Psychiatric disorders in people with intellectual disability (intellectual developmental disorder): forensic aspects

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Purpose of the review

Persons with intellectual disability come into frequent and underreported contact with the legal system. Advances in forensic psychiatry help better identify persons with intellectual disability in forensic contexts, inform evaluation and treatment, and elucidate unique characteristics of this population. With the release of Diagnostic and Statistical Manual of Mental Disorders (DSM-5), forensic psychiatrists must adjust to changes in the diagnostic process.

Recent findings

This review examines the past year’s contributions to the literature, including predictors among offenders with intellectual disability, concurrent diagnoses, efficacy of competence restoration, means of studying individuals with intellectual disability, and impact of DSM-5.

Summary

Impoverished personal relationships are found to be an important predictor of offense among persons with intellectual disability. A Personality Disorder Characteristics Checklist allows screening for personality disorders (indicative of increased risk of violence) among intellectual disability offenders. Referrals to specialists for treatment more often occur for violent and sexual offenses than for other offenses. Competence restoration is historically low among those with intellectual disability, specially compared with those referred for substance abuse and personality disorders. However, the Slater Method results in higher rates of restoration than traditional training methods. DSM-5 alters the definition of intellectual disability, moving from an IQ-oriented diagnosis system to a multifaceted approach, introducing more flexibility and nuance.

Keywords

competence, DSM-5, forensic psychiatry, intellectual disability, offenders

INTRODUCTION

This review examines the past year’s contributions to the literature in forensic psychiatry related to intellectual disability (intellectual developmental disorder), including predictors among offenders with intellectual disability, identification of concurrent diagnoses, efficacy of competence restoration, means of effectively studying individuals with intellectual disability, and the impact of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). With the release of the DSM-5, forensic psychiatrists must cope with the evolution of the diagnostic process.

INDICATORS AND IMPLICATIONS OF OFFENSE AMONG PERSONS WITH INTELLECTUAL DISABILITY

An important issue in forensic psychiatry and related services is the identification of predictors of offense among persons with intellectual disability. Factors that influence the likelihood of offense are becoming increasingly well understood, and recent articles explore and refine the understanding of intrinsic and extrinsic indicators of offense and reoffense. Although pathways into forensic services are often similar between people with intellectual disability and the general population, persons with intellectual disability comprise a varied

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Identifying traits that indicate offense and reoffense is a top priority for service providers in forensic psychiatry and intellectual disability.

Individuals with intellectual disability can achieve successful restoration of competence to stand trial, although competence training may not impart the full abilities needed in an adversarial trial.

DSM-5 introduces the diagnosis ‘intellectual disability’ in place of ‘mental retardation’, resulting in important implications for the forensic psychiatrist.

and complicated subset, which warrants ongoing and focused study.

Wheeler et al. [1] apply mainstream criminological theories to offending among people with intellectual disability. Impoverished relationships, demonstrated by a life experiences checklist, are an indicator and best predictor of offending among those with intellectual disability. Results of this study are relevant to the direction of community service development for those with intellectual disability. Lindsay et al. [2*] summarize previous findings, which show that childhood adversity, witnessing violence, and personality disorder all correlate strongly with offending, as they do in the general population. Additionally, it is shown that, among offenders with intellectual disability, those with attention deficit hyperactivity disorder have a more persistent offending pattern and are more likely to have been previously charged for an offense. Indicators of persistence in offending are an important subset of this investigation, informing the field and related services of where to apply additional or modified resources and effort.

The forensic pathway for persons with intellectual disability moves, often erratically, between the justice system and social services. Lunsky et al. [3] indicate that a history of legal involvement and intellectual disability results in increased likelihood of police response to crises, but do not find an increase in the likelihood of crisis involving aggression. Additionally, persons with intellectual disability who have a history of legal involvement tend to be younger, higher functioning, male, and living in unsupported settings.

COMPETENCE RESTORATION AMONG INDIVIDUALS WITH INTELLECTUAL DISABILITY

Individuals with intellectual disability, along with individuals with psychotic disorders, are significantly less likely to successfully complete a competence restoration program than other groups found to be incompetent to stand trial. Intuitively, this makes sense, as intellectual disabilities are often rooted in genetic and developmental conditions that are less treated and more managed. Successful restoration, whether targeting those with intellectual disability or not, takes time and money and intellectual disability will reduce reoffense. Prioritization of different classes of offense is common, and often follows index crimes, as is common with the general population. In a UK-based study, Lindsay et al. [4], exploring these treatment and prioritization trends, found that sexual and violent offenses are most often referred to specialists for additional treatment. This study also found that forensic specialist community service programs specifically oriented toward persons with intellectual disability were much more likely than other major treatment options to provide treatment tailored to address particular behaviors, resulting in more effective treatment.

