(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 person's daily living skills and the person's awareness of when to perform these skills. The goal is to get a snapshot of a person's ability. A person's adaptive behavior score may be limited somewhat if a person lacks the cognitive ability or awareness of when to appropriately perform a skill without being asked or repeatedly reminded.

The ICAP was normed using a sample of 1,764 individuals without disabilities, ranging in age from infants under three months to mature adults. Parents used the ICAP rating scale to rate their children (and adults to rate themselves) on each ICAP item. Participants found the process simple and straightforward. They were neither provided with nor requested additional information about the items.

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 preschooler. **How thick is a thick line? How straight is straight?** Imagine yourself as a parent watching this typical preschool activity. A thick line could be one made with a marker, and a straight cut might mean staying within about an eighth of an inch from that 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 individuals without disabilities? What standard for success would a parent or teacher use for a child of that age?

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

Does the task completely means the person must complete all parts of a task. Some ICAP adaptive behavior items have more than one part. If a person 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 the person has mastered or partially mastered, but has no opportunity to perform. Perhaps the activity is unavailable, against the rules (but safe), or maybe it is completed by another person. In this case, estimate how well the person would perform the task, now, without additional training, help, or supervision, if given the opportunity.

Without help or supervision. This means that the person 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. (HHSC allows a couple of verbal prompts to be given and still considers that the skill is performed independently.)

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

- ***Does very well***. This indicates complete independence on a task. The person 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 person 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 person must possess the skill and know when to apply it, according to social norms of the person, situation, and environment. It is acceptable if the person appropriately asks permission before initiating the task.
- ***Does fairly well***. This indicates that the person 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 acceptable if the person needs to be asked or reminded to initiate the task.

- ***Does, but not well***. This indicates that the person sometimes does or tries to do all parts of the task without help or supervision, but the outcome is often unsatisfactory.
  - ***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 acceptable if the person needs to be asked or reminded to initiate the task.
- ***Never or rarely***. This indicates that the task is too hard, that the person is not permitted to do the task because it is not safe, or that the person never or rarely performs all parts of the task.

Differentiating adaptive, maladaptive, and uncooperative behavior

If there is a discrepancy between the quality of the person'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, if tired, angry or impetuous, sometimes refuses to perform a task might still be rated "*Does well"* without being asked if the skill is within their 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 person'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 the person's day-to-day activities or with the activities of those around the person should be rated as behavior problems, not as a lack of adaptive behavior. Refusal to perform necessary tasks that are within the person'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 the person's uncooperativeness would not detract from the person's adaptive behavior item scores, which should be rated on the basis of ability rather than cooperation.

Other considerations

- **Physical disability —** If the person's physical disability prevents them from performing a task without help, even though it is within their mental ability, the task must be rated "never or rarely" (or possibly at an intermediate level). The person should be neither penalized nor rewarded because of the physical disability itself. For example, a person with a wheelchair would receive credit for an item such as "Picks up and carries a full bag of groceries" if they can do so independently.
- **Use of adaptive equipment** — If the person can independently use their adaptive equipment, i.e. they use the adaptive device without help, score the item as it is actually performed. If the person wears glasses, how well does the person see with glasses? How well does the person walk with a cane? How well does the person eat with a 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 person perform with the help of the 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 person is replying to a question.
- **Task is too easy** — A person may no longer perform a task because it is too easy for them. Items that are too easy for a person should always be scored *Does very well (3)*. For example, if the person 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 person cannot do at all, the task must be rated *Never or rarely*.

- **No Opportunity** — If a person does not have the opportunity to perform a task or is not allowed to attempt a task due to factors other than a person's skill level, for example if an activity is against house rules, or an activity completed by someone else, 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 person has never been asked to perform. Demonstrating a task to a person once for the purpose of explaining what it is that you want them to do is not considered training or supervision.
- **Safety** — If a person is not allowed to perform a task because their level of performance and/or judgment would pose a threat to 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 they can operate the stove independently.
- **Supervision** — The supervision that a person receives may be more or less than they need, depending upon the general amount of supervision present in the residence. Nevertheless, the person's behavior should be rated based upon their own ability to perform tasks independently, not upon the general level of supervision or the general rules of a given residence.
- **Asks permission** — A person is not penalized for appropriately asking permission before initiating a task. Even though the person does not begin the task entirely on their own, they initiate the task by appropriately seeking permission.
- **Awareness, motivation, and social expectations** — To receive a score of *Does very well*, a person 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 their surroundings. An item such as "Cleans bedroom" makes a good example here.
    - ◊ A young child or adult with severe disabilities 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 an adult without disabilities 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 the person always or almost always complies with **household expectations** with no more than an occasional comment or reminder.

Frequently 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 person on a day-to-day basis for at least three months the respondent should know the person well enough to complete ICAP adaptive behavior items based on their personal knowledge of the person. 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 person and their behavior is current and accurate. Several respondents may be consulted.

How should I respond if I suspect a respondent is being overly protective or deceptive, or when two respondents provide conflicting information?

