



An examination of specific daily living skills deficits in adults with profound intellectual disabilities

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ABSTRACT

While some researchers have investigated daily living skills deficits in individuals with intellectual disability (ID) as a whole, research on specific daily living skills in a profound ID population is limited. Two hundred and four adults with profound ID residing in two large developmental centers in the southeast portion of the United States were studied. Data were collected on these individuals' daily living skills, utilizing the *Vineland Adaptive Behavior Scales* (VABS). Three dependent *t*-tests were conducted comparing the proportion of items endorsed by informants on each of the three subdomains of daily living skills on the VABS (personal, domestic, and community). A significantly larger proportion of Personal Subdomain items were endorsed compared to Domestic or Community Subdomain items. Additionally, participants exhibited a significantly larger proportion of Domestic Skills Subdomain items compared to Community Skills Subdomain items which is consistent with theoretical models suggesting that institutional living may curb broader community skill sets. No gender differences were found in daily living skills. Lastly, individuals between the ages 30 and 39 exhibited significantly more Personal Subdomain skills than individuals who were 60 or older, while participants between the ages 30 and 39 exhibited significantly more Domestic Subdomain skills than individuals between the ages 60 and 69.

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1. Introduction

Intellectual disability (ID) affects approximately 3% of the population worldwide (Koskentausta, Iivanainen, & Almqvist, 2002; Matson, Belva, Hattier, & Matson, 2012). That fact and the lifelong nature of the disorder make it a topic worthy of considerable study. ID is characterized by deficits in cognitive, language, motor, and social abilities (Bakken et al., 2010; Emerson, 2003; Matson, Kiely, & Bamburg, 1997; Maulik, Mascarenhas, Mathers, Dua, & Saxena, 2011). Though many genetic conditions are known to cause ID, there are also many social and cultural factors that may worsen this problem (Asada, Tomiwa, Okada, & Itakura, 2010; Cheng & Chen, 2010). Individuals with ID exhibit major deficits in adaptive behavior (Lancioni et al., 2010; Matson, LeBlanc, & Weinheimer, 1999; Matson, Rivet, Fodstad, Dempsey, & Boisjoli, 2009; Matson, Smirolido, & Bamburg, 1998; Matson & Wilkins, 2007; Paclawskyj, Rush, Matson, & Cherry, 1999; Tremblay, Richer, Lachance, & Côté, 2010). Challenging behaviors such as physical aggression, self-injurious behavior, and pica are also common (Duncan, Matson, Bamburg, Cherry, & Buckley, 1999; Emerson et al., 2001; Matson & Bamburg, 1999; Matson & Boisjoli, 2007; Matson & Minshawi, 2007; Matson & Neal, 2009; Matson et al., 2011). Additionally, comorbid psychopathology such as autistic spectrum disorders, depressive disorders, attention-deficit/hyperactivity disorder, anxiety disorders, and other disorders

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also occur in high rates in those with ID (Bamburg, Cherry, Matson, & Penn, 2001; Dekker & Koot, 2003; Hastings, Beck, Daley, & Hill, 2005; LoVullo & Matson, 2009; Matson, Anderson, & Bamburg, 2000; Matson, Dempsey, LoVullo, & Wilkins, 2008; McCarthy et al., 2010; Smith & Matson, 2010a, 2010b, 2010c).

ID is broken down into four categories based on degree of cognitive impairment (i.e., mild, moderate, severe, and profound) with the lowest functioning range of ID being profound (Holden & Gitlesen, 2004; Kuhn & Matson, 2002; Matson, Dixon, Matson, & Logan, 2005; Matson & Kuhn, 2001; Nakken & Vlaskamp, 2007). Research on ID has generally focused on ID as a whole, or has focused on those who are considered to be “higher-functioning.”

Comparatively, there are few studies that specifically focus on a profound population (Buhrow & Bradley-Johnson, 2003; Kobe, Mulick, Rash, & Martin, 1994). This may in part be due to its low incidence, occurring in roughly 2% among those with ID (King, Toth, Hodapp, & Dykens, 2009). However, problems are more severe in this group. Mortality rates, for example, are higher in those with profound ID as compared to mild, moderate, or severe ID (Patja, Iivanainen, Vesala, Oksanen, & Ruoppila, 2000). Furthermore, individuals with profound ID typically need intensive support and supervision for their entire life often requiring full-time care by an attendant or caregiver (Brosnan & Healy, 2011; Daily, Ardinger, & Holmes, 2000; Matson & LoVullo, 2008; Matson, Mahan, & LoVullo, 2009; Matson & Wilkins, 2008; Sturmey, Lott, Laud, & Matson, 2005).

