

American Association on Intellectual and Developmental Disabilities





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WHAT IS AAIDD?

Founded in 1876, AAIDD is

- Multi-disciplinary professional society
- Membership organization
- Trusted source of information on intellectual and developmental disabilities
 - education, books, journals, positions,
 briefs
- Social change agent



Mission and Goals

Mission

 AAIDD promotes progressive policies, sound research, effective practices, and universal human rights for people with intellectual and developmental disabilities.

Goals

- Enhance the capacity of professionals who work with individuals with intellectual and developmental disabilities.
- Participate in the development of a society that fully includes individuals with intellectual and developmental disabilities.
- Build an effective, responsive, well-managed, responsibly-governed, and sustainable organization.



Major Functions

The major functions of the Association are to

- Support its members' leadership in activities that affect people with intellectual and developmental disabilities.
- Publish and promote cutting edge research, tools, and materials that inform policy and practice.
- Develop and implement educational opportunities for professionals, policy makers, and others; and
- Engage in activities that promote progressive public policy.



- Communicate social change agenda
 - Release position statements
 - Endorse works of others
 - Utilize social and traditional media
 - Educate of policy makers and stakeholders

Publish high quality materials

 Books and journals promote progressive policies, sound research, effective practices, and universal human rights for people with intellectual and developmental disabilities

Contribute to processes that influence public policy

- Submit Amicus Curie briefs
- Comment on draft federal legislation, regulations
- Contribute to review and testing of DSM-5 & ICD-11

Why is it important to have shared terminology and construct of ID?

 Maintaining a universal terminology and construct are crucial in ensuring fairness, accuracy, and consistency in and across countries in critical areas including clinical practice, teaching/training, research, population-based statistics reporting, and public health services.

 In addition, where diagnosis confers legal protections, minimizing ambiguity is crucial.



Timelines for Manual Revision

- Revision work begins years before manuals are actually published
- Actual (or anticipated) publication dates for the manuals:
 - AAIDD: 2010
 - APA: 2013
 - WHO: 2015





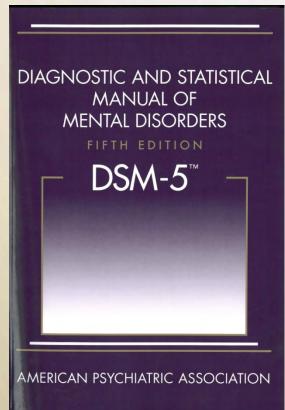
First edition of this manual published in 1910

3 pronged definition

- Significant limitation in intellectual functioning (approx 2 SD < M)
- Significant limitation in adaptive behavior (approx 2 SD < M)
- Onset during the developmental period (prior to age 18)







American Psychiatric Association

DSM-5



- Used in the US and to varying degrees around the world
- First edition in 1952, provides a criteria and terms for the classification of mental disorders.
- Evolved from several systems for collecting census and psychiatric hospital statistics and a US army manual.
- In the US, used by clinicians, researchers, psychiatric drug regulation entities, health insurance, and policy makers



Concerns with DSM-5 Revision of "Mental Retardation"

Research

- Introduction of ambiguity in diagnostic criteria
- Insufficient scientific evidence for criteria modifications
- Failure to follow identified field testing protocols

Practice

- "Congruence" with ICD-11
- Clear indication that modifications would not improve practice

Policy

- Clearly foreseeable harm with initially proposed label and criteria
- Eligibility criteria for benefits
- Legal protections
- Consequences of confused policy makers

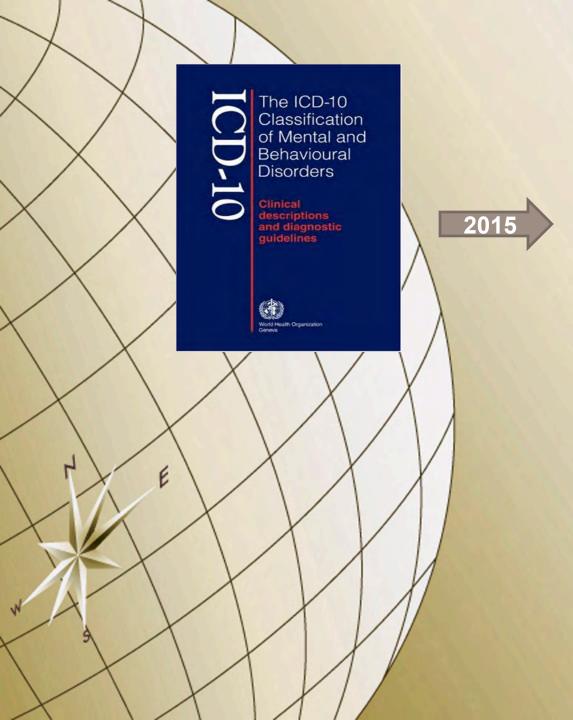


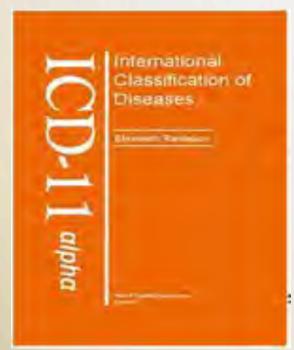
- Formal letter of concerns was submitted and made public
 - Press release
 - Partner organizations, notably The Arc
 - Articles in popular press
- Engaged in a series of back and forth communications
 - Some concerns addressed, some not
- Public policy vs. scientific outcomes



319. Intellectual Disability

(Intellectual Developmental Disorder) is a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains.





