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Adaptive Behavior:
The Other Side of Psychological Assessment

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Abstract

An overview of the concept of adaptive functioning and its measurement is considered. The theoretical constructs are presented together with different methods and limits of such methods are considered.

Adaptive Behavior

Psychological testing and assessment is as old as the discipline of psychology. Indeed, psychological testing has been part of life not only in the clinic, hospital, classroom as well as industry and the military. There has been a great deal of discussion regarding the usefulness of psychological testing. In other words, what is the predictive and ecological validity of these tests? For example, if a person obtains a low intelligence score on an IQ test does that mean that they are "retarded" as well as unemployable? Indeed, these types of questions challenge the validity of psychological tests.

The other side of psychological assessment is the applicability of real world behaviors to predict a patient's hypothetical performance later in life. Adaptive behavior is related to an individual's social competence, that is, to what is appropriate within a particular context and situation. The American Association on Mental Retardation- AAMR (2002) established a definition of adaptive behavior having under consideration the relationship between adaptive behavior and the diagnosis of mental retardation. The AAMR (2002) defines adaptive behavior as "the collection of conceptual, social, and practical skills that have been learned by people in order to function in their everyday lives" (p.73). According to the AAMR,

this definition was established because of its consistency with the structure of the current measures of adaptive behavior, and because it is consistent also with the current empirical research on this area. Adaptive behavior refers to the effective interaction of an individual and her/his environment; the ability to deal effectively with personal and social demands, therefore, adaptive behavior is defined by a situation and it is specific to an environment (Cone, 1987; Taylor, 1985).

It has been argued that adaptive behavior and social skills represent two aspects of the construct of social competence. Within this broad construct of social competence, adaptive behavior is related to how the social and cultural values of personal independency and social responsibility are effectively and appropriately accomplished by a particular individual (Gresman & Elliot, 1984). Within the interaction of social competence, adaptive behavior includes aspects such as independent functioning, physical development, self-direction, personal responsibility, economic-vocational activity, and functional skills; whereas social skills include interpersonal behaviors, self-related behaviors, academic-related skills, assertion, peer acceptance, and communication skills (Gresman & Elliot, 1984). It has been stated that adaptive behavior is a construct related to age, it is determined by the principles of other people, and it is defined by an individual's daily

performance, that is, what a person does day by day (DeStefano & Thompson, 1990). The concept of adaptive behavior implies multiple factors, and different definitions have been proposed to describe this construct. One of those definitions where the different factors implicated in this construct are taken under consideration is the one established by the American Psychiatric Association, which describes adaptive functioning as "how effectively individuals cope with common life demands and how well they meet the standards of personal independence expected for someone in their particular age group, sociocultural background, and community setting" (p.42).

Relation between adaptive behavior and intelligence

Adaptive behavior and intelligence have been related to one another. It has been argued that both of them have common meaning, because it has been established that general adaptation it is mediated by the level of intelligence (DeStefano & Thompson, 1990). Because of that, mental retardation and adaptive functioning have been related and both conditions are taken into account when both of them are measured or diagnosed. Measures of adaptive behavior assess behaviors related to physical and mental skills, and abilities or intelligence; because it has been determined that adaptive behaviors involve behavioral skills (Widaman & McGrew, 1996). It is assumed that a

person with mental retardation will have significant limitations in adaptive behavior (American Association on Mental Retardation, 2002). Different factors such as education, motivation, personality characteristics, social and vocational opportunities, and the mental disorders and general medical conditions that in many cases are presented with mental retardation may influence adaptive functioning (American Psychiatry Association, 2000). The American Association on Mental Retardation (2002) have defined mental retardation as "a disability characterized by significant limitations both in intellectual functioning and adaptive behavior as expressed in conceptual, social, and practical adaptive skills. This disability originates before the age 18" (p.1). Even though the relation between adaptive behavior and intelligence, it has been argued that the measurements of these two construct are significantly different. The difference between the two resides in that the measure of adaptive behavior are focused on individual's common and typical everyday performance, while intelligence measurement are use to determine the potential of maximal performance in areas related to language, academic skills, reasoning, and abstract abilities (DeStefano & Thompson, 1990). In essence, then, adaptive behavior is "what is" whereas intelligence is "what could be".

