Encyclopedia of School Psychology Adaptive Behavior Assessment

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Adaptive behavior includes those skills necessary for personal independence and social responsibility. The criteria for evaluating adaptive behavior vary according to age because those skills expected and needed to be independent and responsible develop as an individual grows. As noted by Sattler (2002), adaptive behavior is most commonly evaluated only when there are questions about an individual's overall functioning and skills. Specifically, adaptive behavior is included as one of the areas requiring documentation for a diagnosis of mental retardation. There are two major diagnostic definitions of mental retardation; both of these include deficits in adaptive behavior as a required component for diagnosis of mental retardation. In addition, cognitive deficits must be present for a diagnosis of mental retardation.

The *Diagnostic and Statistical Manual of Mental Disorders*, *Fourth Edition-Text Revision* (*DSM-IV-TR*) is published by the American Psychiatric Association (2000) and includes specific domains of adaptive behavior in its definition of mental retardation. According to the *DSM-IV-TR*, mental retardation is characterized in part by "significant limitations in adaptive functioning in at least two of the following skill areas: communication, self-care, home living, social/ interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety." While the *DSM-IV-TR* criteria are designed for use in the diagnostic process, they also provide several domains of functioning typically included in assessment of overall adaptive behavior.

A second conceptualization of adaptive behavior is included the American Association of Mental Retardation (AAMR) (2002). The AAMR wording is more broad and includes three domains of adaptive skills: conceptual, social, and practical. The AAMR definition is accompanied by five major principles for the assessment and understanding of adaptive behavior:

- 1. Limitations in present functioning must be considered within the context of community environments typical of the individual's age, peers, and culture.
- 2. Valid assessment considers cultural and linguistic diversity as well as differences in communication, sensory, motor, and behavioral factors.
- 3. Within an individual, limitations often coexist with strengths.
- 4. An important purpose of describing limitations is to develop a profile of needed supports.



• 5. With appropriate personalized supports over a sustained period, the life functioning of the person with mental retardation generally will improve.

An important difference between the definitions of adaptive behavior provided by the *DSM-IV-TR* and by the AAMR is the durability of adaptive behavior limitations. The *DSM-IV-TR* definition is typically interpreted such that adaptive behavior deficits are considered to be permanent characteristics of an individual, and they are not expected to change over time. By contrast, the AAMR definition includes broader terms and is accompanied by a guiding principle (number 5) that acknowledges an individual's adaptive behavior could change over time.

Assessment of Adaptive Behavior

As noted above, assessment of adaptive behavior is commonly done as part of an evaluation for mental retardation. Nonetheless, the specific steps and methods used to conduct adaptive behavior assessments can vary. For adaptive behavior assessments to be useful, three major questions should be asked both before and during the assessment:

- 1. What type of decision is needed?
- 2. What adaptive behavior domains need to be evaluated?
- 3. Can the results be used to inform program planning and monitoring?

First, what is the nature of the decision to be made as a result of the assessment? If it is primarily to determine eligibility for services, then including measures that specifically document how the individual meets the eligibility criteria is important. If the assessment is primarily for program evaluation and planning, then other, more global adaptive skills measures may be more appropriate.

Second, the evaluator should determine which adaptive behaviors need to be assessed. If an individual has already shown competency in certain adaptive behavior domains, then evaluating those may not be necessary. Instead, the assessment should focus on skills that are less developed or previously identified as deficits. The third step in adaptive behavior assessment is to select measurement tools that can be



used to inform program planning and progress monitoring. Regardless of whether the assessment is being conducted for eligibility or program planning reasons, all assessment components should be able to provide information about what types of activities should be included in future programs. Once the purpose, domains, and programming needs of the assessment are identified, the actual assessment of adaptive behavior can begin.

As noted by Salvia and Ysseldyke (2001), many traditional approaches to adaptive behavior assessment have relied heavily on third-party reports. For example, the parents, teachers, or other caregivers of individuals with adaptive behavior impairments fill out ratings scales or are interviewed about an individual's behaviors; this approach to assessment is known as indirect assessment. The limitation of this approach is that it is prone to measurement error in that those who complete the items may have biased or inadequate knowledge about the specific adaptive behaviors being assessed. As a result of the limitations of indirect assessment, direct assessment methods for measuring adaptive behavior skills have been developed. Such direct methods include direct observations and task analysis, as recommended by Browder and Snell (1988).

For adaptive behavior assessments to be considered comprehensive and include the three components described above, it is recommended that they include at least two, and preferably three (depending on the specific needs of the child or the nature of the child's problems), types of data about the individual being assessed. Specifically, a comprehensive adaptive behavior assessment should include information obtained from:

- 1. Observations of the individual in real-life, everyday situations
- 2. Performance on tasks taken from the current program
- 3. Interviews and checklists completed by those who work most closely with the individual on a regular basis

[p. 14 \downarrow **]** At times it may be necessary to use multiple sets of each type of information so that data from a variety of everyday settings are collected. For example, for a schoolage student, observations and task analysis from several different classes, as well as completion of checklists by all current teachers are necessary in order to obtain a complete picture of current adaptive skills.



