

DSM-V

Intellectual Disability (Intellectual Developmental Disorder), Formerly Mental Retardation
 Mental retardation has been renamed Intellectual Development Disorder (IDD) in DSM-5 to reflect changes in U.S. federal law (Public Law 111-256), which replaced the term mental retardation with intellectual disability. The criteria for IDD has changed, and people with IDD are no longer categorized solely on the basis of IQ, although IQ must be at least two standard deviations from the mean (70 or less). IDD is characterized by deficits in cognitive abilities (e.g., problem solving, planning, reasoning, judgment) and adaptive functioning. Diagnostic criteria emphasize the importance of assessing both cognitive abilities and adaptive functioning. The severity level (mild, moderate, severe, or profound) of the intellectual disability is determined by the person's ability to meet developmental and sociocultural standards for independence and social responsibility, not by the IQ score. To help determine a diagnosis, a table listing IDD severity levels (mild, moderate, severe, or profound) across three different domains (conceptual, social, and practical) is included on pages 34– 36 of DSM-5. A great deal of comorbidity exists among the neurodevelopmental disorders. For example, children born with neurobehavioral disorder due to prenatal alcohol exposure (ND-PAE; formerly fetal alcohol syndrome) often develop mild intellectual developmental disorders (see Seligman & Reichenberg, 2012, p. 51). Global developmental delay is diagnosed if the severity level cannot be accurately determined. This diagnosis is restricted to children under the age of 5. If the degree of intellectual disability cannot be determined, unspecified intellectual disability would be the diagnosis.

Reichenberg, Lourie W. (2013-11-18). *DSM-5 Essentials: The Savvy Clinician's Guide to the Changes in Criteria* (Kindle Locations 532-544). Wiley. Kindle Edition.

Severity level: Mild

Conceptual Domain	Social Domain	Practical Domain
<p>For preschool children, there may be no obvious conceptual differences. For school-age children and adults, there are difficulties in learning academic skills involving reading, writing, arithmetic, time, or money, with support needed in one or more areas to meet age-related expectations. In adults, abstract thinking, executive function (i.e., planning, strategizing, priority setting, and cognitive flexibility), and short-term memory, as well as functional use of academic skills (e.g., reading, money management), are impaired. There is a somewhat concrete approach to problems and solutions compared with age mates.</p>	<p>Compared with typically developing age mates, the individual is immature in social interactions. For example, there may be difficulty in accurately perceiving peers' social cues. Communication, conversation, and language are more concrete or immature than expected for age. There may be difficulties regulating emotion and behavior in age-appropriate fashion; these difficulties are noticed by peers in social situations. There is a limited understanding of risk in social situations; social judgment is immature for age, and the person is at risk of being manipulated by others (gullibility).</p>	<p>The individual may function age-appropriately in personal care. Individuals need some support with complex daily living tasks in comparison to peers. In adulthood, supports typically involve grocery shopping, transportation, home and childcare organizing, nutritious food preparation, and banking and money management. Recreational skills resemble those of age mates, although judgment related to well-being and organization around recreation require support. In adulthood, competitive employment is often seen in jobs that do not emphasize conceptual skills. Individuals generally need support to make health care decisions and legal decisions, and to learn to perform a skilled vocation competently. Support is typically needed to raise a family.</p>

