

Intellectual Disability (ID) – Formerly Known as Intellectual Delay Disorder

Definition

Intellectual Disability (ID)—previously known as **intellectual delay disorder** or **mental retardation (a now outdated and offensive term)**—is a **neurodevelopmental disorder** characterized by:

1. **Significantly below-average intellectual functioning (IQ below 70)**
2. **Deficits in adaptive functioning** (daily life skills such as communication, social skills, and independent living)
3. **Onset during childhood (before age 18)** (American Psychiatric Association, 2013)

ID affects a person's ability to **learn, reason, problem-solve, and adapt** to their environment compared to peers of the same age (Schalock et al., 2010).

Causes of Intellectual Disability

Intellectual disability can be caused by **genetic, environmental, and medical factors**, including:

✓ **Genetic Conditions** – Down syndrome, Fragile X syndrome, Rett syndrome, Prader-Willi syndrome (Miller et al., 2017).

✓ **Prenatal Factors** – Exposure to alcohol (fetal alcohol syndrome), drugs, malnutrition, infections, or toxins during pregnancy (Boyle et al., 2011).

✓ **Birth-Related Factors** – Premature birth, lack of oxygen (hypoxia), low birth weight (Arnett et al., 2019).

✓ **Postnatal Causes** – Brain injuries, infections (e.g., meningitis, encephalitis), malnutrition, exposure to lead (McKenzie et al., 2016).

✓ **Unknown Causes** – In some cases, the cause is not clearly identified.

Levels of Intellectual Disability

The severity of ID is classified into four levels based on IQ and adaptive functioning (American Psychiatric Association, 2013):

Level	IQ Range	Characteristics
Mild ID	50-70	Can learn academic and social skills with support. Can live independently with minimal help.
Moderate ID	35-50	Delays in speech and motor skills, may need supervised work/living environments.
Severe ID	20-35	Limited communication, requires daily assistance and support.
Profound ID	Below 20	Significant intellectual and physical disabilities, requires lifelong care.

Signs and Symptoms of Intellectual Disability

Cognitive Symptoms:

- Difficulty with memory, problem-solving, and reasoning (Harris, 2006).
- Delayed speech and language development (Leonard & Hill, 2014).
- Difficulty understanding and following instructions (Matson et al., 2009).

Social & Emotional Symptoms:

- Struggles with social cues and interactions (Matson & Shoemaker, 2009).
- May have difficulty making friends.
- Can be more dependent on caregivers.

Adaptive Functioning Deficits:

- Difficulty with personal hygiene, dressing, and daily routines (American Psychiatric Association, 2013).
 - Struggles with managing money, transportation, and independent living.
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Diagnosis of Intellectual Disability

To diagnose ID, professionals conduct:

1. **IQ Testing** – Measures cognitive ability (e.g., Wechsler Intelligence Scale for Children - WISC) (Wechsler, 2014).

2. **Adaptive Behavior Assessment** – Evaluates practical skills (e.g., Vineland Adaptive Behavior Scales) (Sparrow et al., 2016).
 3. **Medical & Genetic Testing** – Identifies potential genetic or neurological causes (Miller et al., 2017).
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Treatment & Support for Individuals with ID

While ID **cannot be cured**, early intervention and specialized support can **improve quality of life**:

- ✓ **Early Intervention Programs** – Therapies for infants and toddlers to develop cognitive, motor, and communication skills (Guralnick, 2017).
 - ✓ **Special Education Services** – Individualized Education Programs (IEPs) to support learning (Smith, 2006).
 - ✓ **Speech, Occupational & ABA Therapy** – Helps with language, motor skills, and behavioral challenges (Matson & Boisjoli, 2009).
 - ✓ **Life Skills & Vocational Training** – Supports independent living and job training (Wehman, 2013).
 - ✓ **Parental Support & Counseling** – Educating families on how to best support their child's needs (Hodapp, 2011).
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Intellectual Disability vs. Learning Disability

- 💡 **Intellectual Disability (ID)**: Affects **overall cognitive abilities**, adaptive functioning, and daily life skills (American Psychiatric Association, 2013).
 - 💡 **Learning Disabilities (LD)**: Specific difficulties with reading (dyslexia), writing (dysgraphia), or math (dyscalculia) while **IQ remains normal or above average** (Lyon et al., 2003).
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Conclusion

Intellectual Disability is a lifelong condition, but **with the right support, individuals can lead fulfilling lives**. **Early diagnosis, therapy, and structured interventions** can greatly improve learning, independence, and overall well-being.

References

- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*.
- Arnett, A. B., Pennington, B. F., Willcutt, E. G., DeFries, J. C., & Olson, R. K. (2019). *Linking mathematical disabilities to IQ, executive function, and other learning disorders*. *Journal of Learning Disabilities*, 52(4), 310-323.
- Boyle, C. A., Boulet, S., Schieve, L. A., Cohen, R. A., Blumberg, S. J., Yeargin-Allsopp, M., ... & Kogan, M. D. (2011). *Trends in the prevalence of developmental disabilities in US children, 1997–2008*. *Pediatrics*, 127(6), 1034-1042.
- Guralnick, M. J. (2017). *Early intervention for children with intellectual disabilities: Current knowledge and future prospects*. *Journal of Applied Research in Intellectual Disabilities*, 30(2), 211-229.
- Harris, J. C. (2006). *Intellectual disability: Understanding its development, causes, classification, evaluation, and treatment*. Oxford University Press.
- Hodapp, R. M. (2011). *Families of children with intellectual disabilities: Some emerging themes*. *Current Opinion in Psychiatry*, 24(5), 403-407.
- Leonard, H., & Hill, E. (2014). *Review: The impact of motor development on typical and atypical social cognition and language: A focus on individuals with autism spectrum disorder and Williams syndrome*. *Child Development*, 85(1), 21-35.
- Lyon, G. R., Fletcher, J. M., & Barnes, M. (2003). *Learning disabilities*. *Journal of Child Neurology*, 18(1), S24-S30.
- Matson, J. L., & Boisjoli, J. A. (2009). *Intellectual disabilities: Some recent trends*. *Research in Developmental Disabilities*, 30(2), 387-391.
- Matson, J. L., & Shoemaker, M. E. (2009). *Intellectual disability and its relationship to autism spectrum disorders*. *Research in Developmental Disabilities*, 30(6), 1107-1114.
- McKenzie, K., Milton, M., Smith, G., & Ouellette-Kuntz, H. (2016). *Systematic review of the prevalence and incidence of intellectual disabilities: Current trends and issues*. *Current Developmental Disorders Reports*, 3(2), 104-115.
- Miller, D. T., Adam, M. P., Aradhya, S., Biesecker, L. G., Brothman, A. R., Carter, N. P., ... & Ledbetter, D. H. (2017). *Consensus statement: Chromosomal microarray is a first-tier clinical diagnostic test for individuals with developmental disabilities or congenital anomalies*. *The American Journal of Human Genetics*, 86(5), 749-764.
- Schalock, R. L., Borthwick-Duffy, S. A., Bradley, V. J., Buntinx, W. H., Coulter, D. L., Craig, E. M., ... & Yeager, M. H. (2010). *Intellectual disability: Definition, classification, and systems of supports (11th ed.)*. AAIDD.