

Gender differences of individuals with intellectual disability in adaptive abilities

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Abstract: Adaptive functioning is included in the definition of people with an intellectual disability, demonstrating that the categorization of people with an intellectual disability is no longer based on IQ alone. This function is important as it demonstrates deficits related to individuals' ability to live independently as they relate to important daily living skills. The aim of the specific research was to compare the levels of adaptive functioning of adolescents and adult men and women of intellectual disability from Greece. Adaptive functioning was assessed with the AAMD Adaptive Behavior Scale. In total, 108 people with intellectual disabilities took part in the research. The results showed that between the two leaves there is variability in their yields. We found that gender was a limiting factor in some factors and sub-sections of the rating scale, while in others we did not find statistically significant differences. Consequently, those involved with people with intellectual disabilities and aiming to design rehabilitation programs should take into account that beyond lower levels of adaptive functioning there are gender differences as well.

Keywords: adults, adolescents,

1. Introduction

The attitude of societies over the years towards people with disabilities has not remained the same. Thus initially mental disability was identified with physical abnormality and deformity, with the result that efforts to provide care and education were sporadic, unsystematic and limited to providing shelter and protection and not to the rehabilitation and education of those unable to survive in the competitive society. This attitude changed around the mid-1800s. This period saw the beginning of the belief that people with intellectual disabilities could be educated and reintegrated into society through appropriate long-term intervention programs (Horn & Fuchs, 1987). These first attempts at education and integration into society were mainly aimed at people with severe mental disabilities, with the consequence that they failed and rehabilitation centers turned into long-term care facilities. (Horn, & Fuchs, 1987).

Αμέσως μεταη κατάταξη ενόσ ατόμου μεταξύ αυτών μνηστικῆ ἀναπηρίασ τη ρίχτηκεσ εαντικειμενικῆσ methods and in particular the IQ (Bourguignon, 1994), classifying these individuals into different categories (mild, severe, moderate degree of intellectual disability). IQ leads to the classification of "abnormal" versus "normal" based on whether individuals have a slower learning rate during the school years than their peers (Luckasson et al. 2002).

In the 1950s, the legalization of the rights of these individuals, the movements of parents who defended the rights of children lead to the creation of supportive programs which are funded by the state. The enabling sociopolitical climate directs attention to education, and not simply to the minimal care of the severely disabled (Horn & Fuchs, 1987). The IQ no longer seems capable of describing the nature of intellectual disability and the real needs of this population making its appearance a new concept, that of adaptive behavior (Soenen, Van Berckelaer-Onnes, & Scholte, 2009). The concept of "adaptive behavior", part of the conceptual definition of intellectual disability in addition to Intellectual functioning (Schalock, 1999), essentially providing a more holistic assessment of deficits continues to be included in definitions of intellectual disability today. The American Psychiatric Association considers this function important and links it to all activities required for daily life such as communication and independent living. In addition, it points out that such deficits appear simultaneously and begin during the developmental period (APA, 2022).

Recently, the American Association on Intellectual and Developmental Disabilities separates adaptive behavior from intelligence, stating that adaptive behavior refers to information related to the conceptual, social and practical skills that all people should possess in order to be able to respond to the demands of their daily life. The first include the literacy, self-direction, and concepts of number, money, and time. The second ones are mentioned at «interpersonal skills, social responsibility, self-esteem, gullibility, naïveté (i.e., wariness), social problem solving, following rules, obeying laws, and avoiding being victimized» κατέλογοι τελεστικῆσ ἐσχετίζοντα μῆ activities of daily living (personal care), occupational skills, use of money, safety, health care, travel/transportation, schedules/routines, and use of the telephone (AAIDD, 2022).

Many studies show that the adaptive abilities of people with intellectual disability are lower than what should be according to their age (Spiridigliozzi et al. 2019; Gravråkmø et al. 2022). In fact, age affects in a

different way the adaptive behavior of people with intellectual disabilities (Silverstein et al. 1986), with the magnitude of this developmental delay being approximately 80% slower compared to typically developing peers De Weger, Boonstra, and Goossens, (2021), It is possible that exposure to daily life and school is the reason that adaptive behavior skills up to age 30, even when cognitive abilities reach a plateau without significant decline in middle adulthood (Dressler, Perelli, Feucht, & Bargagna, 2010). Taking into account the premature aging and the accelerated decline of the cognitive functions of people with Down's syndrome, as well as the increase in life expectancy (Ghezzi et al. 2014), lower performance was found in most of the neuropsychological functions and behavioral skills.

