

# Introduction to Mental Retardation

Mental Retardation is not something you have, like green eyes, or a bad heart. Nor is it something you are, like short, or thin.



It is not a medical disorder, nor a mental disorder.



Mental retardation is a particular state of functioning that begins in childhood and characterized by limitation in both intelligence and adaptive skills.

Mental retardation reflects the “fit” between the capabilities of individuals and the structure and expectations of their environment.

## The AAMR Definition of Mental Retardation

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.

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## When Diagnosing Mental Retardation the Team Must:

1. Evaluate limitations in present functioning within the context of the individual's age peers and culture;
2. Take into account the individual's cultural and linguistic differences as well as communication, sensory, motor, and behavioral factors;
3. Recognize that within an individual limitations often coexist with strengths;
4. Describe limitations so that an individualized plan of needed supports can be developed; and
5. Provide appropriate personalized supports to improve the functioning of a person with mental retardation.



## Intelligence is:

Intelligence refers to a general mental capability. It involves the ability to reason plan, solve problems, think abstractly, comprehend complex ideas, learn quickly, and learn from experience. Intelligence is represented by Intelligent Quotient (IQ) scores. Mental retardation is generally thought to be present if an individual has an IQ test score of approximately 70 or below. It is important to remember, however, that an IQ is only one aspect in determining if a person has mental retardation. Significant limitations in adaptive behavior skills and evidence that the disability was present before the age 18 are two additional elements that are critical determining if a person has mental retardation.

## Adaptive Behavior is:

Adaptive behavior is the collection of conceptual, social, and practical skills that people have learned so they can function in their everyday lives. Significant limitations in adaptive behavior impact a person's daily life and affect the ability respond to a particular situation or to the environment.

On these standardized measures, significant limitations in adaptive behavior are operationally defined as performance that is at least 2 standard deviations below the mean of either (a) one of the following three types of adaptive behavior: conceptual, social, or practical, or (b) an overall score on a standardized measure of conceptual, social, and practical skills.

## Examples of Adaptive Behavior Skills

### **Conceptual Skills**

- ✍ Receptive and expressive language
- ✍ Reading and writing
- ✍ Money concepts
- ✍ Self-directions



### **Social Skills**

- ✍ Interpersonal
- ✍ Responsibility
- ✍ Self-esteem
- ✍ Gullibility (likelihood of being tricked or manipulated)
- ✍ Naivete
- ✍ Follows rules
- ✍ Obeys laws
- ✍ Avoids victimization

## **Practical Skills**

- ✍ Personal Activities of daily living such as eating, dressing, mobility and toileting
- ✍ Instrumental activities of daily living such as preparing meals, taking medication, using the telephone, managing money, using transportation and doing housekeeping activities
- ✍ Occupational skills
- ✍ Maintaining a safe environment



## **Supports Are:**

Supports are defined as the resources and individual strategies necessary to promote the development, education, interests, and personal well being of a person with mental retardation. Supports can be provided by a parent, friend, teacher, psychologist, doctor or by any appropriate person or agency.

## **Examples of Supports**

### **Human Development Activities**

- ✍ Providing physical development opportunities that include eye-hand coordination, motor skills, and gross motor activities
- ✍ Providing cognitive development opportunities such as using words and images represent the worlds and reasoning logically about concrete events
- ✍ Providing social and emotional developmental activities to foster trust, autonomy and initiative



### **Teaching and Education Activities**

- ✍ Interacting with trainers and teachers and fellow trainees and students
- ✍ Participating in making decisions on training and educational activities
- ✍ Learning and using problem solving strategies
- ✍ Using technology for learning
- ✍ Learning and using functional academics (reading signs, counting change, etc.)
- ✍ Learning and using self-determination skills

### **Home Living Activities**

- ✍ Using the restroom/toilet
- ✍ Laundering and taking care of clothes
- ✍ Preparing and eating food
- ✍ Housekeeping and cleaning
- ✍ Dressing
- ✍ Bathing and taking care of personal hygiene and grooming needs
- ✍ Operating home appliances and technology



- ✍ Participating in leisure activities within the home

### **Community Living Activities**

- ✍ Using transportation
- ✍ Participating in recreation and leisure activities
- ✍ Going to visit friends and family
- ✍ Shopping and purchasing goods
- ✍ Interacting with community members
- ✍ Using public buildings and settings



### **Employment Activities**

- ✍ Learning and using specific job skills
- ✍ Interacting with co-workers
- ✍ Interacting with supervisors
- ✍ Competing work-related tasks with speed and quality
- ✍ Changing job assignments
- ✍ Accessing and obtaining crisis intervention and assistance

### **Health and Safety Activities**

- ✍ Accessing and obtaining therapy services
- ✍ Taking medication
- ✍ Avoiding health and safety hazards
- ✍ Communicating with health care providers
- ✍ Accessing emergency services
- ✍ Maintaining a nutritious diet
- ✍ Maintaining mental health/emotional well-being

