Fact Sheet:  
Mental Retardation

What is mental retardation?

An individual is considered to have mental retardation based on the following three criteria: intellectual functioning level (IQ) is below 70-75; significant limitations exist in two or more adaptive skill areas; and the condition is present from childhood (defined as age 18 or less) (AAMR, 1992).

What are the adaptive skills essential for daily functioning?

Adaptive skill areas are those daily living skills needed to live, work and play in the community. They include communication, self-care, home living, social skills, leisure, health and safety, self-direction, functional academics (reading, writing, basic math), community use and work.

Adaptive skills are assessed in the person's typical environment across all aspects of an individual's life. A person with limits in intellectual functioning who does not have limits in adaptive skill areas may not be diagnosed as having mental retardation.

How many people are affected by mental retardation?

The Arc reviewed a number of prevalence studies in the early 1980s and concluded that 2.5 to 3 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.

How does mental retardation affect individuals?

The effects of mental retardation vary considerably among people, just as the range of abilities varies considerably among people who do not have mental retardation. About 87 percent will be mildly affected and will be only a little slower than average in learning new information and skills. As children, their mental retardation is not readily apparent and may not be identified until they enter school. As adults, many will be able to lead independent lives in the community and will no longer be viewed as having mental retardation.
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The remaining 13 percent of people with mental retardation, those with IQs under 50, will have serious limitations in functioning. However, with early intervention, a functional education and appropriate supports as an adult, all can lead satisfying lives in the community.

How is mental retardation diagnosed?

The AAMR process for diagnosing and classifying a person as having mental retardation contains three steps and describes the system of supports a person needs to overcome limits in adaptive skills.

The first step in diagnosis is to have a qualified person give one or more standardized intelligence tests and a standardized adaptive skills test, on an individual basis.

The second step is to describe the person's strengths and weaknesses across four dimensions. The four dimensions are:

1. Intellectual and adaptive behavior skills
2. Psychological/emotional considerations
3. Physical/health/etiological considerations
4. Environmental considerations

Strengths and weaknesses may be determined by formal testing, observations, interviewing key people in the individual's life, interviewing the individual, interacting with the person in his or her daily life or a combination of these approaches.

The third step requires an interdisciplinary team to determine needed supports across the four dimensions. Each support identified is assigned one of four levels of intensity - intermittent, limited, extensive, pervasive.

Intermittent support refers to support on an "as needed basis." An example would be support that is needed in order for a person to find a new job in the event of a job loss. Intermittent support may be needed occasionally by an individual over the lifespan, but not on a continuous daily basis.

Limited support may occur over a limited time span such as during transition from school to work or in time-limited job training. This type of support has a limit on the time that is needed to provide appropriate support for an individual.

Extensive support in a life area is assistance that an individual needs on a daily basis that is not limited by time. This may involve support in the home and/or support in work. Intermittent, limited and extensive supports may not be needed in all life areas for an individual.
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Pervasive support refers to constant support across environments and life areas and may include life-sustaining measures. A person requiring pervasive support will need assistance on a daily basis across all life areas.

**Standardized instruments**

Standardized instruments are formal methods used to determine different levels of cognitive development.

**Rating Scales & Developmental Inventories:** Vineland Adaptive Behavior Scales and Childhood Autism Rating Scale are examples of standardized tests that measure a child's general developmental skills, including socialization skills and coping skills. Scores are based on parent interviews and evaluator observations.

**Intelligence Tests (IQ):** Stanford-Binet Intelligence Scale and other intelligence tests attempt to determine an individual's intelligence based on standardized criteria. The results of educational tests are often provided in composite scores. On the Wechsler Intelligence Scale for Children, (WISC-III), three scores are usually provided: **Verbal IQ (VIQ), Performance IQ (PIQ), and a Full Scale IQ (FSIQ).** Each of these tests provides a composite score. Both the Verbal and Performance IQ scores are composites of five different sub tests. Intelligence Tests (IQ) do not necessarily measure an autistic child true abilities and unique potential to develop.

About 1 percent of the general population has mental retardation, although some estimates range as high as 3 percent. Mental retardation is slightly more common in males than in females. It occurs in people of all racial, ethnic, education, and economic backgrounds. Mental retardation is usually broken down into four categories: Mild, Moderate, Severe and Profound.

**Mildly** affected individuals comprise about 85 percent of people with retardation. They often cannot be distinguished from typical children until they attend school. Although they learn more slowly, people with mild retardation usually can develop academic skills equivalent to the sixth-grade level. As adults, they can work and live in the community if helped when they experience unusual social or economic stress. Some may marry and have children.

About 10 percent of people with mental retardation are **moderately** retarded. They can progress to about the second-grade level in academic skills. By adolescence, they usually have good self-care skills—such as eating, dressing, and going to the bathroom—and can perform simple tasks. As adults, most can work at unskilled or semiskilled jobs with supervision.
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Severe retardation affects 3 to 4 percent of mentally retarded individuals. Severely retarded individuals may learn to talk during childhood and develop basic self-care skills. In adulthood they can perform simple tasks with close supervision. They often live in group homes or with their families.

About 1 to 2 percent of retarded people have profound mental retardation and require constant care. Profoundly retarded individuals can understand some language, but they have little ability to talk. They often have a neurological condition that accounts for their retardation.

Information from: The Arc US (info@thearcus.org) Introduction to Mental Retardation