1. **ADAPTIVE BEHAVIOR ASSESSMENT**

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 seconconceptualization 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.**

1. ***DSM-IV-TR and AAMR***

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 that acknowledges an individual’s adaptive behavior could change over time.

1. **Criteria of 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