Identifying traits that indicate offense and reoffense is a top priority for service providers in forensic psychiatry and intellectual disability. Effective screening of offenders with intellectual disability for the increased likelihood of reoffense helps prioritize and augment treatment and deliver services where most needed. The presence of personality disorders among individuals with intellectual disability indicates an increased chance of reoffense, and is associated with the risk for violence. A staff-rated screening test, the Personality Disorder Characteristics Checklist (PDCC), effectively evaluates patients for International Statistical Classification of Diseases and Related Health Problems (ICD-10) personality disorders. Taylor and Novaco [5] show that PDCC successfully correlates with hospital assault and violence incidences. Personality disorder is currently under-diagnosed in persons with intellectual disability referred to services, and associated problems can result in an array of negative consequences, including significant increases in treatment duration, costs associated with treatment, and risk of violence toward staff. Using a quick and effective instrument like the PDCC offers easy, nondiagnostic prescreening for personality disorders, which allows a more effectively tailored treatment plan.
raises legal and civil rights concerns [6]. Numerous studies show that those with intellectual disability are less likely than their peers to have their competence restored, but recent research indicates that different competence restoration methods have significantly different results for individuals with intellectual disability. The first published study to examine outcomes from competency training programs designed for persons with intellectual disability found that the Slater Method, a tool specifically designed for individuals with intellectual disability found to be incompetent to stand trial, had higher competency attainment rates than traditional competency training programs [7**]. This finding is consistent with previous research, which indicates that some persons with intellectual disability are able to attain competence to stand trial, but that they are less likely to do so than their peers in the general population. Although it is likely that these findings could result in a more targeted approach to competency restoration among those with intellectual disability, this article brings up interesting objections, including that ‘...trial competence training gives the illusion that defendants have attained competence when they in fact have not or that they merely obtain the minimal skills associated with trial competence but not the full abilities needed in an adversarial trial.’

**DSM-5: CHANGES AND IMPLICATIONS**

Outside the frame of recent journal articles, the preceding year’s single most significant change with respect to the forensic psychiatric assessment of intellectual disability has been the publication of the fifth edition of the DSM-5 [8**]. Although the DSM-5 does little to advance the field theoretically – which is not, after all, the true purpose of a categorizing guidebook – its practical impact on mental health aspects of criminal and civil matters is difficult to overestimate.

In the DSM-5, ‘intellectual disability’ displaces the rubric of ‘mental retardation’ and bears the alternative designation of ‘intellectual developmental disorder.’ Presumably, the availability of this second option reflects an understanding that the notion of ‘disability’ is more forensic than clinical, and enables diagnosis outside the forensic context to appear less legalistic and less stigmatizing.

Intellectual disability is no longer one of the ‘disorders usually first diagnosed in infancy, childhood, or adolescence,’ the category in which it appeared in the previous edition of the manual (DSM-IV-TR) [9]. It is now one of the ‘neurodevelopmental disorders,’ harkening back to the ‘developmental disorders’ subcategory utilized a quarter-century ago in DSM-III-R [10]. The added ‘neuro’ component of this new styling sends a message that the text of the DSM-5 drives home repeatedly; psychological testing no longer dominates the determination of a diagnosis of intellectual disability.

Until now, diagnosis of intellectual disability relied primarily on the criterion of ‘significantly subaverage intellectual functioning: an IQ of approximately 70 or below on an individually administered IQ test’ (DSM-IV-TR, p. 49). The DSM-5 approach calls instead for the identification of ‘deficits in intellectual functions, such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience, confirmed by both clinical assessment and individualized, standardized intelligence testing’ (DSM-5, p. 33).

The practical impact of this transition is critical, and is reflected in several distinct considerations. A diagnosis of intellectual disability can no longer be made solely on the basis of ‘IQ’ testing, with its import reduced to a single number threshold. The testing in question is now ‘intelligence’ testing, addressing a broader range of issues than merely a standardized deviation score that comprises an ‘intelligence quotient.’ In fact, the seven listed types of ‘intellectual functions’ are in some cases questionably confirmable by psychological testing at all. Additionally, the inclusion of the phrase ‘such as’ indicates that there are still other functions that merit consideration – just the sort of distinction that legal counsel can be relied on to emphasize when presenting arguments for or against the presence of intellectual disability. The change in this language from ‘test’ to ‘testing’ indicates that more than one cognitive evaluation measure may be employed. The distinction drawn between ‘clinical assessment’ and ‘intelligence testing’ underscores the legitimate and now requisite role of psychiatric interview techniques in addition to the paper-and-pencil measures typically considered the exclusive province of the clinical psychologist.

