



Investigating the relationship between challenging behavior, co-morbid psychopathology and social skills in adults with moderate to severe intellectual disabilities in Ireland[☆]

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ABSTRACT

Researchers suggest that social skill deficits and psychiatric issues may be affected by the presence of maladaptive behaviors in people with intellectual disabilities. A sample of 39 participants with intellectual disability was surveyed for the presence of psychiatric symptoms and social skills deficits. Outcomes indicated that individuals with severe challenging behaviors scored significantly higher than those without problem behaviors in terms of presence of psychiatric symptoms in ten of the thirteen subscales of the DASH-II. Results also showed that individuals with severe problem behaviors scored significantly lower on social skills measures, using the MESSIER, than those without. A significant difference was observed between participants presenting with psychiatric symptoms and those who did not in terms of social skills, with the former scoring significantly lower than the latter. Results of the study provide weight to current research supporting the relationships between problem behaviors, co-morbid psychopathology and social skill deficits. This information could be used to further develop positive supports for adults with intellectual disability and challenging behaviors in order to improve their quality of life, community inclusion and social networks.

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1. Introduction

Social interpersonal skills are a defining aspect of intellectual disability and are a significant component of an individual's behavior, affecting numerous areas of functioning (Raymond & Matson, 1989). These skills can enable a person to adapt and respond to intricate environmental cues, and can also assist a person in coping with stressful situations and steer clear of interpersonal conflicts (Matson & Swiezy, 1994). People with an intellectual disability however, generally possess deficits across a broad spectrum of social functioning (Siperstein, 1992). Cartledge, Stupay, and Kaczala (1986) investigated social skills and social perceptions of intellectual disabilities, and found that there were no significant differences between children with intellectual disabilities and neurotypical children with regards to social skills. Kavale and Forness (1996) conducted a meta-analysis examining this area and found that most studies on social skills deficits of children with intellectual disabilities do not provide adequate data to determine the prevalence of social skills deficits within this population.

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Furthermore, there is a limitation of research on the prevalence of social skills deficits in the population of adults with moderate to severe intellectual disability.

1.1. Social skills deficits and intellectual disabilities

Why do people with intellectual disabilities experience pervasive social skills deficits? There are six main hypotheses that endeavour to elucidate the nature of social skills deficits in intellectual disabilities (Forness & Kavale, 1991). The first of these asserts that these deficits are conceived to be an outcome of the neurological dysfunction supposed to bring about the developing person's academic skill deficits (Oliva & La Greca, 1988). The next hypothesis assumes that the academic and intellectual problems of the intellectually disabled child results in rejection or isolation from peers and poor self concept, which act as an obstacle to the development of social skills (Osman, 1987). A third theory argues that children or adolescents with intellectual disabilities fail to develop or show social skills due to a limited environmental opportunity to learn, perform or be reinforced for these skills (Gresham, 1988). The fourth hypothesis states that social skills deficits emerge from the developing child's domestic social support system – which may be impacted by the stress and anxiety of coping with a child with special needs (Wilchesky & Reynolds, 1986). The fifth hypothesis puts forward that social skills deficits in children with intellectual disabilities may be related to the co-morbid psychopathology of these children (Forness & Kavale, 1991) – a theory that has not widely been explored, especially not with adults. And finally, there is an argument that one factor which greatly affects the development and performance of appropriate social skills is the presence of maladaptive or challenging behaviors, such as self-injury and aggression. It is the latter two theories that will be the focus of the present study.

1.2. Social skills deficits and co-morbid psychopathology

The hypothesis that social skills deficits in people with intellectual disabilities may reflect the co-morbidity of intellectual disabilities with psychiatric diagnosis, is somewhat held up by prevalence rates of intellectual disabilities within samples of individuals with attention deficit hyperactivity disorder (ADHD) and depressive or dysthymic disorder (San Miguel, Forness, & Kavale, 1996). Given the theory that the presence of social skills deficits may be related to the presence of psychopathology, it is likely that social skills become a significant target for intervention with people with intellectual disabilities (Matson, 1995a). However, it is very difficult to assess the emotional problems of people that present with an intellectual disability. A number of scales have been developed to this end: the Psychopathology Instrument for Mentally Retarded Adults, or PIMRA (Matson, Kazdin, & Senatore, 1984) the Reiss Screen (Reiss, 1987) or the more recent Diagnostic Assessment for the Severely Handicapped (DASH) scale (Matson, Gardner, Coe, & Sovner, 1991).

1.3. Social skills deficits and maladaptive behavior

The presence of maladaptive behaviors such as self-injury or aggression can significantly impact on the development and display of appropriate social skills (Duncan, Matson, Bamburg, Cherry, & Buckley, 1999). However, there is currently a 'chicken and egg' dilemma with regards to an explanation of causality. It remains unclear as to whether social skills deficits result in the development of maladaptive behaviors, or if the presence of these challenging behaviors result in the development of social skills shortfalls (Duncan et al., 1999). And unfortunately, in terms of future outcomes for individuals presenting with social skills deficits and challenging behaviors another problem can arise. Researchers note that it may be more difficult to train appropriate skills to these individuals because of the problems associated with the presence of challenging behaviors (Coe, Matson, Craigie, & Gossen, 1991). Regardless of this however, the examination of the possible relationship between social skills deficits and maladaptive behavior can result in vital information in terms of future skills building for the individual presenting with these problems.

1.4. Maladaptive behaviors and psychopathology

Challenging behaviors can co-occur with some emotional disturbance or other psychiatric conditions (Duncan et al., 1999). Maladaptive and challenging behaviors are progressively being related to the presence of psychiatric conditions (Emerson, Moss, & Kiernan, 1999). However, diagnosing psychiatric disorders in people with intellectual disabilities (ID), especially severe ID, can be exceedingly problematic (Holden & Gitlesen, 2004). The development of behavioral and psychiatric disorders in people with intellectual disabilities often reflects the connections between complicated genetic, environmental, chromosomal, and perinatal factors (Moss, Emerson, Bouras, & Holland, 1997). Accordingly, these features can have a considerable bearing on the development of the brain, and consequently, on the pattern of social and intellectual development displayed by the individual (Moss et al., 1997). Another possibility is that these features may have direct or indirect bearing on the individual's susceptibility to develop other psychiatric disorders and/or challenging behavior (Moss et al., 1997). For example, there is a high rate of severe self-injury in person's presenting with Lesch-Nyhan syndrome (Holland & Oliver, 1995) and a high prevalence of excessive food intake and resulting obesity in people presenting with Prader-Willi syndrome (Holland, Treasure, Coskeran, & Dallow, 1995).

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