

Challenges in Assessing Persons with IDD¹

Joan B. Beasley, PhD, and Dan Baker, PhD

Presentation	Explanation	Example	How to Address
Diagnostic overshadowing	Professionals wrongly assume that symptoms are attributed to one diagnosis and do not take other factors into consideration.	Sometimes clinicians explain away sudden self-injury, saying “Don’t all people with autism slap themselves?”	Not all people with IDD express themselves through SIB. Consider the last time the patient was doing well. What did they look like? Regardless of the frequency of self-injury, SIB is a sign of distress and must be examined as a symptom, and bio-medical issues ruled out.
Baseline exaggeration	Challenging behavior that exists at a low rate and low intensity may increase dramatically when the person experiences stress or a mental health condition.	Inability to sit still	A person with IDD may express a variety of feelings and reactions through a single challenging behavior. If attributed to IDD, their distress will be missed. Increase in intensity and duration is likely a sign of medical or mental health acuity. Pain and discomfort are often present. Consider dental and primary medical conditions. Symptoms of mania, depression, anxiety can all be expressed through baseline exaggeration.
Intellectual distortion	Difficulty for a person to determine if what they are experiencing is reality	When asked the question, “Do you hear voices?” a person might answer yes although unsure.	Interview the patient using plain language. Ask the patient to elaborate in their own words. Explore beyond yes or no answers.
Psychosocial masking	Misunderstanding of developmental delay	A delusion of being the chief of police may be mistaken for a harmless fantasy. An imaginary friend may be mistaken for a delusion.	A more detailed account of the delusional presentation is required, including its disruption of vegetative function. Consider trauma and possible triggers/instigators.
Cognitive disintegration	Response to stress that is part of the human condition but can be more pronounced for people with IDD. People may dramatically decompensate under stress.	A person who recently lost a family member is bereaved. They used to do their own laundry and make small meals, but their ability to navigate the completion of daily living activities is greatly compromised.	This can also include “tantrums,” where the person’s executive functioning/coping is severely compromised. Understanding the context and pattern of medical issues, negative events, loss of skills, is key. Knowing baseline skills (when the person was doing well) and change in functioning is key.

¹ Hurley, A.D. Identifying psychiatric disorders in persons with mental retardation: A model illustrated by depression in Down syndrome. *J Rehabil.* 1996; 62:27-33.