

Case Report

Guardianship as a Risk Mitigation Strategy for Individuals with Borderline Intellectual Functioning

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Abstract

Individuals with intellectual disabilities (ID) are vulnerable due to impairments in cognition, executive function, and adaptive skills. Those with borderline intellectual functioning (BIF) often go undetected due to subtle symptoms, leaving them without proper protection. However, they remain susceptible to harmful influences due to impaired analytical and decision-making abilities. This case highlights the need for in-depth functional assessment and guardianship as a risk mitigation strategy for individuals with BIF. A 24-year-old woman with developmental delays and difficulties in daily activities was brought to an adult psychiatric clinic for guardianship assessment. Her parents were concerned as she had been repeatedly manipulated online, including an incident where she was nearly abducted. She could perform basic daily tasks but struggled with complex ones. Psychiatric evaluation diagnosed her with BIF (IQ=83). She lacks insight into her limitations, which makes her have poor help-seeking behavior. The psychiatric report recommended guardianship to ensure her safety. A thorough assessment by a psychiatrist is needed to detect BIF among those with a history of repeated safety incidents to ensure the protection of their safety while still respecting their rights.

Keywords: guardianship, intellectual disability, risk mitigation.

Pengampunan sebagai Strategi Mitigasi Risiko pada Individu dengan Fungsi Intelektual Tingkat Ambang

Abstrak

Individu dengan disabilitas intelektual rentan terhadap pengaruh buruk akibat gangguan kognitif, fungsi eksekutif, dan kemampuan adaptif. Individu dengan fungsi intelektual tingkat ambang (borderline) sering tidak terdeteksi karena gejala yang tidak terlalu jelas. Hal tersebut menyebabkan mereka tidak mendapatkan dukungan atau perlindungan yang setara sedangkan mereka juga memiliki kerentanan yang sama. Laporan kasus ini menunjukkan bahwa penilaian fungsional mendalam dan pengampunan dibutuhkan sebagai strategi mitigasi risiko untuk individu dengan fungsi intelektual tingkat ambang. Seorang perempuan berusia 24 tahun dengan riwayat keterlambatan perkembangan dan kesulitan dalam melakukan aktivitas harian dibawa orang tuanya ke poliklinik jiwa dewasa atas permintaan pengampunan. Orang tuanya khawatir karena dia sering dimanipulasi secara online, termasuk hampir diculik. Ia dapat melakukan aktivitas harian secara mandiri, tetapi terdapat keterbatasan dalam melakukan tugas kompleks. Pada pemeriksaan psikiatri, pasien didiagnosis dengan fungsi intelektual tingkat ambang (IQ=83). Pasien tidak memiliki tilikan terhadap keterbatasannya sehingga tidak mencari bantuan. Hasil pemeriksaan psikiatri merekomendasikan pasien agar dilakukan pengampunan untuk menjamin keamanannya. Asesmen mendalam oleh psikiater untuk mendeteksi fungsi intelektual tingkat ambang dibutuhkan pada pasien dengan riwayat insiden keamanan berulang demi memastikan perlindungan dan menghargai haknya.

Kata kunci: pengampunan, disabilitas intelektual, mitigasi risiko.

Introduction

Individuals with intellectual disabilities (ID) are vulnerable to harmful influences from others due to impairments in their cognitive and adaptive functioning. Based on the Indonesian National Basic Health Research, the reported prevalence of individuals with ID is around 1-3%.¹ The reported prevalence of individuals with ID in the United States is between 1% and 3%, which rose to three times the ID prevalence when the criteria were raised into borderline intellectual functioning (BIF).² This, in particular, has raised concerns regarding the potential of vulnerability in individuals with BIF to manipulations. They are often overlooked due to their nature appearing similar to individuals with normal intelligence.^{3,4} The subtlety of symptoms in individuals with BIF is a concern as they are considered to be vulnerable subjects, yet no protection is given to them. Furthermore, individuals with BIF often do not receive special education due to their ineligibility to the criteria, while failure rates are often high in general education settings. This has led individuals with BIF not to have the skills necessary to be independent in daily living, rendering them gullible to harmful influences. Moreover, limited insights into their condition further worsened the condition, which limited their help-seeking behavior.^{5,6}

