

Study of Adaptive Behaviors in People with Mental Retardation

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ABSTRACT

Coping with the pressures of life and acquiring personal and social skills have always been a part of the realities of human life and have been manifested in different forms in different periods of life. Conflicts do not show much in childhood, but with age and when facing the special difficulties of adolescence and youth, internal and environmental conflicts become more apparent. Therefore, if people master daily life skills and social responsibilities from childhood, they will perform well in stressful situations. The current research is designed to investigate adaptive behaviors in mentally retarded people. Because, the knowledge and awareness of educational specialists, parents and educators regarding the adaptive behaviors of children and also the use of different methods in facing problems and situations can be effective in dealing with them and forming adaptive behaviors and can affect different aspects of their lives. The present research is descriptive-analytical which was done in the form of a library. The tools for collecting information in this research are psychology books, research articles and reputable national and international scientific journals. Researches findings show, early assessment and interventions have a significant impact on the development of children's adaptive behaviors from an early age. This awareness can be a great help in planning and designing educational models for these children in the field of adaptive skills and problem solving.

Keywords- adaptive behaviors, mental retardation, adaptation, conflict, social skills.

I. INTRODUCTION

Mental retardation or in other words, failure to develop mental abilities is not a new issue, but in every period and time, there are people in the society who are not at the normal level in terms of mental activities (Pahlavani et al., 2011). In order to consider a person mentally retarded, the IQ index below the average is somewhat faded, and the focus of attention is focused on the person's adaptive performance level. Mentally retarded people are not able to do things that their peers can easily do. These people in some cases, the person may even show things like aggression or self-harm; or do things that hurt others. Mentally retarded people have specific difficulty and limitations in adaptive behavior. Social life requires compatibility with others, agreeing with them and need some extent striving for their expectations. (Ganji, 1394). The mental structure of adaptive behavior, is rooted in the history of the definition of mental disability. In fact, a conventional definition of adaptive behavior is based on the expansion of the concept of mental retardation. On the other hand,

adaptive behavior is a new construct in terms of its recognition and measurement. The current concepts of adaptive behavior and the existing definitions in this regard can be found in the first efforts of man to describe mental disability.

The American Association of Mental Retardation (Lukasan et al., 2011) defines adaptive behaviors as a set of practical, social and mental skills, which include: communication, use of society, academic functions, living at home, health and the importance of recreation, self-control, sociability, work and motor skills. Adaptation involves behavior that helps a person cope with the situation with the least amount of anxiety find a compromise and increase the growth of the individual. Mentally retarded children, like other children, have a number of basic needs (Bianzadeh, Arjamandi1382).

In this article, an effort has been made to comprehensively study and investigate mental retardation and adaptive behaviors in mentally retarded people. In addition, the components of adaptive behavior, factors affecting adaptive behavior,

socialization and social skills, intelligence and adaptive behavior, self-help skills, communication skills and motor skills have been discussed.

II. DEFINITION OF ADAPTIVE BEHAVIOR

In fact, adaptive behavior is a very comprehensive and inclusive structure that includes mental, sensory, motor and personality components (Cohen 1988). Adaptive behavior means the ability to cope with others and communicate with them, that is, to cope with negotiations, conflicts, mistakes, as well as to cope with new situations and other situations. On the other hand, fostering adaptive behavior leads to establishing a person's relationship with his surroundings and dealing with stressful situations (Bozan, translation of Minoui, 1383).

The mental structure of adaptive behaviors is rooted in the history of the definition of mental disability. In fact, a conventional definition of adaptive behavior is based on the expansion of the concept of mental retardation. On the other hand, adaptive behavior is a new construct in terms of its recognition and measurement. The current concepts of adaptive behavior and the existing definitions in this regard can be found in the first efforts of man to describe mental disability. The definition of adaptive behaviors has resulted from extensive efforts in numerous researches that include existing behaviors in the structure of adaptive behavior. Considering its multifactorial structure, it is very difficult to provide a single definition of adaptive behavior. However, there are several definitions of adaptive behavior in the history of adaptive behavior (Pasquiz, 2009).