World Health Organization

ICD-11



WHO member countries agree to use ICD as standard for health information and reporting

Basis for:

- Assessment and monitoring of mortality, morbidity, injuries, external causes, other health parameters
- Tracking epidemics and disease burden
- Identifying appropriate targets of health care resources
- Accountability of WHO member countries for public health

WHO reticence to revise the *International Classification* of Functioning (ICF) with emphasis on context and supports increases the importance of the ICD as tool for describing conditions





- English-language term
 - Disorder vs. Disability
 - WHO conceptualization of "disability" as an emergent property of underlying condition
- Introduction of ambiguity in the definition
- Substantial modification of diagnostic criteria without scientific support
- Forseeably result in
 - Diagnostic inaccuracy
 - Collection of inaccurate data
 - Confusion among policy makers



Definition

Original proposal:

A group of developmental conditions characterized by significant impairment in cognitive functions across a number of core domains, which are associated with limitations in learning, adaptive behavior and skills

AAIDD proposal:

A disorder of intellectual disability is a condition characterized by significant limitations in intellectual functioning and adaptive behaviour, originating during the developmental period

Term (in English)

Original: Intellectual Developmental Disorders

AAIDD Proposed: Disorders of Intellectual Disability (ID)

Final: Disorders of Intellectual Development (ID)

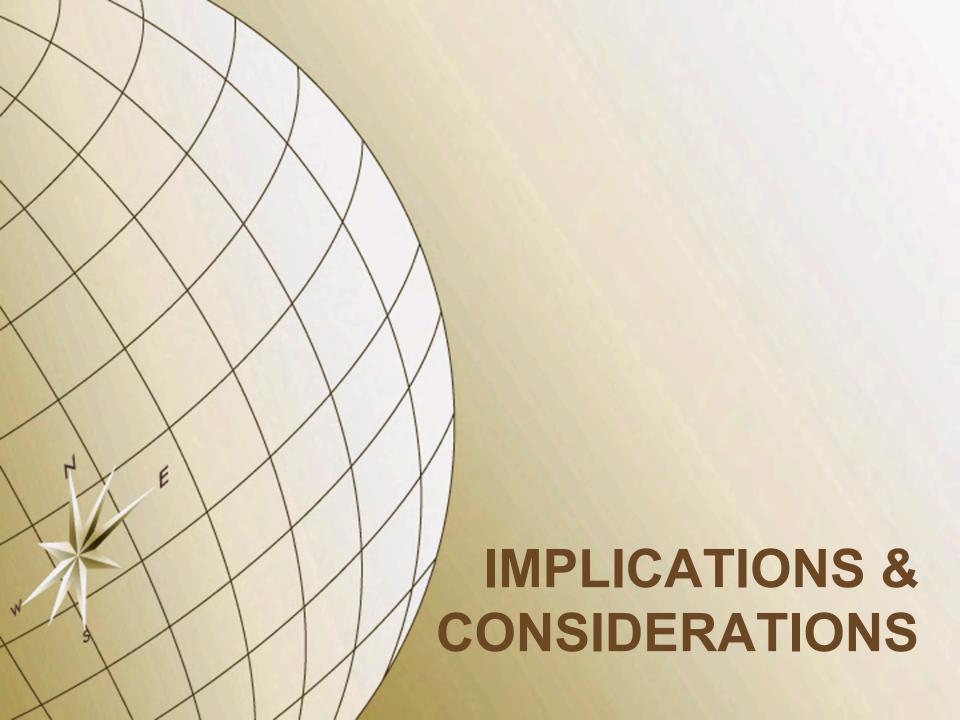


- Direct approach to WHO staff through a member of the relevant workgroup
- Invitation to host a "North American Experts Panel" to provide comments
- Submission of comments
 - version available in the April issue of IDD
- Ongoing communications with WHO
- Planned support of field testing later this year



Field Testing

- 3 Levels of Interest
 - National/international epidemiology and policy
 - Clinical, diagnostic, research
 - Individuals with condition(s) and their families
- Electronic Portal
 - 6 languages



Parallel definitions until the next editions of the manuals

- What's important in systems change (both in manuals and public policy)
 - Processes for reasoned discourse
 - Decision makers understand policy implications
 - Coalitions to raise awareness, engage in advocacy
 - Credibility

Parallel Definitions

	AAIDD	APA	WHO
(Significant limitations in intellectual functioning	Includes both intellectual and adaptive functioning deficits in conceptual,	Significant limitations in intellectual functioning
1	Significant limitations in adaptive behavior	social, and practical domains.	Significant limitations in adaptive behaviour
	Onset during the developmental period	Onset during the developmental period	Originating during the developmental period