

(Note: The information in this document was previously posted on the ICAP Users Group webpage, which is no longer available.)

Guidelines for Completing the ICAP/SIB-R Adaptive Behavior Scale

The adaptive behavior section of the ICAP assesses a client's daily living skills and the client's awareness of when to perform these skills. The goal is to get a snapshot of his/her ability. A client's adaptive behavior score may be limited somewhat if he/she lacks the cognitive ability or awareness of when to appropriately perform a skill without being asked or repeatedly reminded.

Does (or could do) task completely without help or supervision

Does task completely means all parts of a task. Some ICAP adaptive behavior items have more than one part. If a client does very well on one part of a task, but only fairly well on another, rate the item as done only *fairly well*.

Could do. In rare cases there may be an item that a client has mastered or partially mastered, but has no opportunity to perform. Perhaps the activity is unavailable, against the rules, or maybe it is simply "someone else's job." In this case, estimate how well the client would perform the task, now, without additional training, help, or supervision, if given the opportunity.

Without help or supervision. This means that the client performs a task independently. An occasional single prompt or reminder is acceptable. However repeated requests, or step-by-step prompts or reminders constitute help or supervision. (DADS allows a couple of verbal prompts to be given and still consider that they skill is performed independently.)

Within each of the ICAP's four adaptive behavior domains, items are ordered by average difficulty from infancy to mature adult levels. Each item is scored on a scale from 0 to 3 depending on the client's ability to perform the task without help or supervision.

Does very well. This indicates complete independence on a task. The client has either mastered the task or no longer performs it because it is too easy (for example, usually eats with a fork rather than a spoon; usually walks, not crawls). The client does all parts of the task without help or supervision.

always or almost always - without being asked. Always means whenever it is appropriate to do so. Without being asked means with no more than an occasional reminder. The client must possess the skill and know when to apply it, according to normal social standards. It's OK if the client appropriately asks permission before initiating the task.

Does fairly well. This indicates that the client performs all parts of the task reasonably well without help or supervision.

or 3/4 of the time - may need to be asked. This can be interpreted to mean that the task is done fairly well, that it is done well 3/4 of the time, or that it is done without help or supervision 3/4 of the time. It is all right if the client needs to be asked or reminded to initiate the task.

Does, but not well. This indicates that the client sometimes does or tries to do all parts of the task without help or supervision, but the result is not good.

or 1/4 of the time - may need to be asked. This can be interpreted to mean that the task is done but not well, that it is done well 1/4 of the time, or that it is done without help or supervision 1/4 of the time. It is all right if the client needs to be asked or reminded to initiate the task.

Never or rarely. This indicates that the task is too hard, that the client is not permitted to do the task because it is not safe, or that the client never or rarely performs all parts of the task.

even if asked. Never does well, even if asked or prompted.

How well is "well?"

The ICAP was normed on 1,764 non-handicapped individuals ranging in age from infants less than three months old to mature adults. Parents used the ICAP rating scale described above to rate their children (and adults to rate themselves) on each ICAP item. They found this task to be quite simple and straightforward. They were not given, nor did they ask for, supplementary information about each item.

ICAP adaptive behavior items are in developmental order. In determining how well an item was performed, parents used other similar-age children and their day-to-day activities as the context within which to judge relative success. Take, for example, the item Cuts with scissors along a thick, straight line. This is a skill typical of a 3-year-old. **How thick is a thick line? How straight is straight?** Put yourself in the parent's shoes, observing a typical preschool activity. A thick line might be one drawn by a magic marker. A straight cut might be one that stays within an eighth inch of the line.

If you have difficulty with terms such as *simple*, or *clean*, or *appropriate*, ask yourself this: What is the approximate developmental level of this item for non-handicapped individuals? What standard for success would a parent or teacher of a child that age apply?

How clean is a clean room? Parents of 11 - 15 year olds expect their children to begin to assume this responsibility. What would a parent of an average child this age have been thinking when he/she said "*does, but not well*," or "*does very well*"?