Due to the difficult concept of BIF, with the criteria particularly specific being an IQ score in the range of 71-84, clinicians must develop a keen awareness of its subtle signs in the absence of formal IQ testing. The psychiatrist's clinical reasoning and observational skills are essential in identifying BIF. Therefore, a thorough assessment is crucial to ensure accurate detection and appropriate intervention, especially for individuals with a history of repeated safety incidents.⁷ Individuals with BIF and mild ID are prone to manipulations, making their well-being a significant concern. They often have difficulties assessing situations and making decisions crucial in daily living. Impulsive or shallow decisions may result in harm due to victimization, abuse, or sexual exploitation. Moreover, their inability to understand factual information and read social cues makes them vulnerable to manipulations.⁵ Thus, these individuals will require guardianship in cases where they are gullible. Consequently, guardianship is frequently pursued to shield them from such exploitation.⁶ However, initiating guardianship proceedings often depends on caregivers' awareness and recognition of their needs. As a result, individuals with mild ID or BIF, whose challenges and symptoms may not be readily apparent, are less likely to be considered

for guardianship despite facing comparable risks of manipulation and victimization.⁶ This report highlights a case involving an individual with borderline intellectual functioning who experienced repeated victimization by strangers. It underscores the critical role of comprehensive forensic psychiatric assessments in guardianship proceedings to mitigate the risk of further exploitation.

Case Description

A 24-year-old woman was brought to the psychiatric clinic by her parents to request guardianship. The parents expressed concern over her vulnerability and risky behaviors, including being nearly taken by strangers and financial mismanagement. She had a history of sending money and inappropriate photos and video clips to a random man online she grew close to, which heightened the family's concerns. Her parents observed a long history of developmental delays and academic struggles despite private tutoring and support. She completed high school via homeschooling and required significant parental assistance during her diploma studies, including her thesis. Although she manages basic daily tasks independently (ADL score 20/20), she struggles with more complex tasks such as managing finances, shopping, using transportation, preparing food, being responsible for medications, and using her phone wisely (IADL score 2/8). This has led her to be severely dependent; otherwise, her safety is concerned. Her overly sheltered environment has left her with limited insight into her intellectual limitations, affecting her judgment in finances and interactions.

Her psychiatric evaluation revealed she has BIF (IQ 83). The parents shared that she often forms quick, overly familiar connections with men, including addressing a male instructor with terms of endearment and befriending her grandfather's male nurse. She is studying *fiqh* under an online mentor and remains defiant when her parents question her decisions, particularly financial matters. A recent incident where strangers came to pick her up at her request further alarmed her parents about her susceptibility to manipulation.

Guardianship was recommended to ensure her safety and manage her decisions, particularly financial management. Social cognitive training and ongoing counseling were advised to improve her understanding of risks and interpersonal boundaries. Additionally, her parents were encouraged to seek professional guidance to foster an environment that balances protection with opportunities for her growth. Ultimately, her mother was appointed as her guardian.

Discussion

The case highlights the functioning challenges of a 24-year-old woman diagnosed with BIF based on DSM-5 criteria, characterized by an IQ of 71 to 84, one to two standard deviations below average. She exhibits long-standing deficits in the conceptual domain, involving cognitive abilities for academic learning, problem-solving, and decision-making. Despite external support like private tutoring, she struggled with academic tasks. She required substantial parental assistance during her diploma studies, particularly with assignments and her thesis, reflecting significant limitations in abstract reasoning, independent learning, and judgment, aligning with DSM-5 criteria for BIF. In the social domain, which involves understanding interpersonal dynamics and forming relationships, she has limited awareness of social norms, a reduced capacity to interpret others' emotions or intentions, and a history of bullying that further complicates her social development. Her vulnerability is evident in her interactions with a man she met online and her difficulty understanding her parents' warnings about potential manipulation, underscoring impaired social judgment. Her emotional dysregulation, shown through anger and defiance when confronted, is another characteristic of ID. In practical functioning, while her basic activities of daily living (ADL score 20/20) are intact, her instrumental activities of daily living (IADL score 2/8) are severely impaired, as evidenced by poor financial judgment and dependence on her parents and a household assistant for daily tasks. This overprotective environment has likely hindered her development of practical skills, self-awareness, and adaptive capabilities.⁸

