



Submitted August 9, 2019 to the American Psychiatric Association at <https://www.psychiatry.org/psychiatrists/practice/dsm/proposed-changes>

The American Network of Community Options and Resources (ANCOR) is a national trade association representing over 1,600 private providers of community services for people with intellectual and developmental disabilities (I/DD) and over 57 state provider associations. We thank the American Psychiatric Association (APA) for the opportunity to weigh in on the proposed changes to the DSM-5 concerning the diagnostic criteria for intellectual disability (ID, also listed as intellectual developmental disorder in the DSM-5). Based on the real-life consequences of the proposed changes, we strongly urge the APA to consider the proposed resolution offered below and NOT confirm the current proposal being put forth.

We are thankful that the APA is proposing to delete the sentence: "To meet diagnostic criteria for intellectual disability, the deficits in adaptive functioning must be directly related to the intellectual impairments described in Criterion A." However, the current proposal adds problematic language of: "Adaptive functioning is understood to be the application of intelligence to functioning in everyday life. Criterion A (deficits in intellectual functions) and Criterion B (deficits in adaptive functions) are related in that the deficits in adaptive functioning are a consequence of intellectual deficits defined in Criterion A and are not the result of a co-occurring DSM-5 mental disorder." This attempt to clarify creates greater confusion and makes it more difficult for clinicians to translate diagnosis to every day supports. We lay this out more below.

ANCOR joins the American Association on Intellectual and Developmental Disabilities (AAIDD) in strong opposition to the current proposal because it:

- Is not supported by empirical evidence (there is no empirical evidence supporting the notion of a causal link between intellectual functioning and adaptive behavior);
- Incorrectly assumes that adaptive functioning and intellectual functioning are not separate and independent constructs;
- Plainly requires clinicians to establish that the deficits in adaptive functioning are "a consequence of" intellectual deficits, which is impossible for clinicians to scientifically or clinically establish;
- Creates conceptual confusion by conflating etiology with diagnostic criteria;
- Mistakenly asserts causation that puts a primacy in diagnosis on IQ and creates internal inconsistency in the criteria by anchoring both clinical elements of the diagnosis in IQ; and

- Creates diagnostic error by creating a fourth diagnostic criterion

We respectfully offer the proposed resolution of deleting the original sentence (“To meet diagnostic criteria for intellectual disability, the deficits in adaptive functioning must be directly related to the intellectual impairments described in Criterion A”) and also the two proposed sentences: “Adaptive functioning is understood to be the application of intelligence to functioning in everyday life. Criterion A (deficits in intellectual functions) and Criterion B (deficits in adaptive functions) are related in that the deficits in adaptive functioning are a consequence of intellectual deficits defined in Criterion A and are not the result of a co-occurring DSM-5 mental disorder.”

The DSM-5 is a crucial diagnostics manual that has real world implications for the over 1 million individuals with intellectual and developmental disabilities that we represent. We thank you for taking the seriousness of this issue into consideration and urge you to resolve the issue as recommended above.

Sincerely,

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