Difficulty sometimes arises when assessing adults with mental or physical handicaps because a behavior's context may be different than normal. Nevertheless, the standard for success should be the same as it was for the norming group.

Differentiating adaptive, maladaptive, and uncooperative behavior

If there is a discrepancy between the quality of a client's performance (e.g. *Always* or *almost always does well*) and the frequency (e.g., 3/4 of the time), the score should be based primarily on the quality of performance. The focus of the adaptive behavior section of the ICAP is on ability. Someone who is tired, angry or impetuous sometimes refuses to perform a task might still be rated *Does well* without being asked if the skill is within his ability and is usually performed well. If the refusal is persistent but applies only to a few specific adaptive tasks, at most it may decrease the client's adaptive rating by one point on these specific items. In this case the uncooperativeness would not also be rated as a behavior problem. Behaviors that interfere with a client's day-to-day activities or with the activities of those around him/her should be rated as behavior problems, not as a lack of adaptive behavior. Refusal to perform necessary tasks that are within a client's ability, sometimes called non-compliance or uncooperative behavior, may be recorded in the problem behavior section of the ICAP if the refusal is common enough to create a persistent problem across many adaptive skills. In this case a client's uncooperativeness would not detract from his/her adaptive behavior item scores, which should be rated on the basis of ability rather than cooperation.

Other considerations

Physical disability — If a client's physical handicap prevents her from performing a task without help, even though it is within her mental ability, the task must be rated "never or rarely" (or possibly at an intermediate level). A client should be neither penalized nor rewarded because of the handicap itself. A person with a wheelchair, for example, might or might not receive credit for an

item such as Picks up and carries a full bag of groceries, depending upon whether he can do so independently.

Use of adaptive equipment — If the client can independently use her adaptive equipment, i.e. she uses the adaptive device without help, score the item as it is actually performed. If she wears glasses, how well does she see with her glasses? How well does she walk with her cane? How well does she eat with her spoon, even if it is an adapted spoon?

Medication — Consider medications to be like adaptive equipment, like glasses or a hearing aid. How well does the client perform with the help of her medication?

Alternative communication methods — The use of formal sign language (but not simple gestures) is considered equivalent to speaking. Communication books, boards, and devices can be considered to be equivalent to speaking provided that they contain many words that can be combined to form unique sentences. Pointing to the word or symbol "where" and the separate word or symbol "coat," for example, constitutes a simple question. Simply pointing to a symbol for jacket, or to a question mark does not constitute a simple question.

Being asked — A few ICAP items, often easier items near the beginning of a domain, are typically performed only in response to a question (e.g. States birthdate). In this case the behavior may be rated *Does very well* even though the client is replying to a question.

Task is too easy — A person may no longer perform a task because it is too easy for him/her. Items that are too easy for a person should always be scored *Does very well* (3). For example, if the client does very well on the task of dressing self completely and neatly then the item Holds out arms and legs while being dressed would be too easy for the person and should be scored a 3.

Task with more than one part — If one part of a multi-part task is completed well, but another part only fairly well, the item must be scored *Fairly well*. If there is one part of a task that a client cannot do at all, the task must be rated *Never or rarely*.

No Opportunity — If a client does not have the opportunity to perform a task or is not allowed to attempt a task due to factors other than his/her skill level, for example if an activity is against house rules, or an activity is "someone else's job," estimate whether and how well the person would complete the task at the present time if given the opportunity.

Prompt or demonstration — There may be an ICAP item that a client has never been asked to perform. Demonstrating a task to a person once for the purpose of explaining what it is that you want him/her to do is not considered training or supervision.

Safety — If a client is not allowed to perform a task because his level of performance and/or judgment would pose a threat to his safety, the item should be scored *Never or rarely* (or possibly an intermediate level). Just because a child can reach and turn the knobs on the stove, for example, does not mean that he can operate the stove independently.

Supervision — The supervision that a client receives may be more or less than she needs, depending upon the general amount of supervision present in a home or facility. Nevertheless, the client's behavior should be rated based upon her own ability to perform tasks independently, not upon the general level of supervision or the general rules of a given facility.