The interplay of deficits across these domains significantly affects her safety and quality of life. Her conceptual limitations diminish her ability to anticipate risk, while social problems make her vulnerable to victimization and reduce her potential for independent living. Early identification and diagnosis of BIF remains challenging because it often goes unrecognized and poorly understood. Professional support is only received by 27% of children and adolescents with BIF due to a lack of understanding of children's difficulties, which may put them at risk for emotional, behavioral, and social functioning.⁹ Therefore, psychiatrists play a pivotal role in thoroughly evaluating individuals with borderline mild intellectual disability to effectively determine their functional capacities and support needs across various aspects of life.

A comprehensive evaluation is needed to diagnose BIF due to its subtle symptoms. Other than using validated instruments for assessing cognitive function

(intelligence ability/IQ and evaluation of adaptive function),³ an evaluation of communication ability and the examinee's functional capacity in everyday life also needed to be assessed. Grisso and Appelbaum propose four domains to assess an individual's functional capacity: the ability to understand, reasoning capability, appreciate, and communicate decisions. In this case, an assessment was conducted to evaluate the individual's understanding of their capacity, responsibility, and daily life's decision-making skills, including financial management, where difficulties were noted. This may be because financial management requires abstract thinking and mathematical skills, making precise decisions difficult for individuals with ID.⁶ The evaluation method involved clinical interviews to assess physical and mental status, psychological testing, intelligence testing, and additional supportive examinations if necessary. The evaluation for the potential accommodation aims to examine the guardian-ward relationship and the guardian's suitability to ensure they can make decisions on behalf of the individual while respecting their values and best interests.¹⁰

A comprehensive evaluation of the need for accommodation consists of four steps.¹¹

Step 1: Functional Components

Assess the capacity for daily functioning to determine whether the individual is capable or incapable given their knowledge, understanding, and beliefs, including assessment of responsibility and the ability to make rational decisions and relationship patterns with the guardian. In this case, she has limitations in providing structural information, understanding the situation, and managing finances. She is also easily influenced by men she recently met, which may impact her decision.

Step 2: Causal Component

Assess the cause of functional deficits based on psychiatric diagnoses and medical conditions, according to the results of interviews, physical assessments, and the mental status of both the guardian and the ward. She was diagnosed with borderline intellectual disability (IQ 83 Cartel index) with ADL 20 of 20 and IADL 2 of 8, which highlights the need for help to do complex activities.

Step 3: Interactive Component

Consider the degree of functionality within the context of dynamic situations, whether the guardianship is needed temporarily or permanently, and whether it is wholly or partially. Full guardianship

is temporarily required to ensure safety, decision-making, and financial management based on the assessment result.

Step 4: Judgmental and Dispositional Component

Establish the incongruence between functional deficits and the degree of situational demands for determining incompetence, including that the benefits of accommodation outweigh the disadvantages. Guardianship is crucial to prevent legal risks and reduce vulnerability to manipulation and risk of sexual harassment.

Based on these findings, long-term interventions and placing the patient in guardianship are crucial to ensure her safety and establish an environment that will balance protection with opportunities for personal growth and thus help her further develop her adaptive skills. Guardianship aims to support the decision-making capacity of individuals with ID by providing support. Forms of guardianships vary. In Sweden, there are three forms of guardianship: trustee, limited guardian, and full guardian. Each guardianship presents a different form of assistance. Trustee is usually given to individuals below 18 years of age and ends when they have reached the age of 18. Guardianship for adults includes limited guardian and full guardian, which differ in the kind of assistance given. A limited guardian assists the decision-maker, while a full guardian acts as a substitute decision-maker. The type of guardianship accommodated depends on the severity of the disability and the need personalized to every individual.¹² On the other hand, In Indonesia, guardianship exists as a single, unified concept without being categorized into different forms.

