

DSM PROPOSAL

Submitted by: American Association on Intellectual and Developmental Disabilities (AAIDD)

Submitted on: September 7, 2018

Concerning: Intellectual Disability

Type 1 D Proposal: Reduce Deleterious Consequences

Succinct Description of the Proposed Change

AAIDD proposes the removal of the following phrase in the "Diagnostic Features" section concerning the condition of Intellectual Disability: "To meet the diagnostic criteria for intellectual disability, the deficits in adaptive functioning must be directly related to the intellectual impairments described in Criterion A." (DSM-5; p 38)

Part I: Reason for Proposed Change

The American Association on Intellectual and Developmental Disabilities (AAIDD) requests a revision or update to the DSM-5 criteria related to intellectual disability (intellectual developmental disorder). DSM-5 diagnostic criteria for intellectual disability are: (A) deficits in intellectual functions, (B) deficits in adaptive functioning, and (C) onset of intellectual and adaptive deficits during the developmental period (APA, 2013). These criteria have been in use for the past several decades and are consistent with AAIDD (Schalock et al., 2010) and ICD-11 (World Health Organization, 2018). Our suggestion does not relate to these criteria directly, but rather focuses on a phrase contained in the DSM-5 (see bolded sentence in the following section) that appears to inadvertently change these diagnostic criteria to add a fourth criterion.

Part II: Magnitude of the Change: Modest Change

Rationale: Our suggested change does not relate to criteria (A), (B), or (C) directly, but rather focuses on a phrase contained in the DSM-5 (see bolded sentence in the following paragraph) that appears to inadvertently change these diagnostic criteria to add a fourth criterion.

*"Criterion B is met when at least one domain of adaptive functioning – conceptual, social, or practical – is sufficiently impaired that ongoing support is needed in order for the person to perform adequately in one or more life settings at school, at work, at home, or in the community. **To meet diagnostic criteria for intellectual disability, the deficits in adaptive functioning must be directly related to the intellectual impairments described in Criterion A.** Criterion C, onset during the developmental period, refers to recognition that intellectual and adaptive functioning*

deficits are present during childhood or adolescence.” (DSM-5; p. 38)

Part III: Validators for the Change

As pointed out and discussed in Tassé, Luckasson, and Schalock (2016), the DSM-5 phrase (“...*directly related to*....”) implies that any identified deficits in adaptive functioning must be shown to be caused by the deficits in intellectual functioning. In addition, the part of the phrase that states “...to meet diagnostic criteria....” establishes a 4th requirement or diagnostic criterion for a diagnosis of intellectual disability (in addition to significant deficits in intellectual functioning, significant deficits in adaptive functioning, and onset during the developmental period). **Thus, with this added phrase, DSM-5 inadvertently created a fourth diagnostic criterion that could be understood to require clinicians to establish that the deficits in adaptive functioning are directly related to, that is, caused by or provably linked to, the deficits in intellectual functioning, which is virtually impossible for clinicians to ascertain and is unsupported by science.** As stated by Tassé et al. (2016) “...our concern is that though a clinician can validly assess the person’s functioning and establish the presence of significant limitations in intellectual functioning and adaptive behavior, it is unclear how one would go about establishing the causal link between the two... [and furthermore]... it is far more likely that the deficits in intellectual functioning and adaptive behavior are in fact caused by a third independent factor (e.g., brain development or injury)” (p. 383).

A review of the existing scientific literature examining the relationship between the two constructs of intellectual functioning and adaptive functioning supports the conclusion that the two constructs correlate moderately but remain distinct and separate (Harrison, 1987; Keith, Fehrmann, Harrison, & Pottebaum, 1987). **There is no empirical evidence supporting the notion of a measureable, causal link between intellectual functioning and adaptive functioning** (Tassé, 2016). Nor are there any valid or reliable tools with which to prove or measure it. In addition, analysis of the published definitions of ID over the past five decades by both the American Psychiatric Association and AAIDD indicate a consistent use of terms such as “associated with” or “existing concurrently” or “in both” when referring to the deficits in intellectual functioning and adaptive behavior (Tassé et al., 2016).

Part IV: Reliability

We are not aware of any data that have been collected on the reliability (inter-clinician consistency) of the diagnostic criteria of ID; however, we are convinced that our proposed modification will reduce confusion and hence, enhance the reliable application of the DSM-5 criteria.

Part V: Clinical Utility

We contend that our proposed deletion will in fact correct the confusion inadvertently introduced by the “... *directly related to*...” phrase and ensure a more accurate determination (caseness) of ID (sensitivity and specificity) to the originally intended level of the DSM-5 diagnostic criteria.

Part VI: Deleterious Consequences

The problems created by this phrase are not merely a theoretical concern. It has the practical potential to affect a number of issues crucial to the lives and well-being of people with intellectual disability. A decision about diagnosis can be pivotal 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 in the criminal justice system. The Court of Criminal Appeals (CCA) of Texas refused to consider a claim of intellectual disability from a death-penalty defendant who presented evidence of the three criteria for a diagnosis of intellectual disability. In a 5-3 decision, the CCA cited the DSM-5 “...*directly related to*....” phrase to ignore clinical evidence of ID and instead deny his claim by speculating about the actual cause of his deficits in adaptive functioning, deciding that they were likely caused by a lack of learning opportunities rather than being directly related to his deficits in intellectual functioning (Court of Criminal Appeals of Texas, 2018).

Harris (2016), a member of the DSM-5 Neurodevelopmental Disorders Work Group and co-author of the DSM-5 section on intellectual disability (intellectual developmental disorder), attempted to clarify the confusion associated with the phrase in a recent article by stating: “*The DSM-5 second criterion on adaptive functioning also has a cognitive component. Both criterion 1 and criterion 2 refer to reasoning. We point out that criteria one and two are related in the DSM-5 text but we do not state causation*” (p. 22). Harris further emphasized his point by concluding his article with: “*When we refer to the first and second criteria being linked we are referring to cognitive reasoning being essential to both*” (p. 23). Greenspan (2016) agreed that the phrase has led to confusion: “[The ‘...*directly related*...’ phrase] *has posed some confusion, especially in Atkins (death penalty) cases, as some forensic psychologists and prosecutors have disputed a diagnosis of IDD by asserting that the accused person has mental illness or behavior issues (very frequently present in homicide defendants) and, thus, one cannot definitively know for sure whether his adaptive functioning (AF) deficits are attributable to low intelligence.*

The problems created by the (mis)interpretation of the “...*directly related to*...” phrase will inevitably surface in any eligibility determination or legal decision that has to do with a diagnosis of intellectual disability because in the eligibility/legal process the person claiming the disability has the burden of proving it. This phrase could be used to require people with intellectual disability to prove not only that they have significant deficits in adaptive and intellectual functioning, but that those adaptive functioning deficits are somehow directly related to the intellectual functioning deficits – a literally impossible task.

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