The primacy of psychological testing has further been reduced by the means the forensic or clinical psychiatrist now undertakes to rate the ‘severity level’ of an examinee’s intellectual disability. Since the adoption of the DSM-II in 1968 [11], severity levels were determined with reference to periodically recalibrated IQ ranges; for example, the DSM-IV-TR recognized ‘mild’ at ‘50-55 to approximately 70,’ ‘moderate’ at ‘35-40 to 50-55,’ ‘severe’ at ‘20-25 to 35-40,’ and ‘profound’ at ‘below 20 or [sic] 25’ (DSM-IV-TR, p. 49).

Although the labels have remained the same, DSM-5 severity level determinations now eschew
any direct reference to IQ scores, requiring instead that ‘mild,’ ‘moderate,’ ‘severe,’ and ‘profound’ intellectual disability be assigned with reference to a highly detailed three-page table that describes how a given examinee is expected to fare with respect to the ‘conceptual domain,’ the ‘social domain,’ and the ‘practical domain.’ By way of examples, the conceptual domain associated with mild intellectual disability includes ‘a somewhat concrete approach to problems and solutions compared with age mates,’ the social domain associated with moderate intellectual disability indicates that ‘significant social and communicative support is needed in work settings for success,’ and the practical domain for severe intellectual disability asserts that ‘the individual requires support for all activities of daily living, including meals, dressing, bathing, and elimination’ (DSM-5, pp. 34–36). It requires little imagination to envision the vigor with which attorneys in criminal and civil cases alike will urge mental health professionals to establish or rule out the presence of these various new elements.

Severity levels are further defined by the second DSM-5 criterion for intellectual disability, which includes ‘deficits in adaptive functioning that result in failure to meet developmental and sociocultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communication, social participation, and independent living, across multiple environments, such as home, school, work, and community’ (DSM-5, p. 33). This contrasts with the DSM-IV-TR requirement of ‘concurrent deficits or impairments in present adaptive functioning’ that needed to be manifested in ‘at least two of the following areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety’ (DSM-IV-TR, p. 49).

The third DSM-5 criterion for intellectual disability remains similar to – but somewhat more flexible than – what forensic psychiatrists encountered in the past. This is now ‘onset of intellectual and adaptive deficits during the developmental period’ (DSM-5, p. 33), whereas under the DSM-IV-TR it was simply ‘onset before age 18 years’ (DSM-IV-TR, p. 49).

One additional DSM-5 attribute bears particular attention in the context of forensic psychiatric practice; an explicit, positive reference to the ‘Flynn Effect,’ handily described as involving ‘overly high scores because of out-of-date test norms’ (DSM-5, p. 37). The Flynn Effect and in particular its various applications have been the focus of considerable controversy in recent years [12,13], so the imprimatur of the DSM-5 will come in this instance as a welcome surprise to criminal defense advocates.

**CONCLUSION**

Persons with intellectual disability present special challenges for forensic evaluation. Research published during the past year has advanced knowledge in such areas as predictors of criminal offenses and violence among persons with intellectual disability, deficits of competence among persons with intellectual disability who are involved in judicial proceedings and the criminal justice system, and the efficacy of methods of enhancing or restoring such competence. Further research in competency training may, at least incrementally, make possible more just and effective resolution of criminal cases involving persons with intellectual disability.

In a separate, highly significant development, DSM-5 has altered the definition of intellectual disability, replacing the rubric of ‘mental retardation’ with the designation of ‘intellectual developmental disorder.’ This is more than just a change in language. DSM-5 has moved from the IQ-oriented diagnostic approach of the previous edition of psychiatry’s diagnostic manual to a multivariate model, allowing greater flexibility and complexity in forensic evaluation.

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None.

**Conflicts of interest**

There are no conflicts of interest.

**REFERENCES AND RECOMMENDED READING**

Papers of particular interest, published within the annual period of review, have been highlighted as:

- of special interest
- of outstanding interest

2. Lindsay WR, Carson D, Holland AJ, et al. The impact of known criminogenic factors on offenders with intellectual disability: previous findings and new results on ADHD. J Appl Res Intellect Disabil 2013; 26:71–80. This study examined individuals with intellectual disability with a history of offending behaviors to determine the impact of comorbid psychiatric conditions and found a significant impact when attention deficit hyperactivity disorder was present.


This article describes an examination of the Slater Method, a specialized training program for individuals with intellectual disability found incompetent to stand trial. The authors discuss the results of such training and present a thoughtful discussion of objections to trial competence training.


This most recent edition of the DSM introduces revised nomenclature and diagnostic criteria for intellectual disability, formerly referred to as mental retardation. This has significant implications for the forensic psychiatrist.