Channell et al. (2021), evaluated the variability of the phenotype of individuals with Down syndrome in a large sample size for this population. Specifically, the purpose of their research was to determine whether behavioral and cognitive assessments could separate participants into groups and to examine demographic characteristics associated with latent subgroups. A total of 314 children, adolescents and young adults with intellectual disabilities, aged 6–25 years, took part in the research. The results revealed a three-group model where each group, "normative", "cognitive", "behavioral", had a unique and distinct profile in the cognitive and behavioral domains. In particular, the first group had low rates of maladaptive behavior as well as low autism symptoms. The second group showed low scores in the cognitive domain of adaptive behavior and lower levels of maladaptive behavior. even though he showed more symptoms of autism. Finally, the performance of the latter group was in between the other two groups despite having higher rates of maladaptive behavior and autistic symptoms.

The problems of adaptive functioning in social situations and in peer relationships exhibited by children with mild to borderline intellectual disability (MBID) lead to either their acceptance or rejection resulting in them having problems in developing social relationships related to the processing of social information and problem solving (Van Nieuwenhuijzen, & Vriens, 2012). Adaptive behavior is of major importance for the level of education (i.e., type of school) a child may attend, while among children with a higher level of mild intelligence it is the only factor which directly affects the level of education a child reaches. However, at the level of adaptive behavior autistic-type behaviors are a greater limiting factor leading to even greater deficits in adaptive functioning as children fail to reach the level of education that would be expected with based on IQ without these problems (De Bildt et al. 2005). This shows that problem behavior alone does not affect whether or not a child is able to attend the level of education that would be expected based on IQ. On the contrary, a more important limiting factor is the low level of adaptive functioning, due to problematic behavior.

Co-education in childhood, parents' level of education, and the implementation of early intervention programs from childhood can lead to an excess effect (ie, an above-average performance) in adaptive skills Dressler et al. (2021). It is important to bear in mind that the expectations and requirements regarding children's adaptive behavior differ between teachers and parents and therefore more or less support with results promoting correspondingly, more or less, and autonomy in of adolescent children with the syndrome (Sabat, Arango, Tassé, & Tenorio, 2020).

Adaptive behavior is closely related to the quality of life of children with intellectual disability (ID), however the development of adaptive skills in boys depends on the syndrome (Zhu et al. (2016). Compared to normal children, children with intellectual disability in important domains of daily life such as quality of life, gross motor skills, autonomy, social functioning and cognitive functioning show significantly lower scores and more emotional and behavioral problems and higher levels of anxiety/depression with an average developmental delay of up to four years (van Gameraen-Oosterom, et al. 2011),

Today there are many tools available to assess adaptive behavior. Most serve specific needs, are used by different agencies and their results are not officially published. Some scales, such as AAMD's Adaptive Behavior Scale, aim to identify the needs, group and individual, of programs or to identify general areas of deficits (McCarver & Campbell, 1987). In this research, the AAMD Adaptive Behavior Scale will be used to assess the adaptive functioning of people with intellectual disabilities from Greece.

The present research, through its research findings, hopes to provide guidelines for understanding the needs for the provision of necessary and targeted interventions by all involved (public and private agencies) so that people with intellectual disabilities gain as much as possible skills that will help them. to independent living by improving their adaptive behavior. The purpose of this study was to determine the effect of gender. More specifically, the study addressed the following research question:

The level of adaptive behavior skills and consequently independent living skills assessed by the Scale of Adaptive Behavior (AAMD) would differ between the two genders.

2. Methodology

2.1 Participants

A total of 118 (67 boys and 41 girls) people with intellectual disabilities from Greece from 16 to 31 years old ($M=20,86, sd\pm 4,084$), took part in the research which was carried out in the spring of 2020 questionnaires were collected. The assessments collected were completed by the heads of the centers that attended the individuals with intellectual Disabilities while the intelligence quotient (IQ) was evaluated with the WISC.