Asks permission — A client is not penalized for appropriately asking permission before initiating a task. Even though the person does not begin the task entirely on his own, he is initiating the task by appropriately seeking permission.

Awareness, motivation, and social expectations — To receive a score of *Does very well*, a client needs the ability to perform a task, the awareness of when the task is needed, and the

motivation to perform it, given the social expectations for his surroundings. An item such as Cleans bedroom makes a good example here.

A young child or severely handicapped adult who lacks the **ability** to make a bed will be scored *Never or rarely*, regardless of awareness or motivation.

Someone who has the ability to clean well, perhaps after extensive step-by-step training, but who can't follow a schedule independently and who has no **awareness** of when or if the skill is necessary (they always must be asked), must be scored less than *Does well without being asked*.

An independent adult who always keeps a spotless house would be rated *Does well without being asked*.

An independent adult whose bedroom is often a mess, even when close friends come over, but is cleaned well before it becomes unsanitary and before receiving special company, might still be rated *Does well* if the frequency of cleaning is within the range of normal **social expectations** for a non-handicapped adult in a similar living situation.

A household member who has the ability to clean a room well, who always keeps it at least healthy, but who thoroughly cleans it only as often as house rules dictate, according to a schedule, or "when company comes," might still be rated *Does well* if he always or almost always complies with **household expectations** with no more than an occasional comment or reminder.

Someone who has the ability to clean well, but doesn't follow a schedule independently and typically fails to perform the skill even when social expectations clearly dictate, either for lack of awareness or for lack of **motivation**, perhaps related to a mental health problem, must be scored less than *Does well* without being asked.

Questions

Who can complete the ICAP?

Any parent, teacher, or care person who is well acquainted with the person being assessed can provide information needed to complete the ICAP. As a guideline the authors suggest that if the respondent has interacted with the client on a day-to-day basis for at least three months he/she should know the client well enough to complete ICAP adaptive behavior items based on his/her personal knowledge of the client. A respondent can either complete the ICAP booklet directly (if familiar with these guidelines and with basic instructions for completing the ICAP found in appendix D of the ICAP Manual), or can provide the information to an interviewer such as a social worker. It is not important exactly how or from whom information is acquired as long as the information about the client and his behavior is current and accurate. Several respondents may be consulted.

What if I know that a respondent is being overprotective or deceptive, or if two respondents disagree?

An overprotective parent might say "He can do that, but I don't let him." A deceptive respondent might say "He can do that but he doesn't..." In either case, the goal is to obtain and record information that is current and accurate. Ask some additional questions to determine whether the client has mastered the skill and how well he would actually perform it safely if given the opportunity. If necessary, consult additional respondents (parent, teacher, staff person, or perhaps the client himself) until you are satisfied that the information that you record reflects the client's true behavior in ordinary situations.

What if an item is left blank?

The test cannot be scored if an item is left blank. Mark one response for every adaptive behavior item in each of the four domains (77 items).

What if I don't know about a client's performance on a certain item?

If you have not had an opportunity to observe the client performing the task, or if the client has not had the opportunity or responsibility to do the task, ask someone else who has observed it, or estimate whether and how well the client could perform the task now without help or additional training. Base your estimate on information or observation of the client's performance on similar or related tasks.

What about a temporary illness or injury that has affected behavior?

In general, rate the client's average performance during the most recent month. However, if the client's behavior is expected to return to its previous state after a temporary illness or injury heals, rate the behavior as it was before the illness/injury.

What about clients with mental illness, whose performance may change in cycles or from time-to-time?

In general, rate the client's average performance during the most recent month. To be reliable a test must measure variable behavior at a specific point in time. If possible, delay the assessment until an acutely ill client has reached a stable state.

If the last month is atypical of year-round behavior, as might be the case for certain mental health problems that currently are (or are not) in remission, intensity of supervision may need to vary throughout the year to match the behavior. This is a policy question, not an assessment question. A policy, specific to each state or each agency, could potentially include both a "worst case" and a "best case" ICAP, with procedures for dealing with year-round case management.

