

Supports Intensity Scale

USERS MANUAL

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associated with Home Living, Community Living, and so forth. Likewise, a person who engages in physical aggression will require additional support, regardless of the person's level of independence in other areas of life. A 0–2 scale is used to rate the relative significance of medical conditions and challenging behaviors in regard to support needs: zero (0) = no support needed; 1 = some support needed; 2 = extensive support needed.

How the SIS Differs From Instruments That Measure Personal Competence

The constructs of personal competence and support needs are related but are not the same thing. There is growing consensus that intellectual disability (i.e., mental retardation) is best conceptualized as significant limitations in the multidimensional construct of personal competence. In addition to physical competence (which is not associated with conceptualizations of mental retardation), personal competence is conceptualized to include the domains of conceptual, practical, and social intelligence (Greenspan, 1999; Schalock, 2002; Thompson, McGrew, & Bruininks, 2002).

For nearly 50 years the two cornerstones for diagnosing mental retardation have been IQ tests and adaptive behavior scales (Luckasson et al., 2002). Whereas IQ tests focus primarily on the *maximal* performance of an individual on tasks related to conceptual intelligence, adaptive behavior scales focus on the skill level a person *typically* displays when performing tasks in his or her environment. Adaptive behavior scales measure aspects of conceptual, practical, and social intelligence, even though performance on tasks requiring social intelligence is often underrepresented on adaptive behavior scales (Thompson, McGrew, & Bruininks, 1999; Widaman & McGrew, 1996). In addition to diagnosis, adaptive behavior scales are useful in identifying educational or training-related goals (Nihira, 1999).

In contrast, the *SIS* focuses on the pattern and intensity of supports needed to enable a person to participate in valued settings and activities (Thompson, Hughes, et al., 2002). The five major influences on the support needs of people with intellectual disabilities are shown in Figure 1.1. One of these influences is level of personal competence. It is likely that the greater an individual's level of personal competence, the less the intensity of support needs. Conversely, the lower a person's level of personal competence, the greater the support needs.

Figure 1.1 also shows that there are four other major influences on the intensity of a person's support needs: exceptional medical support needs, exceptional behavioral support needs, the number and complexity of the settings in which a person participates, and the number and complexity of the life activities in which a person participates. Inferring a person's pattern and intensity of support needs from traditional measures of personal competence is unlikely to result in specific and practically useful conclusions, because IQ

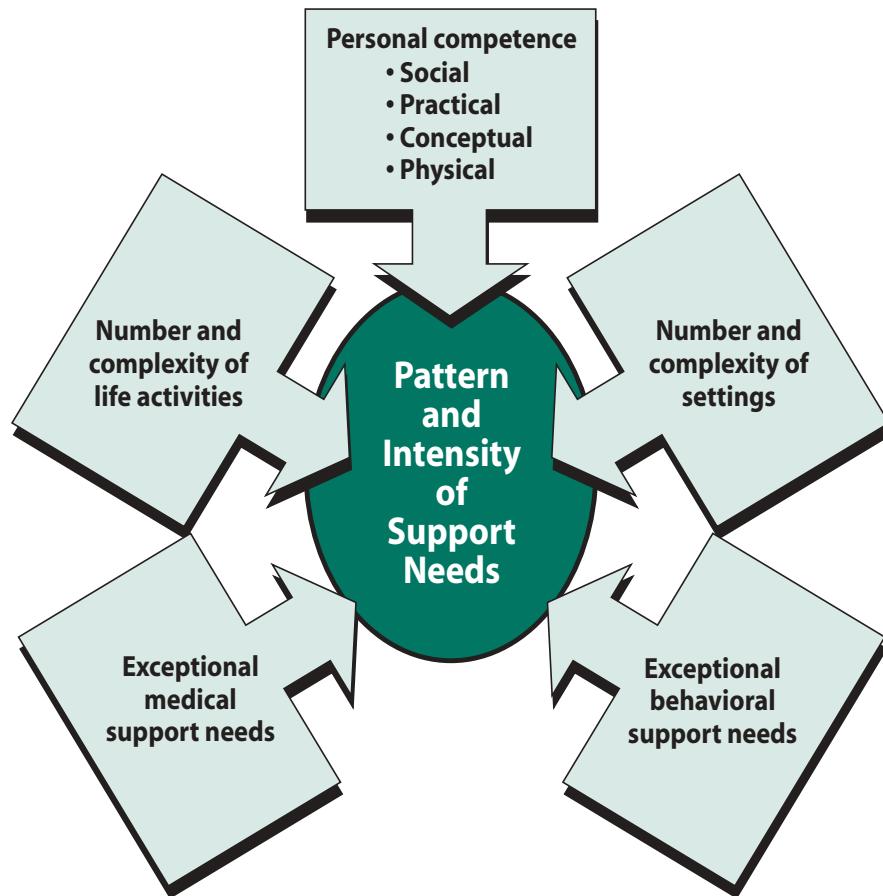


Figure 1.1. Five major influences on needed supports.

scores and adaptive behavior measures do not provide a complete measure of personal competence, nor do they account for the other four influences on support needs shown in Figure 1.1.