Measurement of adaptive behavior

The daily performance activities required for personal and social effectiveness are measured through adaptive behavior scales, particularly for individuals with and without handicaps in different settings and contexts (Harrison, 1987). The assessment of adaptive behavior is used to determine how individuals function in their environment (Liss et al. 2001). The instruments employed to measure adaptive behavior are used to identify and classify individuals with variations in independent functioning and socialization expectations; also they are employed with educational and instructional objectives (Taylor, 1985). Under the AAMR (2002) definition of adaptive behavior, it is established that deficits in adaptive skills include acquisition and performance deficits, that is, difficulties in knowing how to perform skills, and difficulties knowing when to use learned skills or other difficulties in the expression of skills. Those limitations on adaptive functions are considered under dimensions of intellectual abilities, participation, interaction and social roles, health, and context.

According to DeStefano and Thompson (1990) different kinds of information can be obtained from adaptive behavior assessments; the characteristics of that information include identification and/or placement, program planning, monitoring or progress, and

program evaluation. The same authors explained that in order to understand an individual's adaptive behavior it is necessary to obtain information from different contexts such as home, school, peer groups, and community. Also, they indicated that interpersonal relations, social responsibility, cognitive competencies, and social skills are dimensions included in most of the conception of adaptive behavior.

As previously mentioned, the assessment of adaptive behavior has as function the diagnosis, through which it is established the eligibility for services, benefits, and legal protection; classification, which is important for service reimbursement or funding, research, and services; and planning of support programs, which purpose is to enhance individual's independence, relationships, contributions, school and community participation, and personal wellbeing (American Association on Mental Retardation, 2002). However, according to the specific purposes of the assessment, different methods of measurement will have strengths and weaknesses on determining and/or evaluating adaptive behavior (American Association on Mental Retardation, 2002). For that reason it is important to select adequate instruments for each particular individual.

Adaptive behavior scales

Among the adaptive behavior measures it is included the Vineland Adaptive Behavior Scales (VABS), developed by Sara S.

Sparrow, David A. Balla, and Dominic V. Cicchetti in 1984. The VABS is a structured interview that assesses personal and social adaptability from birth to adulthood. This measure is composed by four general areas: Communication, which includes receptive and expressive language; Daily Living Skills, where it is included self-care activities of eating, dressing, washing, etc; Socialization, which measures interpersonal relations, play, and leisure; and the Motor Skills area includes gross and fine coordination (Halden, 1994).

The interview edition of the VABS includes a Survey Form, used for screening, placement, and diagnostic purposes, and an Expanded Form, used for developing specific educational or treatment plans. The Survey Form includes 297 items, and its administration time is 20-60 minutes; the Expanded Form includes 577 items, and its administration time is 60-90 minutes (Campbell, 1985). A Classroom Edition of the Vineland is also available, which is used to obtain adaptive behavior in the classroom setting. This 244 items form is completed by the teacher, and it covers the ages 3 years to 12 years (Cone, 1987).

The VABS provide information about strengths and weaknesses in different areas that can be employed to develop educational, habilitative, and treatment programs (Holden, 1994). The use of Vineland in a variety of settings provides information for the

diagnosis of disabilities such as mental retardation, developmental delays, functional skills impairment, and speech/language impairment.

The VABS is a widely used instrument that has been employed in different settings with legal, clinical, and research purposes (Beail, 2003). It has been expressed that the popularity of the VABS as an adaptive behavior scales is due to that it provides extensive norms obtained from population with and without disabilities that make possible between same age groups (Balboni, Pedrabissi, Moleteni & Villa, 2001). However, the effectiveness of these scales is limited when it is used with population of adults with mental retardation, since it has a small normative sample size for the ages 18 and older, and those are the norms are usually employed to obtain scores for adults (Beail, 2003).

Recently a new version of the VABS has been developed, the Vineland-II, which addresses special issues regarding the assessment of adaptive behavior of individual with conditions such as mental retardation, Autism Spectrum Disorders (ASDs), Attention Deficit Hyperactivity Disorder (ADHD), pos-traumatic brain injury, hearing impairment, and dementia/Alzheimer's disease. According to its publisher, this new version includes updated and new norms, expanded age range, and new items that will provide accurate information to diagnose or confirm the

diagnosis of adaptive behavior deficits from birth to adulthood, to determine eligibility for special services, to plan intervention or rehabilitation programs, and to track and report progress of individual observed.

In addition to the Vineland, there are other instruments such as the American Association on Mental Retardation Adaptive Behavior Scales- School and Community (Lambert, Nihira & Leland, 1993); the Scales of Independent Behavior-Revised (Bruininks, Woodcock, Weatherman, & Hill, 1996); and the Comprehensive Test of Adaptive Behavior- Revised (Adams, 1999), that according to the AAMR (2002) have appropriate psychometric properties and normative data on the general population. Also, these tests provide scores in the conceptual, social, and practical skills domains included in the AAMR 2002 definition of adaptive behavior.