A large number of these definitions are based on meanings synonymous with adaptive behavior such as social development, adaptation of inclusion and capacity, competence and social adaptation (Pasquiz (2009). The leading researcher in this field, Edgar Dahl (1965), defined adaptive skills as daily activities that require individual support and social self-sufficiency and includes practical communication and appropriate social relations, play and leisure skills, mobility, personal care, communication skills and personal safety. In 1959, the American Mental Retardation Association published its first official guidelines in the definition of mental retardation, which included deficits in adaptive behavior as an integral part of the definition of mental retardation, in addition to below-average intelligence in the individual; Officially, the defect in adaptive behaviors was mentioned in addition to the lower than average intelligence score as a complementary part in the definition of mental disability. Sparrow (2005) considers adaptive behaviors as a set of skills that make people self-sufficient and socially worthy. Therefore, common patterns in adaptive behavior emphasize on the competence of individual functions in daily affairs,

which are determined by the expectations and standards in the individual's environment. As a result, it is possible to change these functions based on environmental factors, social context and interventions (Sparrow, 2005).

However, adaptive behavior does not only rely on individual capabilities to apply daily activities; Rather, it emphasizes the individual's performance in daily activities. Anyway, if people are able to perform certain tasks, but do these actions when needed rarely used, this means that these people are limited in the field of adaptive behavior (Horn and Fox, 1987).

Finally, in 2010, the American Association of Mental and Developmental Disabilities stated that adaptive behaviors have a very effective effect on daily life and people's abilities to respond to specific situations and the surrounding environment. According to the definition of adaptive behavior provided by this association, adaptive behavior is a set of perceptual, social and practical skills that people should implement functionally in their lives (American Association of Mental and Developmental Disabilities, 2010). These skills include the following:

- Cognitive skills: These skills include expressive language, reading and writing, money and time management, self-leadership or self-direction.
- Social skills: these skills include interpersonal relationships, responsibility and accountability, self-respect and self-esteem, gullibility, simplicity, following rules, avoiding victimization.
- Practical skills: This skill includes self-help skills and personal activities in daily life such as eating, dressing and moving and using the toilet, performing useful activities in daily life such as using the telephone, using public transportation, correct use of medicines, doing household activities and working and professional skills.

In addition to the definitions of intellectual disabilities and adaptive behaviors, the American Association of Developmental and Intellectual Disabilities has also provided programs for the development and cultivation of adaptive behaviors in children with intellectual disabilities. It has also shown that defects in adaptive behavior are one of the main reasons for diagnosing mental disability.

III. INTELLIGENCE AND ADAPTIVE BEHAVIORS

According to the research according to which the importance of adaptive behavior and their education to children increased, extensive studies and researches were conducted on the measurement of adaptive behavior and the reliability and validity of its structure were investigated; Based on this, researchers found a positive relationship between adaptive functions and intellectual and academic abilities (Harrison and Bowan, 2000; cited

by Pasquiz, 2009). In the manual of the American Association of Mental Retardation in the terminology and classification section, Grossman (1983) states that despite the inclusion of adaptive behavior and intelligence in the definition of mental retardation, information and knowledge regarding the relationship between adaptive behavior and intelligence is still lack and incomplete. Although it is stated in some studies that these two have completely separate structures, methods and measurement tools, at the same time, there is a high correlation between them and the two structures are dependent on each other.

IV. COMPONENTS OF ADAPTIVE BEHAVIOR AND MENTAL DISABILITY

Applied intelligence and social intelligence are two basic components in defining adaptive behavior. Functional intelligence refers to a person's ability to independently perform and manage activities required for daily living. But social intelligence refers to a person's ability to understand expectations, social judgment and show appropriate social skills in different group contexts (Skalak, 1999). The components of adaptive behavior in different tools are different and include different skills. In a review of adaptive behavior tools (Maida, Pelzer, Zoilen 1978; quoted by Bozan 2005), the general domains measured by 69 adaptive behavior scales were listed, and generally five special domains were evident in most of these scales. These areas are: Socialization (social skills), general self-help and daily life skills, daily communication, motor development and pre-occupational and occupational skills.