2.2 Measuring instruments

2.2.1 Adaptive Behavior Scales (AAMD ABS)

The American Association on Mental Deficiency Adaptive Behavior Scales (AAMD ABS) questionnaire was considered appropriate for investigating the adaptive behavior of children and adults with intellectual disability. The ABS-S was built in 1969 by Nihira, Foster, Shellhaas and Leland and revised in 1974 and 1993 to improve reliability. This widely used psychometric tool for adaptive behavior (Moss, Hogg & Horne, 2008; Roszkowski & Bean 1980) has good reliability and validity even in people on the autism spectrum (Perry & Factor 1989), while its reliability and validity increase especially when evaluated and performed by one person (Hopp, & Baron 2011; Spreat, 1982). This scale is designed to measure the adaptive behavior of individuals from birth to age 90. It assesses 241 items that are important in the child's normal daily life. Such information as grooming, dressing, safety, food handling, work, money management, cleaning, making friends, social skills and the personal responsibility expected of their age is collected through a questionnaire completed by either the parent/guardian or the principal caregiver of the child.

2.3 Procedure

For the needs of the research, the Presidents of the private associations of Persons with Mental Disabilities were informed. Afterwards, a meeting was held to inform them in detail about the purpose and type of research, and they were given clarifications on how to complete the questionnaire. Parents or guardians were also informed and their written consent was obtained. The questionnaires were split over the summer period to avoid the problem created by the covid 19 pandemic. Before completing the questionnaires, participants were informed that the data would be confidential and would only be used for research purposes. Also, that they have the right to leave at any time they want and the right to be informed about the result of the research effort in general and the result of the test of the person with intellectual disability that they completed.

2.4 Statistical Analyses

Statistical analyzes were performed with SPSS IBM 23.0 (Statistical Package for the Social Sciences). BMI (Statistical Package for the Social Sciences). Descriptive statistical analysis of frequencies (means and standard deviations) was used for the demographic characteristics of people with intellectual disabilities as well as to find the overall means for each factor and the means for each subsection of the adaptive behavior scale (ABS). Significance level was set at .05.

For the research questions, a T-Test for independent samples was carried out to test whether each factor as well as the subtest of ABC scale has a statistically significant effect between the two sheets.

The statistical hypotheses of this research were:

There will be no statistically significant difference between boys and girls and the (H1): Independent Functioning, (H2): Physical Development, (H3): Economic Activity, (H4): Language Development, (H5): Numbers and Time, (H6): Domestic Activities, (H7): Vocational Activities, (H8): Self-direction, (H9) Responsibility, (H10): Socialization, (H11): Violent and Destructive Behavior, (H12): Anti-social Behavior, (H13): Rebellious Behavior, (H14): Untrustworthy Behavior, (H15): Withdrawal, (H16): Stereotyped Behavior and odd Mannerism, (H17) Inappropriate Interpersonal Manner, (H18): Unacceptable Vocal Habits, (H19): Unacceptable or Eccentric Habits, (H20): Self-abusive Behavior, (H21): Socialization, (H22): Violent and Destructive Behavior, (H23): Hyperactive Tendencies, (H24): Sexually Aberrant Behavior, (H25): Psychological Disturbances, (H26): Use of Medication.

3. Results

Dependent T-Test was conducted to evaluate Hypothesis 1st (that "Independent Functioning" scores would not differ statistically significantly between boys and girls with intellectual disability). The results showed that the average scores for boys was not significantly higher ($M=61,75, sd\pm 16,08$) than girls ($M=65,63, sd\pm 18,31$); $t(106)=1,157$; $p>.05$. We can be 95% confident that the true difference between these means is CI [-10,5-2,8].

Dependent T-Test was conducted to evaluate Hypothesis 2st (that “Physical Development” scores would not differ statistically significantly between boys and girls with intellectual disability). The results showed ± 4.57 ; $t(61,12) = 1.468$; $p > .05$. We can be 95% confident that the true difference between these means is CI [-4.3–2.78].

Dependent T-Test was conducted to evaluate Hypothesis 3st (that “Economic Activity” scores would not differ statistically significantly between boys and girls with intellectual disability). The results showed that the average scores for boys was not significantly higher ($M=4.40$, $sd\pm 4.462$) than girls ($M=5.34$, $sd\pm 3.98$); $t(106) = -1.104$; $p > .05$. We can be 95% confident that the true difference between these means is CI [-2.62–.75].

Dependent T-Test was conducted to evaluate Hypothesis 4st (that “Language Development” scores would not differ statistically significantly between boys and girls with intellectual disability). The results showed that the average scores for boys was significantly lower ($M=18.81$, $sd\pm 7.37$) than girls ($M=21.88$, $sd\pm 7.72$); $t(106) = -2.064$; $p < .05$. We can be 95% confident that the true difference between these means is CI [-6.022–.122].

