellectual functions) and Criterion B (deficits in adaptive functions) are related in that the deficits in adaptive functioning are a consequence of intellectual deficits defined in Criterion A and are not the result of a co-occurring DSM-5 mental disorder.”