To summarize, the *SIS* is a support needs assessment scale and is not a scale to measure personal competence. Whereas intelligence tests and adaptive behavior scales attempt to directly measure aspects of personal competence, the *SIS* attempts to directly measure support needs. A support needs scale was developed on the assumption that a direct measure of support needs will provide more specific and direct information and therefore will be more useful for planning teams and those in systems-level supports management who try to determine how best to support an individual in community settings.

Because both the *SIS* and adaptive behavior scales are concerned with typical performance in everyday activities, the *SIS* may be more easily confused with adaptive behavior scales than are other standardized assessment measures. Table 1.1 shows several important distinctions between the *SIS* and adaptive behavior scales that relate to the construct measured, the focus, the uses, the item stems, the item responses, and additional items.

Table 1.1
Differences in Adaptive Behavior Measurement Tools and the SIS

Feature	Adaptive Behavior Scales	Supports Intensity Scale
Construct measured	the adaptive skills that a person has learned—this is a measure of achievement or performance	the extraordinary support that a person needs in order to participate in the activities of daily life
Focus	the pattern of adaptive behaviors displayed by an individual	the pattern and intensity of support needed to enhance participation in home and community life
Uses	to diagnose mental retardation and to identify relevant educational and training goals that can be listed on individualized education/training plans	to determine a person's support needs in different areas of life (i.e., support needs profile) and relative to others with developmental disabilities; to develop individualized support plans
Item stems	an array of adaptive behaviors or skills needed to successfully function in society	an array of life activities in which a person engages when participating in society
Item responses	a person's level of mastery or proficiency in relation to the adaptive skills	the intensity and pattern of extraordinary support a person needs in order to participate in the identified life activities
Additional items	some scales include indicators of problem behavior	(a) problem behaviors and exceptional medical conditions that influence extraordinary support needs; (b) protection and advocacy activities requiring support

Because the *SIS* and adaptive behavior scales measure related, but different, constructs, the scales should be used for different purposes. It is essential to understand that the *SIS*, as well as any other scale that is designed to measure support needs, does not supplant the need for adaptive behavior scales or other measures of personal competence that are essential for diagnosing the condition of intellectual disabilities (i.e., mental retardation).

The *behaviors* that comprise the item stems in adaptive behavior scales (e.g., crosses street alone, locates or remembers telephone number and operates telephone to call others) converge conceptually with the *life activities* that comprise the item stems in the *SIS*. Both relate to participation in society and both are concerned with an individual's typical performance. Therefore the items on the *SIS* and adaptive behavior scales are concerned with widespread or regularly occurring phenomena and do not address unusual or atypical events.

A key distinction between the two scales is that adaptive behavior stems are “skills” needed to successfully function in society, whereas *SIS* stems are activities that a person does during the course of participating in everyday life. For example, Item 3 in Part A (Home Living Activities) of the *SIS* is “preparing food.” Whereas there are usually a number of more specific food preparation items on an adaptive behavior scale (e.g., cuts foods with knife, mixes and cooks simple foods, plans a meal for four people), the *SIS* is used to assess only *how much extraordinary assistance or support a person needs in order to prepare food that he or she consumes on a typical day*. Everyone has to eat, thus everyone must get food prepared; it is a regularly occurring part of life. An adaptive behavior scale focuses on the skills a person has in regard to food preparation; the *SIS* focuses on the relative intensity of support the person needs to accomplish the “food preparation.”

Although item stems on adaptive behavior and support needs scales are comparable, the responses are extremely different. Adaptive behavior responses address level of mastery or performance. Items are usually rated on a Likert scale ranging from “no skills” to “some skills” to “fully skilled.” The response on a support needs scale reflects intensity of supports needed to accomplish the task. As mentioned previously, three dimensions of intensity (frequency, daily support time, and type) are used in the *SIS*.

Conclusion

The *SIS* was created in response to the significant changes over the past 50 years in human services targeted to people with intellectual disabilities or mental retardation and closely related developmental disabilities. This chapter provided a summary of the major rationales underlying the development of the *SIS* and descriptions of critical components of the scale. The administration of the *SIS* is described in the following chapter.