V. SOCIAL SKILLS AND SOCIALIZATION

Dahl (1935); According to Shokohi Yekta (2005), defined socialization as the ability of the human organism function to gain personal independence and accept social responsibility. Libet and Levinson (1972); According to Zamiyad (1379), they believe that social skills are a complex ability that maximizes the rate of positive reinforcement and minimizes the duration of punishment. In a review of social skills literature, the concept of social skills was defined in two ways: One is considered as a special behavior that goes back to the characteristics and attributes of the individual, and the other is a behavior that is made and paid by the individual.

Therefore, socialization includes a continuum of external behaviors, on the one hand, in early childhood, from doing simple tasks such as recognizing people around, and on the other hand, until adulthood, and doing complex tasks such as social responsibility,

such as marriage, having many friends, father and Motherhood continues. Children with intellectual disabilities have weaknesses and limitations in social skills; therefore, they are less accepted. In fact, the issue of social skills is one of the most important topics related to these people; since this category as one of the components of adaptive behavior, is considered one of the primary and main indicators of mental disability. Researches related to the social skills of children with mental disabilities have been carried out mainly since the last decades of the 20th century (especially from the 80s onwards). The lack of social skills in these children is derived from mental defects in information processing and social intelligence (Matson et al., 2006). The assessment of social skills of mentally disabled children has attracted a lot of attention and researches (Paklavsky, Rush; Matson, 1999, quoted by Ghaniabadi, 2009). The most important role of social skills for these children is to help improve their quality of life. Acquiring social skills is one of the primary and fundamental tasks for mentally disabled children, which leads to successful interactions with peers and capable performance in natural conditions.

VI. SELF-HELP AND DAILY LIFE SKILLS

Self-help means taking care of yourself and meeting your basic and immediate needs. This domain is usually associated with tasks such as toileting, eating, dressing, and bathing. Some scales of adaptive behavior are broader and at higher levels, tasks such as self-grooming are also added to it. This domain is conceptually the same as the personal self-sufficiency factor in the Adaptive Behavior Scale of the American Association of Mental Retardation. In general, children's successful management of daily life skills indicates the development of their adaptive functions (Nichols, 1976). On the other hand, the child's ability to successfully perform daily life skills contributes to the appropriate development of the child (Sparrow 2005).

If children are successful in performing daily life skills, they have the ability to perform successfully in adulthood as well (Nichols, 1976). Therefore, daily life skills in people grow with age. On the other hand, adaptive behaviors in children with intellectual disabilities and developmental disorders may remain the same and not change. Since the 1960s, many researches have been conducted in the field of behavioral therapy to teach self-help skills in people with mental disabilities. Researchers believe that skills related to self-help and self-care, such as toileting, eating, personal hygiene, etc., can be taught to children with moderate mental disabilities as well as those with severe and profound mental disabilities. In order for people with mental disabilities to adapt to social life, they must be able to acquire skills that are more in the field of self-help (Nickler, 1976).

VII. COMMUNICATION SKILLS (LANGUAGE COMMUNICATION)

This domain is measured in most scales of social behavior and is aimed at expressive growth and vocabulary acquisition. In this realm, verbal and written communication is measured at a wide level. In some scales, three levels of reception (how to understanding and comprehension the speech of others), expression (use of language signs to communicate with others) and writing level (skills such as reading and writing) are measured (Sparrow et al., 1985). Children with intellectual disabilities have more limitations in terms of language skills and communication abilities compared to normal children. In fact, language development plays an essential role in intellectual disability and is considered an adaptive behavior in the preschool years. Therefore, one of the most important indicators in the definition of mental disability is language developmental delay (Houghton, 2017, quoted by Ghani abadi). In children with intellectual disability, the development of language is more delayed than in other areas, which is caused by the delay in the central nervous process in language acquisition (Leung and Cao, 1999, quoted by Ghaniabadi (1379). Tremblay et al. (2010) believe that the evolution of language is determined by social cognition. Therefore, the disability of children with mental disability in social skills is strongly related to the developmental delay of language. On the other hand, educational interventions, environmental interactions and modeling from normal peers facilitate language learning in these children and empower their language skills (Sarason and Sarason, 1375).

