Adaptive Functioning and Communication for Adults with Intellectual and Developmental Disabilities: Fact Sheet

Introduction

This fact sheet explains the different levels of ***intellectual functioning*** within intellectual and developmental disability (IDD). Awareness of the intellectual abilities and corresponding ***adaptive functioning*** of persons with IDD helps healthcare providers to understand and accommodate for their patient's conceptual, social, practical and ***communication*** skills, optimizing the clinical encounter.

How to use this information

For each level of intellectual functioning, this fact sheet provides examples of corresponding functional abilities (i.e., levels of adaptive functioning), and abilities in communicating. This reference tool may be helpful when reviewing psychological reports or specialized assessments, and care planning for present and future care needs.

Intellectual Functioning

Four levels of intellectual functioning (mild, moderate, severe, and profound) are described using Intelligence Quotient (IQ) score, percentile score from the distribution of IQs in the general population, chronological Age Equivalence, and school grade performance. Psychological assessments typically refer to these levels.

Adaptive Functioning

Adaptive functioning or adaptive behaviour refers to the skills (conceptual, social, and practical) that a person with IDD brings to common demands of everyday life. Areas of adaptive functioning that are affected to varying degrees in persons with IDD include self-care abilities, receptive and expressive language skills, social skills, understanding, learning and remembering new things, self-direction, capability for supported independent living, and capability in managing money and schedules.

Because each person is unique and might have specific skills that are higher or lower than what would be expected for their level, this information should be used only as a guide. Always consult a person's psychological reports for a more accurate picture of their support needs.

For tips on how to accommodate the needs of patients with IDD and how to adapt your practice to their capabilities, see the tools *Communicate CARE: a guide to person-centered care of adults with intellectual disabilities*[i] *and Decision Making Approaches for Patients with Intellectual and Developmental Disabilities: Promoting capability.*[ii]

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INTELLECTUAL FUNCTIONING	ADAPTIVE FUNCTIONING	COMMUNICATION
MILD		
IQ: 55-70 (± 5) **PERCENTILE SCORES:** 1st to 3rd **AGE EQUIVALENCE:** 9-12 years **GRADE:** up to grade 7	• Likely had learning problems in school. • Might have problems holding a full-time job without supports; might need income supports if low-skill jobs are scarce. • Can usually manage personal care with minimal support. • Often can use a mobile phone and text messaging. • Might need help to manage finances and schedules. • Limited ability to understand abstract ideas and make general claims based on particular instances. • Typically has capability to make familiar health care decisions independently, possibly with accommodations.	• Verbal and knows more words than just those used in their daily lives. Have also learned vocabulary from other sources (eg, reading, school, TV). More than just a functional vocabulary. • Uses a variety of sentence types (simple to complex) and communicates opinions, ideas, news, events, aspirations. • Might have significant difficulties in expressing ideas and feelings in words. • Uses language to initiate and interact. • Conversational difficulties might exist. • Able to understand and use abstract language but might have difficulty describing events in sequence. • Can usually follow meaningful, simple, 3-step commands.
MODERATE		
IQ: 40-50 (± 5) **PERCENTILE SCORES:** < 1st **AGE EQUIVALENCE:** 6-9 years **GRADE:** up to grade 4	• Special Education or a modified program in school. • Supported employment programs and income support generally needed. • Can often manage routine self-care with some support. • Support needed for most activities of daily living (eg, managing a schedule, domestic chores, shopping, preparing food, managing money). • Support needed arranging and participating in medical appointments. • Typically has capability to make health care decisions interdependently if provided with accommodations and supporters.	• Verbal and uses phrases and simple sentences to communicate for various purposes, including expression of preference, emotion, interests, and experiences. • Vocabulary limited to personal experience but adequate for daily functioning. • Uses some abstract language when talking about past events. • Asks and responds to questions regarding concrete information. • Can usually follow meaningful, simple, 2-step commands.

INTELLECTUAL FUNCTIONING	ADAPTIVE FUNCTIONING	COMMUNICATION
SEVERE		
IQ: 25-35 (± 5) **PERCENTILE SCORES:** < 1st **AGE EQUIVALENCE:** 3-6 years **GRADE:** up to grade 1	• Continuing support and supervision for all aspects of personal care and other activities of daily living. Might do some simple routine tasks with support. • Might have capability to make health care decisions interdependently if provided with accommodations and supporters.	• Verbal with limited vocabulary and uses single and two-word combinations to comment about their environment • Uses gestures or signs to indicate basic needs. • Gives and shows objects, points • Understanding typically limited to their immediate environment although also able to understand some action words. • Can sometimes follow meaningful, simple, 1-step commands without extra support (eg., repetition, gestures).
PROFOUND		
IQ: 20-25 **PERCENTILE SCORES:** < 1st **AGE EQUIVALENCE:** 0-3 years	• Dependent on others for all care; 24-hour support and supervision needed for all aspects of daily living. • Often have physical or sensory impairments and complex healthcare needs which further limit involvement in activities. • Rarely has capability to make health care decisions interdependently if provided with accommodations and supporters.	• Mainly presymbolic communicators but may have a few single words or signs • Indicate basic needs non-verbally using facial expressions, vocalizations, body language, and behaviours. • Might appear non-interactive although receptive communication skills might be better than expressive skills • Rely on others to interpret their non-verbal reactions to events and people, and whether they are in pain. • Understanding limited to people, objects, and events in their immediate environment. • Might follow some routine commands due to understanding the situation rather than the actual words.

Supporting materials

i. **Communicate CARE: Guidance for person-centred care of adults with intellectual and developmental disabilities**
Developmental Disabilities Primary Care Program of Surrey Place, Ontario
http://ddprimarycare.surreyplace.ca/tools-2/general-health/communicating-effectively/

ii. **Decision Making Approaches for Patients with Intellectual and Developmental Disabilities: Promoting capability**
Developmental Disabilities Primary Care Program of Surrey Place, Ontario
http://ddprimarycare.surreyplace.ca/tools-2/general-health/capacity-for-decision-making/

iii. **Psychological Assessment in Intellectual and Developmental Disability: Frequently Asked Questions**
Developmental Disabilities Primary Care Program of Surrey Place, Ontario
http://ddprimarycare.surreyplace.ca/tools-2/general-health/psychological-assessment/

These supporting materials are hosted by external organizations and the accessibility of these links cannot be guaranteed. The DDPCP will make every effort to keep these links up to date.

References

American Psychiatric Association, American Psychiatric Association DSM-5 Task Force. *Diagnostic and statistical manual of mental disorders:* DSM-5. 5th ed. Washington, D.C.: American Psychiatric Association; 2013.

Anderson M. In: "Help me speak": Speech language pathology services provided to individuals with dual diagnosis - reference table: Communication interventions & adults with DD - level of severity and projected outcomes. State of the HART: Habilitative achievements in research and treatment for mental health in developmental disabilities; April 18, 19, 20, 2002; Vancouver, BC: Interprofessional Continuing Education, University of British Columbia; 2002. p. 113-26.

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