In our case, the patient was accommodated with a full guardian who acted as a decision-maker for the patient, in line with the Indonesian Civil Code Article 433, which stated, "Every adult who is in a state of idiocy, mental illness, or incapacity must be placed under guardianship, even if they are occasionally capable of reasoning. An adult may also be placed under guardianship due to their profligacy".¹³ The patient was accommodated with a full guardian despite being assessed as borderline intellectual functioning. The decision for a full guardian was also based on the profligacy and the potential danger of abduction due to her gullibility. The full guardian appointed for the patient was her biological mother, who brought her for the assessment in accordance with the Indonesian Civil Code Article 434: "Every blood relative has the right to request guardianship for another blood relative based on their condition of idiocy, insanity, or incapacity. In cases of

profligacy, guardianship may only be requested by blood relatives in the direct line and by those in the collateral line up to the fourth degree".¹³

The patient's primary issue was her social deficit, which rendered her gullible, and she inquired about the need for psychosocial intervention. Psychosocial intervention aims to improve her social cognition, changing the type of guardianship required as their social cognition improves.¹⁴ As social cognition improves, a less restrictive form of guardianship may be recommended. In line with the recommendation of UNCRPD, a less restrictive form of support is recommended for minimum intervention. This ensures the accessibility of individuals with ID to information and communication while also recognizing individuals with ID for their right to individual autonomy and independence, including their right to make their own decisions, as mentioned in the UNCRPD.¹⁵

Psychosocial interventions are among the primary treatments recommended for rehabilitating deficits in social cognition among individuals with ID. This intervention involves practicing with social stimuli (e.g., images) and learning strategies to address these deficits (e.g., verbalizing key emotional cues). Social cognition refers to a complex set of mental abilities underlying social stimulus perception, processing, interpretation, and response that support adequate social competence and adaptation.¹⁶ It is designed to address deficits in social cognition, which include interpreting emotions, anticipating the intentions of others, and recognizing social cues. Two important components of social cognitive capacities are social perception and social inferencing. Social perception refers to registering and processing the informational cues available in the social environment, such as information provided by facial expressions and voices.¹⁷

Social cognitive training (SCT) is recommended for individuals with ID, as adults with these conditions often exhibit deficits and limitations in executive functioning, including difficulties in organization, abstract thinking, and planning. Furthermore, adults with ID are at a heightened risk of manipulation due to their limited capacity to accurately interpret and adhere to social behavioral norms.² Numerous studies have identified challenges in emotion recognition among individuals with ID. It is hypothesized that impaired performance on emotion-recognition tasks is directly linked to specific deficits in emotion-perception abilities. However, some researchers suggest that these difficulties may also stem from IQ-related information processing limitations, including deficits in memory, attention, imagination, and the

ability to interpret static or ambiguous stimuli. Social cognitive training can be divided into two categories based on the targets aimed to be achieved by the patient: targeted interventions and broad-based SCT. Additionally, certain SCT programs, such as cognitive enhancement training (CET), are sometimes conducted in tandem with cognitive remediation therapy (CRT), emphasizing that strengthening neurocognitive abilities can provide a vital foundation for improving social cognition.¹⁷

In the patient's case discussed in this case report, SCT emerged as an important intervention due to her significant vulnerability to manipulation. She exemplifies this vulnerability, expressing her intention to marry a man she had only recently met and her willingness to accompany strangers who arrived at her residence. The combination of her BIF and overly protective environment highlights the necessity of targeted intervention therapies to enhance her independence and reduce her susceptibility to exploitation. Structured interventions that can be done to improve her abilities are to enhance emotional regulation by helping her identify and interpret emotional cues in others, develop interpersonal problem-solving skills by practicing role-play or interpreting images through social stimuli to teach her strategies in addressing potentially harmful social interactions; and improve risk assessment for her to evaluate the intentions of others and make safer decisions.¹⁷

Conclusion

Borderline intellectual functioning is potentially missed by laypersons, putting those with BIF at risk of harmful influences. Thus, a thorough assessment by a psychiatrist is needed to detect BIF among those with a history of repeated safety incidents to ensure the protection of their safety while still respecting their rights.

Conflict of Interest

The authors declare there is no conflict of interest.

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