VIII. MOTOR SKILLS

Movement coordination means the existence of coordination in the use of muscle groups in the human body, which emphasizes the two areas of moving and shifting. Usually, this coordination of muscles is divided into two main parts. The first is the coordination of gross movements such as walking, sitting, standing up, jumping, etc. and the second part is the coordination of muscles for fine movements such as the work done with hands and fingers. In general, mentally retarded children do not show much spontaneous muscle movements and jumping due to insufficient brain development and muscle relaxation in the early stages of development, so they need more motivation for this. Moving, playing and walking these children is very important in developing their motor skills. Intellectual disability and movement disorder are clearly seen in mentally retarded children. Researchers have shown that these two types of disorders are correlated with each other. That is, the greater the weakness, the more serious and obvious the movement disorder. On the other hand, it has been observed that the more we increase motor skills in a person, the higher his learning skills will be, and the

higher the learning skills in a person, the more complete motor skills he has (Shohohi Yeta, 2005). It is certain that learning and cognition in toddlers increases and completes through movement and relocation in the environment and contact with environmental objects. In children with mental disabilities, this learning and cognition has limitations and disorders, both in terms of movement disorders and in terms of the presence of mental defects. Patterson et al. (2008) state that children's motor development is based on the development of their motor skills, and different motor experiences lead to the development of basic motor skills and an increase in environmental awareness in children. This issue is more important in mentally retarded children. It has been seen that mentally retarded children do not participate in movements, games and sports on their own and do not achieve their appropriate growth. For this reason, it is necessary to have regular exercise programs for these children.

IX. PRE-PROFESSIONAL AND PROFESSIONAL SKILLS

It is a general and overall field with a wide range of relevant and appropriate behaviors for finding a job and making a profit. It also contemplates work skills and motivational aspects of working. There is a great connection between the skills that a person with mental disabilities needs to succeed in life and the verbal skills that are needed for success in the work environment. A person with intellectual disability needs to acquire both appropriate job habits and appropriate communication skills (Lager, Ka, Stone, 1983; quoted by Hallahan and Kaufman). Some scientists believe that many adults with mild and moderate intellectual disabilities can become at least somewhat self-sufficient. These researchers have shown that adults with mild intellectual disabilities can learn unskilled or semi-skilled jobs, and the inability to perform tasks in unskilled jobs usually depends on personal, social, and interpersonal characteristics, and not on the inability of these people to perform Assigned (Brickley and Kemp, Bell, 1981 cited in Hallahan and Kaufman).

X. CONCLUSION

The inclusion of training programs related to the development of adaptive skills during other training programs of special centers can affect the quality and quality of their lives and it helped their growth in the areas of decision-making, self-control and control of motives, interpersonal relationships and understanding the emotions of others, predicting appropriate social behaviors in different situations, and especially the development of their individual skills. On the other hand, teaching the families of students with mental disabilities and paying attention to this has a significant effect on the development of adaptive behaviors. As a

result, early assessment and interventions have a significant impact on the development of children's adaptive behaviors from an early age. This awareness can be a great help in planning and designing educational models for these children in the field of adaptive behavior and problem solving, and with correct and timely training of people in each of these skills, an effective step can be taken in the direction of growth and The development of the mentioned skills in people with different characteristics. On the other hand, teaching adaptive behaviors to teenagers with mental disabilities in special centers helps them in their professional replacements and employment. Also, these trainings help to advance the goals of education in the field of normalization. Especially since today there is a lot of emphasis on comprehensive education and replacement of these students in regular schools.

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