Maladaptive Behavior Among the Mentally Retarded: The Need for Reliable Data

SHARON A. BORTHWICK

Considerations of the mental health of mentally retarded individuals should not be limited to aspects of diagnosed mental illness. It is well established in the literature that mentally retarded individuals are especially vulnerable to emotional problems that often promote the display of various kinds of maladaptive behavior (Chess, 1970; Reiss, Levitan, & McNally, 1982; Szymanski & Grossman, 1984). However, the fact that many persons who are referred for psychiatric assessment are not determined to be mentally ill suggests that a significant proportion of people who do not suffer from mental illness still evidence problem behaviors that impact the quality of their lives. Moreover, maladaptive behavior has been repeatedly cited as a leading cause of out-of-home placement for a substantial number of clients living in institutions and community care facilities. The majority of these people are unlikely to be referred for psychiatric assessment. Their behavior problems are attributed to the presence of mental retardation and are tolerated as such.

Since maladaptive behaviors are not unique to retarded persons with diagnosed mental illness, the monitoring of and dealing with problem behaviors among the entire population of retarded individuals are important issues to consider. Even for those clients who have been diagnosed as having a mental illness and have been treated by special training programs, drugs, therapies, or residential environments, evaluation of the intervention is most always dependent on an examination of observed behaviors (e.g., temper outbursts, aggression, self-injurious behavior) rather than on psychiatric classifications. The purpose of this chapter is to discuss some of the issues related to the identification of mental illness in mentally retarded people, to review the recent literature with regard to maladaptive behavior among the retarded, and to suggest areas in which data from state mental retardation systems can become more reliable and more useful to persons involved in research and policy decisions.

Mental Illness and Mental Retardation

There are a number of problems associated with the identification of mental illness in mentally retarded individuals. The American Association on Mental
Deficiency definition of mental retardation states that a person will be both subaverage in intelligence and deficient in adaptive behavior. Hence, failure to perform appropriate social roles identify mentally retarded individuals (Stein & Susser, 1974). Schroeder, Mulick, and Schroeder (1979) concluded from a review of the literature that the relationship between behavior disturbance and retardation becomes even more obscured with the severely retarded because of their multiple handicaps. For example, communication skills are lacking in a significant proportion of the severely and profoundly retarded, making it extremely difficult to determine whether problem behaviors in their repertoire are due to a mental disorder, to the brain injury associated with the retardation, or to environmental influences. The confounding between mental illness and performance on an IQ test further complicates the diagnosis of mental retardation, particularly among the mild and borderline retarded (Padd & Eyman, 1985).

Tarjan concluded in 1977 that the mental health care of the retarded was an early casualty of the separation of mental health and mental retardation bureaucracies. Retarded people with emotional and personality disturbances have recently been identified as an undeserved population by professionals in the field (Reiss, Levitan, & McNally, 1982). As a consequence, initial screening and diagnosis of retarded people in residential facilities and parental homes have become the responsibility of persons who may not be qualified to determine whether or not an observed behavior might be the result of mental illness in this group of people.

Rutter and Graham (1970) found that while teachers and parents could adequately describe children’s behaviors, they were likely to misinterpret the source of behavior problems they observed, and that they were also not good at providing an adequate description of the child’s emotional responsiveness and interpersonal relationships. Reiss, Levitan, and Szyszkio (1982), as well as Alford and Locke (1984), found that the presence of mental retardation tends to decrease the diagnostic significance of abnormal behavior. This suggests that the likelihood of a person being referred for psychiatric assessment might be affected by his or her intelligence level. These limitations underscore the complexity of both screening and diagnosis, as well as the importance of involving qualified psychiatric professionals in the mental health care of the retarded.

In addition to problems associated with the diagnosis of mental illness, prevalence estimates are affected by the selection of the target population to be studied (Chess, 1970; Jacobson, 1981; Reiss, Levitan, & McNally, 1982; Schroeder et al., 1979; Stein & Susser, 1974). The majority of prevalence studies have reported data only on individuals referred to clinics for psychiatric assessment. They are not identified unless they are referred for assessment; hence, they underrepresent the population of retarded people as a whole. These studies have reported prevalence rates of mental illness among the retarded ranging from 31 to 100% (Jacobson, 1981). The wide range in results is likely due to differences in sampling and in criteria for referral and diagnosis (Reiss, Levitan, & McNally, 1982). Jacobson reported a prevalence rate of only 15% for psychiatric disorders among the mentally retarded who were receiving residential or other services