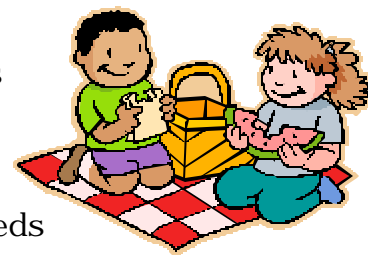


### **Behavioral Activities**

- ✍ Learning specific skills or behaviors
- ✍ Learning and making appropriate decisions
- ✍ Accessing and obtaining mental health treatments
- ✍ Accessing and obtaining substance abuse treatments
- ✍ Incorporating personal preferences into daily activities
- ✍ Maintaining socially appropriate behavior in public
- ✍ Controlling anger and aggression

### **Social Activities**

- ✍ Socializing within the family
- ✍ Participating in recreation and leisure activities
- ✍ Making appropriate sexual decisions
- ✍ Socializing outside the family
- ✍ Making and keeping friends
- ✍ Communicating with others about personal needs
- ✍ Engaging in loving and intimate relationships
- ✍ Offering assistance and assisting others



## **Protection and Advocacy Activities**

- ✍ Advocating for self and others
- ✍ Managing money and personal finances
- ✍ Protecting self from exploitation
- ✍ Exercising legal rights and responsibilities
- ✍ Belonging to and participating in self-advocacy/support organizations
- ✍ Obtaining legal services
- ✍ Using banks and cashing checks

## **Causes of Mental Retardation**

The causes of mental retardation can be divided into biomedical, social, behavior and educational risk factors that interact during the life of an individual and/or across generations from parent to child.

1. Biomedical factors are related to biological processes, such as genetic disorders or nutrition.
2. Social factors are related to social and family interaction, such as child stimulation and adult responsiveness.
3. Behavioral factors are related to harmful behaviors, such as maternal substance abuse.
4. Educational factors are related to the availability of family and educational supports that promote mental development and increases in adaptive skills.
5. Factors present during one generation can influence the outcomes of the next generation. By understanding inter-generational causes, appropriate support can be used to prevent and reverse the effects of risk factors.



## **How many people are affected by mental retardation?**

Two and a half to three percent of the general population have mental retardation (The ARC, 1982).

Based on the 1990 census, an estimated 6.2 to 7.5 million people have mental retardation. Mental retardation is 10 times more common than cerebral palsy and 28 times more prevalent than neural tube defects such as spina bifida. It affects 25 times as many people as blindness (Batshaw, 1997).

Mental retardation cuts across the lines of racial, ethnic, educational, social and economic backgrounds. It can occur in any family. One out of ten American families is directly affected by mental retardation.

## What does the term “mental age” mean when used to describe the person’s functioning?

The term mental age is used in intelligence testing. It means that the individual received the same number of correct responses on a standardized IQ test as the average person of that age in the sample population.

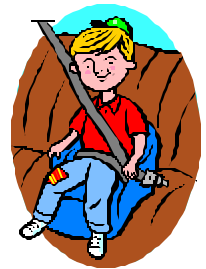
Saying that an older person with mental retardation is like a person of a younger age or has the “mind” or “understanding” of a younger person is incorrect usage of the term. The mental age only refers to the intelligence test score. It does not describe the level and nature of the person’s experience and functioning in aspects of community life.

## Can mental retardation be prevented?

During the past 30 years, significant advances in research have prevented many cases of mental retardation. For example, every year in the United States we prevent:

- ✍ 250 cases of mental retardation due to phenylketonuria (PKU) by newborn screening and dietary treatment;
- ✍ 1,000 cases of mental retardation due to congenital hypothyroidism thanks to newborn screening and thyroid hormone replacement therapy.
- ✍ 1,000 cases of mental retardation by use of anti-Rh immune globulin to prevent Rh disease and severe jaundice in newborn infants;
- ✍ 5,000 cases of mental retardation caused by Hib diseases by using the Hib vaccine;
- ✍ Untold numbers of cases of mental retardation caused by rubella during pregnancy thanks to rubella vaccine (Alexander, 1998).

Other interventions have reduced the chance of mental retardation. Removing lead from the environment reduces brain damage in children. Preventive interventions such as child safety seats and bicycle helmets reduce head trauma. Early intervention programs with high-risk infants and children have shown remarkable results in reducing the predicted incidence of subnormal intellectual functioning.



Finally, early comprehensive prenatal care and preventive measures prior to and during pregnancy increases a woman’s chances of preventing mental retardation. Pediatric AIDS is being reduced by AZT treatment of the mother during pregnancy, and dietary supplementation with folic acid reduces the risk of neural tube defects.