The AAMR (2002) includes a description of the above mentioned instruments which are next briefly summarized. The AAMR Adaptive Behavior Scales (ABS; Lambert, Nihira & Leland, 1993) include a school and community version, and a residential and community version. The first one is employed to diagnose adaptive functioning deficits and to determine the effectiveness of intervention programs in students. This version includes norms until age 21. The residential community version, is for adults until 79, however, there are no norms available from

adults with typical functioning. The Scales of Independent Behavior- Revised (SIB-R; Bruininks et al., 1996) it is employed for diagnosis and planning supports for infants and adults. The Comprehensive Test of Adaptive Behavior- Revised (CTAB-R; Adams, 1999) is employed to assess independent functioning in different contexts. This test provides normative data for children, adolescents, and adults in school, community programs, and residential facilities settings.

Unfortunately, these scales are typically directed at the assessment of adaptive abilities in young rather than mature individuals. Further, the samples used in the normative studies are, as a rule, not well representative of non-majority groups, such as Hispanics. Finally, adaptive abilities are now being considered in Atkins or death penalty cases. In these circumstances, an individual is considered to be potentially impaired if both deficient IQ (69 or less) and significant adaptive skills are present. Hence, the applicability of these to non-standard samples or situations poses particular novel risks and challenges.

Research on adaptive behavior

Adaptive behavior has been the subject of many research on different areas, particularly those related to mental retardation and other mental and developmental disorders. It has

been indicated that the assessment of adaptive behavior on mentally retarded children have received more attention than the assessment of adaptive behavior in other populations (Sparrow & Cicchetti, 1987). Some authors have stated that few research have been conducted with the purpose to study the changes across time of the social skills of children and adults with intellectual disabilities (Beadle-Brown et al. 2002; Beadle-Brown, Murphy & Wing, 2005).

Beadle-Brown et al. (2002) conducted a research to study the changes social skills and social impairments in a population with intellectual disabilities and/or autism. The authors of this study social and intellectual skills of children with intellectual disabilities and/or autism under the age of 15. Later, they reassessed the same group of children when they were adolescents. These researchers found that little change in social skills; the children who were social impair in the first assessment, continued showing social impairment when they were assessed as adolescents. Later on, Beadle-Brown, Murphy and Wing (2005) conducted a follow-up study on the same group of individuals when they were adults, and specific measures of independent functioning, residential replacement, employment, and quality of life were included. The results indicated that it was a little change in social skills. Overall, the authors of these longitudinal studies concluded that the group of

individual who showed social impairment when they were children, tend to show the same impairment as adolescents and as adults. Furthermore, Beadle-Brown, Murphy and Wing (2005) discussed that level of impairment had the tendency of decline over time, probably because social demands get higher during adulthood.

Conclusion

Adaptive behavior is a construct which assessment has different purposes and it implies different factors. It is important to have under consideration the different factors that play important roles in the measure of adaptive behavior, especially in the context of the diagnosis of mental retardation (AAMR, 2002). Beail (2003) discussed that the Vineland, and most of the measures of adaptive behavior, are limited because of its reduced validity, since these measures are completed with an informant who is usually related to the individual who is assessed. The use of an "informant" is one of the many limitations regarding the assessment of adaptive functioning. Other problems include the limits of applicability to non-majority, adult, or forensic circumstances. In turn, such applications potentially reduce the accuracy of the assessment.

DeStefano & Thompson (1990) have pointed out the weaknesses of the adaptive behavior assessment in different areas, emphasizing on the directions that need to be undertake in order

to overcome them. These authors argued regarding third party interviews in contrast to clinical or naturalistic observations, indicating that new interview methods are need to be developed. Also, related to this aspect, they argued about the advantages of obtaining information from multiple informants familiar with the different aspects of the life of the individual under assessment. In addition the pointed out that for the identification, placement, and planning purposes, it is important to take into account as well other educational and independence living variables.

Some of the aspects of regarding the selection of the adaptive behavior measures include the purpose of the assessment, such as diagnosis, classification, and planning for support; the psychometrical properties, appropriateness of the measure for the individual and purpose of the diagnosis, like educational, illegibility for services, legal classification; and funding (AAMR, 2002).

Adaptive behavior is a construct constituted by different dimensions, as represented by the most recent AAMR definition. Besides all the aspects mentioned above, it is also very important to have under consideration other aspects such as cultural and linguistic diversity (Beail, 2003). As above mentioned, adaptive behavior is age related, particular to socio-cultural background, and to the context and/or setting,

for that the importance to take into account the incidence of multiple elements in order to make accurate assessment and appropriately reach the purposes necessary that will help to the well-being of each particular individual.

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