Individuals with profound ID rarely use verbal language, but they communicate through idiosyncratic and subtle utterances (Matson, Minshawi, Gonzalez, & Mayville, 2006; Stillman & Siegel-Causey, 1989). They typically evinced equally profound deficits in adaptive behavior (Duarte, Covre, Braga, & de Macedo, 2011; Matson, Cooper, Malone, & Moskow, 2008; Schuchardt, Maehler, & Hasselhorn, 2011; van der Schuit, Segers, van Balkom, & Verhoeven, 2011). Adaptive skills are essential in achieving independence in life and adjusting to stressful interpersonal situations (Hall et al., 2005; Matson et al., 1997; Matson, Taras, Sevin, Love, & Fridley, 1990). One specific component of adaptive behavior is daily living skills (Sparrow, Balla, & Cicchetti, 1984). Daily living skills include eating, dressing, practicing personal hygiene, and completing household tasks (Hilgenkamp, van Wijck, & Evenhuis, 2011).

Adaptive skills deficits are most pronounced among individuals with profound ID (Belva, Matson, Sipes, & Bamburg, 2012). Matson, Terlonge, González, and Rivet (2006) investigated adaptive behavior in 42 adults with severe or profound ID. Fourteen of the adults were diagnosed with bipolar disorder, 14 adults with other Axis I psychopathology, and 14 adults had no Axis I psychopathology. No significant differences were found between the three groups on adaptive behaviors (including communication, daily living skills, and socialization) as measured by the VABS. Matson, Dempsey, and Fodstad (2009) also studied adaptive behavior in a sample of 234 adults with autism, pervasive developmental disorder-not otherwise specified (PDD-NOS), or ID only. The authors found that adults with autism or PDD-NOS evinced more impairment in dressing, grooming, and hygiene than adults with ID alone.

Currently, there is a gap in the literature regarding daily living skills of adaptive behavior in a profound ID population, and as noted, only a few papers have been published on this topic to date. The purpose of this study was to compare adults with profound ID on three domains of daily living skills: personal, domestic, and community. In addition, the effect of gender and age group on presentation of daily living skills was studied. Learning the profiles and patterns of daily living skills deficits can help inform professionals in treatment and encourage more independence.

2. Method

2.1. Participants

Participants consisted of adults with profound ID residing in two large supports and services centers in the southeastern region of the United States. Two hundred and four individuals (106 male, 98 female) aged 27–85 years ($M = 52.10$, $SD = 12.15$) were used in the study. There were 153 Caucasian, 50 African American, and one Hispanic participant. Participants were previously diagnosed with profound ID by licensed clinical psychologists at the two developmental centers. Due to the fact that most standardized intelligence quotient (IQ) tests such as the *Stanford Binet Intelligence Scales – Fifth Edition* (SB-V; Roid, 2003) or the *Wechsler Adult Intelligence Scale – Fourth Edition* (WAIS-IV; Wechsler, 2008) have too high of a floor to diagnose profound ID, the *Matson Evaluation of Social Skills for the Severely Retarded* (MESSIER; Matson, 1995) was utilized. An attempt was made to assess the IQ of these individuals with standard measures (e.g., SB-V); however, if they were unresponsive, it was assumed (after ruling out hearing deficits, motivation, and other factors) that they were in the lower levels of intellectual functioning (severe and profound ID). In order to differentiate between severe and profound ID, the individual's MESSIER score was used. This measure has been shown to be effective at identifying and differentiating individuals with severe and profound ID (Matson et al., 2005). These authors found that a cutoff score of 9 significantly differentiated those with severe ID from those with profound ID. On the MESSIER, individuals with a total score of 0–8 fall in the profound range of ID and those with a score of 9–20 fall within the severe range of ID. All participants were non-verbal and were on a variety of medications such as antidepressants, antipsychotics, psychostimulants, and anticonvulsants. The mean standard scores for each of the three domains on the *Vineland Adaptive Behavior Scales* (VABS) were as follows: Communication Domain ($M = 20.26$), Daily Living Skills Domain ($M = 21.54$), and Socialization Domain ($M = 20.57$).

Participants were also divided into groups for the analysis of age and its effect on the three subdomain total scores (i.e. Personal, Domestic, and Community) and the Daily Living Skills Domain total scores. Of the 204 individuals in the study, seven individuals fell into the 20–29 age group, 19 individuals fell into the 30–39 age group, 59 individuals fell into the 40–49 age group, 60 individuals fell into the 50–59 age group, 31 individuals fell into the 60–69 age group and

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