



An examination of specific communication deficits in adults with profound intellectual disabilities

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ABSTRACT

Previous research has shown that adults with intellectual disability (ID) evince communication deficits. These communication problems can be divided into problems with receptive, expressive, and written domains. While much research has been devoted to investigating communication deficits in ID in general, scant research has been conducted on communication skills in specific levels of ID. This study examined 204 adults with profound ID residing in two large supports and services centers in the southeastern region of the United States. Data was collected on these individuals' receptive, expressive, and written communication skills using 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 communication subdomains (receptive, expressive, and written) with one another. Participants displayed a significantly larger proportion of receptive subdomain items than expressive subdomain items, $t(203) = 20.00, p < 0.01$, and written subdomain items, $t(203) = 20.53, p < 0.01$. Additionally, it was found that the individuals exhibited a significantly larger proportion of expressive subdomain items than written subdomain items, $t(203) = 10.80, p < 0.01$. The implications of these findings are discussed.

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Individuals with ID exhibit a range of adaptive skill deficits in addition to other cognitive and emotional impairments (Calles, 2011; Horovitz et al., 2011; Kozlowski, Matson, Sipes, Hattier, & Bamburg, 2011; Matson, Kozlowski et al., 2011; Matson, Neal, Hess, & Kozlowski, 2011; Tremblay, Richer, Lachance, & Côté, 2010; Worley, Matson, Sipes, & Kozlowski, 2011). Adaptive skills are a broad set of behaviors that are needed to function optimally in everyday life (Doll, 1953; Gal, Hardal-Nasser, & Engel-Yeger, 2011; Smith & Matson, 2010a, 2010b, 2010c), and deficits in these skills can limit the independence of a person (Soenen, Van Berckelaer-Onnes, & Scholte, 2009). Adaptive skills include behaviors in the domains of communication, socialization, and daily living skills, just to name a few. Communication is one of the areas commonly impaired in those with ID (Kurtz, Boetler, Jarmolowicz, Chin, & Hagopian, 2011; Matson, Horovitz et al., 2011; Matson, Sipes et al., 2011; van der Schuit, Segers, van Balkom, & Verhoeven, 2011a; van der Schuit, Segers, van Balkom, & Verhoeven, 2011b). This is especially true for individuals with the most severe ID (i.e., profound), some of whom do not possess verbal abilities (Matson, Terlonge, González, & Rivet, 2006). This being said, however, a wide range of heterogeneity can exist within communication abilities, even in people with more severe ID (van der Meer, Sigafos, O'Reilly, & Lancioni, 2011). While communication problems are problematic on their own, these deficits can also increase the likelihood of other problems in individuals with ID, such as challenging behaviors (e.g., physical aggression and self-injurious behavior; Matson, Kozlowski et al., 2011; Paclawskyj, Matson, Rush, Smalls, & Vollmer, 2000; Ringdahl, Call, Mews, Boelter, & Christensen, 2008).

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Communication skills are often categorized into subdomains such as expressive, receptive, and written communication (Schuchardt, Maehler, & Hasselhorn, 2011; Sparrow, Balla, & Cicchetti, 1984). Expressive communication involves the ability to communicate one's needs to others, while receptive communication involves the ability to understand and respond to the communication of others. Both expressive and receptive communication include verbal and nonverbal behaviors (van der Schuit et al., 2011a, 2011b; Verhoeven, Steenge, van Weerdenburg, & van Balkom, 2011). Written communication often integrates both expressive and receptive communication but is specific to reading and writing abilities. While these subdomains of communication are often subsumed when examining communication deficits, it is useful to examine these subdomains of communication individually.

These areas of communication have been examined separately in typically developing populations as well as in those with ID and other developmental disabilities (Cappadocia & Weiss, 2011; Davis et al., 2011; Dixon, Tarbox, Najdowski, Wilke, & Granpeesheh, 2011; Wainer & Ingersoll, 2011). By examining the literature with typically developing individuals, we can generate hypotheses about trends in communication in people with ID. In typically developing children, children begin to develop receptive skills before they develop expressive communication (Vandereet, Maes, Lembrechts, & Zink, 2010). Some research suggests that the amount of receptive and comprehension abilities are predictive of expressive abilities in children (Chapman, Seung, Schwartz, & Kay-Raining Bird, 2000). That is, some suggest receptive communication sets the ceiling for expressive abilities; however, this theory has not been confirmed by other studies (McCathren, Yoder, & Warren, 1998). In addition, certain communication skills require pre-requisite skills to be mastered before moving onto higher-level behaviors (Raynor, Foorman, Perfetti, Pesetsky, & Seidenberg, 2001).

In individuals with ID, several trends have been found when examining the subdomains of communication. Overall, because verbal language is sometimes impaired, a variety of methods of expressive communication are used by adults with severe to profound ID (e.g., leading gestures, vocalizations, eye to eye gaze, facial expressions; Cascella, 2005). Also in regard to expressive communication, adults with ID are more likely to communicate imperatives (e.g., requests for objects and actions, rejection) rather than communicate declaratives (e.g., requests attention to other, requests attention to self; Cascella, 2005). Other researchers have found that the etiology of the ID may affect communication deficits. For example, those with ID and Down syndrome may have different communication profiles (i.e., relative strengths and weaknesses in certain domains) than those with an unknown etiology for ID (Yoder & Warren, 2004).

While some research has been conducted examining the subdomains of communication in those with ID, more research is needed. Therefore, the purpose of the current study was to compare adults with profound ID on three domains of communication behaviors: expressive, receptive, and written. By comparing these three areas, relative strengths and weaknesses in particular areas were examined.

1. Method

1.1. Participants

Participants were adults with profound ID residing in two large supports and services centers in the southeastern region of the United States. Participants consisted of 204 individuals (106 male, 98 female) aged 27–85 years ($M = 52.10$, $SD = 12.15$). In terms of ethnicity, there were 153 Caucasian participants, 50 African American participants, and one participant whose ethnicity was Hispanic.

1.2. Measures

Vineland Adaptive Behavior Scales (VABS; Sparrow et al., 1984). The VABS is an informant based measure designed to assess for adaptive behavior. The measure consists of communication, daily living skills, socialization, motor skills, and maladaptive behavior domains. Since this manuscript deals mainly with the communication domain, further information will be given on this area. The communication domain consists of 67 items which load on three separate subdomains. Thirteen items load on the receptive subdomain, 31 items load on the expressive subdomain, and 23 items load on the written subdomain. The VABS yields standard scores for each subdomain as well as the communication domain. During administration, the informant rates each item according to how applicable it is to the individual by giving the item a score of either “2” for “yes, usually,” “1” for “sometimes or partially,” and “0” for “no, never.” Based on the scoring, individuals can receive a maximum raw score of 26 on the receptive subdomain, 62 on the expressive subdomain, and 46 on the written subdomain. Extensive reliability assessments have been undertaken on the VABS and have demonstrated excellent levels of reliability for each of the domains, subdomains, and the majority of the items (Cicchetti & Sparrow, 1981; Fleiss, 1981). Additionally, numerous studies have demonstrated content and concurrent validity of the VABS (Sparrow et al., 1984).

1.3. Procedure

Doctoral students in clinical psychology with a minimum of one year of post-baccalaureate experience, in addition to psychology staff with a minimum of a master's degree, administered the VABS to direct care staff as part of a comprehensive psychological evaluation. Assessors received training and supervision from a licensed clinical psychologist on the administration and scoring of the measure throughout the assessment process. Each item was read aloud to the direct care

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