Adaptive Behavior Instruments

Ideally, the first step in adaptive behavior assessment is to meet the individual being assessed and learn more about the specific behaviors to be evaluated. A logical next step is to observe the individual in natural environments to see how she or he relates and adapts to different settings. As appropriate, performance tasks can be administered to learn how well specific tasks can be done. For example, during or after an observation of a student in a life-skills classroom, the examiner can work one-on-one with the student to evaluate performance on target skills such as meal preparation, dressing, grooming, or academic skills. After the observations and performance assessment, the student's mastery of specific skills can be evaluated using task analysis. This analysis breaks the individual's performance of certain skills down into discrete steps so that progress toward mastery can be measured. Based on the information obtained from both the observations and the direct interactions with the student, the examiner can decide which interview questions or rating scales and checklists are best suited to identify the individual's current adaptive behavior skills.

Norm-Referenced Instruments	Criterion-Referenced Instruments
AAMD* Adaptive Behavior Scales, Second Edition (1993)	Assessment of Adaptive Areas (1996)
Residential and Community Scale	
School Scale	
Adaptive Behavior Evaluation Scale, Revised (1995)	Assessment of Basic Language and Learning Skills (1998)
Home Version	
School Version	
Adaptive Behavior Inventory (1986)	Checklist of Adaptive Living Skills (1997)
Responsibility and Independence Scale for Adolescents (1990)	Developmental Assessment for Students with Severe Disabilities, Second Edition (1999)





Scales of Independent Behavior, Revised (1996)	Vineland Adaptive Behavior Scale (1984)
*American Association of Mental Deficiency	

A number of adaptive behavior instruments and measures have been published. In general, these instruments can be grouped into two categories: norm-referenced and criterion-referenced. Norm-referenced adaptive behavior instruments are those for which normative information from a random sample of individuals has been collected. The performance of the individual being assessed is compared to the national norms to learn his or her relative standing when compared to others of the same age. Criterion-referenced measures include specific behaviors; the individual is measured according to the extent to which these skills (criteria) have been mastered. Norm-referenced measures are better for situations in which the purpose of assessment is eligibility decision making, whereas criterion-based measures are better for situations in which program-planning decisions are the primary purpose for assessment. A brief summary of adaptive behavior instruments is found in Table 1. The table includes examples of both norm-referenced and criterion-referenced instruments.

[p. 15 \downarrow **]** Several instruments have multiple informant response forms. For example, the Adaptive Behavior Evaluation Scale (ABES) has versions for home and school. The Scales of Independent Behavior, Revised (SIB-R) has only one form, but it can be filled out by multiple informants.

The final step in adaptive behavior assessment is to put together all the collected information to create an adaptive behavior profile. This profile should address the three assessment questions identified earlier (purpose for assessment, domains of skills assessed, and indicators for programming and progress monitoring). Taken together, the information contained in the profile can be used to assist in determining the levels of current adaptive behaviors, whether such behaviors lead to eligibility for special services, what additional programming and services are needed, and how progress toward program goals can be monitored on a regular basis. Below is a brief example of how the above adaptive behavior assessment methods were used to conduct an evaluation of a 10-year-old student.

Case Example

Beth is a 10-year-old girl who has been placed in the fourth grade at her local elementary school. She was diagnosed as having Down syndrome when she was an infant, and, based on that diagnosis, she has been provided with special education and related services since infancy. The purpose of the current evaluation is to determine Beth's progress toward the educational goals included in her Individualized Education Plan (IEP). The target skills to be evaluated are initiating interactions with same-age peers and following one-step directions. First, Beth was observed on three different occasions in her general education classroom. Next, the examiner worked one-on-one with Beth giving one-step directions, including having her say "hello" to a classmate. Based on these data, Beth's parents and teachers completed the Social Skills sections of the Checklist of Adaptive Living Skills (CALS). In addition, Beth's mother and teachers were interviewed to learn whether Beth's demonstrations of the target skills were typical behaviors for her. The information gathered from the observations, task analysis, checklists, and interviews indicated that Beth initiates social interactions with her same-age peers approximately once per day and follows one-step instructions without prompting approximately three times a day. The information gained from the adaptive behavior assessment can be used to establish new instructional goals for Beth, which can then be monitored each week to learn the rate of her progress toward those goals.

Summary

Adaptive behavior includes skills that allow one to engage in age-appropriate and culturally relevant behaviors for the purpose of everyday functioning. While there are two major conceptualizations of the domains of adaptive behavior, there is agreement that adaptive behaviors are important for participation in the larger society. Assessment of adaptive behavior includes evaluating an individual's skills across several settings and with multiple sources of information to learn the extent to which current behaviors are adequate for optimal functioning. Comprehensive adaptive behavior assessment uses observations, interviews, task analysis, and informant survey responses to



develop an adaptive behavior profile that addresses the purpose of the assessment, adaptive behavior domains assessed, and program and progress implications.

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- Autism Spectrum Disorders
- Individualized Education Plan (IEP)
- Individuals With Disabilities Education Act
- Least Restrictive Environment (LRE)
- Mental Retardation
- Traumatic Brain Injury

References and Further Reading

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