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 and Decision Making Approaches for Patients with Intellectual and Developmental Disabilities: Promoting capability.
## Adaptive Functioning and Communication for Adults with Intellectual and Developmental Disabilities: Fact Sheet

### Intellectual Functioning

#### MILD

- **IQ:** 55-70 (± 5)
- **Percentile Scores:** 1st to 3rd
- **Age Equivalence:** 9-12 years
- **Grade:** up to grade 7

<table>
<thead>
<tr>
<th>Intelectual Functioning</th>
<th>Adaptive Functioning</th>
<th>Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likely had learning problems in school.</td>
<td>Likely had learning problems in school.</td>
<td>Verbal and knows more words than just those used in their daily lives. Have also learned vocabulary from other sources (e.g., reading, school, TV). More than just a functional vocabulary.</td>
</tr>
<tr>
<td>Might have problems holding a full-time job without supports; might need income supports if low-skill jobs are scarce.</td>
<td>Might have problems holding a full-time job without supports; might need income supports if low-skill jobs are scarce.</td>
<td>Uses a variety of sentence types (simple to complex) and communicates opinions, ideas, news, events, aspirations.</td>
</tr>
<tr>
<td>Can usually manage personal care with minimal support.</td>
<td>Can usually manage personal care with minimal support.</td>
<td>Might have significant difficulties in expressing ideas and feelings in words.</td>
</tr>
<tr>
<td>Often can use a mobile phone and text messaging.</td>
<td>Often can use a mobile phone and text messaging.</td>
<td>Uses language to initiate and interact.</td>
</tr>
<tr>
<td>Might need help to manage finances and schedules.</td>
<td>Might need help to manage finances and schedules.</td>
<td>Conversational difficulties might exist.</td>
</tr>
<tr>
<td>Limited ability to understand abstract ideas and make general claims based on particular instances.</td>
<td>Limited ability to understand abstract ideas and make general claims based on particular instances.</td>
<td>Able to understand and use abstract language but might have difficulty describing events in sequence.</td>
</tr>
<tr>
<td>Typically has capability to make familiar health care decisions independently, possibly with accommodations.</td>
<td>Typically has capability to make familiar health care decisions independently, possibly with accommodations.</td>
<td>Can usually follow meaningful, simple, 3-step commands.</td>
</tr>
</tbody>
</table>

#### MODERATE

- **IQ:** 40-50 (± 5)
- **Percentile Scores:** < 1st
- **Age Equivalence:** 6-9 years
- **Grade:** up to grade 4

<table>
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<tr>
<th>Intelectual Functioning</th>
<th>Adaptive Functioning</th>
<th>Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Education or a modified program in school.</td>
<td>Special Education or a modified program in school.</td>
<td>Verbal and uses phrases and simple sentences to communicate for various purposes, including expression of preference, emotion, interests, and experiences.</td>
</tr>
<tr>
<td>Supported employment programs and income support generally needed.</td>
<td>Supported employment programs and income support generally needed.</td>
<td>Vocabulary limited to personal experience but adequate for daily functioning.</td>
</tr>
<tr>
<td>Can often manage routine self-care with some support.</td>
<td>Can often manage routine self-care with some support.</td>
<td>Uses some abstract language when talking about past events.</td>
</tr>
<tr>
<td>Support needed for most activities of daily living (e.g., managing a schedule, domestic chores, shopping, preparing food, managing money).</td>
<td>Support needed for most activities of daily living (e.g., managing a schedule, domestic chores, shopping, preparing food, managing money).</td>
<td>Asks and responds to questions regarding concrete information.</td>
</tr>
<tr>
<td>Support needed arranging and participating in medical appointments.</td>
<td>Support needed arranging and participating in medical appointments.</td>
<td>Can usually follow meaningful, simple, 2-step commands.</td>
</tr>
<tr>
<td>Typically has capability to make health care decisions interdependently if provided with accommodations and supporters.</td>
<td>Typically has capability to make health care decisions interdependently if provided with accommodations and supporters.</td>
<td></td>
</tr>
</tbody>
</table>
## Developmental Disabilities Primary Care Program

### INTELLECTUAL FUNCTIONING

#### SEVERE

<table>
<thead>
<tr>
<th>IQ: 25-35 (± 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERCENTILE SCORES: &lt; 1st</td>
</tr>
<tr>
<td>AGE EQUIVALENCE: 3-6 years</td>
</tr>
<tr>
<td>GRADE: up to grade 1</td>
</tr>
</tbody>
</table>

- 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.

#### PROFOUND

<table>
<thead>
<tr>
<th>IQ: 20-25</th>
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</thead>
<tbody>
<tr>
<td>PERCENTILE SCORES: &lt; 1st</td>
</tr>
<tr>
<td>AGE EQUIVALENCE: 0-3 years</td>
</tr>
</tbody>
</table>

- 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.

### ADAPTIVE FUNCTIONING

#### SEVERE

- 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

- 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.

### COMMUNICATION

#### SEVERE

- 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

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- 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

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


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The DDPCP supports family physicians and other caregivers to implement clinical practice guidelines and to optimize the health and healthcare of adults with intellectual and developmental disabilities. The DDPCP is funded by the Ontario Ministry of Health and Long-Term Care and The Ministry of Children, Community and Social Services.

Clinical leadership for the development of the tool was provided by speech and language pathologist, Bruce Edwards (MHSc Reg. CASLPO), and clinical psychologist Dr. Valerie Temple (PhD C. Psych.). The information in this document was subject to review by primary care providers and other relevant stakeholders. All rights reserved. The content of this tool may not be reproduced or stored in a retrieval system in any form or by any means without the prior written permission of the copyright owner, Surrey Place. Permission to use, copy, and distribute the tool is granted with proper citation as outlined below. Contact ddpcp@surreyplace.ca for permission to adapt this tool to your local practice setting.

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