Dependent T-Test was conducted to evaluate Hypothesis 5st (that “Numbers and Time” scores would not differ statistically significantly between boys and girls with intellectual disability). The results showed that the average scores for boys was not significantly higher ($M=6.15$, $sd\pm 3.94$) than girls ($M=7.15$, $sd\pm 3.89$); $t(106) = -1.292$; $p > .05$. We can be 95% confident that the true difference between these means is CI [2.52–.53].

Dependent T-Test was conducted to evaluate Hypothesis 6st (that “Domestic Activities” scores would not differ statistically significantly between boys and girls with intellectual disability). The results showed that the average scores for boys was significantly lower ($M=4.34$, $sd\pm 4.03$) than girls ($M=8.49$, $sd\pm 6.260$); $t(60,516) = -3.785$; $p < .05$. We can be 95% confident that the true difference between these means is CI [-2.53–.53].

Dependent T-Test was conducted to evaluate Hypothesis 7st (that “Vocational Activities” scores would not differ statistically significantly between boys and girls with intellectual disability). The results showed that the average scores for boys was significantly lower ($M=2.46$, $sd\pm 2.53$) than girls ($M=3.66$, $sd\pm 2.58$); $t(106) = -2.371$; $p < .05$. We can be 95% confident that the true difference between these means is CI [-2.196–.196].

Dependent T-Test was conducted to evaluate Hypothesis 8st (that “Self-direction” scores would not differ statistically significantly between boys and girls with intellectual disability). The results showed that the average scores for boys was not significantly higher ($M=8.03$, $sd\pm 2.96$) than girls ($M=7.46$, $sd\pm 3.38$); $t(106) = .918$; $p > .05$. We can be 95% confident that the true difference between these means is CI [-.66–.179].

Dependent T-Test was conducted to evaluate Hypothesis 9st (that “Responsibility” scores would not differ statistically significantly between boys and girls with intellectual disability). The results showed that the average scores for boys was not significantly higher ($M=3.64$, $sd\pm 1.38$) than girls ($M=3.73$, $sd\pm 1.69$); $t(106) = -.303$; $p > .05$. We can be 95% confident that the true difference between these means is CI [-.68–.5].

Dependent T-Test was conducted to evaluate Hypothesis 10st (that “Socialization” scores would not differ statistically significantly between boys and girls with intellectual disability). The results showed that the average scores for boys was not significantly higher ($M=12.76$, $sd\pm 4.01$) than girls ($M=13.34$, $sd\pm 3.250$); $t(106) = -.783$; $p > .05$. We can be 95% confident that the true difference between these means is CI [-2.6–.89].

Dependent T-Test was conducted to evaluate Hypothesis 11st (that “Violent and Destructive Behavior” scores would not differ statistically significantly between boys and girls with intellectual disability). The results showed that the average scores for boys was not significantly higher ($M=3.60$, $sd\pm 3.74$) than girls ($M=2.63$, $sd\pm 5.58$); $t(106) = 1.074$; $p > .05$. We can be 95% confident that the true difference between these means is CI [-.81–2.74].

Dependent T-Test was conducted to evaluate Hypothesis 12st (that “Anti-social Behavior” scores would not differ statistically significantly between boys and girls with intellectual disability). The results showed that the average scores for boys was not significantly higher ($M=6.06$, $sd\pm 5.95$) than girls ($M=3.98$, $sd\pm 4.94$); $t(96,434) = 1.966$; $p > .05$. We can be 95% confident that the true difference between these means is CI [-.02–4.19].

Dependent T-Test was conducted to evaluate Hypothesis 13st (that “Rebellious Behavior” scores would not differ statistically significantly between boys and girls with intellectual disability). The results showed that the average scores for boys was significantly higher ($M=6.96$, $sd\pm 7.58$) than girls ($M=4.39$, $sd\pm 4.77$); $t(105,884) = 2.158$; $p < .05$. We can be 95% confident that the true difference between these means is CI [.208–4.92].

Dependent T-Test was conducted to evaluate Hypothesis 14st (that “Untrustworthy Behavior” scores would not differ statistically significantly between boys and girls with intellectual disability). The results showed that the average scores for boys was not significantly higher ($M=1.88$, $sd\pm 3.51$) than girls ($M=1.12$, $sd\pm 1.78$); $t(103,051) = 1.485$; $p > .05$. We can be 95% confident that the true difference between these means is CI [-.254–1.772].

