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ORIGINAL ARTICLE

Factor structure of the construct of adaptive behavior in children with and without intellectual disability

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Abstract Although the presence of significant limitations in adaptive behavior constitutes one of the three necessary criteria for diagnosing intellectual disability, adaptive behavior structure has always been the subject of considerable controversy among researchers. The main goal of this study is to extend previous research results that provide further support to a multidimensional structure of conceptual, social, and practical skills compared to the unidimensional structure. One-factor and 3-correlated factors models as measured by 15 observable indicators were analyzed by means of confirmatory factor analysis (CFA), as well as their relationships with one second-order factor (i.e., adaptive behavior). To that end, 388 children with and without intellectual disabilities were assessed with the Diagnostic Adaptive Behavior Scale (DABS). Results of CFA indicated that the 3 first-order factors solution provides the best fit to the data. Reliability and validity of the multidimensional model were also analyzed through different methods such as the composite reliability and the average variance extracted. Finally, implications of these findings and possible directions for future research are discussed.

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PALABRAS CLAVE

Funcionamiento
adaptativo;
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Análisis factorial
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Resumen Pese a que la presencia de limitaciones significativas en conducta adaptativa constituye uno de los tres criterios necesarios para establecer un diagnóstico de discapacidad intelectual, su estructura siempre ha sido objeto de un polémico debate entre investigadores. El presente estudio tiene como objetivo respaldar resultados previos de investigación que proporcionan un mayor apoyo a una estructura multidimensional de habilidades conceptuales, sociales y prácticas frente a una estructura unidimensional. Mediante Análisis Factorial Confirmatorio (AFC) se analizaron modelos de un único factor y de 3 factores correlacionados, ambos representados por un conjunto de 15 indicadores observables, así como su posible relación con un

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Estudio instrumental

factor de orden superior (i.e., conducta adaptativa). Para ello, se evaluó la conducta adaptativa de 388 niños con y sin discapacidad intelectual con la Escala de Diagnóstico de Conducta Adaptativa (DABS). Los resultados del AFC pusieron de manifiesto que el modelo de 3 factores de primer orden es el que presenta un mejor ajuste a los datos. La fiabilidad y validez del modelo multidimensional se analizaron además mediante otros métodos como la fiabilidad compuesta y la varianza media extractada. Finalmente se discuten las implicaciones que pudieran derivarse de estos resultados, así como futuras líneas de investigación.

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Before the arrival of the intelligence tests movement, intellectual disability (ID) was described in terms of what we nowadays call adaptive behavior (Schalock, 1999; Schalock et al., 2010) or the ability to respond to environmental demands. Nonetheless, adaptive behavior skills ceased to play an important role in the conceptualization and diagnosis of ID in the first half of the 20th century due to the emphasis given to IQ scores. Adaptive behavior reemerged as one of the three diagnostic criteria of ID in the 5th edition of the American Association on Mental Deficiency in 1959. However, adaptive behavior structure has traditionally been the subject of considerable controversy, particularly among the scientific audience. In the 70's, 80's, and early 90's, two main approaches to the study of adaptive behavior structure emerged: the first one, argued that adaptive behavior is a unidimensional construct (e.g., Bruininks, McGrew, & Maruyama, 1988), while the second, consistently supported by research (see Widaman, Borthwick-Duffy, & Little, 1991), defended that adaptive behavior is multidimensional in nature.

In 1992 the American Association on Mental Retardation (AAMR) adopted a position in relation to both approaches and conceptualized ID according to a multidimensional framework that was also reflected in the way of understanding adaptive behavior, assuming that people with ID experience difficulties that result from the presence of significant limitations in different adaptive skills: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work. However, due to the lack of confirmatory factor analysis to validate the structure of these ten adaptive behavior areas, some authors criticized their artificial and arbitrary nature (Verdugo, 2003; Widaman & McGrew, 1996) while others pointed out the mistake of including adaptive behavior as a diagnostic criterion before there was an adequate theoretical understanding of it (Greenspan, 2012).

In response to adaptive behavior structure criticism, the construct was substantially modified, and the current conceptualization of ID (Luckasson et al., 2002; Schalock et al., 2010) defines it as a disability originated before age 18 and characterized by significant limitations both in intellectual functioning and in adaptive behavior.

Adaptive behavior is therefore considered on equal footing as intelligence and can be understood as the "collection of conceptual, social, and practical skills that have been learned and are performed by people in their

everyday lives" (Luckasson et al., 2002, p. 17; Schalock et al., 2010, p. 15). This conceptualization of ID reflects the influence of Greenspan's ideas about tripartite intelligence (i.e., conceptual, social, and practical intelligence) (Greenspan, 2006), but it is necessary to point out some aspects regarding this model. On the one hand, although author's original intend was replace the dual criteria model of IQ and adaptive behavior by a broader concept of adaptive functioning or personal competence, the relationship between adaptive behavior and intelligence is not clear today as we can deduce from the large amount of empirical studies that are focused on it (e.g., Ditterline & Oakland, 2009; Kenworthy, Case, Harms, Martin, & Wallace, 2010; Matson, Rivett, Fodstad, Dempsey, & Boisjoli, 2009). On the other hand, although this model has become one of the most relevant approaches to understand the relationship between adaptive behavior and intelligence, it continues to be theoretical and needs more empirical work (Schalock et al., 2010; Tassé et al., 2012).

This tripartite conceptualization of adaptive behavior (i.e., conceptual, social, and practical skills) is based on different empirical studies that attempted to shed light on the structure of this construct (Harrison & Oakland, 2003; Harrison & Rainieri, 2008; Widaman et al., 1991; Widaman & McGrew, 1996). Most of these studies found support for the presence of four domains of adaptive behavior: conceptual, social, practical, and motor skills, but unlike previous definitions, physical or motor competence is not currently included within the adaptive behavior domain, considering that it should be measured within a separate domain of health due to its relation to developmental aspects (Luckasson et al., 2002; Schalock et al., 2010). Similarly, problem behaviors are not considered as part of the diagnosis of significant limitations in adaptive behavior. Firstly, there is a general agreement among scientists and clinicians that the presence of significant levels of behavior problems does not mean significant limitations in adaptive functioning (Luckasson et al., 2002; Schalock et al., 2010; Tassé, 2009). Secondly, although adaptive and maladaptive behaviors are moderate or strongly related in people who present a co-morbid condition (i.e., Autism Spectrum Disorder, ASD) (e.g., Kearny & Healy, 2011), these constructs are weakly related in people with ID and no other conditions (Tassé, 2009). Finally, problem behaviors are not critical issues for diagnosing ID whereas such behaviors may be the answer to inappropriate environments where people lack of alternative communication skills (Schalock, 1999). This

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