What about a pedophile or an arsonist or someone else whose adaptive behavior is high but whose independence is limited by the need for constant supervision?

The client's adaptive behavior should be rated based upon his ability to perform tasks independently, not upon the level of supervision necessitated by his behavior problem. If such a client does (or could do) a task such as acts appropriately in public with friends, he should receive credit for this item even though it is against the rules for him to go out alone with friends. Such clients require more supervision than their adaptive behavior alone dictates, because of their maladaptive behavior. Some states use a supplemental question in addition to ICAP scores to prescribe the level of supervision for these special circumstances. Again, this is a policy question, not an assessment question.

Questions regarding the above information? Contact the PE/UR message line at 512-438-5055 and leave your contact information.

Guidelines for Completing the ICAP Problem Behavior Scale

A. Does the client have this type of behavior problem?

- The ICAP has eight categories of problem behavior, with examples listed within each category. The examples listed for this and for other categories are only to explain what the categories mean not to suggest that they are a problem for a particular individual. Many behaviors, even if listed as examples, may not be problems if they are mild, infrequent, or age appropriate
- Inability to learn, or simple lack of adaptive behavior, should not be considered to be a behavior problem. Nor do behavior problems include behaviors that are chronologically age appropriate, such as a baby who cries or a toddler who repeatedly says “no” or who digs in the cupboards.
- Behaviors that typically occur together or within a few minutes of each other should be considered to be a single problem and categorized as a single type. For example, kicking, shouting, and being uncooperative as part of a tantrum should be listed under *either* hurts others *or* disruptive *or* uncooperative. Do not list what is essentially one problem under more than one category. Use the single category that is most descriptive.
- If an individual has more than one type of problem behavior within a single category, specify the one type of behavior that causes the biggest problem, and rate this behavior for frequency and severity.

B. How often does this behavior usually occur?

- Count the actual number of occurrences, not potential occurrences.
- Count episodes of a behavior as a single occurrence.
- Count episodes as separate occurrences if they happen more than 10 minutes apart.
- Count the total episodes of the behavior during waking hours in all environments.
- Rate the behavior’s frequency based on its frequency during the most recent month. If it didn’t occur every day, rate it as 1-6 times a week; if not every week, rate it as 1-3 times a month; if not this month (but it is documented as still a problem), rate it as less than once a month.
- If the behavior occurs at least once every day (including weekends) but the frequency varies from day to day, rate the frequency on the majority of the days in the week.
- If the behavior occurs daily, but the frequency varies from hour to hour, rate the behavior as “hourly” if it occurs during more than half the hours in the waking day; otherwise rate it as “daily.”

C. How serious is the problem usually caused by this behavior?

0 – Not serious, not a problem

- Odd, eccentric, peculiar.
- Not everyone considers it to be a problem.

1 – Slightly serious, a mild problem

- Annoying, embarrassing, worrisome.
- Considered to be a problem, but not necessarily in all environments.
- Can usually be managed by common sense and a structured environment.
- Does not seriously limit activities.

2 – Moderately serious, a moderate problem

- Objectionable
- Unacceptable.
- A problem in all environments.
- Addressed by an individualized objective, with written procedures.
- Limits some activities.

3 – Very serious, a severe problem

- Frightening, repulsive, dangerous.
- #1 ranked individualized objective, with written procedures. (DADS requires a formal, written Behavior Support Plan)
- Frequency reduced only with constant vigilance and a highly structured environment.
- Difficult or impossible for a single staff person to control when it occurs.
- Precludes some activities/environments that can't be structured.

4 – Extremely serious, a critical problem

- May be life-threatening.
- Individualized objective and written record of every occurrence of the behavior. (DADS requires a formal, written Behavior Support Plan)
- Frequency difficult to reduce.
- Consequences difficult to minimize.

Questions regarding the information in this document? Contact the PE/UR message line at 512-438-5055 and leave your contact information.