Dependent T-Test was conducted to evaluate Hypothesis 15st (that “Withdrawal” scores would not differ statistically significantly between boys and girls with intellectual disability). The results showed that the average

scores for boys was not significantly higher ($M=3,31$, $sd\pm 3,85$) than girls ($M=4,15$, $sd\pm 4,3$); $t(106) = -1,044$; $p > .05$. We can be 95% confident that the true difference between these means is CI [-2,41- ,75].

Dependent T-Test was conducted to evaluate Hypothesis 16st (that “Stereotyped Behavior and odd Mannerism” scores would not differ statistically significantly between boys and girls with intellectual disability). The results indicate that the average scores for boys was not significantly higher ($M=1,55$, $sd\pm 2,14$) than girls ($M=1,27$, $sd\pm 2,43$); $t(106) = ,635$; $p > .05$. We can be 95% confident that the true difference between these means is CI [-,6- 1,17].

Dependent T-Test was conducted to evaluate Hypothesis 17st (that “Inappropriate Interpersonal Manner” scores would not differ statistically significantly between boys and girls with intellectual disability). The results showed that the average scores for boys was not significantly higher ($M=1,72$, $sd\pm 1,88$) than girls ($M=1,56$, $sd\pm 2,83$); $t(106) = ,343$; $p > .05$. We can be 95% confident that the true difference between these means is CI [-,74- 1,05].

Dependent T-Test was conducted to evaluate Hypothesis 18st (that “Unacceptable Vocal Habits” scores would not differ statistically significantly between boys and girls with intellectual disability). The results showed that the average scores for boys significantly higher ($M=1,49$, $sd\pm 1,65$) than girls ($M=,85$, $sd\pm 1,42$); $t(94,031) = 2,131$; $p < .05$. We can be 95% confident that the true difference between these means is CI [,044- 1,23].

Dependent T-Test was conducted to evaluate Hypothesis 19st (that “Unacceptable or Eccentric Habits” scores would not differ statistically significantly between boys and girls with intellectual disability). The results indicate that the average scores for boys was not significantly higher ($M=2,31$, $sd\pm 3,04$) than girls ($M=2,22$, $sd\pm 4,11$); $t(106) = ,136$; $p > .05$. We can be 95% confident that the true difference between these means is CI [-1,27- 1,46]2).

Dependent T-Test was conducted to evaluate Hypothesis 20st (that “Self-abusive Behavior” scores would not differ statistically significantly between boys and girls with intellectual disability). The results showed that the average scores for boys was not significantly higher ($M=,36$, $sd\pm ,89$) than girls ($M=,17$, $sd\pm ,5$); $t(105,362) = 1,413$; $p > .05$. We can be 95% confident that the true difference between these means is CI [-,08- ,45].

Dependent T-Test was conducted to evaluate Hypothesis 23st (that “Hyperactive Tendencies” scores would not differ statistically significantly between boys and girls with intellectual disability). The results showed that the average scores for boys was not significantly higher ($M=,63$, $sd\pm 1,19$) than girls ($M=,34$, $sd\pm ,69$); $t(105,798) = 1,573$; $p > .05$. We can be 95% confident that the true difference between these means is CI [-,07- ,65] .

Dependent T-Test was conducted to evaluate Hypothesis 24st (that “Sexually Aberrant Behavior” scores would not differ statistically significantly between boys and girls with intellectual disability). The results showed that the average scores for boys was not significantly higher ($M=,33$, $sd\pm 1,02$) than girls ($M=,27$, $sd\pm ,59$); $t(106) = ,343$; $p > .05$. We can be 95% confident that the true difference between these means is CI [-,29- ,41].

Dependent T-Test was conducted to evaluate Hypothesis 25st (that “Psychological Disturbances” scores would not differ statistically significantly between boys and girls with intellectual disability). The results showed that the average scores for boys was significantly higher ($M=4,81$, $sd\pm 5,41$) than girls ($M=9,85$, $sd\pm 8,84$); $t(58,595) = -3,299$; $p < .05$. We can be 95% confident that the true difference between these means is CI [-8,11- 1,99].

Dependent T-Test was conducted to evaluate Hypothesis 26st (that “Use of Medication” scores would not differ statistically significantly between boys and girls with intellectual disability). The results showed that the average scores for boys was not significantly higher ($M=,82$, $sd\pm 1,06$) than girls ($M=,49$, $sd\pm 1,05$); $t(106) = 1,555$; $p > .05$. We can be 95% confident that the true difference between these means is CI [-,09- ,75].

