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Examination of adaptive behavior differences in adults with autism spectrum disorders and intellectual disability

Johnny L. Matson^{*}, Tessa T. Rivet, Jill C. Fodstad, Timothy Dempsey, Jessica A. Boisjoli

Louisiana State University, United States

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ABSTRACT

Autism spectrum disorders (ASD) and intellectual disabilities (ID) are high prevalence developmental disabilities that co-occur at high rates. Furthermore, Axis I psychopathology is known to occur more frequently in individuals with ID than the general population. The problems are lifelong and can be major impediments to independent living. Despite this, little research with adults is available to determine the effects of these disabilities on specific adaptive skills. In this study, 337 adults were evaluated using the Vineland Adaptive Behavior Scale to assess the effects of these disabilities on looking at an ID, ID plus ASD, and ID and ASD plus Axis I psychopathology group. Adaptive skills were greatest for the ID group followed by the ID plus ASD, and ID and ASD plus psychopathology. Thus, the more handicapping conditions, the greater the skills deficits observed, particularly where psychopathology was concerned. As such, accurately identifying the causes of adaptive skill deficits will likely result in more precise and effective treatment.

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Adaptive skills are defined as daily activities that are required to support personal and social self-sufficiency (Doll, 1953). Those behaviors are a defining aspect of intellectual disability and at the same time are a primary determinant of overall functioning and adjustment (Goldberg, Dill, Shin, & Nhan, 2009; Lifshitz, Merrick, & Morad, 2008; Matson et al., 1996). As a result, deficits in this area are a primary impediment to independent living (Soenen, Van Berckelaer-Onnes, & Scholte, 2009). These skills effect a wide range of tasks from basic dressing skills to competitive employment (Dawson,

^{*} Corresponding author at: Department of Psychology, Louisiana State University, Baton Rouge, LA 70803, United States.
E-mail address: johnmatson@aol.com (J.L. Matson).

Matson, & Cherry, 1998). These difficulties appear early and tend to persist throughout the individual's life without effective intervention (Chadwick, Cuddy, Kusel, & Taylor, 2005; de Bidlt, Systema, Kraijer, Sparrow, & Mindereraa, 2005; Kuhn & Matson, 2004; Rojahn, Matson, Naglieri, & Mayville, 2004).

Additional problems can and do co-occur with ID. Among these are challenging behaviors (Coe et al., 1999; Duncan, Matson, Bamburg, Cherry, & Buckley, 1999; Paclawskyj, Matson, Rush, Smalls, & Vollmer, 2000; Ringdahl, Call, Mews, Boelter, & Christensen, 2008). Also commonly observed are comorbid forms of psychopathology which occur among persons with ID at higher rates than in the general population (Fuller & Sabatino, 1998; Masi, 1998; Matson & Bamburg, 1999; Myrbakk & von Tetzchner, 2008; Tonge & Bouras, 1999). Among the most frequent of these comorbid conditions are autism spectrum disorders (ASD) and various Axis I forms of psychopathology as categorized in the Diagnostic and Statistical Manual of the American Psychiatric Association (APA, 2000; Holden & Gitlesen, 2008; Hove & Havik, 2008; Matson, Smiroldo, Hamilton, & Baglio, 1997; Njardvik, Matson, & Cherry, 1999). Furthermore, problems of this nature which co-occur with ID are known to adversely affect adaptive skills (Matson, Kiely, & Bamburg, 1997). Having said this, direct comparisons of adaptive behavior for persons with ID and ID plus co-occurring developmental disorders and psychopathology have not been conducted. This goal will be the purpose of this study.

1. Methods

1.1. Participants

Participants were 377 adults with intellectual disability (ID) residing at one of two developmental centers in the United States. Participants ranged in age from 18 to 88 years of age ($M = 50.49$; $SD = 12.20$) with ethnic identification being primarily Caucasian (78.2%). The majority of participants were non-verbal (67.2%) and ambulatory (56.7%). One hundred and thirty-six of the participants were diagnosed as having epilepsy; however, the majority of participants ($n = 241$) had no history of seizures. Twenty-two participants had significant visual impairments and nine had significant hearing impairments. Participants included both females ($n = 163$) and males ($n = 214$) assessed to be functioning within the profound ($n = 312$), severe ($n = 40$), moderate ($n = 21$), and mild ($n = 4$) levels of ID. Level of ID was previously determined through evaluations conducted by a licensed psychologist using the criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, Text Revision (DSM-IV-TR; American Psychiatric Association [APA], 2000) criteria, a standardized measure of cognitive ability (e.g., Stanford Binet Intelligence Scales or the Leiter International Performance Scale), behavioral observations, and the Vineland Adaptive Behavior Scales (Sparrow, Balla, & Cicchetti, 1984).

One hundred and twenty-seven of the participants had been given an Axis I diagnosis, the most common of which were autism or pervasive developmental disorder not otherwise specified ($n = 90$), stereotypic movement disorder ($n = 31$), bipolar disorder ($n = 10$), mood disorder not otherwise specified ($n = 8$), and major depression ($n = 4$). Of these 127 individuals, 100 had only one Axis I diagnosis and 27 had two diagnoses. It should be noted that for the purposes of this study, neither rumination nor pica was classified as being a psychopathology. Axis I diagnoses were made prior to this study by an interdisciplinary team including psychiatrists and psychologists, according to the criteria of DSM-IV-TR (APA, 2000). In addition to DSM-IV-TR criterion, this team used information deduced from behavioral observations, mental status exams, a thorough review of the individual's medical history, and assessment measures such as the *Diagnostic Assessment of the Severely Handicapped-II* (DASH-II; Matson, 1995), the *Assessment of Dual Diagnosis* (ADD; Matson & Bamburg, 1998), and the *Autism Spectrum Disorder-Diagnosis for Intellectually Disabled Adults* (ASD-DA; Matson, Wilkins, & González, 2006) to aid in the diagnostic process.

Ninety-eight of the participants were, at the time, prescribed psychotropic medications. The average number of psychotropic medications used among those taking psychotropics was 1.10. Out of these 98 individuals, 89 were taking one psychotropic medication, 8 were taking two, and 1 was taking three. The most commonly prescribed medication class was anticonvulsants/mood stabilizers, followed by antipsychotics (anticonvulsants/mood stabilizers, $n = 54$; antipsychotics, $n = 39$; antidepressants, $n = 12$; anxiolytics, $n = 3$). Extrapyramidal movement related disorders were noted

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