

Functional Social Skills of Adults with Intellectual Disability

Umadevi VM¹, PS Sukumaran^{2*}

1. Research Scholar, School of Behavioural Sciences, Mahatma Gandhi University, Kottayam, Kerala, India

2. Professor in Special Education, School of Behavioural Sciences, Mahatma Gandhi University, Kottayam, Kerala, India

ABSTRACT

Purpose: *The present study aimed to find the level of functional social skills of adults with intellectual disability, and attempted to analyse these skills with respect to gender, level of disability, type of school attended and number of years of schooling.*

Method: *Descriptive method of research was employed for the study. The study sample consisted of 100 adults with intellectual disability, randomly selected from various special schools which provide vocational training in Kottayam district of Kerala state, in South India. Data on social skills of these individuals were collected through a standardised Functional Social Skills Assessment Scale developed by the authors. The data were analysed through arithmetic mean, standard deviation, independent t-test and one-way analysis of variance.*

Results: *The results indicated that only 48% of the adults with intellectual disability in the study sample possessed functional social skills.*

Key words: *Intellectual disability, Social skills.*

INTRODUCTION

Adults with intellectual disability are one of the marginalised groups in society. They tend to remain unattended and ignored, in many developing countries. Owing to developments in the fields of science, technology, medicine and healthcare throughout the world, the life expectancy of persons with intellectual disability has increased to a large extent. For instance, the average life expectancy of people with Down syndrome, which is the most recognisable form of intellectual disability, has increased by about 30 years.

Most adults with intellectual disability live at home with usually aging family members. This can lead to a crisis when parents are no longer able to provide

*Corresponding Author: Dr. P.S. Sukumaran, Professor in Special Education, School of Behavioural Sciences, Mahatma Gandhi University, Kottayam, Kerala, India. Email: ramendu07@yahoo.co.in

adequate care or cannot manage behavioural problems. Unfortunately, in developing countries, many families do not make plans for the future care of adult relatives with intellectual disability, and social services are usually inadequate to cover these individuals' needs. For persons with intellectual disability, academic achievements are relatively unimportant in comparison to social adaptation and vocational training. Vocational schools for these adults are few in India; as a result, many of them do not find suitable jobs even after education and training in special schools (Sen, 1988).

Based on their 25-year follow-up study on the impact of social impairment on 91 persons with severe intellectual disability, ranging in age from 27 to 41 years, Brown et al (2005) developed an outcome measure incorporating independent functioning, residential placement, employment and quality of life. Outcome was rated as either poor (53%) or fair (43%), and only 3% had a good outcome. Using the logistic regression method, it was found that the best predictor of outcome was social impairment. Those who were socially impaired, particularly the ones in the aloof category, had a poorer outcome. An in-depth look at social impairment revealed that it remained stable over time.

A review of the social skills training with children with disabilities conducted by Gresham (1981) concluded that this training represents a potentially effective approach to successful mainstreaming of the children, and suggested that more research employing between-group designs, technique comparisons, discriminate analysis and social validation of behaviour change was needed.

Unique problems arise when assessing social skills in individuals with severe and profound intellectual disability. They tend to have limited verbal repertoires, so that a clinician must often rely on observable behaviour and caregiver reports, rather than self reports. The three most common methods for assessing social skills are behavioural observations, role playing and checklists (Bielecki & Swender, 2004).

In the case of children with intellectual disability, intensive training is needed to inculcate appropriate social behaviour. If they are given the chance to mingle with others during childhood, they will gain in social competency. Therefore training should be started very early. The family, neighbours, friends and society at large are responsible for social skills training of a person with intellectual disability (NIMH, 1990).

Social development is a multifaceted process in which children acquire competencies and behaviour that allow them to function within a social

environment, in a manner that is beneficial to their well-being and to others as well. Social skills have been described in various terms. Eisenberg and Harris (1984) have defined them as a set of developmentally related abilities that contribute to an overall level of social competence. The component skills include roles of perspective taking, interpersonal problem solving, moral judgment, self control and communication facility. Kratchowill and French (1984) view social skills as learned verbal and non-verbal behaviour performed within a specific social context of an aggressiveness-shyness continuum, and view adjustment in relation to an individual's social perceptual accuracy (that is, the ability to understand subtle nuances and define critical elements in social environment).

Most studies reveal that individuals with intellectual disability may make progress in their level of adjustment as they move through adult life (Heber & Garber, 1984). Very often, however, they behave inappropriately in social situations, and are rejected and isolated by their peers. They are socially incompetent and unable to deal with life's challenges or to respond effectively to society (Deshler & Schumaker, 1983).

Inappropriate social behaviour of persons with intellectual disability may result from incorrect perceptions of social situations. They also have problems in detecting and understanding contextual clues and situations, are unable to identify emotional and social relationships, and do not understand others' feelings and perceptions. They may lack an understanding of cause-effect relationships in social situations. Quite often they do not know the appropriate way to behave in specific situations, and how to converse in a different manner with adults and peers. They may not notice how people respond to their behaviour and may misconstrue social details and inflections (Kronick, 1983).

The present study aimed to find the level of functional social skills of adults with intellectual disability, and attempted to analyse these skills with respect to gender, level of disability, type of school attended and number of years of schooling.

METHOD

The researchers chose the descriptive survey method for data collection. The study sample was composed of 100 adults with intellectual disability, randomly selected from various special schools which provide vocational training in Kottayam district of Kerala state, South India. Functional socio-vocational assessment

scale for adults with intellectual disability, developed and standardised by the researchers, was used for data collection.

Data were tabulated and analysed using appropriate statistical techniques.