4. Discussion – Conclusions

The results of the present research using subjective methods of assessing adaptive functioning confirmed and further add to the literature on deficits in this area in adolescents and adults with intellectual disabilities (Channell et al. 2021; Sabat et al. 2020; Zhu et al. 2016). There is evidence that this population acquires adaptive skills at a slower rate, peaking around age 12 (Van Duijn et al. 2010).

Furthermore, we provide evidence that adolescents and adults show different levels depending on the type of adaptive functioning assessed. This means that there were skills in which men and women differed with men showing better levels of adaptive functioning. This was observed in skills assessing Psychological Disturbances, Rebellious Behavior and Unacceptable Vocal Habits domains of adaptive capacity where boys performed higher than girls. In fact, in the last sub-region the standard deviation was small, showing that there is not much variability between the participants. On the other hand, in three areas the results were reversed. Specifically in the Language Development field that assesses skills such as the ability to ask questions, read books and understand words related to spatial orientation, etc. adolescent girls and women showed better

results. Visual-spatial deficits have been confirmed by the cross-sectional study of Ghezzi et al. (2014), in which 67 people with intellectual disability without serious clinical conditions in a relatively large age range (11 to 66 years) participated. In fact, in this research it was shown that the short-term visual-spatial memory deficits were lower than the corresponding average (3 ± 0.9) of 5-year-old children with typical development.

We observed a similar trend in the "Domestic Activities" sector, which assesses the ability to clean rooms and cook, as well as in the "Vocational Activities" sector, which refers to the skills they demonstrate in workplaces such as using tools, mopping floors, etc. These results did not surprise us as girls usually deal with housework and have better fine handling of objects. It is clear that people with intellectual disabilities show the same profile as the typical population in these sections.

On the other hand in most areas such as in the factor Independent Functioning, "Physical Development" "Economic Activity", "Numbers and Time", "Self-direction", "Responsibility", "Socialization", "Violent and Destructive Behavior", "Anti-social Behavior boys", "Untrustworthy Behavior", "Withdrawal", "Stereotyped Behavior and odd Mannerism", "Inappropriate Interpersonal Manner", "Hyperactive Tendencies", "Sexually Aberrant Behavior", "Use of Medication", "Unacceptable or Eccentric Habits", "Self-abusive Behavior", "Anti-social Behavior" no differences were found between the two sheets. This can be justified as the participants of the present study attended activities outside of school while some of them continued their education even after completing compulsory public education in institutions created for this purpose. The contribution of such type of organizations to the strengthening of adaptive behaviors, i.e., motor skills, social skills, and community skills has been hypothesized (Rosser et al. 2018). Recently Dressler et al. (2021), found an excess effect of adaptive behavior in adulthood of people with intellectual disabilities when their education took place in inclusive schools. Specifically, the surplus effect was found in their overall level of adaptive behavior (35/54, 65%) as well as in all main areas (communication, daily living skills, socialization) and sub-areas (reception, expression, written, personal, domestic, community, relationships, play, and coping) of adaptive behavior. In the domain of socialization, the written and community subdomains, the redundancy effect was significantly more common in co-ed individuals (68% vs. 25%, 59% vs. 13%, 63% vs. 13%, respectively) (Dressler et al. 2021).

It is important that curricula are modified and emphasis is placed on the development of functional communication skills, including how they can find information they need using available resources such as the internet or the phone book (Jacola et al. 2014). Higher levels of adaptive behavior beyond autonomy both at work and at home (Woolf, Woolf and Oakland (2010), can lead to the acceptance or rejection of people with intellectual disabilities, the development of better social relationships (Van Nieuwenhuijzen, & Vriens, 2012), positively influence their adaptation to the demands of school life (Shelton et al., 1998), lead to fewer emotional and behavioral problems, reduce levels of anxiety and depressive symptoms and therefore lead to higher levels of quality (van Gameren-Oosterom, et al. 2011). Considering that despite the general slowing of adaptive and cognitive abilities the domain of adaptive abilities continues to improve after the age of 30 even though the cognitive level has reached a plateau perceived that this area can be further conquered. Dressler, Perelli, Feucht and Bargagna, (2010), through a series of appropriate interventions emphasizing gender-specific requirements. Let's not forget that a child's education starts from the day of his birth and never stops.

5. References

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