

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 health care clinicians to understand and accommodate for their patient's conceptual, social, practical and **communication skills**, optimizing the clinical encounter.

Use of age and grade equivalents

Like all people, individuals with disabilities have strengths and challenges with areas of uneven ability where they may function at a higher level or lower level across different categories. Performance in one area does not necessarily predict their performance in other areas. For this reason, individuals with IDD and their families often dislike age and grade levels in general usage because these levels suggest that the person functions at that level when they are usually much more complex and capable than that. Therefore, the age and grade equivalents in this section are intended to give clinicians practical guidance.

It is important to communicate directly with the patient with IDD using language that is generally understandable to most individuals and assume the person can understand what is being communicated to them or about them.

Adaptive Functioning and Communication

INTELLECTUAL FUNCTIONING	ADAPTIVE FUNCTIONING	COMMUNICATION
MILD		
<p>IQ: 55-70 (± 5)</p> <p>PERCENTILE SCORES: 1st to 3rd</p> <p>AGE EQUIVALENCE: 9-12 years</p> <p>GRADE: up to grade 7</p>	<ul style="list-style-type: none"> ▶ 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. 	<ul style="list-style-type: none"> ▶ Verbal and knows more words than just those used in their daily lives. Has also learned vocabulary from other sources (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.

INTELLECTUAL FUNCTIONING

ADAPTIVE FUNCTIONING

COMMUNICATION

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 (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.

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.

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 has physical or sensory impairments and complex health care needs that further limit involvement in activities.
- ▶ Rarely has capability to make health care decisions interdependently even if provided with accommodations and supporters.

- ▶ Mainly presymbolic communicators but may have a few single words or signs.
- ▶ Indicates basic needs non-verbally using facial expressions, vocalizations, body language, and behavior.
- ▶ Might appear non-interactive, although receptive communication skills might be better than expressive skills.
- ▶ Relies 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**
Health Care for Adults with Intellectual and Developmental Disabilities
iddtoolkit.vkcsites.org/communicate-care/
- ii. **Decision Making in Health Care of Adults with Intellectual and Developmental Disabilities: Promoting Capabilities**
Health Care for Adults with Intellectual and Developmental Disabilities
iddtoolkit.vkcsites.org/decision-making/
- iii. **Psychological Assessment in Intellectual and Developmental Disability: Frequently Asked Questions**
Health Care for Adults with Intellectual and Developmental Disabilities
iddtoolkit.vkcsites.org/psychological-assessment/

Some of these supporting materials are hosted by external organizations and the accessibility of these links cannot be guaranteed. The IDD Toolkit 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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This document complements "Primary care of adults with intellectual and developmental disabilities: 2018 Canadian consensus guidelines", published in *Canadian Family Physician*, Volume 64(4): April 2018, p254-279.

Originally published as: *Adaptive Functioning and Communication in Adults with Intellectual and Developmental Disabilities: Fact Sheet*. Edwards, B. & Temple, V., Developmental Disabilities Primary Care Program of Surrey Place, Toronto, 2019.

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