RESULTS

Table 1: Descriptive statistics of functional social skills scores of adults with intellectual disability (N=100)

Sl No	Measures	Value
1	Mean	34
2	Median	36
3	Mode	44
4	Standard Deviation	8.87
5	Skewness	-0.12
6	Kurtosis	-1.79
7	Obtained Minimum	22
8	Obtained Maximum	44
9	Percentage of mean value	77.27

The values of mean and median lie in the moderately functional category. When compared with the possible range of values and the obtained mean, the small value of the standard deviation indicates low spread and thickly-packed nature of distribution. The obtained coefficient of skew is a small negative value and it reveals that comparatively more scores are clustered at the right or higher end of the distribution. The obtained value of coefficient of kurtosis is negative, that is, the nature of the curve is leptokurtic. This means that the height of the distribution of the functional social skills scores of adults with intellectual disability is higher than that of the normal distribution.

All the above measures indicate the average or above-average level of social skills of adults with intellectual disability.

Table 2: Frequencies and percentages of adults with intellectual disability with respect to their level of functional social ability

SI No	Level (Range of scores)	N	Percentage
1	Functional (38-44)	48	48
2	Moderately functional (31-37)	4	4
3	Poor (24-30)	34	34
4	Very poor (17-23)	14	14
5	Non-functional (11-16)	0	0

From the total sample studied, 48% of adults are found to have functional social skills, 4% are found to be moderately functional, 34% show poor functional social skills and 14% are very poor in functional social skills. No one is non-functional.

Table 3: Functional social skills scores of adults with intellectual disability with respect to gender

Gender	N	Mean	SD	t-value
Male	66	34.36	8.94	0.57
Female	34	33.29	8.82	

Table 3 indicates that the obtained t-value of functional social skills scores of adults with intellectual disability with respect to gender is less than that of the table value at the 0.05 level. So it can be concluded that mean scores obtained by the adults with intellectual disability do not differ significantly with respect to gender.

Table 4: Social skills scores of adults with intellectual disability with respect to their level of disability

Level of disability	N	Mean	SD
Mild	47	36.43	8.22
Moderate	45	32.73	9.10
Severe	8	26.88	6.29

Table 4 shows that adults with mild intellectual disability have the highest mean value, followed by adults with moderate intellectual disability.

Table 5: Summary of ANOVA for functional social skills scores of adults with intellectual disability with respect to level of disability

Sources of variation	Sum of squares	Df	Mean square	F- ratio
Between groups	754.84	2	377.42	5.21**
Within groups	7029.16	97	72.47	
Total	7784.00	99		

*** Significant at 0.01 level*

Table 5 shows that the obtained F-ratio (5.21) is statistically significant at the 0.01 level. Hence it can be concluded that the level of disability is a significant factor which influences the functional social skills scores of adults with intellectual disability.

Table 6: The test of Least Significant Difference for the pair-wise comparison of the functional social skills scores with respect to level of disability

Sl no	Pair	Mean value	Mean difference
1	Mild	36.43	3.70*
	Moderate	32.73	
2	Mild	36.43	9.55**
	Severe	26.88	
3	Moderate	32.73	5.85
	Severe	26.88	

**The mean difference is significant at the 0.05 level*

***The mean difference is significant at the 0.01 level*

The post hoc analysis (Table 6) shows that the difference between mean values of pairs of mild and moderate levels of disability groups is statistically significant at the 0.05 level, and that of mild and severe groups is statistically significant at the 0.01 level. However, the difference between a moderate and severe group was not found to be significant.

Table 7: Functional social skills scores of adults with intellectual disability with respect to type of school

Type of school	N	Mean	SD	t-value
Day care	72	34.97	8.71	1.78
Residential	28	31.50	8.94	

The obtained t-value is 1.78, which is less than that of the critical value. This means that the type of school is not a significant factor for functional social skills of adults with intellectual disability.

Table 8: Functional social skills scores of adults with intellectual disability with respect to number of years of schooling

Number of years of schooling	N	Mean	SD
Up to 5	23	36.91	9.05
6 to 10	21	34.67	9.43
Above 10	56	32.55	8.87

Adults with up to 5 years of schooling obtained highest mean value, followed by those with 6-10 years of schooling. Lowest mean value was obtained by adults with above 10 years of schooling.

Table 9: Summary of ANOVA for functional social skills scores of adults with intellectual disability with respect to number of years of schooling

Sources of variation	Sum of squares	Df	Mean square	F- ratio
Between groups	321.67	2	160.83	2.09
Within groups	7462.33	97	76.93	
Total	7784.00	99		

It is seen from Table 9 that the number of years of schooling is not a significant factor which influences functional social skills of adults with intellectual disability.

DISCUSSION

This study found that from among the sample of adults with intellectual disability only 48% were functional and 4% were moderately functional. The remaining adults belonged to either the poor functional level (34%) or the very poor functional level (14%).

Functional social skills are essential for adults to live comfortably in society. The study revealed that as the level of disability increases, the level of functional

social skills decreases. As more than 50% of those in the sample were found to be non-functional, the special education they received would appear to have been ineffective. Parents and professionals, particularly special educators, should review the curriculum, method of teaching and the availability of opportunities for generalising the social skills learned in the classroom. Appropriate changes in the method of teaching and curriculum planning should be made accordingly. Statistically no significant difference was obtained between the mean social skills scores of residential and day-care school students. One reason for this could be that the day-care students do not make effective use of available social opportunities. The residential school teachers should provide more opportunities for their students to mingle with the neighbouring community members. Another finding of the study showed that the number of years of schooling is an insignificant factor in the development of functional social skills. This may be a reflection on the education practice and quality.

To conclude, there is an urgent need to critically analyse, review and restructure the existing special educational practices for individuals with intellectual disability. This would help them achieve functional independence which is the aim of special education.

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