The respondent may say "They can do that, but I don't let them," "They can do that but doesn't...," or “They cannot do that” and you observe them doing the behavior. If this occurs, remind the respondent(s) of the purpose of the assessment. The purpose is to determine the accurate and current level of supports (adaptive behavior) and level of supervision (maladaptive behavior) the person needs. Ask some additional questions to determine whether the person has mastered the skill and how well they would actually perform it safely if given the opportunity. If necessary, consult additional respondents (parent, teacher, staff person, or perhaps the person themself) until you are satisfied that the information that you record reflects the person’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 person’s performance on a certain item?

If you have not had an opportunity to observe the person performing the task, or if the person 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 person could perform the task now without help or additional training. Base your estimate on information or observation of the person’s performance on similar or related tasks.

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

In general, rate the person’s average performance during the last 3 months. However, if the person’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 a person with a mental health condition, whose temporary symptoms affect their performance?

In general, rate the person's average performance during the last 3 months. To be reliable a test must measure variable behavior at a specific point in time. If possible, delay the assessment until an the temporary symptoms reduce.

If the last month is atypical of year-round behavior, as might be the case for certain mental health conditions that currently are (or are not) in remission, intensity of supervision may need to vary throughout the year to match the behavior.

What about a person whose adaptive behavior is high but whose independence is limited by the need for constant supervision?

The person's adaptive behavior should be rated based upon their ability to perform tasks independently, not upon the level of supervision necessitated by their behavior problem. If such a person does (or could do) a task such as acts appropriately in public with friends, they should receive credit for this item even though it is against the rules to go out alone with friends.

Guidelines for Completing the ICAP Problem Behavior Scale

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

1. 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 and 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.
2. 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 preschooler who frequently picks their nose in public.
3. Behaviors that typically occur together or within a few minutes of each other should be recorded as a single problem and categorized as a single type. For example, kicking, shouting, and being uncooperative as part of a tantrum should be recorded under one of the following categories: *"Hurtful to Others," "Disruptive Behavior", or "Uncooperative Behavior*." Do not list what is essentially one problem under more than one category. Use the single category that is most descriptive.
4. 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?

1. Count the actual number of occurrences, not potential occurrences.
2. Count episodes of a behavior as a single occurrence.
3. Count episodes as separate occurrences if they happen more than 10 minutes apart.
4. Count the total episodes of the behavior during waking hours in all environments.
5. Rate the behavior's frequency based on its frequency during the last 3 months.

a. "Never" - if the behavior does not occur or is not documented. If "Never" is selected, the "primary problem" should be blank.

b. "Less than once a month" - if the documented behavior occurs, but not on a "monthly" bases.

c. "One to 3 times a month" - if the documented behavior occurs "monthly" but not "weekly."

d. "One to 6 times a week" - if the documented behavior occurs "weekly" but not "daily."

e. "One to 10 times a day" - if the documented behavior occurs "daily" but not "hourly." For example, the behavior occurs at least once every day (including weekends) during waking hours.

f. "One to more times an hour" - if the documented behavior occurs "hourly." For example, the behavior occurs at least once every hour during waking hours.

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

0 – Not serious, not a problem

a. Odd, eccentric, peculiar.

b. Not everyone considers it to be a problem.

1 – Slightly serious, a mild problem

a. Annoying, embarrassing, worrisome.

b. Considered to be a problem, but not necessarily in all environments.

c. Can be effectively managed by a single prompt or reminder, or change in environment.

d. Does not seriously limit activities.

2 – Moderately serious, a moderate problem

a. Objectionable.

b. Unacceptable.

c. A problem in all environments.

d. Addressed by an individualized objective, with written procedures.

e. Limits some activities.

3 – Very serious, a severe problem

a. Frightening, repulsive, dangerous.

b. #1 ranked individualized objective, with written procedures. (HHSC requires a formal, written Behavior Support Plan when using the ICAP to determine Level of Need (LON). For more information: BSP Requirements and Expectations)

c. Frequency reduced only with constant vigilance and a highly structured environment.

d. Difficult or impossible for a single staff person to control when it occurs.

e. Precludes some activities/environments that cannot be structured.

4 – Extremely serious, a critical problem

a. May be life-threatening.

b. Individualized objective and written record of every occurrence of the behavior. (HHSC requires a formal, written Behavior Support Plan when using the ICAP to determine Level of Need (LON). For more information: BSP Requirements and Expectations)

c. Frequency difficult to reduce.

d. Consequences difficult to minimize.

Questions regarding the information in this document?

- Contact **Desk Utilization Review** for *ICAP questions related to Level of Need (LON) Change Requests*
  - Email: deskURLONIPC@hhs.texas.gov
  - Call: **512-438-5055**
- Contact **IDD Program Eligibility & Support** for *ICAP questions related to Enrollments or Renewals without LON changes*
  - Email: EnrollmentTransferDischargeInfo@hhs.texas.gov
  - Call: **512-438-2484**