Severity level: Moderate

Conceptual Domain	Social Domain	Practical Domain
<p>All through development, the individual's conceptual skills lag markedly behind those of peers. For preschoolers, language and pre-academic skills develop slowly. For school-age children, progress in reading, writing, mathematics, and understanding of time and money occurs slowly across the school years and is markedly limited compared with that of peers. For adults, academic skill development is typically at an elementary level, and support is required for all use of academic skills in work and personal life. Ongoing assistance on a daily basis is needed to complete conceptual tasks of day-to-day life, and others may take over these responsibilities fully for the individual.</p>	<p>The individual shows marketed differences from peers in social and communicative behavior cross development. Spoken language is typically a primary tool for social communication but is much less complex than that of peers. Capacity for relationships is evident in ties to family and friends, and the individual may have successful friendships across life and sometimes romantic relations in adulthood. However, individuals may not perceive or interpret social cues accurately. Social judgment and decision-making abilities are limited, and caretakers must assist the person with life decisions. Friendships with typically developing peers are often affected by communication or social limitations. Significant social and communicative support is needed in work settings for success.</p>	<p>The individual can care for personal needs involving eating, dressing, elimination, and hygiene as an adult, although an extended period of teaching and time is needed for the individual to become independent in these areas, and reminders may be needed. Similarly, participation in all household tasks can be achieved by adulthood, although an extended period of teaching is needed, and ongoing supports will typically occur for adult level performance. Independent employment in jobs that require limited conceptual and communication skills can be achieved, but considerable support from coworkers, supervisors, and others is needed to manage social expectations, job complexities, and ancillary responsibilities such as scheduling, transportation, health benefits, and money management. A variety of recreational skills can be developed. These typically require additional supports and learning opportunities over an extended period of time. Maladapted behavior is present in a significant minority and causes social problems.</p>

Severity level: Severe

Conceptual Domain	Social Domain	Practical Domain
<p>Attainment of conceptual skills is limited. The individual generally has little understanding written language or of concepts involving numbers, quantity, time, and money. Caretakers provide extensive supports for problem-solving throughout life.</p>	<p>Spoken language is quite limited in terms of vocabulary and grammar. Speech may be single words or phrases and may be supplemented through augmentative means. Speech and communication are focused on the here and now within everyday events. Language is used for social communication more than for explanation. Individuals understand simple speech and gestural communication. Relationships</p>	<p>The individual require support for all activities of daily living, including meals, dressing, bathing, and elimination. The individual requires supervision at all times. The individual cannot make responsible decisions regarding well-being of self or others. In adulthood, participation in tasks at home, recreation, and work requires ongoing support and assistance. Skill acquisition in all domains involves long-term teaching and</p>

	with family members and familiar others are a source of pleasure and help.	ongoing support. Maladaptive behavior, including self-injury, is present in a significant minority.
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Severity level: Profound

Conceptual Domain	Social Domain	Practical Domain
Conceptual skills generally involve the physical world rather than symbolic processes. The individual may use objects and goal directed fashion for self-care, work, and recreation. Certain Visio spatial skills, such as matching and sorting based on physical characteristics, may be acquired. However, co-occurring motor and sensory impairments may prevent functional use of objects.	The individual has very limited understanding of symbolic communication in speech or gesture. He or she may understand some simple instructions or gestures. The individual expresses his or her own desires and emotions largely through nonverbal, non-symbolic communication. The individual enjoys relationships with well-known family members, caretakers, and familiar others, and initiates in response to social interactions through gestural and emotional cues. Co-occurring sensory and physical impairments may prevent many social activities.	

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Can learn simple life skills and employment tasks with special education. May be employed in special settings, and achieve some independence. Often socially immature. Self-awareness - having an inner image of self, realizing that one is a person separate from the others around one - may exist from here on, but is not guaranteed to exist as it depends on more than intelligence alone. The most intelligent animals, such as some chimpanzees, bonobos, parrots, and dolphins, are in this range. Bonobo or chimpanzee I.Q. scores are sometimes even quoted as high as 80 or 90, but those are childhood age-peer scores that correspond to adult I.Q.'s of only just over 40.

50-69 - Mildly retarded

Educable, can learn to care for oneself, employable in routinized jobs but require supervision. Might live alone but do best in supervised settings. Immature but with adequate social adjustment, usually no obvious physical anomalies.

Moderate and mild retardation, contrary to the more severe forms, are typically not caused by brain damage but part of the normal variance of intelligence, and therefore largely genetic and inherited. This is important with regard to the question whether or not retarded persons should have children; For especially the moderate and mild forms of retardation, wherewith it physically is possible to have children, are the most likely to be inherited.

Individuals with IQ values within 51 and 70 will graduate special school with enough time, effort and help of others. They are able to serve themselves, follow daily duties. This means a slight mental retardation (debility). There is almost 7% of these individuals in the population.

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